

THE PREDICTORS OF LIFE SATISFACTION OF VISUALLY IMPAIRED TURKISH
ADOLESCENTS

A THESIS SUBMITTED TO
THE GRADUATE SCHOOL OF SOCIAL SCIENCES
OF
MIDDLE EAST TECHNICAL UNIVERSITY

BY

DENİZ AYDEMİR

IN PARTIAL FULFILMENT OF THE REQUIREMENTS
FOR
THE DEGREE OF MASTER OF SCIENCE
IN
THE DEPARTMENT OF EDUCATIONAL SCIENCES

JULY 2009

Approval of the Graduate School of Social Sciences

Prof. Dr. Sencer Ayata
Director

I certify that this thesis satisfies all the requirements as a thesis for the degree of Master of Science in Educational Sciences.

Assoc. Prof. Dr. Oya Yerin Güneri
Head of Department

This is to certify that we have read this thesis and that in our opinion it is fully adequate, in scope and quality, as a thesis for the degree of Master of Science in Educational Sciences.

Assist. Prof. Dr. Zeynep Hatipoğlu Sümer
Supervisor

Examining Committee Members

Prof. Dr. Esin Tezer (METU, EDS)

Prof. Dr. Ayşegül Ataman (GU, GEÖ)

Assist. Prof. Dr. Zeynep Hatipoğlu Sümer (METU, EDS)

I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.

Last name, Name: Aydemir, Deniz

Signature :

ABSTRACT

THE PREDICTORS OF LIFE SATISFACTION OF VISUALLY IMPAIRED TURKISH ADOLESCENTS

Aydemir, Deniz

M. S., Department of Educational Sciences

Supervisor: Assist. Prof. Dr. Zeynep Hatipođlu Sümer

July, 2009, 92 pages

Present study investigated the role of gender, age, perceived level of impairment, income, social activity level, and perceived social support from family, friend, and significant other in predicting total, family, friend, self, school, and living environment related life satisfaction of visually impaired Turkish adolescents.

Participants were consisted of 138 volunteered visually impaired adolescents resides in Ankara. Age of the participants ranged between 11 and 22 with the mean of 14.38 (SD = 2.17). Data was collected via Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet, & Farley, 1988) and Multidimensional Student Life Satisfaction Scale (Huebner, 1994). Six seperate Multiple Regression Analyses were employed to examine the data.

Results of the study indicated that age and perceived family support significantly predicted total life satisfaction of participants. Self related life satisfaction of participants was predicted significantly by perceived level of impairment and income. Friend related life satisfaction was predicted significantly by perceived social support from friend. Family related life satisfaction was predicted by perceived family support and age of the participants.

Results of the study are discussed in light of the relevant literature and implications of the results are mentioned. Finally, suggestions for future research are presented.

Keywords: Life Satisfaction, Visual Impairment, Disability, Adolescent

ÖZ

GÖRME ENGELLİ TÜRK ERGENLERDE YAŞAM DOYUMUNU YORDAYAN ETMENLER

Aydemir, Deniz

Yüksek Lisans, Eğitim Bilimleri Bölümü

Tez Yöneticisi: Yard. Doç. Dr. Zeynep Hatipoğlu Sümer

Temmuz, 2009, 92 sayfa

Bu çalışmada yaş, cinsiyet, algılanan görme engeli, gelir durumu, sosyal etkinlik düzeyi ve aileden, arkadaştan ve önemli diğer kişilerden algılanan sosyal destek gibi etmenlerin görme engelli ergenlerin toplam yaşam doyumunu, benlik, arkadaşlar, aile, okul, yaşanılan çevreyle ilgili yaşam doyumunu yordamadaki rolü incelenmiştir. Çalışmanın katılımcılarını Ankara ilinde ikamet eden 138 görme engelli ergen oluşturmuştur. 11-22 yaş aralığındaki katılımcıların yaş ortalaması 14.38'dir ($SS = 2.17$). Veriler Çok Boyutlu Algılanan Sosyal Destek Ölçeği (Zimet, Dahlem, Zimet, & Farley, 1988) ve Çok Boyutlu Öğrenci Yaşam Doyumu Ölçeği'nin (Huebner, 1994) uygulanmasıyla elde edilmiştir. Verilere altı ayrı çoklu regresyon analizi yapılmıştır.

Bulgular, toplam yaşam doyumunun algılanan aile desteği ve yaş tarafından yordandığını göstermiştir. Benlikle ilgili yaşam doyumunu ise algılanan engel durumu

ve gelir düzeyi tarafından anlamlı biçimde yordanmıştır. Arkadaştan algılanan sosyal destek arkadaşla ilgili yaşam doyumunu anlamlı biçimde yordarken, yaş ve aileden algılanan sosyal destek aileyle ilgili yaşam doyumunu anlamlı biçimde yordamıştır. Elde edilen bulgular ilgili olan yazın çerçevesinde tartışılmış, uygulamaya ve gelecekte yapılacak araştırmalara yönelik önerilere yer verilmiştir.

Anahtar Kelimeler: Yaşam Doyumu, Görme Engeli, Engellilik, Ergenler

*To my parents, Sami Aydemir
and
Fadime Halise Aydemir
&
To my sister, Derya Arıkanoglu
&
To my love, Mehmet Ali Döke*

ACKNOWLEDGEMENTS

Writing a thesis was a stressful and challenging process, and without help of significant people in my life it would be even more stressful. In this sense, I would like to express my gratefulness to Assist. Prof. Dr. Zeynep Hatipođlu Sümer for her encouragement and support during this challenging process. Without her understanding, patient guidance and detailed feedbacks, this work would not have been possible. I want to express my appreciation to my examining committee members as well, Prof. Dr. Esin Tezer and Prof. Dr. Ayşegül Ataman for their constructive contributions.

Next I would like to express my thanks to my instructors in the Department of Educational Sciences; Prof. Dr. Gül Aydın, Prof. Dr. Ayhan Demir, Prof. Dr. Esin Tezer, Prof. Dr. Ali Yıldırım, Assoc. Prof. Dr. Oya Yerin Güneri, Assist. Prof. Dr. Zeynep Hatipođlu Sümer, Assist. Prof. Dr. Özgür Erdur Baker, and Assist. Prof. Dr. Yeşim Çapa Aydın. In the department of Educational Sciences, my instructors and the head of department always gave me a chance to learn just as any other student. They have offered accommodations in tasks whenever I needed. The equality I have experienced in that department was not only in the assessment times (exams), as it usually has been; the equality was there in any other time as well.

I thank all the participants of this study and any one who helped me during data collection procedure.

I am also indebted to TÜBİTAK for their scholarship which provided me precious support during my graduate study.

I want to express my appreciation to Disability Support Coordinator of METU, Claire Özel for her emotional and technical support and her guidance throughout my higher education years.

My specific thanks for Yusuf Çelebi, the head doctor of the Antalya Demre Public Hospital, for his tolerance and understanding.

I want to thank to Burcu Dayıođlu, Esmâ Emmiođlu, Ezgi Toplu, Hayal Yavuz for their genuine support. I want to thank to Ayça Özen for her sincere help, empathy and friendship. I have never hesitated asking her for help.

I thank to my friends Çiđdem Topçu, Burcu Özgülük and Elif Emir. Whenever I have doubts in accomplishing that work, they were there to encourage me. Without Çiđdem's invaluable support, guidance and understanding, that challenging process would be more difficult to cope with. Burcu was a main source of my motivation to work on my theses till late night in dormitory. And Elif has been a source of hope and joy.

Special thanks to my love Mehmet Ali Döke. His love, care, and encouragements empowered me a lot throughout this process.

Finally my deep gratitude is for my family. My mom and dad have supported me throughout my life. Without their unconditional love and belief in my capacity it would be hard to succeed in any task in my life. Thanks to my sister Derya as well, her encouragements' and positive view have been a main source of my struggles. And thanks her and her spouse, Ali, for my two nephews Uğur and Selim.

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CHAPTER I

INTRODUCTION

1.1 Background to the Study

The area of subjective well-being has fundamental importance to the behavioral sciences (Diener, Shigehiro, & Lucas, 2003). Interest in subjective well-being by both academics and the lay public has been increasing in the recent years (Kim-Prieto, Diener, Tamir, Scollon, & Diener, 2005), because subjective well-being is suggested to be a necessary predisposing component of a good life and society (Diener et al., 2003). Subjective well-being research focuses on how people evaluate their immediate and ongoing life circumstances and consists of cognitive and affective (positive affect and negative affect) evaluations of lives (Diener, 2000). It is stated that “how people feel and think about their own lives is essential to understanding well-being in any society that grants importance not just to the opinions of experts or leaders, but to all people in the society” (Diener et al., 2003, p. 405). Through accounts of subjective well-being, factors leading unhappiness and misery can be determined (Diener, Kesebir, & Lucas, 2008; Diener, Lucas, & Napa-Scollon, 2006).

One of the dimensions of subjective well-being is life satisfaction (Compton, 2005; Diener, 1984; Diener, Suh, Lucas, & Smith, 1999; Kim-Prieto et al., 2005). Life satisfaction measures have been used to assess the cognitive component of subjective well-being (Bradly & Crowyn, 2004; Compton, 2005; Diener, 1984; Diener et al., 1999). “Life satisfaction is conceptualized as a cognitive, global appraisal that people make when considering their contentment with their life as a whole or in regard to specific domains of life such as family, environment, friends, and self” (Suldo & Huebner, 2006, p. 180).

Throughout the recent years, scholars' attention on life satisfaction of adolescents has been increased (Valois, Paxton, Zullig, & Huebner, 2006). Adolescence is a period of important changes in physical, psychological and social development. It is accepted as a transition period for adolescents that they face with new challenges such as dealing with the physical and physiological changes resulted from pubertal growth; learning to use new cognitive and social skills in family and friendship environments and in the community in general; leaving the dependency of childhood and beginning to face the responsibilities of the autonomy of adulthood (Berk, 2004). Although adolescence is a period of health and well-being, it is a vulnerable developmental stage as well. Self-discovery and emerging independence specific to this period can be challenging and threatening for adolescents' well-being. In this period, life satisfaction is a construct helping adaptive development (Antaramian, Huebner, & Valois, 2008).

In the literature, life satisfaction is also suggested to be an important part of positive psychology (Gilman & Huebner, 2003; Rigby & Huebner, 2005; Shek, 2007). Life satisfaction studies of adolescence focus on well-functioning of youngsters rather than psychological symptoms (Gilman & Huebner, 2003). It is proposed that "optimal mental health is thus not equated with the absence of psychopathology" (Gilman & Huebner, 2003, p. 199). Likewise, McKnight, Huebner, and Suldo (2002) emphasized the significance of knowing factors which add healthy adjustment in adolescents like life satisfaction. Life satisfaction is suggested as a psychological strength in adolescents (Bradly & Crowyn, 2004; Suldo & Huebner, 2004) and psychological buffer under stressful conditions (Suldo & Huebner, 2004). Correspondingly, Huebner (1991) described adolescents having life satisfaction as having positive views of themselves, being relaxed, extraverted, and having internal locus of control.

While adolescents having high life satisfaction were characterized as adaptive, reduced level of life satisfaction is link to higher likelihood of displacing problem behavior in adolescents (McKnight et al., 2002). Parental support, minimal

symptoms of anxiety and depression, little tendency towards neuroticism, and feeling of competence related to academic tasks and emotional control (Suldo & Huebner, 2006), positive self-concept and quality of relations with parents (Leung & Zhang, 2000) argued as predictors of life satisfaction during adolescents. Likewise, having good relations with parents and peers, experiencing less anxiety and depression, having higher level of hope, and greater sense of personal control and positive academic experiences were found as characteristics of adolescents reporting higher levels of life satisfaction (Gilman & Huebner, 2006).

Empirical studies suggest positive correlations between life satisfaction reports of adolescents and positive outcomes, such as positive correlations with having more positive relationships, higher levels of hope (Gilman, Dooley, & Flarell, 2006; Gilman & Huebner, 2006), greater sense of personal control, and more positive academic experiences (Gilman & Huebner, 2006), higher levels of social support, social and academic competence, higher emotional self-efficacy (Suldo & Huebner, 2006), social interest and attending structured extracurricular activities (Gilman, 2001), health related quality of life (Zullig, Valois, Huebner, & Drane, 2005b), and authoritative parenting style (Milevsky, Schechler, Nettr, & Keehn, 2007) were reported. In line with this, negative correlations with negative internal and external attributes were indicated, for instance, lower levels of life satisfaction of adolescents was reported to relate to anxiety and depression (Gilman & Huebner, 2006; Netro & Barros, 2007), sexual risk-taking behaviors (Valois, Zullig, Huebner, Kammermann, & Drane, 2002), neuroticism, internalizing psychopathology, externalizing behavior problems (Funk, Huebner, & Valois, 2006; Suldo & Huebner, 2004; Suldo & Huebner, 2006); school rules violation (Suldo, Shaffer, & Riley, 2008), parent adolescent conflict (Phinney & Ong, 2002; Shek, 1997), parental autonomy/detachment (Chang, McBride-Chang, Stewart, & Au, 2003), peer victimization (Martin & Huebner, 2007), and drug abuse (Zullig, Valois, Huebner, Oeltmann, & Drane, 2001).

Understanding perceptions of life satisfaction of adolescents through development

has been emphasized (Chang et al., 2003). In this sense, a number of the empirical studies indicate age difference in life satisfaction reports of adolescents. Flouri and Buchanan (2002) suggested that life satisfaction scores of adolescent boys' have negative correlation with their age. Another study conducted with Spanish adolescents revealed that life satisfaction of the participants decreased with age (Casas, Figuer, González, Malo, Alsinet, & Subarroca, 2007). Similarly, Goldbeck, Schmitz, Besier, Herschbach, and Heinrich (2007) reported that general life satisfaction and satisfaction related to health, family relations, and satisfaction related to leisure time negatively associated to adolescent girls' age. Likewise, Huebner, Valois, Paxton, and Drane (2005) indicated negative correlations of life satisfaction to age of adolescent participants, specifically family and school satisfaction, decreased with age. Overall, these empirical studies indicate that as adolescent gets older, less life satisfaction he or she perceives.

Some of the empirical studies suggest that life satisfaction reports of adolescents vary with respect to their gender. Netro and Barros (2007) carried a study with Portuguese adolescents and found that boys scored higher in life satisfaction reports compared to girls. A similar finding was reported by Verkuyten (2001). Adolescents from different ethnic backgrounds participated in the study. The results revealed that females reported lower levels of life satisfaction compared to males. Likewise, Goldbeck et al. (2007) declared that girls reported lower levels of general and health related life satisfaction than boys. In another study conducted with problem youths indicated that boys had higher life satisfaction than girls (Donohue et al., 2003). While the literature generally presents findings in favor of males, there are several studies suggesting gender differences in domains of life satisfaction. For example, a study conducted by Casas et al. (2007) demonstrated that while girls scored higher on satisfaction related to learning, family and friend, boys scored higher on physical activity satisfaction. Another study indicated that girls had higher friend satisfaction than boys (Gilman, Huebner, & Laughlin, 2000).

Some studies indicate variation in life satisfaction scores of adolescents in favor of

high socio economic status (SES) groups. For instance, Horstmanshaf, Punch, and Creed (2008) proposed that having relatively more financial resources was link to enhanced life satisfaction. Similarly, in the study carried by Gilman, Huebner, and Laughlin (2000) it was indicated that adolescents having low SES had relatively low self-satisfaction as well. Likewise, Shek (2005) found that Chinese adolescents with economic disadvantage had relatively lower level of life satisfaction. In another study, Huebner et al. (2005) reported that lower level of SES was link to lower level of both global and domain life satisfaction scores of adolescents. Nevertheless, some studies indicate no difference between low and high SES groups (Gilman & Huebner, 2003). In their review study, Gilman and Huebner (2003) reported that life satisfaction of adolescents had modest relations with demographic variables, and life satisfaction of adolescents were not stable over time. Therefore, both accumulation of daily experiences and major life events appear to be influential in life satisfaction judgments of adolescents.

