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The effect of individualized exercise training applied to autistic individuals on motor skills development

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Abstract

The purpose of this research is to examine the effect of motorized development of individualized exercise training that is regularly applied to autistic individuals. The study included 10 boys with an average age of 11.7 ($\pm 1,9$) who were educated at the Agir Vivre L'autisme school in Paris and 18 boys and 2 women with an average age of 13 ($\pm 2,9$) who were educated at the Izmit Autism Sports Club Association in Kocaeli. It covers a total of 30 children. The practice lasted eight weeks, five days a week and two hours a day. Wilcoxon test, which is a nonparametric test, was applied to the obtained data after descriptive statistical procedures (mean, standard deviation) in the SPSS 21.0 package program. The meaning level was taken as 0.01. A statistically significant difference was found between the pretest-posttest results of all the parameters of the study group ($p < 0.01$). As a result of this research, it can be stated that the physical activity program which is applied regularly, systematically and correctly to the children with autism makes an important contribution to the development of the children's motor skills.

Keywords: Autism, physical activity, motor development

INTRODUCTION

Autism spectrum disorder (ASD): It is a neurological disorder that can cause problems related to thinking, emotion, language and communication with other people (American Psychiatry Association, 2014; Darica et al., 2005, Lovaas, 2005). ASD effects and severity of symptoms are different for each person. It causes negativities for children's both intelligence and motor development levels (Korkmaz, 2017; Tufan, 2006; Wing, 2010).

ASD is seen in every 59 children (59/1) according to research made by "Diseases Control and Prevention Center" on 2018, April. These numbers were stated as 68/1 in 2016, 88/1 in 2012, 110/1 in 2010 and 125/1 in 2008 (www.autismspeaks.org). ASD's etiology hasn't been known clearly yet. It has been thought that genes of a children or environmental factors are effective (Benson, 2016).

Diversifying therapies help nerve cells in brain to develop and physical activity helps blood vessels in brain to develop (Baniel, 2015). Physical activity programs for children make positive contribution on behavior problems, environment perception capacity, becoming independent depending on mobility, developing self-confidence with feeling to succeed and social sharing (Alp and Camliyer, 2016; Yanardag, 2007).

As physical activity programs, which are assumed as the basis for being healthy, are important for us, it is required to have same idea for autistic individuals. They can have an inactive life due to disadvantages of their life. Obesity and emaciation are in secondary hazards group due to appetizing features of

medicines taken and their fondness to junk food. Life of children who are psychologically affected by this will be anxious and harder.

Motor skill progresses to more complicated skills more than things children do in natural environment (Guler, 2017). Children don't want to maintain actions they are not successful at (Pelligrino, 2009). Insufficiency of basic motor skills of children studying at school and pre-school leads to a problem of special motion development at adolescence and adulthood stages. Low performance at basic motor skills is an important factor affecting participating in physical activity and social activities negatively in both childhood and adulthood stages (Hands et al., 2009). Childhood is assumed as the most important period in motor learning. Children learn fast with games in this period. They automatically develop new skills by combining what they see with their imagination in fields they are talented. Developmental stages in individuals with ASD may not always proceed with natural methods. All children have different features. This situation makes us think that it is more advantageous to lecture with individual education systems (Yanardag and Yilmaz, 2017).

Most of the children with ASD have motor development retardation to fulfill their life skills. Fine motor skills and gross motor skills are weak and have difficulties to coordinate parts of body (Torres and Whyatt, 2018). Therefore, they have difficulty to fulfill daily life skills in order to have quality life. It is helpful to do lower motor skill exercises in order to put on and to take off their clothes, to button up their clothes, to zip up, to sit down and get up at toilet, to walk, to open the door, to climb up stairs, to make up their beds, use of fork and spoon and do such activities better.

The aim of this research is to examine the effect of individualized exercise training regularly applied to autistic individuals on motor development.

METHOD

Research Group

Research covers 30 children including 10 boys with autism diagnosis with 11,7 ($\pm 1,9$) age average studying at Agir Vivre L'autisme in Paris and 18 boys and 2 girls with autism diagnosis with 13 ($\pm 2,9$) age average studying at Izmit Autism Sports Club Association in Kocaeli.

Measurement Instrument

Materials and centers used in research: in France, Paris, Agir Vivre L'autisme's gymnasium room; Voil balance branded treadmill, gymnastic mat, 20 wilson trainer ball, Wilson tennis ball bucket (500x500), selex branded training bar and perforated funnel, selex junior branded balance board were used. Cosfer CSF1753 2,5 Hp motorized massage treadmill, gymnastic mat, 20 wilson trainer ball, Wilson tennis ball bucket (500x500), selex branded training bar, perforated funnel and balance board were used in Izmit Autism Sports Facility in Turkey, Kocaeli.

