

THE EFFECTS OF A COMMUNICATION SKILLS TRAINING
PROGRAM ON THE ADOLESCENT SIBLINGS OF CHILDREN WITH
DISABILITIES AND THEIR FAMILIES

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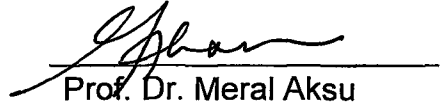
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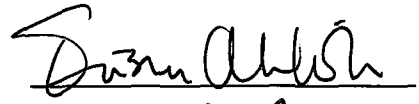



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ABSTRACT

THE EFFECTS OF A COMMUNICATION SKILLS TRAINING PROGRAM ON THE COMMUNICATION PATTERNS OF ADOLESCENT SIBLINGS OF CHILDREN WITH DISABILITIES AND THEIR FAMILIES

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Family is a system and siblings are the important components of the system. If there is a child with disability in the family, needs and feelings of siblings may be neglected by the parents and the significant others. However, siblings also encounter with the limitations and difficulties of being a sibling of a child with disability.

This study aims to focus on the siblings and investigate the effects of a communication skills program on the adolescent siblings of children with disabilities and their families.

The subjects of the study were the volunteer families of the children with mental disabilities who were attending Barış Özürlü Çocuklar Eğitim Merkezi and Uyum Özel Eğitim Merkezi. Sixteen adolescent siblings, sixteen mothers and fifteen fathers participated in the study. The experimental design was used, in which 2 groups were compared at pretest and posttest measures using Communication Skills Questionnaire and AYDA (Aile Yapısını Değerlendirme Aracı).

Adolescent siblings of children with disabilities in the experimental group were given a 10 week Communication Skills Training Program.

In order to explore the differences between the two groups, nonparametric statistics, Mann-Whitney U and Wilcoxon Tests were used. The results revealed that there was a significant difference between the pretest and posttest scores of the experimental group fathers in AYDA family communication patterns scale. Moreover, a significant difference was found in the emotional bonding subscale for the pretest and posttest scores of experimental group fathers in AYDA family communication patterns scale. Other results indicated no significant differences between the two groups.

. However, according to the observations of the researcher and siblings' notes, it could be stated that the program contributed positively to the siblings' communication skills and family communication patterns.

Keywords: Disability, Communication Skills, Communication Skills Training Program, Adolescent Siblings.



ÖZ

BİR İLETİŞİM BECERİLERİ PROGRAMININ ENGELLİ ÇOCUKLARIN ERGEN KARDEŞLERİNE VE AİLELERİNE ETKİSİ

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Aile bir sistemdir ve kardeşler bu sistemin önemli bir ögesidir. Eğer ailede engelli bir çocuk varsa kardeşlerin ihtiyaçları ve duyguları, anne-babaları ve diğer önemli insanlar tarafından ihmal edilebilir. Halbuki kardeşler de engelli bir kardeşe sahip olmanın getirdiği kısıtlamalar ve zorluklarla karşılaşmaktadırlar.

Bu çalışma, özürlü çocuk kardeşleriyle ve bir iletişim becerileri programının engelli çocukların ergen kardeşlerin iletişim bacalarına ve ailelerin aile içi iletişim örüntülerine etkisini araştırmayı amaçlamaktadır.

Denekler, Barış Özürlü Çocuklar Eğitim ve Rehabilitasyon Merkezi ve Uyum Özel Eğitim Merkezi'ne devam eden çocukların gönüllü aileleridir. Bu araştırmaya, deney ve kontrol grubunda olmak üzere toplam 16 ergen kardeş, 16 anne ve 15 baba katılmıştır. Deneysel araştırma modeli kullanılmış, deney ve kontrol grupları İletişim Becerileri Değerlendirme Ölçeği ve Aile Yapısını Değerlendirme Aracı (AYDA) 'dan alınan öntest ve sontest sonuçlarına göre karşılaştırılmıştır.

Deney grubunu oluşturan engelli çocuk kardeşlerine 10 haftalık bir iletişim becerileri programı uygulanmıştır.

Deney ve kontrol grubu arasındaki farkları ortaya koymak üzere, parametrik olmayan istatistiksel yöntemlerden Mann- Whitney U Testi ve Wilcoxon Testi kullanılmıştır. Sonuçlar deney grubu babalarının AYDA aile içi ilişkiler örüntüsü testinde, öntest ve sontest arasında anlamlı bir fark olduğunu göstermektedir. Ayrıca, deney grubu babalarının AYDA aile içi ilişkiler örüntüsü testinde, duygusal bağlam alt boyutu öntest ve sontesti arasında da anlamlı bir fark bulunmuştur. Araştırmanın diğer değişkenleri açısından, bulgular, her iki iki grup içinde ve gruplar arasında anlamlı bir fark göstermemiştir. Bununla birlikte, araştırmacının gözlemlerine ve kardeşlerin notlarına göre, programın çocukların iletişim becerilerine ve aile içi iletişim örüntülerine olumlu etkileri olduğu söylenebilir.

Anahtar kelimeler: Engelli kardeş, İletişim Becerileri, İletişim Becerileri Programı, Ergen Kardeş

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To my family

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CHAPTER 1

INTRODUCTION

1.1. Introduction

“There is something very magnificent and very wonderful about having a child, unless that child is handicapped. Parents of handicapped children face something that is not wonderful, not magnificent” (Michaelis, 1980, p.61, cited in Gargiulo 1985).

During the pregnancy, parents, especially, the mothers develop an image of what their unborn child will be. The psychological preparation, with its associated anxiety, is a normal process and usually involves the wish for a perfect baby, and the fear of giving birth to a child with disability. With the birth of a baby with disability or the realization at a later date (for example, the early school years) that their child has a disability, the hopes, dreams and fantasies die (Gargiulo,1985).

Being parents of a child with disability is not a role people choose for themselves. No one asks to be the parent of a child with disability, nor is anyone ever prepared for the awesome responsibility. Parenting a child with disability is difficult, demanding and often confusing and

demoralizing task (Wentworth, 1974, cited in Gargiulo, 1985). After the parents learn the situation, they experience the feelings of shock, depression, disappointment, chronic sorrow, shame and inadequacy. Most of them go through certain stages. When they are able to overcome these feelings, they accept the child as it is and put their expectations in a reality (Girli, 1995).

Acceptance is the goal that most parents strive for. Acceptance involves not only accepting the child, but also accepting themselves as they are and acknowledging their individual strengths and weaknesses (Gargiulo, 1985).

The child with disability comes with difficulties, anxiety and stress. All the degree of exceptionality, the psychological maturity of family members, the financial sources, and the amount of social support affect the stress level of families (Holroyd, 1987, cited in Akkök, 1989). The difficulties in diagnoses, the behavioral and health problems of the child due to the developmental difficulties and families' loneliness feeling (Mc Andrew, 1976) are the crucial factors that increase the stress level of families. The level of stress changes according to the families and it depends on their readiness to the situation and their trials for coping strategies (Akkök, 1989).

However, the newborn baby and the family do not live in a closed system. There are siblings, grandparents, relatives and also other

people. Parents should be aware of the reality and come back to life with all the difficulties and the limitations.

The family members are the ones who are affected from the situation the most. Many studies looked at the differential responses of multiple dyads, including the impact of the child on mothers, fathers and siblings. In these cases, many studies examined the impact of a child with disability on their mothers, later their fathers, and now on their siblings. But there was still not much investigation about the relationship among, or between, these individuals. Nonetheless, there was an increasing concern for reciprocity in these relationships, and in 1980s and 1990s, there has been a move to the transactional models of effect. This work shows an interest in family ecology, a host interdependent systems, how they relate, and the impact on the child and the family (Minnes, 1998).

Siblings are the important components of the family system. They play an important role in the development of their brothers and sisters. Older siblings serve as teachers and models. They are playmates and confidants. They also serve as a protective function; they may come to each other's aid when teased or verbally and physically assaulted by others (Kaplan, 1996).

However, needs and feelings of siblings may be neglected by the parents and significant others if there were a child with disability in the family. Particularly with young children, professionals should help

parents understand the siblings' need for attention. Parents are often unaware of the needs of their children, especially if there is a child with disability in the family that receives a disproportionate amount of attention (Seligman, 1991).

Siblings of children with disabilities may be at risk for emotional problems and increased demands as a result of their brother or sister's disability. It is important to understand and accept the feelings of the siblings. These feelings may be complicated and often ambivalent. Feelings of anger, guilt, love, and protectiveness may exist at the same time and are often not communicated (Seligman, 1991). Siblings may experience a variety of emotions, including love for their brother or sister, anger at the extra time the parents must spend with the siblings, and guilt at the anger they experience. Many siblings have increased responsibilities (Kaplan, 1996). Wilson, Blacher, & Baker (1989) conducted a study with 24 siblings of children with severe disabilities and the results indicated that 84 percent had responsibilities for teaching, 79 percent for dressing, 74 percent for feeding, 71 percent for bathing, and 50 percent for discipline. Although they admitted extra stress and experienced some anger and guilt, most enjoyed playing with their siblings and showed considerable levels of kindness on a daily basis (cited in Kaplan, 1996).

The experience of having a sibling with a disability, then, has a positive as well as a negative side. Siblings also have some benefits of

being a sibling of a child with disability. When young adolescents were asked about their relationships with a brother or sister with disability, for example, they demonstrated a general acceptance and tolerance toward the child (Gralicker, Fishler & Koch, 1962 cited in McHale & Gamble, 1987) and reported that the child had brought pleasure to their own and their families' lives (Caldwell & Guze, 1960 cited in McHale & Gamble, 1987).