In the literature, importance of social support for life satisfaction has been highlighted (Diener et al., 2003; Diener & Oishi, 2005; Huebner 1991; Terry & Huebner, 1995). Earlier studies suggested that life satisfaction reports of adolescents were link to parental and peer support (e.g., Burke, & Weir, 1979). Recent studies have also demonstrated the existence of such a link (e.g., Casas et al., 2007; Flouri, & Buchanan, 2002; Leung, & Zhang, 2000; Martin, & Huebner, 2007). In a study conducted with 266 Mexican American high school students, family support along with friend support suggested as correlates of life satisfaction (Edwards & Lopez, 2006). Likewise, Suldo and Huebner (2006) argued that adolescents having higher levels of support from parents, peers and teachers had higher levels of life satisfaction.

Aforementioned, the period of adolescence is challenging; however, it is argued that adolescents with visual impairment experience some unique challenges beside the ones they have in common with their sighted peers or peers with other impairments (Rosenblum, 2000; Uttermohlen, 1997). Dodds et al. (1994; as cited in Koenes &

Karshmer, 2000) reported that a visually impaired person faces with extensive perceptual, behavioral, emotional, and cognitive challenges. Studies done with visually impaired adolescents indicate that these adolescents have problems in terms of psycho-social development, because of the disadvantage in performance of the social roles (Kef, Hox, & Habekothé, 2000), and having visual impairment also affects self image of the visually impaired adolescents and children (Cook-Clampert, 1981; as cited in Kef et al., 2000). Visually impaired adolescents have lower self concept compared to their sighted peers (Beaty, 1992). In the literature, it has been mentioned that visually impaired adolescents feel inferior because of their impairment and lack of social acceptance resulting from this impairment (Beaty, 1992; Lopez-Justicia, Pichardo, Amezcua, & Fernandez, 2001), also feel dehumanization and hopelessness (Thahane, 2005), and experience teasing (Rosenblum, 2000). Moreover, they need to deal with other's negative reactions to them (Uttermohlen, 1997). In addition, depression is founded to be much more frequent among visually impaired adolescents compared to their sighted peers (Koenes & Karshmer, 2000).

Visually impaired adolescents also reported to have problems in their social relationships and social interactions (Huurre & Aro, 2000; Sacks & Wolffe 1998; Thahane, 2005). Likewise, visually impaired adolescents were reported to be less socially active compared to their sighted peers and they engaged in passive activities like watching TV, listening music or sleeping (Wolffe & Sacks, 1997). Moreover, it is argued that adolescents with visual impairments may be disturbed by talking about their impairments with others, which then introduces a unique additional challenge in the process of making friends (Rosenblum, 2000). It is also claimed that visually impaired adolescents need to put extra effort to maintain their friendships with their sighted friends (Wolffe & Sacks, 1997).

Although there is a bulk of literature indicating the role of several factors in the life satisfaction of sighted adolescents; unfortunately, there exists no study carried out with visually impaired adolescents. Furthermore, to the current knowledge of the

researcher, there has been no study regarding the correlates of life satisfaction of visually impaired adolescents in both western and non-western cultures. There is only one study conducted with 86 visually impaired adults aged between 24 and 64, investigating the relationship between social support and well-being (Cimarolli & Boerner, 2005). According to results of the study, life satisfaction of participants had positive correlation with positive social support. Moreover, the number of studies carried out with people with disabilities is limited in Turkey, and only a few of them have studied visually impaired adolescents. Two studies conducted with university students with disabilities were aimed either to determine the problems or to compare their psychological status with their non-disabled peers (Burcu, 2002; Dökmen & Kışlak, 2004). In these studies, visually impaired adolescents reported problems in terms of forming and maintaining social relations. Another study carried out with visually impaired adolescents indicated that in terms of the self-concept of the participants, there was no significant difference between sighted and visually impaired adolescents (Bacakoğlu, 1996).

Overall, the available literature on life satisfaction suggests that life satisfaction is a construct helping adaptive development, and several demographic variables along with social support appear to influence the perceived life satisfaction of adolescents. Since visually impaired adolescents may experience some unique challenges beside the ones they have in common with their sighted peers or peers with other impairments, it seems worth examining the predictors of life satisfaction among this population.

1.2 Purpose of the Study

The aim of the present study is to investigate the role of gender, age, perceived level of impairment, income, social activity level, and perceived social support from family, friend, and significant other in predicting total, family, friend, self, school, and living environment life satisfaction of visually impaired Turkish adolescents.

1.3 Research Questions

The main research question of the current study can be summarized as follows: to what extent do gender, age, income, perceived level of impairment, social activity level, and perceived support from family, friend, and significant other predict total life satisfaction and life satisfaction related to family, friend, self, school, and living environment of visually impaired Turkish adolescents?

1.4 Definition of Terms

Disability: The definition of disability by World Health Organization (WHO) is as follows, “Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions” (“Disabilities,” 2008).

Impairment: Impairment is defined as “the state that arises due to observed, complete or partial, loss of mental, physical, behavioral, or sensory organs’ function” (Ataman, 1997; as cited in Ataman, 2005).

Visual impairment: Tuncer (2005) defined visual impairment under two different headings.

1. Legal definition: “An individual with visual acuity of less than 20/200 and visual field loss to less than 20 degrees in the better eye with best possible correction is called blind; an individual with visual acuity between 20/70 and 20/200 is called partially sighted” (p. 292).

2. Pedagogical definition: “Pedagogically blind is the person who needs tactile and auditory materials in education” (p. 292)

Perceived social support: Perceived social support has been defined as “an individual’s perceptions of general support or specific supportive behaviors (available or enacted on) from people in their social network, which enhances functioning or may buffer them from adverse outcomes” (Demaray & Malecki, 2002,

p. 215).

Life satisfaction: The concept of life satisfaction is defined as individuals' cognitive assessment of their lives through which they compare their perceptions of their ideal lives and their perceptions of their actual life (Paolini, Yanez, & Kelly, 2006).

1.5 Significance of the Study

According to the World Health Organization (WHO), more than 90% of the visually impaired people live in developing countries, like Turkey ("Visual Impairment, Prevalence Introduction for," 2008). The reported ratio of disabled adolescents aged between 10 and 19 in Turkey is 4.6% ("Özürlü İstatistikleri Sonuçları," 2008). Aforementioned, having a visual impairment makes the lives of adolescents harder and visual impairment hinders adolescents from forming satisfactory relationships with significant others (Uttermohlen, 1997). Besides, having a visual impairment increases the risk of depression (Koenes & Karshmer, 2000). Visually impaired adolescents are in the community and utilize the same facilities and resources as would their peers (Abramson, Ash, & Nash, 1979). When these statistical and empirical results are taken into consideration, it is obvious that educators, mental health professionals, and policy makers in Turkey should plan interventions to maximize the inclusion of visually impaired adolescents in the society as normally functioning citizens.

Empirical studies concerning psychological status of visually impaired adolescents in international literature are very limited. Especially in Turkey, the relationship between social support and life satisfaction of visually impaired adolescents has not been studied yet. Moreover, studies to date have mainly focused on negative psychological outcomes of visual impairment such as depression, behavioral problems, and problems in social relations (Burcu, 2002; Dökmen & Kışlak, 2004; Eide & Roysamb, 2002). Therefore, studies focusing on positive psychological outcomes such as life satisfaction are needed.

In conclusion, having a visual impairment can be a risk factor, and it is suggested to have prevention and intervention programs, which support visually impaired adolescents in their transition to adulthood (Uttermohlen, 1997). In the literature, it is also suggested that “although lay people probably understand that close friends and family are correlated with happiness; they may not realize that they are necessary for happiness, as well as for health and optimal cognitive functioning” (Diener & Oishi, 2005, p. 64). Consequently, it is proposed that intervention programs intended to improve life satisfaction of youths should focus on enhancing interpersonal relations (Huebner, Gilman, & Laughlin, 1998). The present research is expected to contribute to the literature by determining some of the factors related with life satisfaction in visually impaired adolescents and contribute to the intervention strategies applied by counselors to increase the life satisfaction of this group.

CHAPTER II

REVIEW OF LITERATURE

This chapter presents the related literature regarding the major variables and their relationships.

2.1 Life Satisfaction as a Dimension of Subjective Well-Being: Definitions and Measures

Diener, Suh, Lucas, and Smith (1999) defined subjective well-being as “a broad category of phenomena that includes people’s emotional responses, domain satisfactions, and global judgments of life satisfaction” (p. 277). To elaborate more, Kim-Prieto, Diener, Tamir, Scollon, and Diener (2005) suggested happiness, life satisfaction, hedonic balance, fulfillment, and stress as components of subjective well-being and it includes ones’ affective and cognitive assessments regarding their life. It also includes both momentary experiences and global judgments regarding entire life. In addition, according to Diener, Kesebir, and Lucas (2008), subjective well-being assesses very broad field of quality of life, such as social relationships, spirituality, health, work satisfaction, feelings of relaxation, and feelings of security.

Furthermore, Diener et al. (2008) recommended that since subjective well-being measures reflect both global assessments like life satisfaction and narrower experiences like work satisfaction, knowing how target groups negatively and positively experiences their life is important. Through assessing information regarding current level of satisfaction in general and in domains, areas requiring intervention would be determined. Additionally, measuring subjective well-being should be essential for policy makers for developing intervention strategies.

Accordingly, it is suggested that subjective well-being as a goal itself, which need to be attempted to be increased by policy makers (Diener et al., 2008).

There are three main approaches explaining subjective well-being. First approach takes subjective well-being as a recollection of past emotional experiences. In this approach, by relying on memories of past emotions, researchers aim to evaluate peoples' life. Second approach relies on collection of online emotions in assessing subjective well-being. In this approach, people ask to report their current emotions over a set period of time. By combining variables like average mood, emotional intensity, affect variability, researcher evaluates participants' subjective well-being. The final approach argues that understanding subjective well-being involves global evaluation of ones life and its aspects. Peoples' personal global assessments of satisfaction and quality of life are necessary in evaluating their subjective well-being. In this approach, large self-report surveys concerning general happiness or satisfaction with large global domains are used (Kim-Prieto et al., 2005).

Experiencing subjective well-being depends on feeling pleasant emotions, engaging interesting activities, having life satisfaction (Diener, 2000), relationships, and goals (Diener & Oishi, 2005). Research indicates that very small variance in subjective well-being can be explained by demographic variables such as marital status, educational background, health; and subjective well-being is fairly stable over time, and affected by stable personality traits (extraversion and neuroticism) and culture (Diener, Shigehiro, & Lucas, 2003; Oishi, Diener, Choi, Kim-Prieto, & Choi, 2007; Kuppens, Realo, & Diener, 2008). Diener and Biswas-Diener (2002; as cited in Kim-Prieto et al., 2005) reported that income of nations and their subjective well-being correlated around .70. Moreover, life circumstances and events and affective and cognitive reactions are correlated and their relation is mediated by factors like explanatory style, adaptation, and the availability of resources for meeting one's goals (Kim-Prieto et al., 2005). Diener and Fujita (1995; as cited in Kim-Prieto et al., 2005) argued that resources, like income were correlated to scores of subjective well-being if only they were link to goals of participants, whereas personal resources (social support and self-confidence) suggested as more important correlates of

subjective well-being (Kim-Prieto et al., 2005). Moreover, people having high subjective well-being function well in areas such as, health and longevity, relationships, work, and citizenship (Diener et al., 2008). Lyubomirsky, King, and Diener (2005) add that subjective well-being is not only correlated with but also cause outcomes such as, sociability and activity, altruism, liking of self and others, strong bodies and immune systems, and effective conflict resolution skills.

In terms of stability of subjective well-being, individuals react events in their life, as a result of this reactions, evaluation of subjective well-being fluctuates, nevertheless, the level of subjective well-being returns back to a level, not necessarily the point that it was, the new level can be a point between previously and recently experienced subjective well-being (Bradly & Crowyn, 2004).

As stated in the introduction section, life satisfaction is one of the components of subjective well-being (Compton, 2005; Diener, 1984; Diener et al., 1999; Kim-Prieto et al., 2005). In the literature, life satisfaction measures have been used to assess the cognitive component of subjective well-being (Bradly & Crowyn, 2004; Compton, 2005; Diener, 1984; Diener et al., 1999) and were suggested as the best indicator of subjective well-being (Kim-Prieto et al., 2005). "Life satisfaction is conceptualized as a cognitive, global appraisal that people make when considering their contentment with their life as a whole or in regard to specific domains of life such as family, environment, friends, and self" (Suldo & Huebner, 2006, p. 180). In line with this, life satisfaction is related to individuals' assessments regarding their perceptions of their lives, in which they compare their perceptions of their actual life with how their lives should be (Paolini, Yanez, & Kelly, 2006).

One factor affecting satisfaction judgment of people is the standards that they set for themselves either consciously or unconsciously (Campbell et al., 1976; as cited in Kim-Prieto et al., 2005). In this respect, life satisfaction judgments of people are derived from a comparison with a standard that each individual sets for him/herself (Vitra, Sam, & Westin, 2004). Another factor influential in life satisfaction judgment is target specificity that life satisfaction judgments can be made with regard to ones'

whole life or with regard to specific life domains. Because evaluations of different targets may be elicited from different experiences and goals, target specificity may play a role in life satisfaction judgments. The third factor that can be affective in life satisfaction judgments is salience, that is during construction of life satisfaction judgments, situationally primed information and salience material are influential (Kim-Prieto et al., 2005). This condition brings in flexibility of life satisfaction judgments. Hence, the information, which is considered during life satisfaction judgments, can vary person to person, explaining why objective predictors are related to life satisfaction judgments only modestly. A given predictor variable may play an important role in assessing the life satisfaction for some individuals; whereas some other individuals may ignore the same variable in the same process (Kim-Prieto et al., 2005). Besides, life satisfaction reflects meeting ones' basic needs and viewing ones' variety of goals as attainable (Bradly & Crowyn, 2004). In less advantaged groups, meeting basic needs is more central in determining the life satisfaction (Bradly & Crowyn, 2004; Diener & Oishi, 2005).

Life satisfaction research is based on different levels of analysis (global and multi-dimensional) (Haranin, Huebner, & Suldo, 2007). In global level, life satisfaction is conceptualized as uni-dimensional, and items of global life satisfaction scales are context free such as, "I am pleased with my life". Nevertheless, measures of multi-dimensional life satisfaction items are context dependent such as, "I am pleased with my family life" (Haranin et al., 2007). General life satisfaction scores can be obtained through adding domain satisfaction scores of participants (Antaramian, Huebner, & Valois, 2008). Diener et al. (2008) proposed that instead of simple global measures, subjective well-being should be assessed with more profound measures, that is subjective well-being should be measured with in certain activities. Moreover, multiple measures should be utilized in assessing subjective well-being such as engagement, positive and negative emotions, and satisfaction (Diener et al., 2008). Oishi and Diener (2001) propose that having high global life satisfaction enhances domain life satisfaction and life satisfaction is reflection of general affective tendencies, specific domain satisfactions, and cognitive, evaluative tendencies of an

individual. Contribution of domain life satisfaction on over all life satisfaction is also emphasized by Heller, Watson, and Ilies (2006).