Method

Applications lasted for eight weeks in total including five days in a week and two hours in a day. Studies proceeded in parallel in both countries. Studies were applied one-to-one. Before starting to make research, 01/02/2018 dated and 2017/383 numbered ethics committee approval were received from Kocaeli University Noninvasive Clinical Researches Ethics Committee.

Development of motor skill capacities including balancing actions (flamingo balance), actions (horizontal jump, treadmill, plank, sit-up, and vertical jump) and manipulative actions (ball catching-

throwing) was considered important in research. Studies were designed by the help of special education specialists. Applied behavior analysis and modelling were used in educational methods. Movement forms were applied with individualized education programs chosen in accordance with autistic individuals' development levels and supported with educational games.

Data Analysis

Non-parametrical test; Wilcoxon test was applied after definitive statistical transactions (average, standard deviation) in SPSS 21.0 packaged software to obtained data. Semantic level was assumed as 0.01.

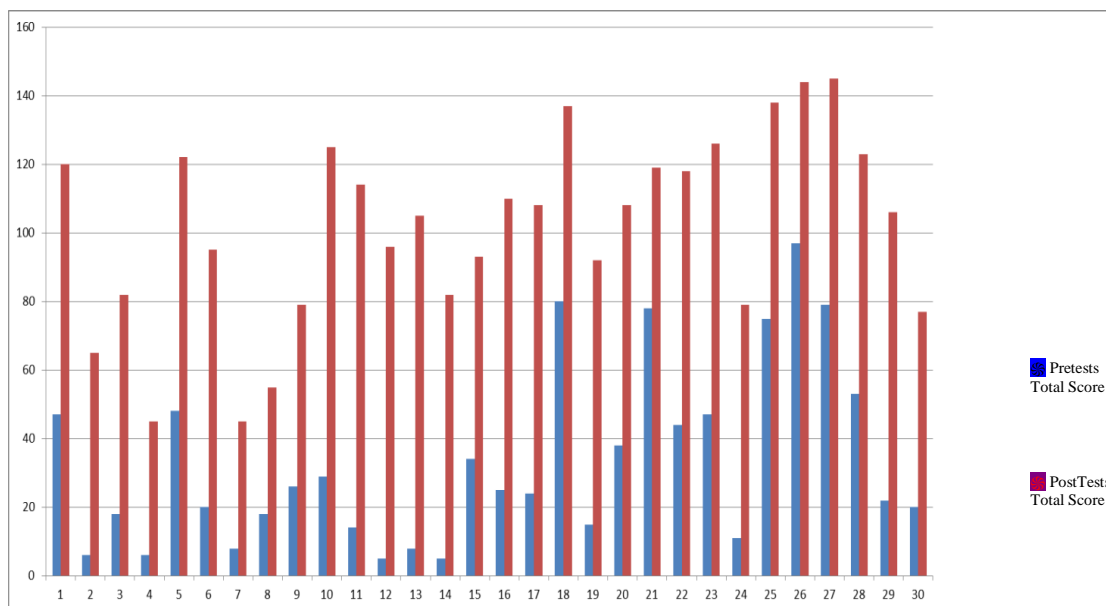
RESULTS

Table.1 Wilcoxon Test Results of Parameters Applied to Individuals with ASD

Parameters	Pretest Mean \pm SS	Posttest Mean \pm SS	Z	p
Flamingo balance test left	6,27 \pm 6,0	16,60 \pm 4,9	4,707	,000*
5cm horizontal jump	2 \pm 0,83	2,93 \pm 0,25	4,053	,000*
5cm vertical jump	1,83 \pm 0,83	2,90 \pm 0,40	4,137	,000*
Tennis ball catching right	1,00 \pm 0,00	3,00 \pm 0,59	5,215	,000*
Tennis ball catching left	1,10 \pm 0,30	2,83 \pm 0,59	5,058	,000*
Tennis ball throwing right	1,83 \pm 1,34	3,00 \pm 0,0	4,742	,000*
Tennis ball throwing left	1,57 \pm 1,13	3,00 \pm 0,0	4,915	,000*
Plank / sn	3,50 \pm 5,04	20,23 \pm 10,99	4,546	,000*
Sit up / number	4,13 \pm 6,54	16,57 \pm 10,96	4,710	,000*
Treadmill test	4,70 \pm 3,81	9,83 \pm 0,91	4,117	,000*

*(p<0.01)

A statistically significant different was found considering pretest posttest results at all parameters as you can see in Table 1 (p<0.01).