Although it is usual for the needs of the child with a disability to take precedence, parents must be careful to give their children without disabilities the attention they require (Vadasy, Fewell, Meyer, & Schell, 1984). If this is an adolescent sibling, stress and emotional problems get more intense.

The period of adolescence is considered to be exciting and creative, yet it can be tumultuous and volatile. There are considerable number of developmental hurdles that challenge the emotional and physical stability of the adolescents themselves and also those in charge of their care, such as their family and the community system. Tasks that must be confronted include acceptance of bodily change, identity clarification, responsible sexuality and coping with separations such as leaving home for educational purposes and the approach of adulthood. Additional areas for potential conflict are the strong desires for group acceptance and subsequent peer pressures, initial exposure to drugs and alcohol and concerns about school achievement, to name but a few

(Oster, Cano, Eagen, & Lillo, 1988). In addition, unfortunately, some adolescents experience a significant conflict due to the siblings with disabilities.

Family relationships should be the focus of professionals. Siblings of children with disabilities with few behavior problems were even found in the most supportive families that had low conflict, open communication, and low parental stress. Moreover, social competence in siblings of children with disabilities was related to the family emphasis on personal growth in terms of independence, moral religious orientation and cultural- recreational activities (Dyson, Edgar, and Crnic, 1989 cited in Minnes, 1998).

Every family is distinct and idiosyncratic, a combination of various personality traits, roles, and communication styles. Affective issues and dynamics of parenting became more intricate and demanding due to the additional stress of raising a child with disability. Changes of routine and shifts in the responsibilities are necessary for the child's care. Families with children with disabilities need help, structure, and information to reorganize their lives toward positive adaptation. Counseling support services, through difficult and pleasurable times, may be one means to the necessary restructuring process. Group support from others who share similar life experiences incorporates the counseling relationship into a sustained one. This continuum of guidance helps integrate the child condition into the family life and restores balance. The future of

children with disabilities depends on the dynamics of the home (Werth And Oseroff, 1987).

Olson, Sprenkle, and Russell (1979) have argued that communication is a facilitating process in developing family cohesion and adaptability. It may also be the case that families which function in this way help the adolescent to establish a clearer sense of personal identity (cited in Jackson, Bijstra, Oostra and Bosma, 1998) .

Today, as it is well accepted, communication and communication skills are important for adolescents and also their relations with their families. Communication within the family is a very vital process, especially for the families with children with disabilities. The effective communication with the family members enhance the development of the personal identities of the siblings with disabilities. Furthermore, it contributes to the reorganizations and adaptations of the reality of being the sibling of a child with disability. In some cases, the effective communication within the family unit could only be established through specific communication skills programs. These kind of programs also facilitate the understanding of communication patterns within the family. Although, many families develop communication among family members, in the presence of a member with exceptionalities, specific programs to enhance and facilitate this process is needed. Therefore, communication programs could be a facilitator for the development of effective communication within the members in an exceptional family.

1.2. Problem

The children with disabilities have many effects within the family. For example, the communication within the family can be hindered by the presence of the disability. Family members should get the help of professionals in that respect. Communication skills can be developed if sufficient time and effort are provided. Family members, especially siblings, need such kind of support to facilitate their interactions with the siblings with disabilities and also with the others. If the sibling is in the adolescent period, it is inevitable for him/ her to face with some difficulties . However, in many families, siblings are neglected as if there is only a child with disability in the family. In many families, they are not paid the necessary attention and not communicated with effectively about the exceptionality and how they could communicate with their siblings with disability in the family. The situation is very similar in Turkey as well as in many cultures.

The siblings and other family members may need professional support on how to promote effective communication skills within their family.

Therefore, the purpose of this present study is to investigate the effects of a 10 week Communication Skills Training Program on the communication skills of the adolescent siblings of children with disabilities and their families.

1.3. Hypotheses

- 1) There is no significant difference between the gain scores of the experimental and the control group siblings in the communication skills scale.
- 2) There is no significant difference between the gain scores of the experimental and the control group siblings in AYDA family communication patterns scale.
- 3) There is no significant difference between the gain scores of the experimental and the control group mothers in AYDA family communication patterns scale.
- 4) There is no significant difference between the gain scores of the experimental and the control group fathers in AYDA family communication patterns scale.
- 5) There is no significant difference between the pretest and posttest scores of the experimental group siblings in the communication skills scale.
- 6) There is no significant difference between the pretest and posttest scores of the control group siblings in the communication skills scale.
- 7) There is no significant difference between the pretest and posttest scores of the experimental group siblings in AYDA family communication patterns scale.

- 8) There is no significant difference between the pretest and posttest scores of the control group siblings in AYDA family communication patterns scale.
- 9) There is no significant difference between the pretest and posttest scores of the experimental group mothers in AYDA family communication patterns scale.
- 10) There is no significant difference between the pretest and posttest scores of the control group mothers in AYDA family communication patterns scale.
- 11) There is no significant difference between the pretest and posttest scores of the experimental group fathers in AYDA family communication patterns scale.
- 12) There is no significant difference between the pretest and posttest scores of the control group fathers in AYDA family communication patterns scale.

1.4. Significance of the Study

The presence of a child with disability may cause a deep impact upon the family. Each member of the family may encounter many problems and limitations. All pass through the several stages and experience certain feelings. These are all normal . In several families, having a child or sibling with disability is considered as the end of the world. Therefore, in those families, everyone should get reorganized and adapted to the situation and try to cope with their present situation.

Naturally, the relationships within the family are affected. The effective family communication is important for both the development of the child with disability and the other members. Family members should be aware of their weaknesses in their relationships and try to develop these. Everybody may become good communicators and establish effective communication by training themselves through communication skills.

In Turkey, generally, the mothers and the fathers have been exposed to these kind of services. However, the siblings communication skills programs are scarce, thus, siblings are the important components of the family system and they are also in the need of help.

Therefore, this study aims to focus on the siblings and investigate the effects of a communication skills training program on the adolescent siblings of children with disabilities and their families.

1.5. Definition of Terms

Disability: A total or partial behavior, mental, physical or sensory loss of functioning.

Communication Skills: These are the skills that help the communicators to maintain effective communication. Attending and active listening are the bases of effective communication which include eye contact, attentive body language, vocal qualities, questioning, summarization, paraphrasing, encouraging, reflection of feeling, reflection of meaning and giving feedback.

In this study, it is operationally defined and measured as the scores gained from the scales.

Communication Skills Training Program: It is a 10- week group practice which aims to develop effective communication skills.



CHAPTER 2

REVIEW OF LITERATURE

2.1. Families of Children with Disabilities

Attitudes toward pregnancy and birth vary among cultures and subcultures. Expectant parents typically fantasize about their unborn baby. They may imagine the baby's sex, appearance, personality, or other attributes. Interactions with friends and relatives help to shape parents' fantasies (Seligman, 1991). With the birth of a baby with a disability, they realize that they lose the dream child.

The birth of children with disabilities brings significant changes to the family life. The birth of such a child requires greater responsibility, effort and leaving less spare time for other family members, compared to a birth of a normal child. The family of a child with disability is faced with many demands, such as the special needs of the child, emotional stress, restructuring of roles, adjustment and financial difficulties in the family. Other family members must arrange their daily life activities according to the new priorities among which the needs of the new family member with disabilities come first (Şene! & Akkök, 1996)

Castles (1996) indicated that not all families with children with disabilities reported an equal degree of stress. Some types of disabilities created more problems than others. Studies have consistently indicated that families of children and adults with Down Syndrome experienced a relatively low degree of stress, while those whose children had behavioral disorders, autism and neurological disorders experience the most (Donovan, 1988; Goldberg, Marcovitch, MacGregor, & Lojkasek, 1986; Noh, Dumas, Wolf, & Fishman, 1989; Seltzer, Krauss, & Tsenematsu, 1993 cited in Castles, 1996).

Thirty pairs of fathers and mothers who had school- age children with mental disability and other disabilities were compared by Dyson (1997, cited in Akkök, 1989). Responses to family scales indicated that fathers and mothers of children with developmental disabilities did not differ from each other nor from fathers and mothers of children without disabilities in parental stress, family social support or family functioning. Moreover, Akkök (1989) indicated that there was no difference between the stress levels of mothers and fathers with disabilities with regard to gender of children with disabilities. On the other hand, some research results revealed that mothers experience much more anxiety than fathers (Holyroyd, 1974; Kazak and Mervin, 1984 and Bristol, 1984, cited in Akkök, 1989).

The degree of stress experienced varies from family to family, but is due, at least partially to a lack of preparation for the role of a parent of

a child with developmental disabilities and the adaptation that is required to cope effectively with the situation. Some evidence suggests that many families adapt successfully to the presence of and responsibility of caring for children with disabilities. Indeed, many families function well, in spite of the increased demands. The support network is very important in the adaptation of parents. The broader systems or networks within which the family interacts have a powerful influence on the family system. Especially important are the interactions of family members with extended family (grandparents or others in the parents' family). The extended family system in most parts of Turkey plays a large in caring and nurturing children with developmental disabilities, and therefore, reduces the physical burden of the mothers in taking care of the child with disabilities (Akkök, 1994).

Satisfaction with social support is regularly found a highly predictive factor. If parents have relatives, friends, church groups, organizations of parents of children with disabilities, etc., to whom they can turn, then they are likely to have higher levels of positive adaptation. However, there were some indications within the literature that social networks can also cause stress at the same time as providing support (McConachie, 1994).

2.1.1. Parents and Their Reactions

All parents of children with disabilities experience their own unique stress. This is the difficulty of being a father and mother of a child with disability (Akkök, Aşkar & Karancı, 1992).