In literature, life satisfaction has been widely studied with adult samples (Pavot & Diener, 2004). In this extensive literature, higher life satisfaction scores have been found to be positively related to high self-esteem, optimism, ego strength, self-efficacy, internal locus of control, positivism (Compton, 2005; Diener, 1984; Diener, Napa-Scollon, Oishi, Dzoketo, & Suh, 2000; Diener et al., 1999), and negatively related to depression, loneliness, anxiety and worry (Compton, 2005; Paolini et al., 2006; Chioqueta & Stiles, 2007). In a similar vein, Nickerson, Schwartz, and Diener (2007) suggested that "extrinsic" goals - those that depend on external rewards, the contingent approval of other people, and "having" instead of "being", such as goals for financial success, social recognition, power, professional recognition or prestige, and physical attractiveness - have negative consequences; whereas "intrinsic" goals - those that lead to experiences that are fulfilling and valuable in and of themselves, satisfy inherent psychological needs, and promote psychological growth, such as goals for self-acceptance, autonomy, friendship, family relationships, intellectual challenge, creative self-expression, service to others, and good health - have positive consequences" (p. 502). Moreover, in the same study conducted by Nickerson et al. (2007), life satisfaction scores of participants found to be related positively with their adjusted household incomes.

In the next section, related literature regarding life satisfaction of adolescents is mentioned; empirical studies conducted with adolescents is presented.

2.1.1 Life Satisfaction and Its Correlates among Adolescents

In general, review of literature has demonstrated that life satisfaction is regarded as one of the most important components of positive psychology (Gilman & Huebner, 2003; Rigby & Huebner, 2005; Shek, 2007). According to Suldo and Huebner (2004, p. 93), "one of the major underlying premises of positive psychology is that prevention of psychopathology is most effective when efforts are focused on building

individuals' strengths rather than on repairing their deficits". Accordingly, positive psychology should focus on "what makes life good, how individuals remain resilient in the face of adversity and what can be done to enhance the characteristics of life that are positive" (McKnight, Huebner, & Suldo, 2002). Moreover, Diener et al. (2008) proposed that studying subjective well-being of children is important, by this way unhappy children would be determined, and through intervention programs, psychological and behavioral problems can be avoided. It is further suggested that policy makers can even improve schools and the education system. Similarly, Park (2003) proposed that intervention programs, aiming to increase well-being such as life satisfaction, should be implemented as early as possible, but no later than adolescence when dynamic changes take place in terms of cognitive, emotional, personality, and social development. On the other hand, review of literature indicates that research regarding adolescents' psychopathology is more than those concerning positive mental health despite the fact that most of the adolescents do not displace psychopathology. Hence, in order to understand the entire spectrum of psychological outcomes, researchers should study determinants of psychological well-being as well as psychological pathology (Gilman & Huebner, 2003).

By considering the information stated above, experience of life satisfaction in adolescents suggested as a significant psychological strength (Bradly & Crowyn, 2004; Suldo & Huebner, 2004). In this respect, adolescents' own perceptions of their quality of life can be the most important indicator of their well-being (Suldo, Shaffer, & Riley, 2008). For instance, a study conducted with an international college sample of 7,204 respondents from 42 countries demonstrated that life satisfaction was the most important dimension of happiness (62% of the sample) (Suh, Diener, Oishi, & Triandis, 1998; as cited in Diener, 2000).

Empirical studies suggest correlations of life satisfaction with both positive and negative internal and external factors in adolescents. In a study carried out with 92 adolescents, McCullough, Huebner, and Laughlin (2000) found that global self-concept and daily experienced positive life events, as well as major life events, covaried with the life satisfaction scores of adolescents. Likewise, in another study

conducted by McKnight et al. (2002), extraversion, neuroticism and stressful life events were found to be related to life satisfaction scores of 1,201 adolescents. In the same vein, Fogle, Huebner, and Laughlin (2002) carried out a study with 160 adolescents to examine the relationships among personality traits (neuroticism, extraversion), social self-efficacy and life satisfaction. Results yielded significant positive correlations among life satisfaction, extraversion, and social self efficacy; whereas negative correlation was reported with regard to neuroticism and life satisfaction.

Rigby and Huebner (2005) conducted a study with 212 high school students, concerning personality characteristics, attribution styles and life satisfaction of adolescents. Results revealed that emotional stability and adaptive attribution style were related to higher levels of life satisfaction. It is further reported that adoptive attributions for positive events has a mediating role between personality characteristics and life satisfaction of adolescents.

In a longitudinal study with 816 adolescents, Suldo and Huebner (2004) found that life satisfaction of participants was negatively related to externalizing behaviors under stressful circumstances. Similarly, Haranin et al. (2007) conducted a longitudinal study with 1,201 adolescents aged between 10 and 19, 64% of the participants was female. According to the results of study, overall life satisfaction scores of adolescents were associated future measures of internalizing and externalizing behaviors. In other words, satisfaction related to school, living environment, and family were the best predictors of externalizing behavior, and satisfaction related to friends, living environment, and self were the best predictors of internalizing behavior.

Furthermore, Gilman, Huebner, and Laughlin's (2000) study suggested that life satisfaction scores of 321 adolescent participants was negatively related to mal-adjustment scores, and total score of life satisfaction had the strongest negative correlation with depression scores of participants. Moreover, main effects of gender, race and socio-economic status of participants on domain satisfaction scores were

reported. More specifically, females were more satisfied on friend satisfaction domain, participants having low socio-economic status had lower self satisfaction scores and lastly African-American participants scored higher than their Caucasian counterparts across domains of self, family and total life satisfaction. In another study, the role of participating in a social activity on life satisfaction of adolescents was examined. The participants were 321 adolescents (65% females and remaining males). It was found that as levels of social interest and structured extracurricular activities increase, global life satisfaction level of adolescents increases as well (Gilman, 2001). Thus, having more social interest was related to greater satisfaction

with family and friends, and attending structured extracurricular activities was related to school satisfaction.

Several studies have been conducted concerning adolescents' life satisfaction and their family functioning (Shek, 1998), family structure (Zullig, Valois, Huebner, & Drane, 2005a; Antaramian et al., 2008), marital status of parents (Bradly & Corwyn, 2004), and parent adolescent conflict (Phinney & Ong, 2002).

A longitudinal study conducted with 378 Chinese adolescents and their families revealed that life satisfaction levels of adolescents were predictive of family functioning (Shek, 1998). Zullig et al. (2005a) conducted a study to investigate relationships among family structure, demographics and life satisfaction of adolescents. Five-thousand-and-twenty-one public high school adolescents participated in the study. It has been suggested that living with other relatives, non-relatives, or guardians is a risk factor regarding life satisfaction of white females, black females and white males, and living with both parents is positively related to life satisfaction for white adolescents. Similarly Antaramian et al. (2008) carried out a study with 457 adolescents. According to the study, adolescents having intact families had the highest family and living environment related life satisfaction, whereas adolescents having single-parent families had the lowest family and living environment related life satisfaction. Another study carried out by Bradley and Corwyn (2004) demonstrated that for adolescents from different ethnicities

(European American, African American, Chinese American, Mexican American, and Dominican American) life satisfaction shows consistent relations with adolescent health, self-efficacy beliefs, task-orientation, and marital status of parents. Another study was aim to investigate the impact of parent adolescent conflict on adolescent life satisfaction. The participants were 238 adolescents and their families. Results reveal that as the adolescent-parent discrepancies increase, life satisfaction of adolescents decreases (Phinney & Ong, 2002).

Empirical studies also point out the importance of school environment and school related activities on adolescents' life satisfaction. For example, Suldo et al. (2008) conducted a study with 321 students (68% female, 32% male, mean age was 15.71). In the study, school climate was defined as parental involvement in school and teacher student relations. School climate was argued to be related to life satisfaction of adolescents. In the same study, it was also found that students who violated school rules tended to have lower life satisfaction (Suldo et al., 2008). Hortsmanhaf, Punch, and Creed (2008) conducted a study investigating environmental features of the school setting on well-being of 377, 12th grade students. In the study, having more financial resources, feeling more a part of the wider society, having better use of time, lower neuroticism and less perceived threat were reported as predictors of global life satisfaction of adolescents. Another study conducted by Shek (2005) suggested that Chinese adolescents with economic disadvantage experienced lower levels of hope, mastery, self-esteem, and life satisfaction compared to adolescents without economic disadvantage. Huebner, Valois, Paxton, and Drane (2005) carried out a study with 2,502 adolescents. According to results of the study, lower SES was found to be related to lower satisfaction scores on both global and domain life satisfaction. Particularly, living environment, family and friend related life satisfaction scores of low SES participants were found relatively low.

Chang, McBride-Chang, Stewart, and Au (2003) underlined the importance of understanding life satisfaction perceptions of adolescents across development. Flouri and Buchanan (2002) carried out a study with 1,344 adolescent boys aged 13–19 years. According to the results, at both the bivariate and the multivariate level, life

satisfaction shows negative correlation with age. That is, older adolescents are less satisfied with their lives. Similarly, an aforementioned study conducted by Huebner et al. (2005) reported that life satisfaction related to family and school was lower in eighth graders than sixth graders.

Furthermore, Casas, Figuer, González, Malo, Alsinet, and Subarroca (2007) conducted a study with Spanish adolescents, aged between 12 and 16. Data were collected from two cohorts; 1,634 adolescents participated in the first data collection, and 1,618 adolescents participated in the second one. The study reveals that overall life satisfaction of adolescents declined by age. Although overall life satisfaction does not vary with respect to gender, domain life satisfaction reports of adolescents show variation with respect to gender. While girls score higher on learning, family and friend domains of satisfaction, boys' scores were high on satisfaction related to physical activity. Likewise, another study conducted with 1,274 German adolescents aged between 11 and 16 revealed that general life satisfaction and satisfaction related to health, family relations and satisfaction related to leisure time for girls have decreased with age, satisfaction related to partnership and sexuality has increased, and only friend satisfaction kept constant (Goldbeck, Schmitz, Besier, Herschbach, & Heinrich, 2007).

In the study conducted with 93 Portuguese adolescents (67% females and with the mean age of 16.1), Netro and Barros (2007) argued that being male is found to be correlated with having higher life satisfaction. Similarly, Verkuyten (2001) carried out a study with 261 Dutch, Turkish, Surinamese, and Moroccan immigrant adolescents. The age range of the sample was between 13 and 16, and females composed of the 56% of the sample. According to the results, males reported higher levels of life satisfaction compared to females. Likewise, Goldbeck et al.'s (2007) study with 1,274 adolescents (52% males) aged between 11 and 16 revealed that girls reported lower general and health related life satisfaction than boys. Another study was conducted with 193 problem youths with the mean age of 15.3 years. Males comprised the 78% of the sample. Donohue et al. (2003) suggested a gender

difference in life satisfaction scores of participants, i.e., boys were more satisfied with their lives than girls.

Gender differences in life satisfaction scores of adolescents were noted by Huebner, Drane, and Valois (2000) as well. In the study, 5,544 adolescents, grades from 9 to 12 were recruited. Fifty-two percent of the sample was female. According to results of the study, girls reported higher life satisfaction on domains of friend and school related satisfaction. On the domain of self-satisfaction, Caucasian females reported higher life satisfaction than their male counterparts.

In summary, the literature emphasizes the importance of studying life satisfaction as a positive psychological construct in adolescent period. It is also suggested that via life satisfaction accounts of adolescents, at risk groups can be determined. By this way, intervention strategies can be planned. Empirical studies demonstrate that life satisfaction is related to many internal and external attributes. For instance, adolescents having more economic resources and perceived more social support also report higher levels of life satisfaction. Empirical studies also indicate that life satisfaction of adolescents decrease with age. Hence, the older the adolescent the less life satisfaction s/he reports. In addition, literature review reveals that boys have higher levels of general life satisfaction than girls. Nevertheless, domain based life satisfaction comparisons indicate gender differences.

2.2 Social Support as a Predictor of Life Satisfaction

The concept of social support includes both getting support from others and also providing support for others when they are in need (Sarason & Sarason, 1982). A person with a high social support may have the others to rely on when a need arises. On the other hand, a person with a low social support does not have these interpersonal resources (Sarason & Sarason, 1982). Moreover, social support can be related to the well-being of people since it provides positive affect, a sense of predictability, and stability in one's life situation and recognition of self-worth. In addition, social support reduces the probability of displaying psychological and

physiological symptoms (Cohen & Wills, 1985; Holahan & Moss, 1981; Holahan & Moos, 1987; Vinokur, Schul, & Caplan, 1987).

In the literature, there is a distinction between received and perceived social support. Perceived social support has been defined as “an individual’s perceptions of general support or specific supportive behaviors (available or enacted on) from people in their social network, which enhances functioning or may buffer them from adverse outcomes” (Demaray & Malecki, 2002, p. 215). It is also defined as cognitive appraisal of having reliable connections with others (Barrera, 1986) and being valued and cared for (Lakey & Heller, 1988). It is argued that for health and adjustment, perceived availability of social support is more important than whether or not one actually receives social support (Cohen, Gottlieb, & Underwood, 2001), and there has been an increasing emphasis in the literature on the impact of perceived social support on psychological well-being (Kazarian & McCabe, 1991).

Perceived social support has been studied extensively with respect to several psychological indexes such as, loneliness (Pierce, Sarason & Sarason, 1991), academic-related stress (Smith & Renk, 2007), gender role conflict (Wester, Christianson, Vogel, & Wei, 2007), perceived stress (Lakey & Heller, 1988), self-confidence (Rees & Freeman, 2007), and depression (Kazarian & McCabe, 1991).

Perceived social support has also been studied with adolescents. According to Cornwell (2003), perceiving as well as receiving stable social support over time is important for mental health in adolescents. In line with this, enhancing the perceived social support of adolescents can be a preventing factor for at risk adolescents (Demaray & Malecki, 2002). Thus, adolescents perceiving inadequate social support may display both internalizing and externalizing behaviors such as, depression (Beitchman, Adlaf, Atkinson, Douglas, Massak, & Kenaszchuk, 2005; Marcotte, Marcotte, & Bouffard, 2002; Cornwell, 2003; Kaltiala-Heino, Rimpela, Rantanena, & Laippalaa, 2001; Klineberg et al., 2006; Stice, Ragan, & Randall, 2004), and substance abuse (Demaray & Malecki, 2002; Newman, Newman, Griffen, O'Connor, & Spas, 2007). Perceiving less social support also increases the risk for carrying a

weapon (Demaray & Malecki, 2003). Similarly, low family support is found to be related to higher levels of alcohol consumption (Beitchman et al., 2005; Windle, 1992), depression and delinquency (Marcotte et al., 2002). Moreover, perceived low family support increases the risk for early onset of substance abuse (Beitchman et al., 2005; Measelle, Stice, & Springer, 2006) and negatively related to clinical maladjustment and emotional symptoms (Demaray, Malecki, Davidson, Hodgson, & Rebus, 2005). Furthermore, perceived inadequate social support is found to be linked to the suicidal ideation in adolescents (Man & Leduc, 1993).

In the literature the relationship of perceived social support to positive behavioral and psychological outcomes is also studied. A research conducted by Newman et al. (2007) argues that in the transition to high school, receiving social support from parents, peers, and school adults is crucial for adolescents' sense of well-being. It is also reported that significant positive relationships among perceived social support and positive behavioral indicators such as social skills, self-concept, adaptive skills, academic and school competence exist for adolescents (Cauce, Hannen, & Sargeant, 1992; Demaray & Malecki, 2002; Dunn, Putailaz, Sheppard, & Lindstrom, 1987; Malecki & Demray 2002; Malecki & Elliott, 1999). Moreover perceived social support from family is found to be positively related to the higher psychosocial maturity (Gavazzi, 1994), and negatively related to psychological distress (Klineberg et al., 2006). In another study carried out by Mullis, Hill, and Readdick (1999), it is suggested that perceived social support is associated with attachment to the mother, especially for younger adolescents. In a study with 203 Turkish adolescents (48.8% are girls and 51.2% are boys), Elmacı (2006) found that adolescents that perceive high social support displaced lower levels of depression and had better social adjustment.