Graphic .1 Difference between total pretest and posttest scores of participants

Total points of tests applied to thirty students with ASD included in research are shown in Graphic 1. There is no child with ASD who does not make progress according to this graphic. There are 3 children showing progress difference under 50% considering general average. It is seen that children with less score made more progress. No significant difference is noticed when observing development of children in Turkey and France.

DISCUSSION and CONCLUSION

Statistically significant difference was found between pretest and posttest in study made in order to examine effect of regular physical activity made for individuals with ASD ($p < 0.01$). Regular, systematic working program applied and planned in accordance with children's developmental features, knowledge, skill levels by setting solid goals may be the reason. Furthermore, making effort to keep attraction levels of children high by doing motor development activities in application program accompanying with frequent repetitions and games may be the another reason.

We didn't observe differences related to motor features of children in research we made in two countries and with different children. It was observed that speed of learning daily activities of children increases in parallel with development of their motor skills as a result of researches made in both countries. Besides their duration of tolerance increased and less behavioral problem was encountered.

Determined that children involved in exercise program are better than ones who don't do exercise in terms of social communication, anger management and being adapted to differences in environment in study they conducted with instructors working with five-six years old individuals with ASD (Karakas et al., 2016). Observed that physical capacity of children in experimental group develops and their behavioral problem reduces in 1-weeks study they made with children with ASD by dividing them into control and experimental groups (Alp and Camliyer, 2016). Emphasized the importance of sports in life quality of children by attracting attention to similar features of physical activities and thinks that sports activities develop social interaction, strengthen self-esteem and are entertaining. Furthermore he thinks that it creates countless opportunities for learning (Massion, 2006).

It is required to consider challenges related to bringing sports to autistic individuals. As educations are individual and special, costs are increasing. It is stated that people to work in this field have to have knowledge concerning many disciplines and apply multi-disciplinary education or therapy system and it is hard to educate personnel with these qualifications (Loann and Melanie, 2017). It is thought that sportive activities with the participation of families organized in a right way may make positive contribution to psychological state of the children. In that point, more than 90 % psychological disorders were determined in article examined psychological disorders accompanying with autism (Mukaddes and Tanidir, 2015). They think that when these psychological disorders are treated, then life quality of person and ones taking care of him/her will increase. We observed that children in our study were reacting (to shout, to cry, to react, to throw materials) when they first started sports exercises, but they came mentally ready to lessons with a smile as long as they succeed. Some students had positive changes in food habits.

Determined that regular physical activity program increases physical capacity, also reduces behavioral problems and develops social adaption in research they made with 40 children with ASD in 5-8 age range (Keskin et al., 2017).

Determined that psychomotor features of both groups develop but there is no significant difference between groups when they divide working group into two parts as pool group and land group and apply exercise program in research with universe group including 8 people (Yanardag et al., 2009).

They examined 55 studies in physical activity content analysis applied for people with mental disabilities. They concluded that physical activity capacity of children with mental disabilities doing regular physical exercises develop in all studies (Yilmaz et al., 2015).

Stated that motor development disorders are common especially in autistic individuals, that we can obtain concrete data in terms of early diagnosis and treatment when correct motor test measurements are developed and their speech disorders and social adaptation problems may be reduced with these data. We observed those universe groups that we can qualify as mobile are more talented at sports in our study (Rujuta et al., 2018).

We think that there is not sufficient study in literature concerning this field of study. However, to attract attention to two facts especially emphasized in both our studies and studies in literature: fact that behavioral problems making life difficult reduce and that positive developments in social interaction exist as a result of physical activity programs made for children with ASD.

As a consequence, it is possible to say that physical activity program applied regularly, systematically and correctly to autistic children make an important contribution to motor development of children.

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The socialization process for women with disabilities in sports: A double barrier?

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Abstract

Sports has long been regarded as an important mediator for all individuals in the socialization process. An individual with disabilities has a limited social life and sports is very influential in their socialization process. The aim of this research is to reveal the mediators that prompt the disabled women athletes, (socialization into sports) and what kind of effects the sports have on the lives of these disabled women (socialization via sports). Eight disabled women athletes with physical disabilities participated in the study. In the study conducted by the qualitative research method, the data was collected through an individual interview and focus group interview. According to the results obtained from the research, the most effective mediators for female athletes with disabilities to start sports are the trainers looking for athletes, and their own decisions. When the findings on the socialization processes of the female athletes with disabilities through sports were examined, it was revealed that athletes had experienced major changes in their lives after starting sports in physical, social and emotional dimensions. However, the participants underlined that they had some disadvantages compared to male athletes.