Mac Keith (1973) noted the birth of a baby with disability is likely to invoke feelings of 'reproductive inadequacy'. Babies are normally shown off with pride, and parents typically seek to identify with the infant and to 'claim' it, by pointing to particular parental features in the baby's appearance. Parents are congratulated at having produced 'a fine baby' and to have delivered a healthy infant is seen as an achievement. By implication, therefore, to give birth to a baby with disability is to fail and many parents who faced with such a misfortune do experience a sense of failure or humiliation. They may also suffer an intense feeling of loss (Frude, 1993).

Castles (1996) stated that parents may feel sadness about their child's limited opportunities, and they typically have fears and concerns about the future. The fact that families experience stress under these circumstances does not mean that they are somehow 'sick' or maladjusted. Stress, sadness and fear are normal (though usually temporary) human reactions to the difficult life situations. According to Frude (1993), parents of the newborn child with disability experience an assortment of emotions including shock, revulsion, embarrassment, guilt and anger

There are various psychological models which describe and explain the parents' reactions to the initial news or "diagnoses". Stage Model proposes that parents pass through a series of emotional stages before they accept a diagnosis of disability in their child. In the perspective of stage model, Drotvar, Baskiewics, Irvin, Kennel and Klaus (1975 cited in Dale, 1995) described five stages that were (1) shock, (2) denial, (3) sadness, anger, anxiety, (4) adaptation, (5) reorganization. The other model is the Chronic Sorrow Model in which chronic sorrow in parents is a natural reaction and its continued presence many years is not pathological (Olshansky, 1962 cited in Dale, 1995). In contrast to the previous two models, third model that is the Personal Construct Model focuses on the cognitive interpretations rather than the emotional reactions. It proposes that parents differ in their reactions to the disability because they bring different interpretations to the situation, and these interpretations stem from their previous expectations of themselves and their child. Prospective parents build up a set of constructs during pregnancy about their future child and how they imagine their future parenthood and family life. Parents expect or at least hope for a "normal" child. A diagnosis of disability lead to an *extreme crisis*, a situation outside their range of constructs, leading to a *massive anxiety*. (Davis and Cunningham, 1985 cited in Dale, 1995). The Model of Meaningless and Powerlessness suggests that beliefs, values and knowledge are socially determined through interaction and the ability of individuals "to

take the role of the other” or understand the meanings attached to situations by other people. Therefore, it focuses on the social processes rather than on the static characteristics of individuals. In other words, how significant others define their situation will affect how they define themselves (Dale, 1995).

In relation to the model discussed above; stage model, Ehly, Conoley & Rosental (1985) indicated that parents of special education children may go through a grieving process of six stages: (1) shock, (2) despair, (3) guilt, (4) withdrawal, (5) acceptance, and (6) adjustment. These “symptoms” may be expected as a normal sequence of the grieving process, requiring treatment only if they become uncontrollable.

According to Stewart (1986), the first problem that many parents of children with mental disabilities face is accepting the fact that their child had an intellectual disability. Parents see their children as extensions of themselves and are naturally bitterly disappointed to learn that their child has intellectual limitations. Accepting is frequently cited as the first goal for the professionals working with the parents.

Most of the conceptual models suggested that many of the early intense negative reactions to the disability could be resolved in time and parents may then resumed a more “normal” lifestyle. But some difficult and disturbing feelings and perceptions may persist in the longer term or recur at later dates for some parents. These disturbing feelings and perceptions, some of which were protectiveness of the helpless,

inadequacy of reproduction, anger, grief, shock etc. (MacKeith, 1973 and Whittemore, Langness,& Koegel,1986 cited in Castles, 1996) may occur due to stress of the developmental periods of children with disabilities.

Even though parents may experience some or all these negative feelings at some time in their child's life, many parents talk about many positive experiences and feelings too. Many parents have come to feel that the experience of having a child with disability has given extra meaning and richness to their lives (Whittemore, Langness,& Koegel,1986 cited in Castles, 1996).

2.1.2. Siblings and Their Reactions

When discussing the families of individuals with mental disabilities, many authorities come close to equating "family" with "mother." But whether they live in a nuclear family or in one of its less traditional variants, most people have fathers (in or out of the home) and/ or siblings as well as mothers (Castles,1996).

The roles of siblings with disabilities is an area of increasing assessment interest. Reviews of research on these siblings indicate that adaptation may be a function of characteristics of both the child with disability and the "normal" sibling. Siblings also have important and productive roles in the development of the child with disability through

teaching and modeling (Simeonsson & McHale; Simeonsson & Bailey, 1981, 1986 cited in Bailey and Simeonsson, 1988).

Whether or not siblings are adversely affected by the presence of a child with disability is one of the primary questions. According to Lobato (1983) it is difficult to support the position that siblings are, of necessity, negatively affected by the experience. Instead, it appears that certain factors; characteristic of the child with disability, the sibling, and the family in general may mediate the effects of the child with disability on the sibling, such that certain siblings are at a greater risk for adverse experiences than others.

Brothers and sisters of children with disabilities feel the tug of what almost amounts to two different cultures. They stand with one foot in the world of normal classmates and the other in their exceptional family. They live among ordinary children; they long for simple fellowship with others their own age. Yet playmates sometimes treat a child with disability cruelly. Forced to mediate, to explain, and sometimes to choose between conflicting loyalties, brothers and sisters can end up angry at the normal world, the child with disability, and themselves (Featherstone, 1980).

There are various inconsistent studies about the effects of having a sibling with a disability. Some of these studies argue that the child with disability has not significant effect on the sibling without disability. On the other hand, although some of the researchers had investigated that

there are negative effects, some had certain findings about the existence of positive effects (Küçüker, 1997; Eisenberg, Baker, & Blacher, 1998). Detrimental effects that have been observed include increased mental disorders such as aggression, anxiety, somatization, depression and behavior problems; elevated levels of guilt, anger, resentment and stress; greater parent- child conflict; problems with identity development; lowered self- esteem; and decreased sociability or emphasis on interpersonal relationships (Breslau, 1982, Breslau & Prabucki, 1987; Cleveland & Miller, 1977; Farber, 1960; Fowle, 1968; Gath, 1974; Gold 1993; Grossman, 1972; Lobato, Barbour, Hall & Miller, 1987; McHale & Gamble, 1989 cited in Eisenberg et al., 1998).

Positive effects that have been observed include increased compassion, tolerance, sensitivity, maturity and responsibility; increased appreciation for one's own good health; inspiration for personal growth; more acceptance of individual differences; awareness of the consequences of prejudice; knowledge about handicapping conditions and certainty about one's future and career goals and increased social competence (Cleveland & Miller, 1977; Ferrari, 1984; Galiker, Fishler, & Koch, 1962; Grosman, 1972; Itzkowitz, 1990; Meyer, 1993; Wilson, Blacher, & Baker, 1989 cited in Eisenberg et al., 1998).

It is not entirely clear to what extent the findings of positive and negative effects are inconclusive, resulting from methodological differences and deficiencies or an accurate picture of the

multidimensional impact of disability on the family (Eisenberg et al.,1998).

A number of studies have indicated that siblings are adversely affected by having a brother or a sister with disability. Gath (1974), for example, revealed a relatively high rate of disturbance at school among the old sisters of the children with disabilities, and suggested that this often resulted from a heavy burden of care placed upon them. A further study by Gath and Gumley (1987), however, failed to replicate this finding. Breslau, Weitzman and Messenger (1981) studied the siblings of children with a variety of handicaps and found evidence of greater isolation and delinquency compared to the control group, and Breslau (1983) found that siblings of children with cerebral palsy had relatively high levels of anxiety and aggression (cited in Frude, 1993).

The oldest female siblings in the families had the most responsibilities for the children with disabilities. Only siblings of children with disabilities appeared to experience added pressures to compensate for the deficits of the child with disabilities, and were more achievement oriented than siblings in the larger families (Cleveland and Miller,1977 cited in Vadasy et al., 1984).

Consistent finding across almost all studies indicates that the effects of a child with disability on his or her siblings is strongly mediated by the gender and relative birth order of the sibling within the family. Even in the most typical Western families, the firstborn female usually

assumes greater responsibility for care of her siblings than either a firstborn male or a later-born female (Lobato, 1983). There are many studies which support that the siblings of individuals with mental disabilities, even younger siblings, do in fact tend to make a managerial role and assume the dominant position in the relationship (Brody, Stoneman, Davis, & Crapps, 1991, Stoneman, Brody, Davis & Crapps, 1987 cited in Castles, 1996). Siblings may of course become jealous of the special attention paid to their sisters and brother with mental disabilities.

Seligman & Darling (1997, cited in Kendall, 1999) indicated that the impact of child's disability or chronic illness on siblings may depend on various mediating variables, including the nature of the child's disability or illness; the extent to which a sibling assumes a major caretaking role; the extent to which the disability may restrict a sibling's social life or monopolize parental time and attention; the overall accommodation parents have made; the number, ages, and gender of children in the family; the extent to which the family's resources are used by the child's needs; the extent to which siblings are involved in the communication and decision-making of the family; and the amount of information sibling has about the nature of the illness or disability.

Often parents do not tell the other children that something is wrong with their special brother or sister. Concealing this information may foster resentment and fear on the part of the other children.

Watching these parental behaviors, the siblings might assume that their brother or sister's difference should not be discussed at home. This shared silence and inhibited communication may impair the family's ability to cope with the situation (Ehly, Conoley & Rosental, 1985). Since children's views are often extensions of their parents' views, their ability to accept and cope with the hardship is largely influenced by the parental attitudes (Trevino, 1979, cited in Seligman, 1991).