As stated previously, life satisfaction has been found to be related to many internal and external attributes. Social support as an external attribute has been studied in relation to life satisfaction with diverse samples as well (Edwards & Lopez, 2006; Engin Deniz, 2006; Li & Liang, 2007; Suhail & Chaudhry, 2004). In these studies, social support was found to be related to higher life satisfaction scores (Edwards &

Lopez, 2006; Engin Deniz, 2006) and as a predictor of subjective well-being (Li & Liang, 2007; Suhail & Chaudhry, 2004).

In a study carried out with 266 Mexican American high school students, both qualitative and quantitative measures revealed the significance of family support on life satisfaction. The qualitative data suggest two additional themes; friends help, and positive attitude toward life to be important in determining life satisfaction of Mexican American youths (Edwards & Lopez, 2006). Another study conducted with 274 adolescents (93 males and 181 females, with a mean age of 16.3 years) reveals that support from parents and peers has an impact on life satisfaction, affective states, and psychosomatic symptoms of participants (Burke & Weir, 1979).

Suldo and Huebner (2006) conducted a study with 698 adolescents. Samples comprised of 64% females with the mean age of 14.78. According to the study, having higher levels of social support from parents, close friends, classmates, and teachers were the distinct characteristic of adolescents who had very high level of life satisfaction. In the same study, parent support was suggested as an essential component of life satisfaction. Furthermore, Flouri and Buchanan (2002) carried out a study with 1,344 adolescent boys aged 13–19 years, and found that father involvement (i.e., support) was related to higher levels of life satisfaction of participants. Another study conducted to investigate relations among peer victimization, pro-social behaviors and well-being of 571 adolescents, suggested that experience of positive social interaction was more strongly correlated with life satisfaction than exposure to victimization experiences. In the same study, being a recipient of supportive acts by peers was proposed as a protective factor (Martin & Huebner, 2007).

Aforementioned, a study conducted with Spanish adolescents aged between 12 and 16 also demonstrated that perceived social support was offered as a variable having positive correlations with over all life satisfaction scores of adolescents (Casas et al., 2007). Similarly, Leung and Zhang (2000) carried out a study with Chinese adolescents (664 boys and 435 girls) with the mean age of 13.4. The results showed

that in predicting life satisfaction of participants, both self-concept and quality of relations especially quality of relations with parents was important factors.

In Turkish literature, two empirical studies conducted with adolescents have pointed out the importance of social support in life satisfaction. For instance, a study carried out with 492 Turkish university students, life satisfaction was found to be correlated positively with problem-focused coping and seeking social support (Engin Deniz, 2006). In the same vein, a study carried out with 305 immigrant Turkish adolescents, aged between 12 and 15, revealed that migration had negative impact on the psychological well being of adolescents with a smaller size of social network (Aksel, Gün, Irmak, & Çengelci, 2007).

In summary, social support is an external attribute studied in relation to life satisfaction. The empirical evidence emphasize the importance of having social support to live a satisfying life, and social support is a necessary component of good life of adolescents. Studies conducted with adolescents indicate that social support, especially the parental support, is crucial for adolescents to have a satisfying life.

2.3 Studies with Visually Impaired Adolescents

As it was stated, to the current knowledge of the researcher, there has been no study investigating the life satisfaction of visually impaired adolescents. Hence, in the following section, studies which are informative about psycho- social functioning of visually impaired adolescents are presented.

Rosenblum (1998) conducted a study with 40 visually impaired adolescents and 23 of their best friends. Results of the study showed that a statistically significant difference exists in the network size of the adolescents varying with respect to the level of disability, gender and grade. Hence, blind adolescents had fewer close friends than adolescents with low vision. In general, girls reported having more close friends than boys, and junior high school students than senior high school students.

In the same study, some of the participants reported that visual impairment affected their relationship in terms of the activities that they could engage in.

In the second study of Rosenblum (2000) with ten adolescents and their best friends, visually impaired adolescents reported negative feelings about their visual impairment. Moreover, almost all of them reported experiencing instances of teasing that are directly related to their impairment. Majority of adolescents stated that they are not understood by their families. They also reported that their parents restrict their independence and treat them different from their siblings. Nevertheless, having another family member with visual impairment provided adolescents a role model and a support system. It was mentioned that teachers' insensitivity to their special needs in integrated settings makes visually impaired adolescents feel humiliated and frustrated, and this results in feelings of anger to their impairment. Moreover, most of the participants perceived themselves as outsiders in the social hierarchy of their schools. They reported that negative attitudes of sighted peers about their visual impairment make them excluded.

Wolffe and Sacks (1997) compared the lifestyles of blind, partially sighted, and sighted adolescents. In the study, there were 16 adolescents in each group. Age range of the sample was between 15 and 21. According to the results, adolescents differed with regard to activities that they do in their spare time. Particularly, adolescents with low vision engaged in passive activities and spent their time alone. Besides, it was also reported that visually impaired adolescents' social integration and their acceptance by sighted peers were problematic. Moreover, for visually impaired adolescents, it was more difficult to maintain their relationship with sighted friends than with visually impaired friends.

In another study, Sacks and Wolffe (1998) carried out a qualitative study with three visually impaired adolescents on their life styles and the results were compared with previous data. According to the results, visually impaired adolescents had low frequency of interaction with both sighted and visually impaired age mates. They performed daily living skills in low frequency and had low involvement in vocational

experiences. Moreover, visually impaired adolescents were reported that they differ from their sighted peers in amount of independent travel. They had to work harder to maintain their friendship with sighted peers. It was also reported that visually impaired adolescents need help from teachers, parents, and paraprofessionals in order to accomplish academic tasks. In addition to this, in the study, overprotection from parents and teachers was reported.

Another qualitative study conducted by Chang and Schaller (2000) with 12 visually impaired adolescents, aged between 14 and 20, aimed to investigate the perspectives of adolescents on social support from their parents. Participants of the study reported that persistent acceptance and love of parents and inclusion in family activities make adolescents feel valued. Physical and verbal demonstrations of care, sympathy, and understanding by parents led to feelings of security, self-efficacy, and self-esteem; whereas withdrawal of parents had a devastating impact on participants. Parents of participants provided informational support on the subjects of visual impairment, relationships with friends, and personal interests. In the study, adolescents also reported that they needed their parents' support in order to receive the services that should have been provided to visually impaired students. Results revealed that in terms of support to be helpful to participants, parents should respect to their child's independence and decisions. By this way, self concept of visually impaired adolescents would be enhanced.

Kef (2002) conducted a study with 316 visually impaired adolescents (150 female and 166 male). Age range of the sample was between 14 and 24. According to the study, network size of visually impaired adolescents was relatively low. The study also revealed that social support positively related to self-esteem, high well-being, and less loneliness. Moreover, it was suggested that social support from friends was more essential than family support for adjustment and well-being of visually impaired adolescents. Furthermore, it was reported that feeling independent and feeling happy were positively correlated among visually impaired adolescents.

Another study was conducted by Huurre and Aro (1998) with 40 visually impaired boys, 14 visually impaired girls, and a control group that consisted of 410 sighted adolescents. The study results showed that although visually impaired adolescents did not differ from their sighted peers in terms of psychological well-being, they had less dating experiences, and friends. Especially visually impaired girls reported to have feelings of loneliness, difficulties in making friend, and lower social skills. Lifshitz, Hen, and Weisse (2007) carried out a study including 40 visually impaired adolescents with 41 sighted peers. Age range of study sample was between 13 and 18. Results revealed that profiles of self-concept of visually impaired and sighted adolescents were similar. It was also reported that having higher self concept and adaptation to disability were correlated. In terms of quality of friendship, sighted adolescents scored higher in spending time in leisure activities, and having confrontation and betrayal. In addition, visually impaired adolescents in integrated schools had higher on adjustment in the assessment of their teachers. Similarly, in a study with 61 visually impaired and 229 sighted adolescents, Obiakor and Stile (1990) found that self-concepts of visually impaired and sighted adolescents did not differ significantly. Furthermore, Lopez-Justicia, Pichardo, Amezcua, and Fernandez (2001) carried out a study with visually impaired adolescents aged between 12 and 17 to examine the impact of gender on the self-concepts of participants. Eight of the participants were male, and 15 were female. According to the results, female participants had lower self concept in three domains; social self-concept, family self-behavior, and moral self-behavior. However, male participants scored lower in physical self-concept than females.

In a longitudinal study, Kef (2005) collected data from 316 visually impaired adolescents (Time 1). In the follow up, 206 young adults participated in the study. One-hundred-seventy additional data were collected during follow up phase as well (Time 2). According to the results, considering satisfaction of social support, there was not a significant difference between "Time 1" and "Time 2". Results also revealed that network sizes of visually impaired participants were affected by type of education they have been receiving and where they lived. In other words, young adults living with their families and adolescents, continuing special education had

lower network size. Considering psychological well-being, self esteem and acceptance of disability scores increased with time. Female participants, participants living with their families, participants attending special education and blind ones had lower scores on well-being and self esteem. Another study conducted by Kef, Hox, and Habekothé (2000) with 316 visually impaired participants (aged 14 and 24) revealed that visually impaired adolescents had lower social support than their sighted peers. In the study, it was indicated that participants living independently had larger network size. With respect to satisfaction of support, females and younger adolescents were more satisfied with social support. Considering well being of participants, result of the study indicated that satisfaction with social support and network size were positively related with well-being of adolescents. Furthermore, it was argued that support from parents and peers were significant for visually impaired adolescents. In addition, dependence on others negatively related to well-being of participants.

Huurre and Komulainen (1999) conducted a research on social support and self-esteem of visually impaired adolescents. One-hundred-and-fifteen visually impaired adolescents (76 males and 39 females) participated in the study. Mean age of the visually impaired participants was 14.1 year. In the study, a sighted control group of 607 adolescents (275 boys and 332 girls) was involved as well. It was found that visually impaired girls, with compared to sighted peers had lower levels of self-esteem, and lower levels of perceived social support from friends. Their scores were also low in relationship with friends. For both girls and boys, scores on relationship with friends were positively related to self-esteem. Furthermore, blind boys' self esteem was also positively correlated with quality of relationship with parents. George and Duquette (2006) conducted a case study with a well-adjusted visually impaired adolescent. Results suggested that for a healthy adjustment of visually impaired adolescent, parental support and encouragement are necessary. According to the authors, significant others in lives of visually impaired adolescents should raise their expectations in terms of academic, social, and behavioral capability of the visually impaired youngster. Opportunities to participate in extracurricular activities should also be created.

Kef and Dekovic (2004) carried out a study with visually impaired adolescents and their sighted peers. The sample included 178 adolescents with visual impairment (98 males with a mean age of 16.0 years, and 80 females with a mean age of 15.7 years), and adolescents without visual impairment (170 male with a mean age of 15.8 years and 168 females with a mean age of 15.8 years). According to the results, emotional support from peers decreased with age for visually impaired girls. For both groups of adolescents, parents provided more social support than peers. It was also found that adolescents without visual impairment received more support from both parents and peers with compared to visually impaired adolescents. Furthermore, peer support was more important for visually impaired adolescents' well-being than their sighted peers. Finally, according to the results, emotional support was the strongest type of support, having positive correlations with well-being.

Huurre and Aro (2000) carried a study comparing psycho-social well-being of visually impaired adolescents, adolescents with no disabilities and adolescents with chronic conditions. One-hundred-and-fifteen visually impaired adolescent, 44 adolescents with chronic conditions, and 607 adolescents with no disability participated in the study. The results yielded that visually impaired adolescents, compared to other two groups of adolescents, experienced more difficulty in their relationships with friends, and had fewer friends and dating experiences. When visually impaired adolescents compared within them, study revealed that blind adolescents and adolescents who are visually impaired since birth had more problems in relationship with friends, than partially sighted adolescents and adolescents which acquired visual impairment later in life, respectively. In the study, most of the visually impaired adolescents reported that visual impairment interfered with their social relationships. Moreover, they reported experiencing others' negative attitudes toward them. Furthermore, visually impaired participants stressed the importance of getting social support in coping with their disability. With respect to well-being, study suggested that visually impaired adolescents seemed better adjusted compared to adolescents with chronic conditions. However, visually impaired girls had lower

self-esteem, higher level of depression, and lower school performance than other two groups had.

In the qualitative study done by Thahane (2005) it was reported that visually impaired adolescents have been experiencing confused self-perception; they considered their impairment as a barrier for being respected and valued as a person. Moreover, visually impaired adolescents experienced problems in interpersonal relationships, which then make adolescents' life unbearable and difficult. In addition, visually impaired adolescents experienced stigmatization related to their impairment, making them feel hopeless and dehumanized.

In short, empirical studies conducted with visually impaired adolescents indicate that visually impaired adolescents experience difficulty in relating to their friends and in the process of making friends. Their network size is relatively small. Experiences of teasing and stigma related to their disability make them vulnerable. Both peer and family support suggested as important for better adjustment. However, families of visually impaired adolescents can be overprotective while trying their youngster to support.

CHAPTER III

METHOD

This chapter consists of seven sections concerning the methodological details of the study. The first section presents the overall design of the study. The second section describes the participants of the study. The third section presents data collection instruments. The fourth section explains the data collection procedure. In the fifth section, variables of the study are introduced. Next, in the sixth section, data analyses are given. Finally, in the last section, limitations of the study are presented.

3.1 Overall Design of the Study

The purpose of the present study is to examine the predictive roles of gender, age, income, perceived level of visual impairment, social activity, perceived support from family, friend, and significant others in the life satisfaction (total, family, friend, school, self, and living environment) scores of visually impaired Turkish adolescents.

In this study, the correlational design was utilized. In the correlational research, without any manipulation, the relationship between dependent variable (criterion variable) and independent variable/s (predictor variable/s) are discerned (Fraenkel & Wallen, 2005).

A demographic form, The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988), and Multidimensional Student Life Satisfaction Scale (MSLSS; Huebner, 1994) were administered to 138 visually impaired adolescents aged between 11 and 22 ($M = 14.38$, $SD = 2.17$). Descriptive statistics and multiple regression analyses were conducted to analyze the data.

3.2 Participants

The target population in this study was all visually impaired adolescents in Turkey. However, the accessible population was visually impaired adolescents in Ankara. In the Turkish educational system, there has been no school that provides special education for individuals with disabilities after the 8th grade. As there are only two residential schools in Ankara namely, Mithat Enç Görme Engelliler Elementary School and Gören Eller Elementary School, participants younger than 14 were recruited from these residential schools. However, participants older than 14 were recruited from two high schools namely, Halide Edip High School and Cumhuriyet High School, which have visually impaired students.

Participants were reached via convenient sampling. There were four criteria for sample selection: (1) being only visually impaired; participants having multiple disabilities were not included in the study, (2) being older than 11, (3) continuing education either in a special school for visually impaired or in a main-stream setting, and being elementary or high school student, and (4) filling out the scales properly.

The sample comprised of 64 male (46.4%), and 73 female (52.9%) visually impaired adolescents aged between 11 and 22 ($M = 14.38$, $SD = 2.17$). One participant (0.7%) did not report their gender. Age range of the participants was wide, because some of the participants had the opportunity to go to school later in their life. Majority of the participants (61.6%) had monthly income between 500TL and 1000TL; mean monthly income of the participants' was 858.54 TL ($SD = 450.96$). Almost 40% of the participants had at least one family member with a disability. Furthermore, 27 participants (19.6%) were attending high school and remaining (80.4%) were attending special elementary school. The detailed demographic characteristics of the sample are presented in Tables 3.1 and 3.2. General demographic characteristics of the sample are presented in the first table and information regarding disability of participants is given in the second table.