Keywords: Socialization, disabled women athletes, sport via socialization, socialization into sports

INTRODUCTION

Socialization is regarded as a process in which, according to the functionalist approach, individuals develop and internalize social characteristics that enable them to comply with the society and to contribute to its functioning (Coakley, 2001; Parsons and Bales, 1951). In other words, the acquisition of behaviours that prepare individuals to live in a social environment is the period of adaptation to the environment in general terms (Tolan, et al., 1985).

Sports is seen as an important mediator in the socialization process for all individuals (Koca and Bulgu, 2005; Koca, 2016; Kara, 2016). In this context, sports and physical activity issues are considered ideal fields for gender studies (Richard et al., 2014). As a matter of fact, the challenges of women's participation in sports, especially in the branches considered as 'male' sports (football, wrestling, etc), have been the subject of many studies. On the other hand, there are only a limited number of studies evaluating the struggle for the existence of both disabled women athletes in this area (Bodde and Seo 2009; Xenakis and Goldberg, 2010).

Individuals with disabilities have a limited social life, and sports is very influential in their socialization process (Yazicioglu et al., 2012). Especially in Turkey, the majority of people with disabilities participating in sports consisted of men, as seen in the number of individuals and teams playing sports under federations. According to the 2011 data of Turkey Statistical Institute, 42.8% of 5 million citizens with disabilities are males, and 57.2% of them are females in Turkey. Despite the fact that the number

of women with disabilities is higher, only 9003 of 41,152 licensed athletes with disabilities are females (Ministry of Youth and Sports General Directorate of Sports Statistical, 2017). Considering the effects of sports on socialization, while it is thought to be a further important socialization mediator especially for women with disabilities, the fact that there were very few women with disabilities oriented to sports despite the high number of women with disabilities was the most important reason for us to make this study.

From childhood, an individual grows up with games and physical activities that reflect the cultural values of the society in which he/she lives. These games and physical activities contribute to the development of the individual's skills, personality traits, and emotional structure while contributing to the recognition of the rules, norms, and roles of the individuals around. In addition, an individual also acquires the skills of interacting with the environment, establishing relationships and cooperation with other people. Organized sports also contribute to individual and societal development in the same way. In this context, sports is seen as one of the effective institutions in the socialization process (Loy, et al., 1978).

When it is thought sociologically, it is inevitable that physical or mental changes affect the social life. In particular, psychological development is of great importance in ensuring the adaptation of the individual to society. Psychological benefits of physical activities and sports events on the rehabilitation and therapy of people with disabilities were mentioned in the literature (Bar-Eli et al., 1994). According to Bar-eli; Physical activities and sports events increase the trust of people with disabilities in their skills and abilities, and enable them to perceive their own values more positively, prevent them from being isolated from the society, and enable them to control their feelings such as aggression, anger and jealousy that people with disabilities experience due to various causes. The integration of people with disabilities to society through physical activities accelerates the processes of adaptation to social life and socialization considerably (Kiuppis, 2018). Physical activities and sports events, as factors directly affecting the socialization processes of people with disabilities, also important in terms of mediators. The first socialization institution of an individual is the family; and this is followed by the group of friends, the neighborhood, the society and the educational institutions (Ruddell & Shinew, 2006). Nixon II (2009) stated that parents and families were important mediators in accessing and participating in sports activities for people with disabilities.

Parents of children and/or adolescents with disabilities have an important role to play in strengthening and supporting their children in everyday life. However, children and adolescents with disabilities cannot have the same support with their non-disabled peers for attending club activities and participating in physical activities (Kristen et al., 2003).

The sports socialization process involves examining how individuals acquire attitudes, values, knowledge and behaviors related to sports and how they start playing sports. In the model developed by Leonard II (1980), the socialization in sports was considered as a two-dimensional process as 'socialization into sports' and 'socialization via sports'. From this perspective, we can see that the sports socialization process have two dimensions:

- Socialization into sports
- Socialization via sports

Socialization into sports means that individuals begin to participate in sports via various socialization mediators.

Socialization via sports is evaluated in terms of the effects of participation in sports on the individual, in other words, in terms of the results of participation in sports. The formation of desired results for individuals refers to character formation, teaching discipline, preparing for the struggle for life, moral development, helping to become a good citizen, and developing desired personality traits.