Sibling adjustment regardless of a child with disability in the family was assessed to be related to the parental stress and coping resources, perceived family social support, family relationships, the family's emphasis on personal growth and maintenance of the family system. Siblings of children with disabilities with few behavior problems were investigated in the most supportive families that had low conflict, open communication and low parental stress (Minnes, 1998).

Eripek (1996) also indicated that siblings' attitudes and emotions toward their siblings with disabilities were similar with their parents'. However, they had two disadvantages in coping with their negative feelings. First, because they were very young, they had not matured enough and they had limited relations with the adults such as doctors, teachers and other families that may provide information to them. Second, they may feel hesitant to ask questions about their siblings with disabilities for not getting their parents upset. On the other hand, if they

exhibited their courage and asked their questions, the clarifications that were done by their parents were not enough and satisfying.

Siblings of children with disabilities may experience anger more often and perhaps more intensely than siblings of children without disabilities. Whether harbor or openly express their feelings of anger and resentment depends on the extent to which a sibling feels responsible for the disability, the extent to which the child with disability restricts the sibling's social life or considered a source of stigma, the extent to which the child with disability requires excessive time and attention from the parents (Seligman,1991).

It might be expected that with all the extra care needed by the child with disability, siblings will receive less attention, and will therefore feel that they are less important to the parents. However, parents might exert increased pressure on siblings to achieve excellence at school or on the sports field, in order to somehow 'compensate' for the limitations of the child with disability. From a very early age, children being treated more favorably than they are. Siblings of children with disabilities may find it difficult to appreciate why certain expectations and demands are applied to them but not to their brother or sister with disability. They may not understand that the parents' apparent inconsistency represents a higher order of justice (Frude,1993).

McHale, Simeonsson, and Sloan (1982,1984,cited in Morgan,1988) compared sibling relationships of children with mental

disability, autism and 'normal' children. The subjects, 40 children between the ages of 6 and 15, were questioned in an open-ended interview which yielded data on four scales: (a) the children's feelings toward their siblings (Sibling Relationship Scale); (b) the ways that the siblings affected family relationships (Family Relationship Scale); (c) the ways that siblings affected the youngsters' own peer relationships (Peer Relationship Scale); and (d) for the two groups with siblings with disabilities, how well the youngsters understood their siblings' handicapping condition. The first three interview scales revealed only minimal differences among the three groups, the mean score for each scale being within the moderately positive range. The only statistically significant difference was on the Family Relationship Scale. For example, children with "normal" siblings reported that their families spend more time together and that their families were not different from other families.

There are a number of problems siblings are prone to that the professionals should examine and assess during the initial stages of treatment. Many of these children will have identity problems and may not feel normal. Parents may ask the "normal" children to care for their "special" brother or sister, demanding additional time and effort of them while offering less in turn (Grossman, 1972; Simeonsson & Hale, 1981 cited in Ehly, Conoley, & Rosental, 1985). These additional

demands may foster resentment on the part of the “normal” sibling (Ehly, et al., 1985).

Although some studies concluded that siblings with disabilities experienced greater psychosocial difficulties than the population at large, others found no difference (San Martino, & Newman, 1974 cited in Auletta & DeRosa, 1991). One aspect of adjustment may involve how the adolescent siblings feel about themselves, their self concepts. Auletta & DeRosa (1991) compared the mean self-concepts of 70 adolescent siblings of children with profound levels of mental disability and 70 adolescent siblings of children without profound levels of disability. The results indicated that there was no significant mean difference between the two groups. Therefore, it could be mentioned that no special difficulties in psychosocial adjustment for siblings of the children with mental disabilities were perceived. The results of Bågenholm and Gillberg (1991) was also consistent with the previous study, in which self- concepts of youngster siblings with disabilities were matched with “normal” siblings. No significant difference had been revealed between the siblings of children with mental disabilities, autism and free of disability with regard to their self- concepts.

2.1.3. The effects of Children with Disabilities on the Family

These families generally encounter many complex problems that are compounded by society’ s negative and stereotypical attitudes

toward those who are 'different'. Families may be significantly affected emotionally, socially and financially. Birth of a child with disability may cause a deep impact on the family system and it may reflect on the communication within the family.

Two elements of cohesion have been shown to be good predictors of positive parental and family adaptation: firstly, support from one's spouse and a strong marital relationship, and secondly, cohesive harmonious relationships in the family with open communication. Both features seem to give a family strength and ability to withstand the negative impact of stress (Dale, 1995).

Seligman (1991) stated that it is important for professionals to realize that children with disabilities do not function in isolation, but that they live within a context- the family- and that when something happens to one member of the family, everyone is affected. One of the most important tasks facing new parents of children with disabilities is telling other family members and friends about their child's problem for the first time. Many parents had said that they 'just didn't want to explain.' In some cases, parents are afraid of upsetting elderly relatives or family members who are pregnant.

According to Werth and Oseroff (1987), birth of an infant with disability has longitudinal effects on individual family members, as each experience unique reactions to the infant's diagnosis. The family unit is introduced to the additional stresses which will dramatically change their

lives, thoughts, feelings and behaviors. Experiencing grief and guilt over the child's disability, feelings of inadequacy in coping with particular aspects of the disability, overdependence on professionals for guidance, ambivalence and resentment toward the child, overprotection of the child or denial of the disability itself may disrupt normal family development. Often it is impossible to differentiate the effects of the initial and resolved grief from current stresses of everyday management problems (Morse, Ardizzone, Macdonald, & Pasick, 1980, Gath, 1979 cited in Werth, & Oseroff, 1987).

Researchers searched for what does and, perhaps even more importantly, what does not influence the reaction of families to severe mental disability. Acknowledgment of a wider range of social factors beyond the parent- child dyad has meant affirming that spouses, child and adult offspring, siblings, grandparents, aunts and uncles are affected by these disorders, as are consumers' "intentional families" of non-biological relations such as friends and self- help associates (Cook, Pickkett & Cohler, 1997).

The mere presence of a child with exceptionality does not make a family dysfunctional. In the words of Gardner, 'Being the parents of *any* child is, at times, stressful and demanding... The stresses and experiences of all parents are more alike than they are different.' (1985, p.122 cited in Castles, 1996). Although the quality of family functioning is similar in families with and without a child with disability, families who

have a child with mental retardation do tend to report a relatively high level of stress (Beckman, 1991 and Dyson, 1993, cited in Castles, 1996).

Furthermore, Kazak (1984, cited in Şenel, 1992) has noted greater social isolation in a family with a child with disability, which may contribute to a deficiency in interpersonal skills. Loss of self-esteem, shame, ambivalence, depression, self-sacrifice and defensiveness are the most common patterns that Roos (1963) had identified as the result of clinical experience, understanding of personality dynamics and work with parents of children with disability.

Parents of children with disabilities are more likely to have low self-esteem and to have lower feelings of personal competence. Where the marital relationship was poor before the birth of the child with disability, the presence of the child with disability in the family system seems to increase the likelihood of further discord. Küçüker (1993) pointed out that the responsibility of providing the needs of a child with disability was generally on the mothers' shoulders and that may affect the relationships within the family and also between the couples. However, there is no consistent indication that having a child with disability results in an average increase in marital disharmony or risk of divorce (Howard, 1978 and Longo & Bond, 1984, cited in Bee, 1995).

The effects of children with disabilities may vary according to the type of the disability. Autism is the one which is a severe, long-term developmental disorder that potentially has substantial influence on

different aspects of the family system. The effects, of course, are not limited to interactions directly involving the child with autism but extend to other family interactions such as the relationship between the parents as well as the relationships between the parents and other children in the family (Morgan, 1988).

Research on the influence of social support on families of children with disabilities indicates that it is associated with positive family adaptation, fewer out-of-home placements, greater maternal life satisfaction, lower maternal stress and better parent-child interaction (Bristol, 1983; Cole & Meyer, 1989; German & Maisto, 1982; Crnic, Greenberg, Ragozin, Robinson, & Basham, 1983; Kazak & Marvin, 1984; Dunst, Trivette, & Cross, 1986 cited in Marcenko & Meyers, 1991). Moreover, Abbott & Meredith (1986) told that the quality of parent's marriage, and extent of spousal support, may be the most important factors in predicting health and functioning of families with children with disabilities. Building on this body of research, social support has been incorporated as an important component in family support programs which are proliferating nationally in United States (Weissbourd & Kagan, 1989, cited in Marcenko & Meyers, 1991).

Therefore, several programs that aim to help to enhance the family communication is necessary.

2.2. Communication and Communication Skills

Communication is the complex process of transferring ideas, information, and images from one mind to another mind. It begins with the intent of one person, the sender, to plant information in the mind of another person and the receiver. From the intent, the sender must translate abstract ideas into symbols, organize the symbols into a sensible message, decide which medium to use, and transmit the message to the receiver (Westra, 1996).

Communication can be analyzed into component parts, generally definable in behavioral terms- showing you are listening, questioning, pausing, applying grammatical rules etc. -which can be learned as a skill in relative isolation from particular contexts. The use of these skills will, it is claimed, ensure effective communication in any situation (Drury, Catan, Dennison and Brody, 1998).

Effective communication exists between two people when the receiver interprets the sender's message the same way the sender intended it. Human senders and receivers use words and physical expression to communicate. The words and physical expression can be called verbal (word) and nonverbal (wordless) communication. It is easy to give examples of verbal communication because it refers to talking, but just being able to talk does not mean that one can communicate verbally with another person. When one sends a verbal or word message, one does not always make the point that she/he means to make. People may

laugh at the wrong time, may misunderstand one's directions or appear confused about one's choices of words (Galvin and Book, 1984).

Özer (1995) defined the communication as a kind of transferring of means among individuals. It is a reality that everyone is different from each other and communication requires the respect of individuals to others' differences. In addition, communication includes realizing the similarities among the differences and creating new similarities.