Table 3.1

Demographic Characteristics of the Participants (N = 138)

	f	%		f	%
Mother Education			Father Education		
Illiterate	21	15.2	Illiterate	8	5.8
Literate	11	8	Literate	6	4.3
Primary School	74	53.6	Primary School	55	39.9
Middle School	15	10.9	Middle School	24	17.4
High School	10	7.2	High School	24	17.4
Higher Education	2	1.4	Higher Education	1	0.7
University	5	3.6	University	11	8
Missing	0	0	Missing	9	6.5
Number of Siblings			Having Family Member with Disability		
1	5	3.6	Yes	55	39.9
2	40	29	No	83	60.1
3	53	38.4	Living environment		
4	14	10.1	Family	77	55.8
5	13	9.4	Dormitory	61	44.2
6 & more	11	7.8			
Missing	2	1.4			

As shown in Table 3.1, almost half of the participants' mothers (76.8%) had education level of primary school and only 5% of the participants' mothers had a higher education or university degree. Regarding fathers' education level, most of the participants' fathers (39.9%) graduated from primary school, and only 9.4% of the participants' fathers had a higher education or university degree. Majority of the participants had 2 (29%) or 3 (38.4%) siblings. In addition, 55.8% of the sample was living with their family and 44.2% of them were living in dormitories in most of the year.

Table 3.2

Characteristics of the Participants with respect to their Disability (N = 138)

	F	%		f	%
Perceived Visual Impairment			Independent Movement		
Excellent	3	2.2	Totally		
Very good	2	1.4	Independent	64	46.4
Good	24	17.4	Good	36	26.1
Moderate	48	34.8	Average	23	16.7
Bad	21	15.2	Bad	9	6.5
Totally blind	40	29	Totally	5	3.6
Missing	0	0	dependent		
Onset of Visual Disability			Missing	1	.07
Congenital	105	76.1	Disability Education		
Acquired	33	23.9	Yes	49	35.5
Social Activity			No	89	64.5
Yes	88	63.8			
No	50	36.2			

As presented in Table 3.2, 44.2% of the participants reported that either they are totally blind or they evaluated their sight as bad. However, 55.8% of the sample reported that their sight was moderate, good, very good or excellent. Furthermore, majority of the participants (76.1%) reported that the onset of their visual ability was congenital. More than half of the participants (63.8%) were attending to some social activities. Of the participants, only 35.5% of them had education related to their disability such as independent travel. In terms of assessing their mobility skills, 46.4% of the participants reported that they had totally independent movement.

3.3 Data Collection Instruments

3.3.1 Demographic Form

A demographic form was developed by the researcher including age, gender, living environment (staying with family or staying in residential schools' dormitory), school type, level of visual impairment, onset of visual impairment, income, social activity level, and a question on mobility skills (see Appendix A). The question assessing the perceived degree of visual impairment is adapted from The National Eye Institute Visual Functioning Questionnaire (NEI-VFQ) (Massof & Fletcher, 2001), which was translated into Turkish by Toprak, Eser, Güler, Başer and Mayalı (2004).

3.3.2 Multidimensional Scale of Perceived Social Support (MSPSS)

Multidimensional Scale of Perceived Social Support (MSPSS) was used to assess the perceived social support level of the participants (see Appendix B).

MSPSS was developed by Zimet, Dahlem, Zimet, and Farley in 1988. It is a 12-item self-report measure, which made it easy to administer. The response range of MSPSS is between 1 (Strongly Disagree) and 7 (Strongly Agree). Having higher scores from MSPSS indicates higher perceived support. MSPSS, which aims to measure the individual's subjective evaluation of adequacy of the social support that s/he receives, consists of three subscales: *Significant Other*, *Family* and *Friend* (Zimmet et al., 1988). There are 4 items in each sub-scale. Cronbach's Alpha correlation coefficients reported for the total scale, *Significant Other*, *Family*, and *Friend* subscales were .88, .91, .87, and .85, respectively. The test-retest reliability for the Significant Other, Family, and Friend subscales were reported as .72, .85, and .75, respectively. The correlations between the MSPSS subscales and the Depression and Anxiety subscales of Hopkins Symptom Checklist (HSCL) showed that perceived social support from family was negatively correlated with depression, $r = -.24, p < .01$, and anxiety, $r = -.18, p < .01$ (Zimmet et al., 1988).

MSPSS was adapted to Turkish by Eker and Arkar (1995). The psychometric properties of the scale were examined with various samples including university students having psychological problems, psychiatric inpatients and outpatients, renal disease patients, and normal controls. Internal consistencies reported for each subscales and total scale ranged between .85 and .91. MSPSS had negative correlation with the scores of State-Trait Anxiety Inventory (STAI) in university students, renal disease patients, and normal samples. Additionally, the scale negatively associated with Beck Depression Inventory, which also supports the construct validity of the scale (Eker & Arkar, 1995). MSPSS was revised by Eker, Arkar, and Yaldız (2001). The three-factor solution was also found to be valid for Turkish samples. The Cronbach alpha values were found to be .83 for the total scale, .80 for the family dimension, .85 for the friend dimension, and .92 for the significant other dimension. Likewise, in a recent study with 865 Turkish adolescents, Dayıođlu (2008) found satisfactory evidence for the three factor structure of the scale, and alpha coefficients of .82, .88, .93, and .85 for the family, friend, significant other, and for the total scale were reported respectively.

3.3.2.1 The Validity and Reliability of the MSPSS for the Sample of the Present Study

In the present study, the revised Turkish version of the MSPSS (Eker, Arkar, & Yaldız, 2001) was used. In order to examine the construct validity of the scale, in line with the procedures carried out in previous studies (e.g. Dayıođlu, 2008; Eker et al., 2001), a principle components analysis with oblique rotation was employed. Firstly, statistical assumptions of multivariate normality and sampling adequacy for factor analyses were examined. The Bartlett test of sphericity ($\chi^2 = 502.622$, $df = 66$, $p < .001$) indicated a significant difference between the sample data and an identity matrix. The Kaiser–Meyer–Olkin value was .77, and the data provided the statistical assumptions of multivariate normality and sampling adequacy for factor analysis (Field, 2005). The factor analysis yielded 3 factors with Eigenvalues > 1 . The scree plot also showed that three-factor solution was suitable. Three-factor structure

explained the 60.39% of the total variance and factor loadings above .30 were regarded as significant (Pallant, 2001). The pattern matrix of oblique rotation is presented in Table 3.3.

Table 3.3

Factor Loadings (Pattern Matrix) of the Multidimensional Scale of Perceived Social Support (MSPSS) Items

Item	Factor 1	Factor 2	Factor 3
	Family	Significant Other	Friend
7	.82		
2	.80		
10	.75		
1	.73		
9		.89	
6		.84	
5		.71	
11		.70	
8			-.82
12			-.80
4			-.69
3			-.67
Variance (%)	30.52	18.24	11.64

As the Table indicates, the first factor was named as *Family Support* (Eigenvalue = 3.66, 30.52 % variance), the second factor was *Significant Other Support* (Eigenvalue = 2.19, 18.24% variance), and lastly the third factor was *Friend Support* (Eigenvalue = 1.40, 11.64 % variance). These findings are consistent with the

findings of the previous studies that conducted with Turkish samples (e.g., Dayıođlu, 2008; Eker & Arkar, 1995; Eker et al., 2001).

The reliability analysis revealed Cronbach's Alpha correlation coefficients of .75, .77, and .80 for the subscales of *Friend*, *Family*, and *Significant Other* respectively. For the total scale, the Cronbach Alpha correlation coefficient was found .78, which was also consistent with the previous studies (e.g., Dayıođlu, 2008; Eker & Arkar, 1995).

Overall, these findings provide satisfactory evidence for the validity and reliability of the scale for the sample of the current study.

3.3.3 Multidimensional Students' Life Satisfaction Scale (MSLSS)

In order to assess the life satisfaction levels of visually impaired adolescents, Multidimensional Students' Life Satisfaction Scale (MSLSS) was used in the present study (see Appendix C).

MSLSS was developed by Huebner (1994) as a self report measure to assess the life satisfaction of children. It has 40 items with 5 sub-scales: Family, Friends, Self, School, and Living Environment. In this 4-point Likert type scale, 1 stands for "Strongly Disagree" and 4 stands for "Strongly Agree". Scoring of the MSLSS is determined by summing the ratings within each sub-scale and dividing by the total number of items in that sub-scale. In order to facilitate the interpretation, 10 negatively-keyed items on the instrument are reversed-scored so that a high score on the MSLSS indicates a high degree of life satisfaction for the participants.

The validity and the reliability of MSLSS have been established by Huebner (1994). In the original research, the sample consisted of 155 third, 145 fourth, and 111 fifth graders ($N = 413$), with the mean age of 8.97 ($SD = 0.91$). The internal reliability estimate of the total scale was found .92, and Cronbach Alpha correlation coefficients were .81 for Friends, .79 for Family, .83 for School, .78 for Self, and .82

for Living Environment subscales. As reported in the study of Huebner (1994), the MSLSS has the support for the convergent and discriminant validity with the Self-Description Questionnaire-I (SDQ-I; Marsh, 1990), Children's Loneliness and Social Dissatisfaction Scale (LSDS; Asher, Hymel, & Renshaw, 1984), and The Quality of School Life Scale (QSLs; Epstein & McPartland, 1977).

The MSLSS was validated with older adolescents by Gilman, Huebner, and Laughlin (2000). The sample size of the study was 321, and females consisted 65% of the sample. The mean age of the participants was 16.14 ($SD = 1.1$). In that study, construct validity of MSLSS was demonstrated through confirmatory factor analytic procedures (Gilman et al., 2000). Convergent validity of the scale was also proved with Behavioral Assessment Scale for Children (BASC; Reynolds, & Kamphaus, 1992; as cited in Huebner, 1994). According to the results of the study, participants' scores had positive correlations with the adoptive sub-scales of Behavioral Assessment Scale for Children, and negatively correlated with clinical sub-scales of Behavioral Assessment Scale for Children. Gilman et al. (2000) reported a Cronbach Alpha of .91 for total score of MSLSS, and for subscales, coefficient alphas were ranged between .86 (Family) and .79 (Living Environment) in high school students sample.

Çivitçi (2007) has adapted the MSLSS to Turkish. In the adaptation study, data were gathered from 688 students (348 females, 340 males) in grades 6 through 8. The mean age of the participants was 13.01. For the Turkish version of the instrument, a principle components analysis with varimax rotation has been conducted. After the analyses, four items were removed from the final version of the scale. These items are: 15 (There are lots of fun things to do where I live), 36 (My family's house is nice), 35 (I like to try new things), and 24 (I wish I had different friends). The internal reliability estimate of the Turkish version of MSLSS for the total scale was found as .87. The Cronbach Alpha correlation coefficients for the *Living Environment*, *Self*, *Friend*, *School*, and *Family* subscales have been reported as .75, .70, .85, .76, and .74, respectively. Evidence of concurrent validity has been established with respect to the depression scale for children (Çivitçi, 2007).

3.3.3.1 The Validity and Reliability of the MSLSS for the Sample of the Present Study

In the present study, in order to examine the construct validity of the scale, a principle components analysis with varimax rotation was used. In the first run, it was observed that several items did not load strongly on any factors or highly loaded on at least two. Among 40 items, seventeen were dropped from the MSLSS. In order to understand whether the remaining 23 items can be regarded as indicators of five subscales, a principal components analysis with the five principal axes based on the scree-plot was employed. The Bartlett test of sphericity ($\chi^2 = 866.984$, $df = 25$, $p < .001$) indicated a significant difference between the sample data and an identity matrix. The Kaiser–Meyer–Olkin value was .77 indicating that the data provided the statistical assumptions of multivariate normality and sampling adequacy for factor analysis (Field, 2005). As expected, the five-factor structure was found to be highly suitable with one factor has 7 items (*Family*), the second factor has 6 items (*Friend*), the third factor has 4 items (*Self*), and the remaining two factors (*School and Living Environment*) have 3 items in each. The five factors accounted for the 53.65% of total variance, with the Eigen values of 4.98, 2.72, 1.66, 1.57, and 1.42, respectively. Factor loadings of the items ranged between .38 and .81. The factor loadings of the MSLSS for the current sample are presented in Table 3.4.

The reliability analyses were also carried out for the total scale and the five subscales of the MSLSS. Cronbach's Alpha Correlation Coefficients for the total, *Family*, *Friend*, *Self*, *School*, and *Living Environment* subscales were .82, .83, .74, .64, .74, and .62, respectively. Overall, these findings indicate sufficient evidence for the validity and reliability of the MSLSS for the sample of the present study.

Table 3.4

*Factor Loadings of the Multidimensional Students' Life Satisfaction Scale (MSLSS)**Items*

Item	Factor				
	Family	Friend	Self	School	Environment
18	.77				
7	.70				
8	.70				
30	.67				
28	.66				
21	.65				
19	.63				
16		.81			
23		.70			
11		.66			
1		.66			
12		.55			
38		.38			
5			.74		
17			.68		
14			.59		
33			.57		
20				.77	
25				.76	
22				.76	
27					.78
32					.77
36					.60
Variance (%)	21,66	11,81	7,20	6,81	6,17

3.4 Data Collection Procedures

Prior to data collection, official permission was obtained from both Ethics Committee of the Middle East Technical University and the Ministry of National Education. The research was examined in terms of its purpose, significance, method, and measures that were going to be administered to the volunteer participants together with informed consent form.

After permission granted from the Ethics Committee and the Ministry of National Education, administrators of 2 special elementary schools (Gören Eller Görme Engelliler Elementary School, Mithat Enç Elementary School) and 2 high schools (Cumhuriyet High School and Halide Edip High School) were contacted and informed about the research. Data collection program was scheduled and each school assigned a room (e.g., language laboratory or class) to carry out the study. Since the researcher also has a visual disability, she received help from a research assistant during data collection procedure. Then researcher and her assistant visited each school, and made announcements in the classes. Purpose and significance of the study were explained by the researcher. The volunteer students were informed about the day, time, and location of the study. The students, who are not the residents of the school, participated in the study during school time (between lectures). Meanwhile the students, who live in school's dormitory, participated in the study after school time.

A set of two scales (MSPSS and MSLSS) along with a demographic form were used to collect data in the present study. Scales were printed in bold, regular and large fonts, and for the brail readers, the brail print outs were obtained. The volunteer students were also given the informed consent forms. In informed consent form, participants were debriefed about the purpose of the study, confidentiality and anonymity of participants, importance of giving sincere answers to the questions, and right to refrain from the study at any time. Besides, contact information was provided to the participants for further information. Next, in responding the scales, responders were provided alternatives: (a) participants having adequate sight for filling out the

scales can fill by themselves, (b) participants who can read and prefer to do so but can not mark were provided a research assistant to mark the scales, (c) participants, who can neither read nor mark were provided a research assistant to read and mark for them the scales, and (d) entire questionnaire was read on tape, and a tape player was available to all participants, if they prefer to listen to it from the tape. Then, instructions concerning to filling out of scales were given. By providing the participants' alternatives, researcher aims to both comfort the respondents by providing the method that they use to, and to eliminate socially desirable responses. The research assistant who read the scales to the participants had experience in studying with visually impaired individuals. Researcher was available during the data collection process to make necessary clarifications and answer the questions of the participants.

3.5 Variables

Criterion Variables

Total Life Satisfaction: The mean total of scores as measured by the Multidimensional Student Life Satisfaction Scale (MSLSS).

Family Related Life Satisfaction: The mean total of scores as measured by the Family Subscale of the Multidimensional Student Life Satisfaction Scale (MSLSS).

Friend Related Life Satisfaction: The mean total of scores as measured by the Friend Subscale of the Multidimensional Student Life Satisfaction Scale (MSLSS).

Self Related Life Satisfaction: The mean total of scores as measured by the Self Subscale of the Multidimensional Student Life Satisfaction Scale (MSLSS).

School Related Life Satisfaction: The mean total of scores as measured by the School Subscale of the Multidimensional Student Life Satisfaction Scale (MSLSS).

Living Environment Related Life Satisfaction: The mean total of scores as measured by the Living Environment Subscale of the Multidimensional Student Life Satisfaction Scale (MSLSS).

Predictor Variables

Perceived Social Support from Family: The mean total of scores as measured by the Family Subscale of the Multidimensional Scale of Perceived Social Support (MSPSS).