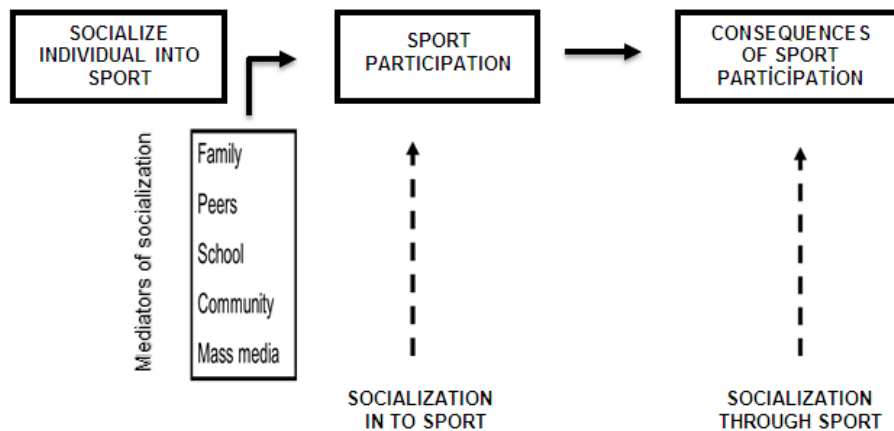


Figure 1: Differences in socialization into the sport and through sport Leonard II, 1980.

Thus, the aim of this study is to reveal the mediators for female athletes' orientation to sports (socialization into sports) and how sports influenced the lives of these women (socialization via sports).

METHOD

A qualitative research method was used in this study. The qualitative research is a research method that enables an in-depth understanding of the problem or the subject and allows people to be recognized by sharing their stories (Creswell, 2013). From this point, the qualitative research method was preferred in this study due to the limited number of studies conducted on female athletes with disabilities in Turkey, and to reveal in detail what kind of experiences female athletes with disabilities had before and after participation in sports, and to make a contribution to the qualitative studies to be carried out on this subject. The 'homogenous study group', one of the purposive sampling methods used to make an in-depth research in the study and preferred in 'one or more specific cases that meet certain criteria or have certain characteristics' in the context of the aim of the research (Büyüköztürk et al., 2017), was preferred. Homogeneous study groups provide the opportunity to elaborate a particular phenomenon in detail by selecting individuals with the same subculture or the same characteristics (Holloway and Wheeler, 1996, Patton, 2002; Robson, 2002).

Participants

8 female athletes with disabilities participated in the study consisted of 1 tennis player, 6 Archers, 1 shooter. Participants' sports years are between 2 months and 17 years and 5 participants have national athlete titles. Participants ranged in age from 17 to 27 years Five of the participants were high school graduates, one of them was a secondary school graduate, and two of them had university degrees. Six of the participants are married and the other two are single. Participants were informed about the study and their approvals were obtained. A tape recorder was used, and notes were taken during interviews so that the data could be transferred correctly.

Table 1. The demographic information of participants

TYPE OF INTERVIEW	CODE NAME	AGE	EDUCATIONAL STATUS	DISABILITY GROUP	MARITAL STATUS	SPORTS AGE	SPORTS BRANCH
INDIVIDUAL	Interviewee 1	22	High school	Physical	Single	8 years	Tennis
	Interviewee 2	43	University	Physical	Single	9 years	Archery
	Interviewee 3	47	University	Physical	Married	8 years	Shooting
FOCUS GROUP	Interviewee 4	47	High school	Physical	Single	5 Months	Archery
	Interviewee 5	41	High school	Physical	Married	17 years	Archery
	Interviewee 6	27	High school	Physical	Single	2 months	Archery
	Interviewee 7	23	Secondary school	Physical	Single	5 Years	Archery
	Interviewee 8	40	High school	Physical	Single	1 year	Archery

Data Collection Tool

A semi-structured interview form was used in interviews for data collection. In the semi-structured interview technique, during the interview, the researcher uses an interview form including pre-planned questions, but he/she can allow the person to detail comments by influencing the interview process with side or sub-questions according to the flow of the interview (Türnüklü, 2000). As semi-structured interviews provide participants with a clearer picture of how they perceive the world (Merriam, 2013), the questions were formed of open-ended and flexible sentences.

The interview form was prepared in two parts. The first part consisted of questions about demographic information of individuals. The second part consisted of semi-structured interview questions, as socialization into sports and socialization via sports. While preparing the interview form, attention was paid for the questions to be appropriate for the purposes and scope of the research. The interview forms prepared for the research was presented to the opinion of the two researchers specialized and qualitative research, in the field, and the validity of the study was done with their opinions.

Data Collection

The data was collected via 3 individual interviews and 5 focus group interviews. Individual interviews conducted with 3 people in the scope of the study lasted around 1 hour, while the focus group interview lasted around 1.5 hours, and a tape recorder was used with the approval of the participants during the interviews.

Data Analysis

The tape recordings of the interviews were decoded and analyzed by content analysis method. Content analysis is a research method, which is used to derive verifiable and valid results (or other meaningful issues) from the data (Krippendorff, 1980). Within the scope of this analysis technique, the data obtained from the study was examined by the researchers, and the repeated expressions were coded and classified under certain themes, and the findings were presented under the emerging themes. According to the data analysis, two main themes and three sub-themes emerged. In order to ensure the validity and reliability

of the study, a detailed literature review was made, and expert opinions were obtained. The data were interpreted separately by 3 researchers in order to avoid subjective evaluations in the study.