There are several skills for effective communication. According to Irmsher (1996), active listening is the most essential skill for effective communication. Other skills of effective communicators are asking questions and giving feedback of which "paraphrasing", "perception checking" and "describing behavior", "I- messages" are several types. Asking questions is an excellent way to initiate communication because it shows the attention and the interest of the receiver. Biglan (1977, cited in Irmsher, 1996) suggested to ask open-ended questions and focus on questions that are not too broad. In addition, the questions should include additional details, examples and impressions.

Jung and his associates (1977, cited in Irmsher, 1996) provided several guidelines in effective communication. Firstly, they indicated that while giving feedback, it is useful to describe observed behaviors, as well as the reactions they caused. They offered these guidelines: the receiver should be ready to receive feedback; comments should describe, rather

than interpret; feedback should focus on recent events or actions that can be changed, but should not be used to try to force people to change.

Secondly, they emphasized the importance of paraphrasing in effective communication. The real purpose of paraphrasing was not to clarify what the other person actually meant, but to show what it meant to the receiver. This may mean restating the original statement in more specific terms, using an example, or restating it in more general terms.

Perception checking is an other way of establishing effective communication which refers to an effort to understand the feelings behind the words. One method is simply to describe one's impressions of another person's feelings at a given time, avoiding any expression of approval or disapproval.

Moreover, useful behavior description reports specific, observable actions without value judgments and without making accusations or generalizations about motives, attitudes, or personality traits.

Finally, I- messages reflect one's views and rely on description rather than criticism, blame, or prescription. The message is less likely to prompt defensive reactions and more likely to be heard by the recipient. One form of "I"- message includes three elements: (1) the problem or situation, (2) feelings about the issue and (3) the reason for the concern.

According to Egan (1998), listening involves four things: first, listening to and understanding the sender's messages; second, observing and reading the sender's nonverbal behavior- posture, facial expressions,

movement, tone of voice, and the like; third, listening to the context- that is, to the whole person in the context of the social settings of his or her life; fourth, listening to sour notes- that is, things the sender says that must have to be challenged, at least eventually.

Nonverbal messages play a role in effective communication. Use of voice, body movement, (for example eye contact, facial expression, gesture and posture), clothing and body appearance, space, touch and time are essential parts of every message that are sent (Hybels & Weaver, 1995). Amundson (1993, cited in Irmsher,1996) noted that one study found 93 percent of a message is sent non-verbally and only 7 percent through what is said.

Korkut (1996a) argues that communication skills are one of the social skills. Social skills are the behaviors which the individuals use when they are in a community. These socially accepted and learned behaviors provide the individuals to get positive feedback and get away from negative feedback.

Communication patterns are being learned by experiencing. During this learning period, not only the ways which enhance the communication, but also the ways which diminish the communication are being learned. Therefore, some observable, measurable, repeatable and trainable behaviors, in short skills, that are necessary for establishing effective communication can be learned. Korkut (1996a) revealed that there was a difference between girls and boys in the learning process of

communication skills. In other words girls were more competent than boys in empathic skills. These results are consistent with the others (Seward & Seward, 1980; Kalliopuska, 1983; Dökmen, 1994; Ceyhan, 1993 cited in Korkut, 1996).

2.2.1. Communication in a Family

The most basic function of the family is to provide its members with economic support and physical care. But equally important are the family's emotional functions- providing a safe and secure environment, creating a sense of personal identity, and offering support and guidance (Skrtic, Summers, Brotherson, & Turnbull, 1984 cited in Castles, 1996). It is important to show their children that they love them, absolutely and unconditionally (Castles, 1996).

It is important to recognize that families represent the most powerful and pervasive influence that a child will ever experience. The qualities of family functioning (including cohesiveness, stability and interactiveness) and the extent to which and other family members can devote attention to child interactions may contribute more to the child's development than any extra familial factor (Robins, Dunlap, & Plienis, 1991, cited in Fox, Dunlap & Philbrick, 1997).

A couple's relationship affects parenting style. Research shows that a couple with a positive marital relationship is more competent in caring for children. In regard to how parents communicate with their

children, there has been much more research on mothers than on fathers. Communication between fathers and children is not well documented, because, until recently, mothers were regarded as the primary caregivers. Fathers have reported distress because work keeps them from spending as much time with their children as they would like. Some cross-cultural studies have shown that men are as good at caretaking as are women. However, it seems that men seldom take total responsibility for the care of a child. Their role is much more likely to be to help out when help is needed (Hybels and Weaver, 1995). Hybels and Weaver (1985) also indicated that mothers, generally, send support or control messages to their children. Support messages make a child feel comfortable and secure in the family relationship. They include praise for the child's competence and reassurance when the child is feeling anxious. Children who get support messages from their mothers have higher self-esteem, engage in less aggressive behavior and conform more to what their mothers want. On the other hand, control messages are designed to get children to behave in ways that are acceptable to the mother. These messages may take different forms. Some messages force children to obey. They may be threats, such as "If you don't ... I will..." . These messages may involve physical punishment or take children's privileges away ("You are grounded for a week" ; "You can't use the car anymore"). Strong control messages have a negative effect on children. These

messages increase aggression and decrease self-esteem, creativity, and academic achievement.

Turkey is a changing country. In urban areas, people pursue Western values and life styles; however, traditional values and family customs still predominate in rural areas and in first- or second-generation migrant populations in cities (Hortaçsu, 1997). That change also affects the communication within a family. Işık (1993) stated that families have been in a variation for twenty years and therefore, they had to overcome many difficulties. Moreover, roles of fathers and mothers got increased within the family. Communication was vital for the equilibrium of autonomy and intimacy. Developing communication behaviors was one of the ways of having healthy family relationships.

Effective communication is generally regarded as a central feature of good family functioning. This is particularly so as the children reach adolescence and begin to establish a clearer sense of their own identity and their ability to make decisions for themselves (Jackson, Bijstra, Oostra and Bosma, 1998). As the parent-child communication gets better, the relationships within the family get closer. Moreover, they become more effective in solving family problems.

Researchers have found that four factors lead to good communication among family members: openness, confirmation, rules for interaction and adaptability (Hybels and Weaver, 1995).

Open communication may also be important for the functioning of the family as a unit. For example in the study of a national sample of families with adolescents, Barnes and Olson (1985, cited in Bee, 1995) measured communication by asking the parents and teenagers to agree or disagree with statements like 'It is easy for me to express all my true feelings to my (mother/ father/ child).' The researchers revealed that those families in which parents and child reported good, open communication, compared to those with poorer communication, described their families as more adaptable in the face of stress or change and said they were more satisfied with their families (Bee, 1995).

Sümer (1999) argued that communication channels should be open in the family. In addition, the rules and their reasons should be explained to the adolescents in a democratic manner in the family.

According to Webster-Stratton & Honcock (1998), the first communication skill that should be taught to parents is effective listening that is listening without interrupting, giving advice, criticizing or arguing. Paraphrasing, summarizing and validating statements are the parts of listening skills. Moreover, the importance of speaking up about feelings - both parents' and their children's should be taught. Many parents talk to their children about ideas and facts, but rarely their feelings or their children's. In addition, "avoiding mixed messages" are one of the parts of the parenting programs. "Since, this type of communication, when habitual, can have such devastating psychological effects on children;

even when it occurs only infrequently, it undermines the parent- child communication. When one aspect of a parent's communication conveys approval while another conveys criticism, a child is confused and his or her self- esteem suffers. When a parent's words say one thing and his or her behavior another, the child does not know what to believe, what to trust and loses confidence in his or her own perceptions." (p. 116)

Sibling relationships are usually the longest and most enduring of the family relationships. Sibling relationships are cyclical. Bank and Kahn (1982) observed that siblings follow a distinct life cycle. During adolescence, siblings manifest ambivalence about their mutual relationship, yet they still rely on each other as confidants and advisors (cited in Seligman,1991).

Fox, Niemeyer, & Savelle (1992, cited in Castles, 1996) also pointed the significance of sibling relationships. According to them, although brothers and sisters may bicker quarrel, they typically provide each other with companionship and emotional support as well. It is through interactions with their siblings that most children learn to share, to stand up for themselves and to manage conflict. Older siblings often act as teachers and role models for younger ones.

Montemayor and Hanson (1985) found that disagreement with siblings was as common as those with parents, supporting the suggestion at the causes lie in the close living conditions, competition and personal characteristics of family members interacting with each other.

2.2.2. Communication and Adolescence

Adolescence is a time of change and potential turbulence for the adolescents as well as their families. Adolescents and parents experience their own personal developmental changes in addition to negotiate new parent- child relationships and boundaries (Hill,1980 cited in Morrison & Zetlin, 1992). The developing adolescent often struggles with adopting his or her own identity and with attempting to act on this identity with increased autonomy. This process has been called individuation (Blos, 1979 cited in Morrison & Zetlin, 1992).

Communication is a two- way process, to which parents can contribute equally. However parents spend more time in explaining their own positions than listening to their adolescents and trying to understand their positions (Coleman, 1997; Noller and Callan, 1990, 1991 cited in Drury, Catan, Dennison and Brody, 1998).

Catan, Dennison, & Coleman (1996), for example found that young people understood that communication was fundamentally an intentional act with a variety of purposes, ranging from expressing emotions, to elaborating a relationship, discussing and arguing, making practical arrangements to sharing points of view. Inadequate skill, in the narrow sense, was only one of a number of reasons for the perceived success or failure of communication. Other reasons were: too much emotion, giving up the attempt, unpropitious practical conditions, failure or inability to

consider each other' point of view (cited in Drury, Catan, Denison and Brody, 1998).