Perceived Social Support from Friend: The mean total of scores as measured by the Friend Subscale of the Multidimensional Scale of Perceived Social Support (MSPSS).

Perceived Social Support from Significant Other: The mean total of scores as measured by the Significant Other Subscale of the Multidimensional Scale of Perceived Social Support (MSPSS).

Age: a continuous variable which was measured by a question on the demographic form.

Gender: A dichotomous variable with categories of (1) female and (2) male. For multiple regression analyses, this variable was dummy coded as 0 for females and 1 for males.

Perceived Level of Visual Impairment: A categorical variable with categories of (1) excellent, (2) very good, (3) good, (4) moderate, (5) bad, and (6) totally blind. Prior to multiple regression analyses, the original six categories of perceived level of visual impairment were reduced to two categories in order to maintain an appropriate sample size in each category. The two categories were established considering the median score, which was 4, and labeled as (1) better sight (from excellent to moderate), and (2) the worst sight (from bad to totally blind). For multiple regression analyses, this variable was dummy coded as 1 for better sight and 0 for worse sight.

Income: A continuous variable which asks the monthly family income of the participants.

Social Activity: A dichotomous variable with categories of (1) yes (attending leisure time activity), and (2) no (not attending a leisure time activity). For multiple regression analyses, this variable was dummy coded as 0 for yes, and 1 for no.

3.6 Data Analyses Procedures

Aiming to summarize the characteristics of the sample in detail, descriptive statistics was employed. In order to investigate the role of gender, age, income, perceived level of visual impairment, social activity, perceived social support from family, friend, and significant other in predicting family, friend, self, school, living environment, and total life satisfaction scores of the visually impaired adolescents, simultaneous multiple regression analyses were conducted.

SPSS 13.0 (Statistical Package for Social Sciences) for Windows was used to compute the analyses.

3.7 Limitations

This study has several limitations in terms of sampling, data collection methods, generalizability, and the interpretation of the findings.

First limitation of the present study is the small sample size. Present study has only 138 participants. Nevertheless, the unique characteristics of the sample that is, being visually impaired, being student, and having no multiple disabilities, should be considered in assessing the adequacy of the sample size.

In relation to the aforementioned limitation, in this study, a convenient sampling method was used. Data of the study were collected in Ankara, the capital city of Turkey. Visually impaired adolescents living in urban areas may have greater

opportunities and facilities than visually impaired adolescents living in rural areas of Turkey. Furthermore, the data collected from visually impaired adolescents who were continuing their education in either primary or high schools. Hence, results may not reflect the conditions of visually impaired adolescents who have not had access to formal education. Thus, the results of current study do not represent all visually impaired adolescents in Turkey.

Next, in the present study, life satisfaction scores were collected with self-report measures of MSLSS in various domains. No additional data from other possible sources such as family members, peers, and school staff were gathered. Thus, the scores reflect only the perceptions of students regarding their life satisfaction.

Furthermore, as the present study was not a longitudinal one, possible change in life satisfaction and perceived social support scores could not be measured in the long run. Therefore, life satisfaction and perceived social support scores measured in this study may only be related to this particular time.

Finally, since the findings of this study are correlational in nature, direct causal inferences cannot be drawn among variables.

CHAPTER IV

RESULTS

The results chapter comprises four main sections. In the first section, the preliminary analyses performed are presented. In the second section, descriptive statistics of study variables including means and standard deviations of the criterion and predictor variables are reported. In the third section, correlations between the predictor and criterion variables are presented. In the last section, results of six simultaneous multiple regression analyses regarding the main research question are reported.

4.1 Preliminary Analyses

Prior to the main statistical analyses, the data were checked for missing values, fit between their distributions, and the assumptions of multiple regression (normally distributed errors, homoscedasticity, independence of errors, linearity, no perfect multicollinearity, and influential observations). Accuracy of the data was investigated through the examination of minimum and maximum values of each variable and several inaccurate data entries that resulted from entering the respective value twice were corrected.

In order to check the first assumption of multiple regression, normally distributed errors for each scale, histograms and normal p-p plots were examined. Although there were some deviations from the straight line in the normal p-p plots, histogram patterns were inspected and the normal distribution of the residuals assumption was assumed.

Second, in order not to violate the homoscedasticity assumption, error term variance should be constant at levels of predictor variable (Field, 2005). For investigating the homoscedasticity assumption scatterplots of regression standardized residuals against regression standardized predicted values, and partial regression plots of criterion variables against each predictor variable were controlled, and no violation was observed.

As a third step, the independence of errors assumption was checked via the Durbin-Watson test, which is supposed to be between 1.50 and 2.50. The values of the family, friend, self, school and living environment life satisfaction for Durbin-Watson were 2.26, 1.85, 2.16, 1.78, and 1.91, respectively. In other words, in the current study, all of the obtained values for Durbin-Watson were within the acceptable ranges.

Linearity assumption suggests a linear relationship between predictor and criterion variables. After the visual inspection of the scatter plots for each predictor and criterion variables, linearity of the relationship between predictor variables and criterion variable was assumed.

In order to test no multicollinearity assumption for each scale, bivariate correlation coefficient, tolerance, and VIF values were examined. The correlation matrix for independent variables was checked, and no correlation coefficient more than .90 was found. The tolerance values were greater than .20 and VIF (Variance Inflation Factor) values were less than 4 (Tabachnick & Fidell, 2001). As a result, there is no evidence for multicollinearity for the current data because condition index does not has value higher than 30 and no column has more than one variance proportion greater than .50. Thus, no multicollienarity was assumed.

Finally, influential observation assumption was tested by Mahalonobis distance test whether there are multivariate outliers in the data influencing the results. No outlier was found as a result of Mahalonobis distance inspection at $p < .001$ level.

4.2 Descriptive Statistics for the Major Study Variables

Descriptive characteristics of the sample were investigated before employing the regression analyses. Table 4.1 presents the means, standard deviations, and minimum and maximum values of the predictor (independent) and the criterion (dependent) variables.

Table 4.1

Descriptive Statistics of the Major Study Variables

Variables	<i>F</i>	<i>%</i>	<i>M</i>	<i>SD</i>	<i>Possible Range</i>	<i>Actual Range</i>
Criterion (Dependent) Variables						
1. Total Life Satisfaction*			3.15	.43	1.00-4.00	2.09-3.87
2. Self Related Life Satisfaction*			3.18	.64	1.00-4.00	1.75-4.00
3. Friend Related Life Satisfaction *			3.10	.61	1.00-4.00	1.00-4.00
4. Family Related Life Satisfaction *			3.25	.65	1.00-4.00	1.43-4.00
5. School Related Life Satisfaction*			2.95	.85	1.00-4.00	1.00-4.00
6. Living Environment Related Life Satisfaction*			3.20	.81	1.00-4.00	1.00-4.00
Predictor (Independent) Variables						
1. Gender						
0 for female (reference category)	73	52.9				
1 for male	64	46.4				
2. Age						
			14.38	2.14		11-22
3. Perceived Level of Impairment						
0 for worst sight (reference category)	61	44.2				
1 for better sight	77	55.8				
4. Income						
			858.54	381.41		100-2100
5. Social Activity						
0 for attending social activity (reference category)	88	63.8				
1 for no social activity	50	36.2				
6. Perceived Social Support from Significant Other**						
			4.61	1.94	1.00-7.00	1.00-7.00
7. Perceived Social Support from Family**						
			5.82	1.38	1.00-7.00	1.00-7.00
8. Perceived Social Support from Friend**						
			5.42	1.39	1.00-7.00	1.00-7.00

Note. * = subscales of MSLSS; ** = subscales of MSPSS.

According to the descriptive statistics presented in Table 4.1, the sample reported high levels of perceived social support from family ($M = 5.82, SD = 1.38$); friend ($M = 5.42, SD = 1.39$) and significant other ($M = 4.61, SD = 1.94$); and high levels of total ($M = 3.15, SD = .43$), self related ($M = 3.18, SD = .64$), friend related ($M = 3.10, SD = .61$), family related ($M = 3.25, SD = .65$), school related ($M = 2.95, SD = .85$), and living environment related ($M = 3.20, SD = .81$) life satisfaction when compared with the possible score ranges of the variables.

4.3 Bivariate Correlation Matrices of the Major Study Variables

The Pearson Product Moment Correlation Coefficients among the study variables are presented in Table 4.2. As can be seen from the Table, except gender, all other predictor and the criterion variables revealed significant correlations. Total life satisfaction was negatively and significantly correlated with age ($r = -.41, p < .01$). However, total life satisfaction was positively and significantly related with perceived level of impairment ($r = .18, p < .05$), perceived social support from family ($r = .46, p < .01$), and perceived social support from friend ($r = .31, p < .01$). Self related life satisfaction was positively correlated with perceived level of impairment, income, and perceived social support from friend ($r = .22, p < .05$; $r = .22, p < .05$; $r = .17, p < .05$, respectively). Although, friend related life satisfaction was negatively related with age ($r = -.21, p < .05$), it was positively related with perceived social support from significant other, and friend ($r = .17, p < .05$; $r = .47, p < .01$, respectively). Family related life satisfaction was negatively and significantly associated with age ($r = -.45, p < .01$); however it was positively and significantly related with perceived level of impairment, perceived social support from family, and perceived social support from friend, ($r = .21, p < .05$; $r = .52, p < .01$; $r = .19, p < .05$, respectively). School related life satisfaction was significantly and positively associated with social activity ($r = .18, p < .05$). Living environment related life satisfaction was significantly and negatively correlated with age ($r = -.22, p < .05$). Age was also significantly and negatively correlated with perceived social support from family and friend ($r = -.37, p < .01$; $r = -.28, p < .01$, respectively). Social

activity was negatively correlated with perceived social support from friend ($r = -.27$, $p < .01$). Gender was not significantly associated with any of the study variables.

Table 4.2

The Pearson Product Correlation Coefficients among the predictor variables and the criterion variables

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Gender	-													
2. Age	.07	-												
3. Perceived Level of Impairment	.13	-.17*	-											
6. Perceived Social Support from Significant Other	.01	-.04	.17*	.10	-.08	-								
4. Income	-.05	-.14	.07	-										
5. Social Activity	-.06	.05	.00	.08	-									
7. Perceived Social Support from Family	.02	-.37**	.05	.07	-.12	.15	-							
8. Perceived Social Support from Friend	-.01	-.28**	-.04	.09	-.27**	.27**	.38**	-						
9. Total Life Satisfaction	.04	-.41**	.18*	.17	.04	.14	.46**	.31**	-					
10. Self Related Life Satisfaction	.06	-.10	.22**	.22*	.03	.09	.13	.17*	.57**	-				
11. Friend Related Life Satisfaction	-.10	-.21*	.04	.14	-.05	.17*	.09	.47**	.56**	.32**	-			
12. Family Related Life Satisfaction	.08	-.45**	.21*	.08	.05	.08	.52**	.19*	.76**	.31**	.22**	-		
13. School Related Life Satisfaction	-.11	-.16	.12	.05	.18*	.05	.12	.09	.55**	.24**	.34**	.24**	-	
14. Living Environment Related Life Satisfaction	.01	-.22*	-.02	.16	-.06	.04	.15	-.00	.47**	.12	.09	.32**	.12	-

Note: * $p < .05$; ** $p < .01$

4.4 Results of the Multiple Regression Analyses

In order to investigate the predictive power of gender, age, perceived level of impairment, income, social activity, perceived social support from significant other, family, and friend on satisfaction variables (total, self, friend, family, school, and living environment related life satisfaction), six separate simultaneous multiple regression analyses were conducted. All these variables were entered at one step in all regression analyses.

In the first regression analysis, total life satisfaction was treated as dependent variable (DV). The results indicated that the multiple regression coefficient was significant ($R = .57, p < .001$) for the model. In other words, the linear combination of predictor variables was significantly related to the total life satisfaction scores of visually impaired adolescents, $F(8, 128) = 7.596, p < .001$.

Table 4.3

Gender, Age, Perceived Level of Impairment, Income, Social Activity, Perceived Social Support from Significant Other, Family, and Friend as Predictors of Total Life Satisfaction.

Criterion Variable	Predictors	B	SE B	β	t
Total Life Satisfaction	Gender	.898	1.439	.046	.624
	Age	-1.069	.371	-.236	-2.879**
	Perceived Level of Impairment	2.052	1.493	.105	1.375
	Income	.002	.002	.079	1.061
	Social Activity	2.341	1.540	.116	1.520
	Perceived Social Support from Significant Other	.091	.389	.018	.234
	Perceived Social Support from Family	2.152	.584	.305	3.685***
	Perceived Social Support from Friend	1.061	.593	.153	1.788

Note: * $p < .05$; ** $p < .01$; *** $p < .001$

As can be seen in Table 4.3, a combination of variables explained 28% of the variance in total life satisfaction ($R^2 = .322$; Adjusted $R^2 = .280$). Furthermore, the results of the standardized coefficients indicated that age negatively predicted total life satisfaction ($\beta = -.236$, $t = -2.879$, $p < .01$). On the other hand, perceived social support from family positively predicted total life satisfaction ($\beta = .305$, $t = 3.685$, $p < .001$). However, gender, perceived level of impairment, income, social activity, and perceived social support from friend and significant other were not found to be statistically significant in predicting total life satisfaction of visually impaired adolescents.

In the second regression analysis, self related life satisfaction was treated as dependent variable (DV). The results indicated that the multiple regression coefficient was significant ($R = .35$, $p < .05$) for the model. In other words, the linear combination of predictor variables was significantly related to the self related life satisfaction scores of visually impaired adolescents, $F(8, 128) = 2.201$, $p < .05$.

Table 4.4

Gender, Age, Perceived Level of Impairment, Income, Social Activity, Perceived Social Support from Significant Other, Family, and Friend as Predictors of Self Related Life Satisfaction.

Criterion Variable	Predictors	B	SE B	β	t
Self Related Life Satisfaction	Gender	.057	.107	.045	.536
	Age	.008	.028	.027	.288
	Perceived Level of Impairment	.264	.111	.208	2.382*
	Income	.000	.000	.188	2.213*
	Social Activity	.076	.114	.058	.670
	Perceived Social Support from Significant Other	-.008	.029	-.025	-.278
	Perceived Social Support from Family	.021	.043	.047	.494
	Perceived Social Support from Friend	.080	.044	.176	1.814

Note: * $p < .05$; ** $p < .01$; *** $p < .001$

As can be seen in Table 4.4, a combination of variables explained almost 7% of the variance in self related life satisfaction ($R^2 = .121$; Adjusted $R^2 = .066$). Furthermore, the results of the standardized coefficients indicated that perceived level of impairment and income positively predicted self related life satisfaction ($\beta = .208, t = 2.382, p < .05$; $\beta = .188, t = 2.213, p < .05$ respectively). However, other predictors were not found to be statistically significant in predicting self related life satisfaction of visually impaired adolescents.

In the third regression analysis, friend related life satisfaction was treated as dependent variable (DV). The results indicated that the multiple regression coefficient was significant ($R = .503, p < .001$) for the model. In other words, the linear combination of predictor variables was significantly related to the friend related life satisfaction scores of visually impaired adolescents, $F(8, 128) = 5.930, p < .001$.

Table 4.5

Gender, Age, Perceived Level of Impairment, Income, Social Activity, Perceived Social Support from Significant Other, Family, and Friend as Predictors of Friend Related Life Satisfaction.