RESULTS

According to the findings obtained from the study, the main and sub-themes mentioned below have emerged.

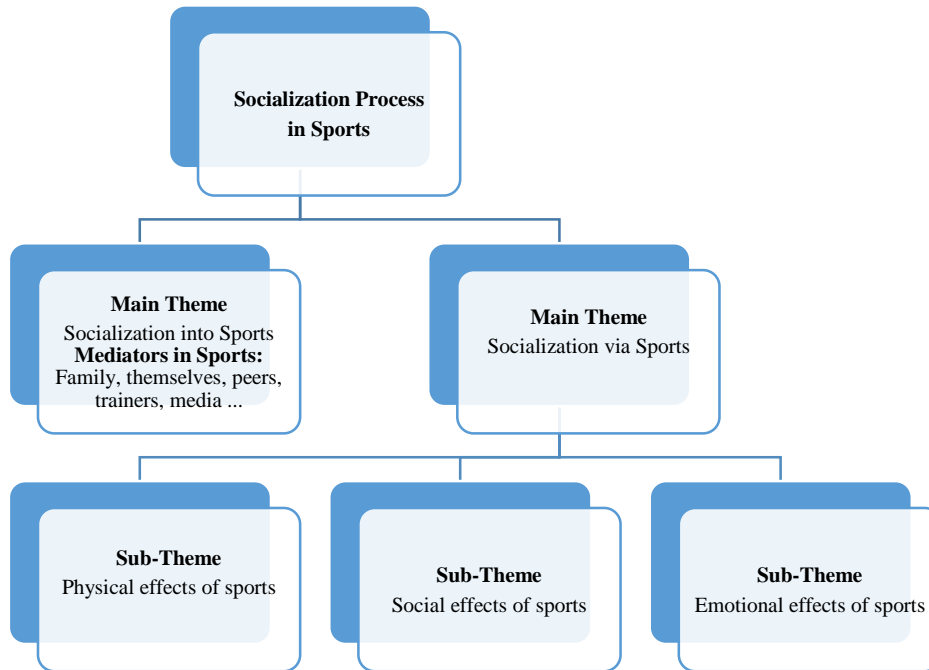


Figure 2. Main and sub-themes

In Socialization into Sports theme; it was seen that the most influential mediators for the orientation of female athletes with disabilities to sports are the trainers looking for athletes, being influenced by some success stories in the press and doing research, their peers' and families' orientation; while some participants have expressed their opinions as obstructive, especially for families. Some of the participants' answers are given below.

"A friend of mine was a coach, and he said that he needed a woman with a disability. I learned from an acquaintance. I was excited, I made it an excuse to stop working, then I started. My spouse was also very supportive, he oriented me". (Interviewee 3)

"I learned from the press that, in 2008, Gizem Girişmen was the Olympic champion. I said I could do it, too. My mother did not approve in the beginning, worrying about how I could handle it on my own. Then she told me to give a try. My father always supported me". (Interviewee 2)

"My greatest support was always my family." (Interviewee 6)

Some cases that are specified as a handicap factor are mentioned with the following expressions.

"Among the expressions, the first one is families restrain us. You do everything at home yet they block you when you are outside. You cannot do that; you cannot go there. For example, I go to gym willingly. I want to engage with something. I want to achieve something. However, my family let me do everything but not at the

outside. I want to be successful, I hope. My parents don't support me. They block me yet I never listen to them. I have tried to do what I believe is right. In this way... but this is really a big problem ". (Interviewee 1)

"My mother did not want it at first, saying that I could not handle it by myself". (Interviewee 8)

"... My dad told me 'what are you going to do, just stay at home and look after your kids' but my husband supported me and I started". (Interviewee 7)

"The society perceives as if we were here out of boredom. They see it as a hobby. We are here to be successful. I do not do it as a hobby. This really reduces our motivation. No matter how much you believe in yourself". (Interviewee 4)

"If you are a disabled person, everybody decides for you in Turkey." (Interviewee 3)

"You would say you are the person that prevents me" (Interviewee 5)

"I hate this: He/she is disabled yet achieved that. He/she is disabled but did this. TV commercials emphasize that he/she is disabled but can do it." (Interviewee 2)

"Emphasizing the label of the disabled. For example, I read a piece of news yesterday. There is a disabled athlete in the province of Denizli, who plays basketball. Denizli takes pride in him. He got such disabilities yet he achieved these in such ways etc. Did this and that but he is disabled. Don't do that. We know he is a disabled person. Just tell it once and then tell his achievements. While being disabled prevents you, other people also disable you" (Interviewee 3)

One of the factors that led the female athletes with disabilities to start playing sports, their disabled peers, turned out to be a socialization mediator.