According to Sherif (1984) and Smetena (1988), adolescence is a period of transition involving renegotiation of relationships with significant others and redefinition of self (cited in Hortaçsu, 1997).

Development of interpersonal relationships during childhood and adolescence takes place in a social and cultural context that varies widely from one country to another. Claes (1998) compared the interpersonal relationships of adolescents had with their nuclear family (mother, father, siblings) and with their friends in three different countries: Italy, Belgium, and Canada. The sample of 377 subjects was composed almost equally of boys and girls, grouped into three age groups ranging from 11 to 18 years. That study identified important differences in adolescent relationships in the three countries. Italian adolescents consistently had significantly higher levels of closeness with all members of their families. They had longer and more frequent contacts with their mother, father and siblings. Italian adolescents clearly differed from Belgians and Canadians in the level of intimacy of the conversations with members of the nuclear family: They more often confided personal concerns through intimate conversations with their mother, father and siblings. On the other hand, Canadian adolescents had the most frequent and longest daily contacts with their friends; they shared more activities with their friends than either of the three groups. When respondents were asked to identify the person

with whom they were closest in their social network, close to 55% of Italian, but less than 18% of Canadian adolescents named a parent. Close to 70% of Canadian adolescents identified a peer as the person with whom they were closest as compared to 35% of Italians. Belgian adolescents were found to adopt a middle position between these two extremes: they chose equally often a parent and a friend as the person closest to them.

Turkish and U.S. adolescents' views concerning the importance of different needs and the instrumentality of different relationships with respect to need satisfaction were examined in the study of Hortaçsu (1997). Needs included in this investigation were concerned with relatedness and autonomy/ individuation. The needs for love/affection, trust, and understanding are associated with feelings of basic acceptance, a necessary condition for healthy functioning of individuals. Feelings of basic acceptance constitute one aspect of relatedness. Other aspects of relatedness include gaining information, concerning the self and constructing normative expectations via social comparison and information exchange. Consultation and disclosure, respectively, are related to the aforementioned aspects of relatedness. The results of this study indicate that needs related to the feelings of basic security (i.e., love/ affection, understanding, trust) are rated as high, and both Turkish and U.S. adolescents rated the importance of such feelings similarly. Differences between adolescents from the two countries emerged with

respect to the needs related to the information search about the self and normative expectations via personal relationships (i.e., needs for disclosure and consultation). The rating for need for self- development/ understanding was equal for the adolescents from the two cultures. Moreover, the results supported the prediction that the Turkish adolescents would perceive mothers more functional for need satisfaction than would the U.S. adolescents.

Adolescent girls and boys have more communication with their mothers than with their fathers. Adolescents see their mothers as more interested in their problems, more open and understanding and more able to negotiate agreements. Fathers, however, are perceived as more authoritarian, more judgmental and less willing to listen. Since some adolescents see their fathers as stern and rigid, they are more likely to react defensively to fathers than to mothers needed (Hybels and Weaver, 1995). Köker, Evrengöl and Canat (1994) conducted a study to determine the communication levels of adolescents and their parents from three different socioeconomic background. 280 adolescents were included in the study. The results indicated that there was no significant difference between the communication of adolescents and their parents on socioeconomic status. Another finding of the study is that both sexes perceived their mothers as being more communicative.

Another study that was carried by Alisinanoğlu (1999) revealed that there was no difference between parent- adolescent conflict levels with

respect to socioeconomic status. Moreover, it showed that gender did not make a difference between parent - adolescent conflict levels. However, a difference had found between girls- mother conflict levels. Alisinanoğlu, stated that difference may occur due to sociocultural characteristics. Since, in Turkish culture, girls more than boys were forced to obey rules and behave as 'matured'. In addition, in the development of girls generally mothers were significant. Than, that may cause a tense relationship among mothers and girls.

The results point to an association between good communication between adolescents and parents and a variety of adolescent development. Where communication is open and free of problems, young people are likely to be satisfied with their family and to experience less conflict. They are also likely to have positive feelings of self-esteem, to feel healthier, to be happier and to feel more satisfied with their lives. Their approach to problems involves coping behavior of a more positive kind (Jackson, Bijsta, Oostra & Bosma, 1998). These results indicate the positive benefits of good family communication.

Professionals suggested to parents to help their adolescent girls and boys in forming their self- concepts while they were experiencing the stress of becoming adolescents. One of the ways of it was to respect their feelings and avoid criticizing. It was important for them to be listened to and understood (Bilge, Yüce & Voltan-Acar, 1999).

On the other hand, findings have been supported that adolescents communicate less with parents and more with peers as they age. The mean time with fathers, mothers and siblings for the entire sample show that adolescents spend the most intimate time with peers, then siblings, mothers and fathers. One of the explanations is that explanations is that parents, siblings and peers differ in their functional roles (Lempers and Clark- Lempers, 1992 cited in Fallon & Bowles,1997). Mothers and fathers are sources of affection, instrumental aid, and alliance, whereas peers provide intimacy and companionship as do siblings (Fallon, & Bowles, 1997).

Few studies have closely examined the nature and functions of sibling relationships during adolescence. Two studies that have focused on this age group find that a relationship with an older sibling may have important consequences for younger children. Daniels, Dunn, Furstenberg, and Plomin, (1985 cited in Conger and Elder, 1994) reported that an older sibling who acts as a teacher and a caregiver may provide important support to a younger sibling. Werner and Smith (1982,1992 cited in Conger and Elder, 1994), in their longitudinal studies of children at risk in Hawaii, found that an older sibling may act as an important source of support for a younger child and also may serve as a buffer against stressors affecting the family. Older siblings who are successful themselves in coping with stressful circumstances can serve as positive

role models for children who are at risk for developing adjustment problems.

2.3. Communication in Families with Children with Disabilities

The presence of a child with disability in the family may inhibit communication. The lack of communication within a family over a child's disabling condition contributes to the isolation siblings experience. They may sense that certain topics are taboo and that negative feelings should remain hidden; they are forced into a peculiar kind of loneliness- a sense of detachment from those one typically feels closest to. Family secrets or implicit rules forbidding the discussion of a problem force siblings to pretend that circumstances are other than they seem. For some parents discussing their child with disability with their other children is as threatening as discussing sex (Seligman, 1991).

Family members may not be accustomed to talking directly to each other over problems and negotiating decisions together. As Eiser (1993 cited in Dale, 1995) points out, parents can communicate with each other when the child with disability or chronic illness will affect the way in which they both view and make sense of their child's condition, their emotional responses to the child, their ability to share the practical demands around the child and integrate these successfully into their every day lives. In this sense, there are some very special communicational demands for couples with a child with disability. A major source of disagreement is

likely to be over the burden of care for the child that generally falls on the mother's shoulders and also not being able to discuss responses and feelings about the child. Couples complain that they have little leisure or time alone together and mothers have reported feeling very alone in some families. Communication can be especially compromised when one parent blames the other for the child, especially when the child has an inherited condition. In a minority of families, messages and signals may be very negative and aversive (frequent criticism, nagging, shouting, hitting) and communication may be very impoverished or non-existent (Dale, 1995).

Opening channels of communication with parents and with other youngsters in similar circumstances seemed to be an important means of alleviating some of these worries and anxieties (McHale & Gamble, 1987). Powell and Ogle (1985, cited in Seligman, 1991) believe that communicating with children about their brother or sister with disabilities is difficult, yet not impossible. They offer the following suggestions to help parent-child communication:

1. Active (not passive) listening
2. Take the time
3. Secure needed knowledge
4. Be sincere and honest
5. Respond in a comprehensive fashion
6. Adopt an open attitude
7. Provide balanced information

8. Be aware of nonverbal communication

9. Follow up earlier communication. (p.194)

Harris (1982, cited in Morgan, 1988) described four patterns that she has encountered in working with families of children with autism. In the “poor sick child” pattern, the mother, for example, focuses all her attention on the child with autism and excludes the father and other children from the mother- child with autism subsystem, leaving them isolated. In the “it’ s-just- three- of- us” pattern, both mother and father become overinvolved with the child with autism to the exclusion of the other children in the family. In the ” this- child- has- come- between- us” pattern, the mother and father are in overt conflict over one parent’ s overinvolvement with the child with autism. In the “mother’s little helper” pattern, the mother joins forces with an older sibling of child with autism in focusing attention on the child.

Frey, Fewell, and Vadasy (1989) found that cognitive coping factors (e.g., problem solving skills) were more important to the adjustment of fathers to mothers of infants and toddlers with disabilities (cited in Krauss, 1993)

2.3.1. Communication Among Siblings

The sibling relationship often lasts for a lifetime. Siblings often share the same perspective on the parents and probably understand each others’ situation more than anybody else. No other relationship lasts as

long as that of between siblings. No one else will know as much about the sibling, what kind of life he had or what kind of child he was, as siblings. Therefore, to be the sibling of a child with disability can become a special responsibility as parents get older and pass away (Bågenholm and Gillberg, 1991).

Since siblings have a close contact with the family member with the disability, they seem to be the most reliable source. Therefore, the child with disability - sibling relation is also vital. Şenel (1992) also indicated that the relationship between siblings is important, because they have various significant roles in the family system; they serve one another as a companion, teacher, model, protector, caretaker, rival and enemy. Some of the possible explanations for higher stress level among siblings of children with disabilities may include inadequate parental attention, extra responsibilities, difficulties in their social skills, peer relations and school related competencies (Kew, 1975; Dimont, 1990 cited in Şenel, 1992).