Criterion Variable	Predictors	B	SE B	β	t
Friend Related Life Satisfaction	Gender	-.099	.094	-.081	-1.050
	Age	-.029	.024	-.102	-1.195
	Perceived Level of Impairment	.047	.098	.038	.475
	Income	.000	.000	.078	1.009
	Social Activity	.068	.101	.053	.668
	Perceived Social Support from Significant Other	.013	.026	.040	.494
	Perceived Social Support from Family	-.067	.038	.151	1.760
	Perceived Social Support from Friend	.220	.039	.501	5.660 ^{***}

Note: * $p < .05$; ** $p < .01$; *** $p < .001$

As can be seen in Table 4.5, a combination of variables explained 22% of the variance in friend related life satisfaction ($R^2 = .253$; Adjusted $R^2 = .212$). Furthermore, the results of the standardized coefficients indicated that only perceived social support from friend positively predicted friend related life satisfaction ($\beta = .501$, $t = 5.660$, $p < .001$). However, other variables were not found to be statistically significant in predicting friend related life satisfaction of visually impaired adolescents.

In the fourth regression analysis, family related life satisfaction was treated as dependent variable (DV). The results indicated that the multiple regression coefficient was significant ($R = .616$, $p < .001$) for the model. In other words, the linear combination of predictor variables was significantly related to the family related life satisfaction scores of visually impaired adolescents, $F(8, 128) = 9.759$, $p < .001$.

Table 4.6

Gender, Age, Perceived Level of Impairment, Income, Social Activity, Perceived Social Support from Significant Other, Family, and Friend as Predictors of Family Related Life Satisfaction.

Criterion Variable	Predictors	B	SE B	β	t
Family Related Life Satisfaction	Gender	-.095	.092	-.074	-1.042
	Age	-.084	.024	-.278	-3.538**
	Perceived Level of Impairment	.171	.095	.132	1.797
	Income	-.006	.000	-.001	-.015
	Social Activity	.138	.098	.103	1.408
	Perceived Social Support from Significant Other	-.004	.025	-.012	-.166
	Perceived Social Support from Family	.199	.037	.425	5.362***
	Perceived Social Support from Friend	-.004	.038	-.008	-.100

Note: * $p < .05$; ** $p < .01$; *** $p < .001$

As can be seen in Table 4.6, a combination of variables explained 34% of the variance in family related life satisfaction ($R^2 = .379$; Adjusted $R^2 = .340$). Furthermore, the results of the standardized coefficients indicated that age negatively predicted family related life satisfaction ($\beta = -.278, t = -3.538, p < .01$). On the other hand, perceived social support from family positively predicted family related life satisfaction ($\beta = .425, t = 5.362, p < .001$). However, other variables were not found to be statistically significant in predicting family related life satisfaction of visually impaired adolescents.

In the fifth regression analysis, school related life satisfaction was treated as dependent variable (DV). The results indicated that the multiple regression coefficient was not significant ($R = .297, p = .147$) for the model. Moreover, any of the predictor variables were not found to be statistically significant in predicting school related life satisfaction of visually impaired adolescents (Table 4.7).

Table 4.7

Gender, Age, Perceived Level of Impairment, Income, Social Activity, Perceived Social Support from Significant Other, Family, and Friend as Predictors of School Related Life Satisfaction.

Criterion Variable	Predictors	B	SE B	B	t
School Related Life Satisfaction	Gender	-.183	.146	-.108	-1.258
	Age	-.036	.038	-.092	-.963
	Perceived Level of Impairment	.183	.151	.107	1.211
	Income	-.005	.000	-.009	-.106
	Social Activity	.357	.156	.202	2.292
	Perceived Social Support from Significant Other	.004	.039	.008	.090
	Perceived Social Support from Family	.041	.059	.067	.696
	Perceived Social Support from Friend	.056	.060	.092	.931

Note: * $p < .05$; ** $p < .01$; *** $p < .001$

In the last regression analysis, living environment related life satisfaction was treated as dependent variable (DV). The results indicated that the multiple regression coefficient was not significant ($R = .309, p = .108$) for the model. Moreover, any of the predictor variables were not found to be statistically significant in predicting living environment related life satisfaction of visually impaired adolescents (Table 4.8).

Table 4.8

Gender, Age, Perceived Level of Impairment, Income, Social Activity, Perceived Social Support from Significant Other, Family, and Friend as Predictors of Living Environment Related Life Satisfaction.

Criterion Variable	Predictors	B	SE B	β	t
Living Environment Related Life Satisfaction	Gender	.048	.138	.030	.347
	Age	-.078	.035	-.210	-2.213
Satisfaction	Perceived Level of Impairment	-.140	.143	-.087	-.985
	Income	.000	.000	.145	1.689
	Social Activity	-.111	.147	-.066	-.754
	Perceived Social Support from Significant Other	.024	.037	.059	.655
	Perceived Social Support from Family	.066	.056	.114	1.187
	Perceived Social Support from Friend	-.089	.057	-.155	-1.573

Note: * $p < .05$; ** $p < .01$; *** $p < .001$

CHAPTER V

DISCUSSION

In the present chapter, findings of the present study are discussed in line with the relevant literature. Afterwards implications about the findings of the study are presented. Finally, recommendations for future research are suggested.

5.1 Discussion of the Findings

The purpose of the current study was to investigate the predictive role of gender, age, income, perceived level of impairment, social activity level, perceived social support from family, friend and significant other in total life satisfaction, and its dimensions of family, friend, self, school, and living environment of visually impaired Turkish adolescents. As there are six criterion variables, namely total life satisfaction, satisfaction related to family, friend, self, school, and living environment, six separate multiple regression analyses were computed. Since there is no research based on the current knowledge of the researcher examining the life satisfaction of visually impaired adolescents, results of the present study are discussed in light of the empirical studies conducted with sighted adolescents.

According to the results of the regression analysis, total life satisfaction scores of participants were predicted negatively by age and positively by perceived family support. Thus, the older the visually impaired adolescents, the less satisfied they are with their overall life. Similar results were reported by several researchers (Flouri, & Buchanan, 2002; Casas, Figuer, González, Malo, Alsinet, & Subarroca, 2007; Goldbeck, Schmitz, Besier, Herschbach, & Heinrich, 2007; and Huebner, Valois, Paxton, & Drane, 2005), that life satisfaction of sighted adolescents decreased with

age. One possible explanation of this particular finding may be that after eighth grade, visually impaired adolescents in Turkey continue their education in mainstream settings, where many are studying with sighted peers for the first time. Wolffe and Sacks (1997) identified difficulties in making friendships and maintaining their relationships with sighted friends (Wolffe & Sacks, 1997; Sacks & Wolffe, 1998; Huurre & Aro, 2000; Rosenblum, 2000). In addition, visually impaired students entering high school may face increasingly challenging academic tasks. Without any orientation program, visually impaired adolescents have no support during this critical transition into large classes. Furthermore, their teachers, who are not equipped with special education techniques, may feel unconfident about teaching visually impaired students. With lack of information and negative attitudes of school staff, visually impaired students may experience difficulty in performing the academic tasks, and requesting necessary accommodation such as, getting exams in bold or in Braille. Consequently, it can be speculated that graduates of special elementary schools, who have not equipped with necessary skills to cope with the challenges and demands of sighted world may experience a drop in their life satisfaction when they enter mainstream settings.

Burcu (2002) stated that because of insufficient opportunities, disabled youth may face the problem of social isolation. This isolation may become evident during adolescence when ones' needs and demands start to differ. Burcu also added that social isolation may lead to number of problems like under development of independent behaviors, the inability to make own decisions, future planning, selection of occupation and marriage. Similarly, Dökmen and Kışlak (2004) argued that disabled adolescents face more problems and challenges in terms of obtaining services, which are already provided to other students. They also suggested that in Turkey, a detailed need analysis of the disabled population should be conducted to provide necessary services to adolescents with disabilities. Furthermore, Akkök (2000) argued that most of the people in Turkish society focus on the weaknesses of disabled population rather than their strengths and potency. She also stated that in Turkey more emphasis is given to differences of disabled population, instead of their similarities. Moreover, Akkök emphasized that accommodations like physical

accessibility of all educational settings and teacher training regarding how to respond to the needs of disabled students should be considered for complete integration of disabled people in Turkey.

Considering all the information mentioned above, it appears that disabled youth in Turkey are expected to deal with problems resulting from both inaccessibility of physical conditions and negative attitudes of society, which in turn may have an impact on their life satisfaction. As it can also be assumed that the adolescents face more difficulties as they become older and they need to handle situations that they are not prepared for. It is therefore not surprising that life satisfaction of visually impaired adolescents decreases with age.

Another variable predicting total life satisfaction of participants was the perceived family support. The more perceived family support visually impaired adolescent has, the greater life satisfaction he or she has. The fundamentality of social support to experience subjective well-being (SWB), that is life satisfaction, has been emphasized (Suldo & Huebner, 2006; Leung & Zhang, 2000; Diener & Oishi, 2005; Huebner, 1991; Terry & Huebner, 1995; Huebner, Gilman, & Laughlin, 1998). Empirical studies suggested positive correlation between life satisfaction of adolescents and their level of perceived family support (Edwards & Lopez, 2006; Burke & Weir, 1979; Suldo & Huebner, 2006; Flouri & Buchanan, 2002; Casas et al., 2007; Leung & Zhang, 2000). In line with this, studies conducted with visually impaired adolescents also suggested positive impact of family support for better adjustment and well-being (Chang & Schaller, 2000; Kef, Hox, & Habekothe, 2000; Huurre & Komulainen, 1999; George & Duquette, 2006). Suldo and Huebner (2006) found parental support as a determinant of life satisfaction in adolescents. In the light of research evidence obtained from both sighted (regarding their life satisfaction and social support) and visually impaired adolescents (examining their level of parental support, adjustment and well-being), it seems clear that perceived social support from family plays an important role in increasing life satisfaction among diverse sample of adolescents.

A second multiple regression analysis was computed for self-related life satisfaction of visually impaired adolescents. Results showed that self-related life satisfaction was predicted significantly by perceived level of impairment and income. In other words, as participants' perceived level of impairment increases (perceived themselves worst sighted), self related life satisfaction decreases. According to previously conducted studies, visually-impaired adolescents have negative feelings about their impairment (Rosenblum, 2000), teasing (Rosenblum, 2000), others' negative attitudes towards them (Huurre & Aro, 2000), and stigmatization related to their impairment (Thahane, 2005). According to Thahane (2005) visually-impaired adolescents experience self-confusion because of their impairment. Besides, visually-impaired adolescents see their impairment as a barrier for being respected and valued as a person (Thahane, 2005). Furthermore, in a number of studies, severity of visual impairment was also reported as a risk factor. Blind adolescents scored lower in well-being and self-esteem (Kef, 2005), and have more problems in their relationships with their friends (Huurre & Aro, 2000) as compared to partially sighted ones. Besides, depression is found to be much more frequent among visually impaired adolescents compared to their sighted peers (Koenes & Karshmer, 2000). In addition, Lifshitz, Hen, and Weisse (2007) stated that adaptation to disability and positive self concept were correlated for visually impaired adolescents. Considering the literature, it can be assumed that self related life satisfaction of adolescents becomes lower as their degree of perceived impairment increases, because the negative experiences related with their impairment increase proportionately with severity of their impairment.

Another significant predictor of self related life satisfaction is income. Thus, the higher the monthly income of the family, the greater the self related life satisfaction of the visually impaired adolescents is. Parallel to the results of the current study, there are other empirical studies suggesting the link between life satisfaction reports of adolescents and their financial wealth (Gilman, Huebner, & Laughlin, 2000; Shek, 2005; Huebner et al., 2005). In line with this result, income was suggested as an influential factor in subjective well-being judgments of people when it is linked to their goals (Diener & Fujita, 1995; as cited in Kim-Prieto, Diener, Tamir, Scollon, &

Diener, 2005). The main effect of socio-economic status (SES) on self related life satisfaction scores of adolescents was reported by Gilman et al. (2000) as well. The present result is not surprising when the low mean income of the sample (858.54 TL) and high standard deviation are (381.41) considered. Likewise, it was argued that one of the influential factors in life satisfaction reports was meeting ones needs; in less advantaged groups, meeting ones' needs becomes a more central determinant of life satisfaction (Bradly & Crowyn, 2004; Diener & Oishi, 2005). Hence, a speculation regarding this result can be that the monthly income of visually impaired adolescents is so low that they can not even meet their essential needs to experience self satisfaction.

Another criterion variable investigated in the present study was friend related life satisfaction. Results indicated that friend related life satisfaction was predicted positively by perceived friend support. The positive impact of friend support to experience life satisfaction has been emphasized in the literature for sighted adolescents (Edwards & Lopez, 2006; Burke & Weir, 1979; Suldo & Huebner, 2006; Martin & Huebner, 2007). Studies conducted with visually impaired adolescents also underlined the importance of friend support for the well-being of this population (Kef et al., 2000; Kef, 2002; Kef & Dekovic, 2004). Besides, social support from friends is more important than social support from other sources for visually impaired adolescents' well-being and adjustment (Kef, 2002; Kef & Decovic, 2004). Considering information stated above, the results of the present study becomes more meaningful. Friend's social support for visually impaired adolescents is necessary that friend related life satisfaction was positively predicted by perceived social support from friend.

Results of the fourth multiple regression analysis indicated that family related life satisfaction was predicted positively by perceived family support and negatively by age. Social support especially from family and the quality of relations with parents were suggested as the essential correlates of life satisfaction in adolescents (Huebner, 1991; Terry & Huebner, 1995; Huebner et al., 1998). Empirical studies also suggested that family support during adolescence is one of the important predictors of life satisfaction (Edwards & Lopez, 2006; Burke & Weir, 1979; Suldo & Huebner,

2006; Flouri & Buchanan, 2002; Leung & Zhang, 2000). Antaramian, Huebner, and Valois (2008) stressed the importance of family as an important enhancer of optimal health and adjustment even during adolescence, when a key task is individuation. Although no study has been encountered examining relationship between life satisfaction and perceived social support of visually impaired adolescents, some of the studies conducted with visually impaired adolescents suggested positive relationship between social support from family and positive outcomes (Chang & Schaller, 2000; Kef et al., 2000). Considering the present findings, it seems reasonable to expect that as perceived family support increases, life satisfaction related to family increases as well.

Another significant predictor of family related life satisfaction was age of the participants. Thus, as the adolescents become older, the less family related life satisfaction he or she has. The decrease of life satisfaction with age for the sighted sample was also reported by Flouri and Buchanan (2002), and Casas et al. (2007). There are empirical studies conducted with sighted adolescents suggesting decrease in life satisfaction reports with age (Goldbeck et al., 2007; Huebner et al., 2005). An explanation of this result for the present sample can be as follows. While in early adolescence helping behaviors of family members are perceived as helpful, in late adolescence, the same behaviors can be perceived as overprotection. Aforementioned, the period of adolescence is characterized as independence and autonomy (Antaramian et al., 2008; Berk, 2004). This is undoubtedly true for visually impaired adolescents as well. However, empirical studies suggest that visually impaired adolescents experience overprotection (Rosenblum, 2000; Sakcs & Wolffe, 1998). Thus, insensitivity of parents to their visually impaired adolescent's need for independence and autonomy may lead to perceptions of restriction of independence in late adolescents, which then bring about decrease in family related life satisfaction of visually impaired adolescents. In the same vein, Chang and Schaller (2000) stated that parents of visually impaired adolescents should respect their child's independence and decisions while helping them. In Turkey, Burcu (2002), Dökmen and Kışlak (2004) have emphasized the development of

independence and autonomy of disabled young adults for their social integration as well.

The last two criteria variables of the current study were school and living environment related life satisfaction. However, neither of variables gender, age, income, perceived level of impairment, social activity level, perceived support from family, friend and significant others were significant predictors of school related and living environment related life satisfaction. As it was stated in Method section, significant proportion of the sample (61 adolescents; 44.2%) were living in dormitories most of the year. Therefore, those adolescents might have had difficulty in responding the two domains, namely living environment and school related life satisfaction, since the school is their living environment.