"I was getting treatment here (TSK); I was a patient. I started playing sports thanks to the chief physician. My family is very conscious, so I got support from my family. I have a child, and I would not come here if there were nobody to look after. My mother is very conscious. She never accepted me as a disabled person. She always supported me saying I could always do whatever I want, I needed nobody. If my mother hadn't supported me and I would be sitting at home ". (Interviewee 5)

"I was getting treatment here. Then, brother Ozan (a patient in TSK - Turkish Armed Forces), who passed away, made me start playing sports. He brought me here (to archery training), I saw it here"(Interviewee 7)

"I started thanks to X (Team Friend). S/he trained me to be a rival to him/her" (Interviewee 8)

"I have a teammate in the national team, I started thanks to him/her. Apart from him/her, there is brother Osman, another friend from the team. I started playing sports and came here thanks to them. Other than that, all my teammates were supportive". (Interviewee 6)

In the process of socialization via sports, it is seen that disabled female athletes also mediate the development of sports by supporting their peers to play sports.

"I have guided a male with impaired hearing and a female with paraplegia. Other than that, I guide whoever asks". (Interviewee 2)

"I am very overwhelmed by the people around me who want to start playing sports, so I give the address". (Interviewee 5)

When the findings of the female athletes with disabilities were examined under **socialization via sports theme**; it was seen that three sub-themes emerged. It was shown that the athletes had changes in physical (e.g. strengthening, weight loss, etc.) social (e.g. acquiring more friends, acquiring social esteem, etc.) and emotional (e.g. self-confidence, stress management) dimensions in their lives after they started playing sports. Some of the participants' answers are given below:

“I went abroad for the first time thanks to tennis. I had to learn English thanks to tennis. My arms grew strong. I just fell while trying to turn on the computer, but my arms are really strong, I lifted myself up. Thanks to tennis, I could contact with you and I told the world about myself. For me, tennis was a turning point. [...] Being more sociable, being more social, feeling healthier, making friends, increasing self-esteem, giving more importance to others' thoughts, anger control, being accepted by people, being considered important, starting to pay attention to education, being more sensitive to people and events. It has contributed me so much”. (Interviewee 1)

“I've always been an active social person, and still I am social, and I have self-esteem, but was I also passive like the other people with disabilities? Of course, I was. You have no reason to go out when people look at you mockingly. So, I was a little passive. I studied at a special school. Doğan Çağlar. I had this advantage. This situation is also continued with sports”. (Interviewee 6)

“One has an aim. Is it rehabilitating? Of course, it is. I like to shoot arrows. You think you're shooting someone”. (Interviewee 8)

“Your self-confidence increases. You feel stronger. I feel freer. Archery gave me these. [...] I got married when I was not disabled, and I became disabled when I was married. I was a loser looking after her child, cooking, ironing at home while waiting for her husband. I was so happy when I became disabled. I WAS NOT DISABLED, BUT I WAS LOCKED AT HOME”. (Interviewee 5) *“I had been feeling like I was locked at home before started doing sports. After I started to have spots in my life, I have felt happier”.*

“Sport is very beautiful. Also before, I was an athlete. If you're playing sports, you have an aim. (Interviewee 7)

“I feel happy. I have a purpose. I feel determined to be successful”. (Interviewee 4)

Besides all of this information, when sports are considered as a means of socialization, female athletes with disabilities underlined that they had some disadvantages compared to male athletes. Some statements about that are given below:

“Being disabled is like a cell life without a door or a lock. Especially being a female with disabilities [...] I wish I were a man. Like, it's their world. It's hard to even in the toilet. It's a disgrace for us. I could not find a suitable toilet in Italy too, it was a disgrace”. (Interviewee 2)

“It's hard to play sports as a woman in a society where men are dominant. I can drive now - but I didn't have a car before, and I was so afraid when I had to go back home at 11 after training”. (Interviewee 1)

“There is so much gossip in the national team camps. A male-dominated environment, you are together 24 hours. We have to be careful from clothing to talking with somebody. Talk privately for two minutes, and there is a gossip about it. I attribute this to the lack of sexual life among people with disabilities. Their minds are always there”. (Interviewee 3)