Adolescent siblings are certainly affected by having a sibling with disability in the family. In the study of Eisenberg et al. (1998), however, the effects are not expressed as adjustment difficulties. Rather, they are expressed somewhat in the context of sibling relationships and also as a complex set of cognitions- worries, thoughts, questions, as well as perceptions of positive personal growth. There is a special concern

about their brother or sister' s future and awareness of their own roles and responsibilities.

Bågenholm and Gillberg (1991) conducted a study with 60 children and young adults between 5 and 20 years of age, 20 of whom had siblings with autism, 20 of whom had siblings with mental retardation, and 20 of whom had siblings who were free of disability. The subjects were questioned about their sibling relationships and about particular problems they faced concerning their siblings with disability and about problems concerning themselves. Results revealed that siblings of children with autism, on the whole, were somewhat more negative in their views concerning their sibling relationship than siblings of mentally retarded and healthy children. However, all siblings were relatively positive in their expressions. Moreover, siblings of children with autism seemed to have more problems with their brother/ sister disturbing them and breaking their things. They were also more concerned than the other groups about the future of their siblings. On the other hand, siblings of children with mental retardation reported more feelings of dissatisfaction at not having enough parent attention than did the other two groups.

Another study that aimed to determine whether differences exist between the sibling relationships of children with and without mentally retarded brothers and sisters was conducted by McHale and Gamble (1989). Sixty two youngsters between 8 and 14 years of age participated to the study. Results showed that, although children in both groups

recalled spending approximately the same amount of time in sibling activities, children with siblings with disabilities reported that they spent more time in caregiving activities. In addition, gender factor was searched. According to the results, sisters of children with disabilities spent the most time in such activities and the brothers spent the least amount of time. Moreover, findings revealed that youngsters with siblings with disabilities, particularly girls, performed more poorly in almost every area. Of course, these group differences implied neither that these children's problems were clinically significant nor that these children were developmentally "at risk". Across the transition to adolescence, for example, many youngsters become preoccupied with their internal experiences and begin to express more feelings of self-consciousness and self-criticism (Elkind, 1967 cited in McHale and Gamble,1989).

Eisenberg et al. (1998) examined the perceptions of sibling relationships across the three groups. In the first group, there were 25 siblings of children with Mental Retardation (MR) who were living at home (MR Home); in the second, 20 siblings of children with MR who had been placed out of the home (MR Placed) and in the third group, 28 siblings of children without MR (Control). The mean sibling age was 13.4 years (range 9 to 20). Control siblings reported equal power within the relationship, whereas siblings of children with MR, regardless of placement, perceived themselves as having considerably more power in the relationship. Control siblings reported the highest levels of warmth/

closeness, but also of conflict and rivalry. Warmth/ closeness and conflict were perceived as lowest by siblings in the MR Placed group.

In another study carried by McHale and Gamble (1987), youngsters between the ages 8 and 14 who had younger siblings with mental disabilities to rate "how happy" they were with seven dimensions of their sibling relationships. These seven dimensions were; time spent with the sibling, time spent in caregiving, how siblings get along, how much child is boss, parents' treatment of child vs. sibling, parents' attention to child vs. sibling and overall satisfaction with relationship. The analyses revealed that the youngsters, on the average, were moderately happy with all dimensions.

According to McConachie (1983), parents may find it difficult to interpret unhappiness or disobedience in a sibling, and may wrongly ascribe its cause to the presence of the child with disability. They may forget how ordinary it is for siblings to squabble.

Lobato (1983) stated that there were two types of programs for siblings of children with disabilities in the literature. The first type consists of discussion groups predominantly for teen- age siblings of children with disabilities, while the second type of program involves training siblings in the principles and application of behavior modification. Discussion groups have been designed mainly to provide siblings with an opportunity to share and express their feelings in regard to their unique family situations. Sibling behavior modification training programs that have been evolved

for siblings of children with disabilities provide them with goal- oriented discussion groups as well as skills in behavior analysis and change.

According to Merritt and Walley (1977), groups can be very helpful in developing meaningful interaction between people. With the establishment of positive relationships among group members, trust, care and concern for others are demonstrated through the group process. When these positive relationships occur in a group, the chance for self-disclosure and sharing of problems is at a maximum.

McHale & Gamble (1987) indicated that interventions for promoting positive sibling relations and personal adjustment include behavioral training in managing and coping with the child with disability, sibling support groups and parent education programs designed to foster understanding of the special needs of youngsters. Several reports suggest that when siblings of children with disabilities are involved in training and therapeutic programs, the entire family may benefit (Colins,1981a, 1981b; Miller & Cantwell,1976; Murphy, Pueschel, Duffy & Brady, 1976; Weinrott, 1974 cited in Vadasy, et al., 1984).

Siblings of children with disabilities are in the need of communication skill programs in order to understand themselves and have effective communication within their family and in their social environment.

2.4. Communication Skills Training Program

According to Hybels and Weaver (1995), communication can be improved by concentrating on several important areas. It is important to find what communication skills are important for self. First, it is necessary to discover the kinds of communication that are most difficult and then work to improve them. It is a starting point to seek out people who will help to develop these skills and give support and freedom, and set a realistic timetable for improvement. Ersanlı and Balcı (1998) also stated that as the other skills, communication skills can be acquired and developed in time.

Communication exercises or activities are an excellent catalyst for assisting group members in making transition from the outside world to the group, effective in reducing resistance and in promoting a willingness to interact in a manner vital for a growth experience (Bates, Johnson, & Blaker, 1982, cited in Nims, 1998).

Effective communication skills programs are quite new. Communication is a vital human activity; in fact, people's chances of leading happy, productive lives are directly related to their communicative abilities. The fact that everyone does a lot of communicating does not imply that everyone does a lot of effective communicating; communicators suffer from bad habits, just like tennis players or opera singers. Good communication requires constant attention to effective communicative skills and strategies, just as good tennis requires constant attention to

proper grip and footwork and good opera singing requires constant attention to proper breathing and intonation. Everyone is capable of becoming a more effective communicator, if he or she is willing to expend the time and effort (Book, 1980). With an available training programs, people may be aware of their communicational weaknesses and they may learn the effective communication skills. By this way, the probability of conflicts in communication can be decreased. The person who prevents the others to talk to, not look at the speaker's face and not be aware of his own behaviors may learn to focus on his behaviors by the help these programs. Therefore, the communication patterns of the person may get developed and conflicts become decreased (Dökmen, 1994). Özgit (1991) conducted a study to investigate whether communication skills lessened the tendency of experiencing communicational conflict and she found that the reasons of communicational conflict were not expressing owns' feelings and not understanding the others' feelings. In addition, individual, social and cultural factors also may be the reasons of it. In short, the results revealed that communication skills decreased the communicational conflict.

According to Lobato (1983), recent attempts at involving siblings as behavior change agents suggest that such efforts may lead to more positive results, more positive family attitudes and interactions. However, this conclusion is made with caution as only a handful of reports exist and all describe situations in which the siblings volunteered for the training.

Communication skills may be helpful for siblings' own well-being and their coping with their life stressors referring to their age characteristics. As they become more aware of themselves and others, they may establish effective relations within the family and also in the social environment.

Skill development may also reflect to the children with disabilities. Communicating the educational methods used with the child with disability and the skills that were being taught would help make it possible for the sibling to be supportive rather than critical and resentful (Seligman, 1991). Therefore, siblings of children with disabilities are important sources in every intervention, training and services for the children with disabilities in order to socialize and maintain them in society. In other words, siblings of children with disabilities are a vital part of the team which aims to improve educational and social standards of the children with disabilities (Şenel & Akkök, 1996).

In order to improve communication skills, group work was found to be an effective tool. According to Gibson and Mitchell (1981), humans are group oriented. They seek to meet most of their basic and personal-social needs through groups, including the need of know and grow mentally; thus, groups are the most natural and expeditious way to learn. In addition, Posthuma (1996, cited in Nims, 1998) noted that participating in a group can be a powerful social experience, as much as it can be motivating, enlightening, and emotional. Groups are

valuable because they allow members to experience a sense of belonging, to share common problems, to observe behaviors and consequences of behaviors in others and to find support during self-exploration and change. These are similar to the goals of groups for adolescents as described by Corey and Corey (1997, cited in Nims, 1998):

The group will be a place for self-exploration and for sharing ideas and feelings. Participants will be invited to examine their values, behaviors, and relationships with others and to look at the direction of their lives to determine what changes they want to make (p.327).

Hagborg (1991, cited in Nims, 1998) reinforced the notion that group counseling is particularly appropriate for adolescents. He stated that adolescents tend to be group oriented, are more willing to discuss concerns in the presence of peers, find mutual support in sharing concerns among themselves, and are more open to change under peer rather than adult influence.

2.5. Studies in Turkey

In Turkey, many studies have carried out in order to understand the problems of adolescents and their attitudes toward social and political subjects. One of them was carried out by İstanbul Mülkiyeliler Vakfı Sosyal Araştırmalar Merkezi for Konrad Adenauer Vakfı (1998). The population of the study was the adolescents from 11 cities of Turkey. Two thousand two hundred adolescents participated in the study and they

were interviewed. When they were asked about their attitudes toward the family unity, 81.8 % of them stated that they perceived the family as a place in which they felt themselves comfortable and protected. Only 18.2 % of them indicated that their family restricted them and blocked their development. In addition, they were asked about the 3 people whom they felt closer. The results indicated that, adolescents perceived their mothers as the significant ones who understood them the most (61.8 %), siblings (38.4 %) and fathers (33.4 %) came respectively.

There was a consistency between these results and Gökçe's (1984) study. Gökçe concluded that 50 percent of adolescents attending lycee chose their mothers in order to discuss their problems. They communicated with their fathers and friends with 14.7 % and 11.4 %, respectively .