In the current study gender, social activity level and perceived social support from significant other were not found to be significant predictors of life satisfaction of visually impaired Turkish adolescents. Although a few studies suggest a link between gender and life satisfaction reports of adolescents (Netro & Barros, 2007; Verkuyten, 2001; Goldbeck et al., 2007; Donohue et al., 2003), current finding regarding no difference between male and female visually impaired adolescents in terms of their total and various aspects of life satisfaction seem to be supported by previous studies. For instance, in their review study, Gilman and Huebner (2003) reported that variance on life satisfaction reports of adolescents is constant with respect to their gender. Similarly, same researchers in another empirical study found that female and male adolescents do not differ in their life satisfaction reports (Gilman, & Huebner, 2005). The second predictor, which was not significant in predicting any of the criterion variable is social activity level. The study conducted by Gilman (2001) highlighted the importance of attending social activity as a correlate of life satisfaction scores of sighted adolescents. In the present study, social activity level of visually impaired adolescents was measured by a single question in the demographic form, namely asking whether or not they are attending a social activity. However, it might have been more critical to assess the quality of attendance of a social activity rather than assessing only absence or presence of an extra-

curricular activity. Hence, the quality of involvement of the attended activity may be more important correlate of life satisfaction of visually impaired adolescents. Lastly, perceived social support from significant other was not found to be a significant predictor in the present study. To measure the perceived social support, Multidimensional Scale of Perceived Social Support (MSPSS) was utilized (Zimet, Dahlem, Zimet & Farley, 1998). In this measure, significant other subscale includes items related to relative, doctor or neighbor, in which the support from this specified persons may not be important for life satisfaction judgment of the majority of visually impaired participants who have been living in school dormitories. Furthermore, empirical studies conducted with adolescents concerning their life satisfaction and social support have mainly stressed the importance of family support over others (Edwards & Lopez, 2006; Burke & Weir, 1979; Suldo & Huebner, 2006; Leung, & Zhang, 2000).

5.2 Implications of the Findings

Considering the findings of the present study, a number of significant implications can be drawn for practice. To begin with, to improve life satisfaction of visually impaired adolescents it seems essential to improve their perceived social support, in particular perceived social support from family and friends should receive attention.

In order to improve perceived family support, families of visually impaired adolescents should be aware of the nature of their youngster's disability, his or her capabilities and needs. In support of this suggestion, Chang and Schaller (2000) proposed that parents of visually impaired adolescents should respect their children's independence and decisions. George and Duquette (2006) also suggested that significant individuals in life of visually impaired adolescents should raise their expectations about abilities of the adolescent. Moreover, Huebner Gilman and Laughlin (1998) stated that to enhance life satisfaction of adolescents, specific attention should be given to improve quality of interpersonal relations, especially relations with parents. Family training on effective helping skills to assist their visually impaired youngsters may enhance both overall life satisfaction and family

related life satisfaction of visually impaired adolescents. Families should also be trained in how to support their child without restricting their independence. Family training seminars can be organized in special schools, rehabilitation and care centers by the psychological counselors.

The results of the present study suggest a link between friend related life satisfaction and perceived social support from friends. Social skills training that address the needs of visually impaired youngsters can be developed so that the quality of relations with their friends would increase. Through social skills training, visually impaired adolescents may acquire the skills necessary to make sighted friends, and to maintain their relations with them, which in turn may increase their overall life satisfaction, and friend related life satisfaction. Besides, sighted people should be trained in how to respond to visually impaired ones. Training can be on characteristics of visual impairment, skills and abilities of visually impaired people, myths and facts about visual impairment, and how to offer help.

In the present study, the inverse correlation found between life satisfaction and age suggests that necessary precautions should also be taken as early as possible to improve the life satisfaction of visually impaired individuals. One could speculate from the findings of the present study that the transition period from special schools to mainstream settings appears to be an important factor in the lives of these young people, many of whom spend much of their time at school. To facilitate this transition, along with social skills training, improvement in integrated settings for visually impaired students should be considered. For instance, the provision of computers with screen readers, Braille displays, Braille printers and magnifiers at all schools with visually impaired students would not only simplify processes but also give positive messages of inclusion by the school administration. Another approach is to train visually impaired adolescents concerning their rights in integrated settings, such as the extra time and exemptions from figure based questions in exams. Nevertheless, training only visually impaired adolescents would not be sufficient to improve their life satisfaction. For better adjustment, all teachers and school staff should be knowledgeable on the subject of special education. School

counselors and counselors working in Guidance Research Centers (RAM) can work collaboratively to raise the consciousness of the school staff regarding the importance of providing qualified social support to the students with special needs. Moreover, in Faculties of Education, special education courses should be offered to all teacher candidates. Progress should be monitored to ensure that future teachers are able to provide equal educational quality for all their students, whether sighted or not. Furthermore, intervention strategies should be planned to raise sighted peers' awareness about disability. To accomplish this, providing information about different disabilities along with guidance activities related to the needs of students with disabilities can be included in the educational programs. In addition, role models that are successful disabled persons can give seminars both in special and mainstream settings. By this way, both visually impaired and sighted adolescents can understand that being disabled is not a barrier for being successful. Through such interventions, negative attitudes of general public to disabled individuals may be decreased in time.

Last, but by no means the least, in order to eliminate or at least reduce the negative impact of perceived level of impairment on domains of life satisfaction, enhancement of acceptance of disability and adaptation to disability should be targeted at individual students through rehabilitation programs. Psychological counselors should be aware of changing needs of students with newly acquired impairment and the impact of progressive conditions. Additionally, visually impaired individuals should be informed about the possibilities of participating in social activities and how they can get involved.

5.3 Recommendations for Future Research

The first recommendation for future researchers is that more empirical studies (both quantitative and qualitative) should be conducted with visually impaired adolescents. Such studies should aim to investigate psycho-social functioning and adjustment of visually impaired adolescents' in terms of positive domains like perceived social support and life satisfaction. According to the results of those studies, intervention and prevention strategies can be developed. Indeed, Suldo and Huebner (2004)

suggest that effective intervention strategies should focus on enhancing the strengths of individuals rather than dealing with their insufficiencies.

Second, in the present study, too many items were dropped from MSLSS, as a result of factor analyses. Life satisfaction scale should be further examined with larger sample sizes and alternative scales should be used or developed.

Third, to make the current results more generally applicable larger samples including visually impaired adolescents from different regions of Turkey, and visually impaired adolescents who are not continuing their education can be utilized.

Fourth, to understand current functioning of visually impaired adolescents more clearly, sighted age mates without disability, age mates with chronic conditions, and age mates with other disabilities can be included in the further studies as comparison groups to understand the impact of disabilities, and social attitudes on various aspects of life satisfaction.

Fifth, this study aimed to investigate the predictive role of gender, age, income, perceived level of impairment, social activity level, and perceived support from family, friend, and significant other on life satisfaction scores of visually impaired adolescents. However, aforementioned in the literature, there may be other variables such as global self concept (McCullough, Huebner, & Laughlin 2000), personality characteristics (McKnight, Huebner, & Suldo, 2002), attribution style (Rigby & Huebner, 2005), and level of hope (Gilman, Dooley, & Flarell, 2006; Gilman & Huebner, 2006) that seem to be related to life satisfaction. Therefore, future research could focus on these variables.

Sixth, as the current study correlational in nature, cause effect relations can not be figured out between the variables. Thus, in the future efforts, experimental studies can be carried out to determine causality between life satisfaction and different domains of social support.

Lastly, longitudinal studies can be conducted to examine the change in life satisfaction of visually impaired adolescents over time.

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APPENDIX A

DEMOGRAFİK VERİ FORMU

Sayın Katılımcı,

Bu araştırma Orta Doğu Teknik Üniversitesi, Eğitim Bilimleri Bölümü, Psikolojik Danışma ve Rehberlik programı yüksek lisans öğrencisi Deniz Aydemir tarafından yürütülmektedir. Araştırmanın amacı yaş, cinsiyet, görme ve algılanan sosyal destek seviyesinin görme engelli ergenlerin yaşam doyumu üzerine etkisini incelemektir.

Ekte size sunulan anket üç bölümden oluşmakta ve toplam 72 soru yer almaktadır. Birinci bölümde yaş, cinsiyet, görme durumu gibi toplam 20 soruyu içeren demografik/kişisel bilgiler kısmı yer almaktadır. İkinci bölüm, algılanan sosyal destekle ilgilidir ve 12 sorudan oluşmaktadır. Üçüncü ve son bölüm ise yaşam doyumuyla ilgili 40 soruyu içermektedir.

Katılımınız çalışmanın yapılabilmesi için çok önemlidir. Lütfen bütün soruları sizi en çok yansıtacak biçimde yanıtlayınız. Eğer bir okuyucudan yardım alıyorsanız soruları tekrar tekrar okutmaktan çekinmeyiniz.

Katılımınız için teşekkür ederim.

Deniz Aydemir
ODTÜ, Eğitim Bilimleri Bölümü,
Psikolojik Danışma ve Rehberlik Programı
Yüksek Lisans Öğrencisi

1.Doğum yılınız:

2.Cinsiyetiniz: K E

3.Siz dahil kaç kardeşsiniz?

4.Anne ve babanız hayatta mı? İşaretleyiniz.

Anne Evet Hayır

Baba Evet Hayır

5.Anne ve babanız birlikte mi yaşıyor?

Evet Hayır

6. Ailenizin toplam aylık geliri yaklaşık ne kadardır?YTL

7. Ailenizin toplam aylık gelirini değerlendiriniz.

Çok Yetersiz Yetersiz Yeterli Çok Yeterli

8.Annenizin eğitim durumu:

Okuma yazma bilmiyor Okur-yazar İlkokul Ortaokul Lise

Yüksek Okul Üniversite Lisansüstü (Yüksek Lisans ya da Doktora)

9.Babanızın eğitim durumu:

Okuma yazma bilmiyor Okur-yazar İlkokul Ortaokul Lise

Yüksek Okul Üniversite Lisansüstü (Yüksek Lisans ya da Doktora)

10. Mezun olduğunuz okulun adını belirtiniz.

.....

11. Halen okuduğunuz okulun adını belirtiniz.

.....

12. Nerede kalıyorsunuz? Aşağıda size uygun olan seçeneği işaretleyiniz.

- Sürekli ailemin yanında
- Yaz ve sömestr tatili dışında pansiyonda veya yurttta
- Sürekli pansiyonda veya yurttta
- Sürekli bir akrabamın yanında
- Hafta içi yurttta, hafta sonları ailemin yanında
- Hafta içi yurttta, hafta sonları bir akrabamın yanında

13. Görme engeliniz:

- Doğuştan
- Sonradan

14. Görme engeliniz dışında başka bir engeliniz var mı? Var Yok

Varsa belirtiniz:.....

15. Şu anda her iki gözünüzle baktığımızda, eğer kullanıyorsanız gözlük ya da kontakt lenslerinizle de olsa, görmenizin, mükemmel, iyi, orta, kötü, veya çok kötü olduğunu mu söylersiniz yoksa tamamen kör müsünüz?

- Mükemmel..... 1
- Çok iyi..... 2
- İyi.....3
- Orta.....4
- Kötü..... 5
- Tamamen Kör6

16. Aşağıda size uygun olan seçeneği işaretleyiniz.

- Kabartma yazı okurum. Evet Hayır
- Ne kabartma ne de mürekkep baskı okurum. Evet Hayır
- Mürekkep baskıyı okurum. Evet Hayır

17.Aşağıdaki soruda bağımsız hareketinizi değerlendiriniz

1	2	3	4	5
Tamamen				Tamamen
birine bağımlı				bağımsız

18.Şu anda düzenli olarak katıldığınız bir etkinlik var mı? Var Yok

Varsa uygun seçeneği işaretleyiniz.

Bilgisayar kursu Dans kursu Satranç kursu Spor takımı

Diğer (Belirtiniz)

19.Engelinizle ilgili bir eğitim aldınız mı? Evet Hayır

Eğitim aldıysanız size uygun olan seçeneği işaretleyiniz.

Kabartma yazı kursu Bağımsız hareket kursu

Mesleki kurs Kişisel idare kursu

Diğer (Belirtiniz)

20.Ailenizde sizden başka engelli var mı? Var Yok

Varsa kim belirtiniz.

Engelini belirtiniz

Görme İşitme Bedensel Zihinsel

Diğer (Belirtiniz)

APPENDIX B

ÇOK BOYUTLU ALGILANAN SOSYAL DESTEK ÖLÇEĞİ (Sample Items)

Aşağıda 12 cümle ve her bir cümle altında da cevaplarınızı işaretlemeniz için 1'den 7'ye kadar rakamlar verilmiştir. Her cümlede söylenenin **sizin için ne kadar çok doğru olduğunu veya olmadığını** belirtmek için o cümle altındaki rakamlardan yalnız bir tanesini daire içine alarak işaretleyiniz. **Bu şekilde 12 cümlenin her birine bir işaret** koyarak cevaplarınızı veriniz. Lütfen **hiçbir cümleyi cevapsız bırakmayınız**. Sizce doğruya en yakın olan rakamı işaretleyiniz.

1. Ailem (örneğin; annem, babam, kardeşlerim) bana gerçekten yardımcı olmaya çalışır.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
-------------------------	---	---	---	---	---	---	---	------------------------

3. Arkadaşlarım bana gerçekten yardımcı olmaya çalışırlar.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
-------------------------	---	---	---	---	---	---	---	------------------------

5. Ailem ve arkadaşlarım dışında olan ve ihtiyacım olduğunda yanımda olan bir insan (örneğin; akraba, komşu, doktor, öğretmen) var.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
-------------------------	---	---	---	---	---	---	---	------------------------

7. Sorunlarımı ailemle (örneğin; annemle, babamla, kardeşlerimle) konuşabilirim.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
-------------------------	---	---	---	---	---	---	---	------------------------

11. Ailem ve arkadaşlarım dışında olan ve beni gerçekten rahatlatan bir insan (örneğin; akraba, komşu, doktor, öğretmen) var.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
-------------------------	---	---	---	---	---	---	---	------------------------

12. Sorunlarımı arkadaşlarımla konuşabilirim.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
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APPENDIX C

ÇOK BOYUTLU ÖĞRENCİ YAŞAM DOYUMU ÖLÇEĞİ

(Sample Items)

Açıklama: Aşağıda, geçen birkaç hafta süresince yaşamınızla ilgili neler düşündüğünüzü yansıtan bazı ifadeler yer almaktadır. Sizden istenen, günlerinizi nasıl geçirdiğinizi düşünerek her bir ifadeyle ilgili sizi en iyi yansıtan seçeneğe (X) işareti koymanızdır. Bu bir sınav değildir. Bu nedenle maddelerin doğru ya da yanlış cevapları yoktur. Lütfen her madde için sadece bir işaret koyunuz ve cevapsız madde bırakmayınız. Katkılarınız için teşekkür ederiz.

	Hiçbir zaman	Bazen	Sık sık	Her zaman
1. Arkadaşlarım bana karşı sevecen ve cana yakındırlar.	()	()	()	()
5. İyi yapabildiğim bir çok şey var.	()	()	()	()
7. Anne-babamla zaman geçirmeyi severim.	()	()	()	()
11. Arkadaşlarım harikadır.	()	()	()	()
12. Eğer ihtiyaç duyarsam arkadaşlarım bana yardım ederler.	()	()	()	()
14. Kendimi seviyorum.	()	()	()	()
17. Çoğu insan beni sever.	()	()	()	()
19. Ailemdeki kişiler birbirleriyle iyi geçinirler.	()	()	()	()
20. Okula gitmeyi dört gözle beklerim.	()	()	()	()
21. Anne-babam bana adil davranır.	()	()	()	()
22. Okulda olmaktan hoşlanırım.	()	()	()	()
25. Okul ilgi çekici bir yer.	()	()	()	()
32. Keşke başka bir yerde yaşasaydım.	()	()	()	()
33. Ben iyi biriyim.	()	()	()	()
35. Yeni şeyler denemekten hoşlanırım.	()	()	()	()
36. Evimiz güzeldir.	()	()	()	()