DISCUSSION and CONCLUSION

The aim of this study is to reveal the mediators that orientated female athletes with disabilities in sports (socialization into sports), and the effects of sport in the lives of these women (socialization via sports). In this context, it was found that coaches and families were the most influential mediators in the orientation of female athletes with disabilities in sports. In the study by Odette et al. (2010) to identify the barriers that the women with disabilities faced in their participation to wellness activities, it was stated that the people who orientated them to an activity were mostly physiotherapists. It is known that, also in our country, physiotherapists are mentioned in the first place to the question about the mediators in socialization via sports studies to which also male participants with disabilities participated (Güven and Akcan, 2007; Güven and Esatbeyoğlu, 2009). The different outcome of this study may be due to the fact that physiotherapists are more likely to mediate for the male with disabilities because the disabled sports are played more by men than women in our country. Other than that, the research findings indicate that disabled women who want to canalize into sports, experience blocking cases. The research shows that there are expressions that disabled women athletes experience ingrained judgments and labels restrictions such as ‘incapacity/inability/weakness’. Uncommon differences, which pave the way for considering disabled people as unworthy, passive and unable (Goffman, 1963), lead to one of the greatest restrictions for individual disability in engaging in sports. We can conclude from the research findings that such prejudices, stigma/stereotypes are arising from the traditional mindscapes and protection-centered approach of the society. As opposed to all such opinions, the sport participation can be considered as an effective tool for offering non-disabled people to see the ‘capabilities’ of the disabled people, and help disabled people to integrate into family and social activities, and preventing the stigma and stereotypes (Sherril, 1986; Goffman, 1963). Furthermore, it is known that sports have many psychological and social benefits such as ‘life quality improvements, self-developments, self-respect and social acceptance’ (French and Hainsworth, 2001). Accordingly, the research presents that disabled women athletes make use of sports for fighting against such stereotypes, which is clear from their discourses and maintaining their participation in sports.

It can be said that, under the socialization of women with disabilities via sports theme, the results of this study show similar results with many other studies indirectly related to the subject in the world. In Bedini and Anderson's article (2005) on women with disabilities' perceptions of physical recreation, participants noted that participation in activities created positive perceptions in terms of physical strength, self-esteem, and body images; thereby providing socialization opportunities and being able to interact with more people. The data obtained from the study shows that playing sports provide positive physical, social and emotional contributions to the socialization process of female athletes with disabilities, and that female athlete with disabilities face more difficulties than male athletes with disabilities. This case was mentioned in many sources and studies in the literature. When Bourdieu's works are examined, on the effect of gender in socialization, stated that even though it had been said that biological identities could not avert social identities, or that genders did not have effect in the socialization process since the early twentieth century, the gender factor was an important variable in socialization, by mentioning that socialization based on gender involved a physical and psychological blend of gender norms (Purdue and Howe, 2015).

In addition to gender, the fact that these people also have disabilities, like in this study, has an additional effect on socialization. In fact, gender and disability studies question dualistic contrasts by underlining the multilateral, intercultural identity of the contemporary individual (Korff-Sausse, 2011). Like the ‘Queer’ identity, the ‘handicapped’ identity is subject to an experience of repression and social discrimination (Inckle, 2014; Sherry, 2004). As a matter of fact, as mentioned in literature, gendered

discourses and behaviours are not only sports-specific exceptions, but it is also clear that sports have a nature in which these behaviours clearly manifest themselves (Richard et al., 2015). At this point, sport is defined as the whole of information and practices that disciplines and shapes the body in the direction of the needs of patriarchal capitalism (Koca and Bulgu, 2005; Toffoletti and Palmer, 2017). In a study conducted by Jose' Monde 'jar-Jime'nez et. al. in 2009 on the social impact of women with disabilities being exposed to discrimination, participants mentioned the difficulties of being both women and disabled. In this study, it can be said that women with disabilities have similar difficulties in social life. Hanna and Rogovsky (1991) conducted a comprehensive study on women with disabilities and found that participants had a discourse parallel to the findings of this study. For example, a participant in the study by Hanna and Rogovsky said: "I am a woman with disabilities. Two blows together. I am already out of the community ". A participant in this study also defined being a woman with disabilities as "Being disabled is like a cell life without a door or a lock, especially being a woman with disabilities... ". Indeed " body is what lives and makes live in the sports field". (Koca, 2016).

As a result, it has been revealed that sports is an extremely powerful mediator for the participation of individuals with disabilities, who have disadvantages in life in many ways, in social life. In addition, it was revealed that sports was very important for women with disabilities to go out of the house, to gain self-confidence, to have new experiences; and it was determined that they had to face more problems in the sports compared to male athletes with disabilities. However, it seems that they face a triple paradox as women, athletes and people with disabilities. Their response to this paradox underlines the identity formation that they perform consciously and daily. Sports, as an area where the masculine and feminine opposition is questioned, shows that the formation of gender identity is an ongoing process, and that sport is a privileged area for questioning these processes as it brings the body into play.

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