Ceyhan (1993) indicated the importance of empathy within the relationships in his study. He defined empathy as a factor that facilitated the communication as easy, powerful and effective. The empathic person may understand the feelings and thoughts of others, feel as they feel, provide a healthy communication environment and help them to disclose themselves. Moreover, he stated the importance of empathy within the family. Fathers and mothers should be aware of their empathic potentials and develop them for establishing effective and healthy relationships with their children. Finally, he underlined the importance of professionals which

included guidance practitioners, therapists and student personnel services.

Although communication skills training is quite new in Turkey, there are several studies. Yüksel- Şahin (1998) examined the effects of communication skills training within a group upon communication skill levels of university students. The research was carried out with a sample of 32 volunteer students of Kocaeli University. Pre and post tests were conducted before and after the 12- week “communication skills training program”. Results supported the notion that there was a significant difference on the communication skill levels of students who attended the program.

Korkut (1996b) investigated the effects of a 10-week communication skills program on the lycee students’ self-reported of communication skills. sixteen experimental group students and sixteen control group students, totally thirty two students who were attending Çankaya Lisesi, were the sample of the study. The results indicated that there was a significant difference; the program affected the students’ self-reported of communication skills.

In our country, studies about the families with disabilities such as parental attitudes, stress levels and counseling with family members have been initiated during 1980’s. Some of the studies that examined the parental attitudes have indicated that there was a similarity between the attitudes of parents who have children with disability and without disability

(Fırat, 1994 cited in Küçüker 1997) and attitudes of mothers and fathers of children with disability do not differ (Sucuoğlu, Kanık and Küçüker, 1994; Dindar, 1995 cited in Küçüker 1997). Moreover, Aksaz (1990) investigated the stress levels of parents with children with autism and educable mental disabilities. The results revealed that there was no significant difference between these two groups of parents in stress levels. Emresoy (1995) compared the self-concepts of the parents of normal children and parents of children with mild mental disabilities. In addition, the attitudes toward disability of the two group of parents were explored. The results revealed that the two groups of parents differed from each other significantly. Fathers of children with mild mental disabilities indicated a more positive self- concept than the fathers of normal children. However, mothers of both groups indicated no significant difference in that respect.

A research that was conducted by Akkök (1984) about parental counseling has revealed that although it was not statistically significant, behavioral approach toward parental counseling had positively affected the parental attitudes. Another study that was conducted by Dikici (1990), results indicated that group counseling with mothers of children with mental disabilities affected their attitudes positively (cited in Küçüker, 1997).

Until recently, parental involvement has been the focus of all studies and interventions. Majority of research literature has included parental perspective. However, one other important dimension, siblings,

has been neglected to a certain extent in almost all cultures. In Turkey, the picture is very similar . There are very limited services and support systems for siblings. On the other hand, there are few studies which focused on siblings of children with disabilities. One of these studies was the one that was carried by Şen (1991). The purpose of that study was to investigate whether siblings' psychological conditions varied as the function of several factors (such as gender and educational level of siblings of children with disabilities; gender and birth order of children with hearing impairment) or not. She also examined whether there was a significant difference between the siblings' self- concepts and their psychological conditions. No significant difference had found for these two, but a significant difference was indicated between the parents' stress levels and the psychological conditions of siblings of children with hearing impairment. These results revealed that stress levels of the parents were higher than those of the siblings'.

Girli (1995) indicated that there was no significant difference between the normal siblings' acceptance levels of their siblings with disabilities and, their stress levels and psychological conditions. On the other hand, she indicated a difference between them controlling by gender. It was mentioned that girls acceptance levels of their siblings with disabilities were higher than the boys', and on the other hand girls' stress levels were lower than boys'.

Moreover, Şenel (1992) compared the stress levels and attitudes of siblings of children with disabilities and siblings of normal children. No significant difference between two sibling groups were mentioned. In addition, Tekin (1996, cited in Küçüker, 1997) conducted a study to investigate the effects of group counseling on the negative feelings of elementary school aged siblings of children with mental disabilities. She formed a 7-membered group. Groups continued for 5 sessions, each lasted 25-30 minutes. The results indicated that there was a decrease in the negative feelings of experimental group siblings regarding their siblings with disabilities.

Finally, this study aims to investigate a communicational skills training program on the adolescent siblings of children with disabilities.

CHAPTER 3

METHOD

This chapter is devoted to the presentation of the overall design of the study, subjects, instrumentation, procedure, overview of the 10 week communication skills program, limitations of the study and data analysis methods.

3.1. Overall Design of the Study

This study investigated the effects of a communication skills training program on the adolescent siblings of children with disabilities and their families. Siblings of children with disabilities were given a 10 week program.

The experimental design was used in which 2 groups as experimental and control were compared based on pre-test and post test measures on gain scores.

Two instruments named AYDA (Aile Yapısını Değerlendirme Aracı) and Communication Skills Questionnaire were used. Both

instruments were given to both control and experimental groups as pre and post tests at the beginning and at the end of the 10 week program.

AYDA which has separate forms for children and parents was used to evaluate the communication patterns of the family. The communication patterns within the family was measured by this instrument.

The other instrument, Communication Skills Inventory that was administered only to the adolescent siblings, was used to evaluate the effectiveness of the program.

3.2. Subjects

This study was carried out with the families of children with mental disabilities. The children have attended to Barış Özürlü Çocuklar Eğitim ve Rehabilitasyon Merkezi and Uyum Özel Eğitim Merkezi. The permission letter written by the supervisor was given to the special education schools (Appendix A). Moreover, families, attending these schools were provided a letter which included the information about the study (Appendix B). The sample of this study was 16 adolescent siblings, 16 mothers and 15 fathers.

The experimental group consisted of 8 siblings (5 girls, 3 boys) and their parents. The control group consisted of 8 siblings (7 girls, 1 boy) and their parents. The members of both groups were between 12 to 16

years of age. One of the members of the experimental group had an elder sibling with disability, while others had younger siblings with disabilities.

One of the members of the experimental group left the group in the 6th week. Therefore, her scores was not used in the study, and each of the groups were limited with 8 siblings.

The experimental group mothers' ages were between 33 and 44, and the fathers' ages were between 36 and 49. There was a heterogeneity among the educational levels of parents. The number of mothers graduated from university, lycee, and elementary school were 3, 3 and 2, respectively and the fathers 6, 1, 2. No significant difference had found between the pretest scores and posttest scores of the experimental group subjects.

The control group mothers' ages were between 29 and 41, and the fathers' ages were between 33 and 43. One of the members of control group had no father. Similar with the experimental group, there was a heterogeneity among the educational levels of parents. The number of mothers graduated from university, lycee, secondary and elementary schools were 2, 2, 2, and 2 respectively and among fathers, 2 of them graduated from university, 3 from lycee and 2 from secondary school.

The summary of demographic information for experimental and control group can be seen in Table 3.1.

Table 3.1 - The summary of demographic information for the experimental and the control groups

GROUP		AGE (Sibling)	MOTHER AGE	FATHER AGE	MOTHER EDU.	FATHER EDU.
Experimental	Mean	13,88	37,50	42,75	*	*
	N	8	8	8	8	8
	Min.	12	33	36	elementary	elementary
	Max.	16	44	49	university	university
Control	Mean	14,25	34,13	37,86	*	*
	N	8	8	7	8	7
	Min.	12	29	33	elementary	secondary
	Max.	16	41	43	university	university
Total	Mean	14,06	35,81	40,47	*	*
	N	16	16	15	16	15
	Min.	12	29	33	elementary	elementary
	Max.	16	44	49	university	university

3.3. Instrumentation

Two instruments were used in the study. The information regarding the psychometric properties of these instruments is presented below.

3.3.1. Instrument 1 (Communication Skills Questionnaire)

The Communication Skills Questionnaire developed by Korkut (1996a) was used to assess the effects of the communication skills program on the siblings of children with disabilities (Appendix C). It consists of 25 Likert type items. The siblings were asked to think how they generally communicate and choose one of the five alternatives from

1 (never) to 5(always) for each item. The highest possible score is 125 and the lowest possible score is 25. Getting high scores indicates that the person perceives himself/ herself effective with regard to the communication skills.

The first 42-item form was applied to 143 students. In choosing items, inter-item analysis was used and the instrument was reduced to a 25-item questionnaire. The test-retest reliability was found as 0.76 and Cronbach alpha coefficient was found as 0.80. Factor analysis which was carried out for the construct validity revealed that it was a one factor instrument (Korkut, 1996a).

Its second reliability study had done in 1997 by Korkut. The instrument was applied to 58 university students and 61 adults separately. With university students, the test-retest reliability was found as 0.78 and Cronbach alpha coefficient was found as 0.86. On the other hand, the Cronbach alpha coefficient was found as 0.75 for adults. As a validity measure, the criterion validity was used. Dökmen' s Empathy Scale called "Empatik Eğilim Ölçeği" was administered to both groups and the correlation was found to be 0.52 and 0.48, respectively.

This instrument was applied only to the siblings as pretest and posttest measures.

3.3.2. Instrument 2 (AYDA-Aile Yapısını Deęerlendirme Aracı)

Aile Yapısını Deęerlendirme Aracı (AYDA) developed by Gülerce (1996) was used to assess the communication patterns within the family.

It has 36 items and is a Likert type instrument. There are 10 alternatives ranging from 1 (strongly agree) to 10 (strongly disagree). AYDA was composed of 7 subscales named as communication, unity, management, power, emotional bonding, resistance and satisfaction. The highest possible score is 5 and the lowest possible score is 1 for each item. The total score named AYDA- individual was used in this study. The highest possible score is 180 and the lowest possible score is 36 for the whole test if all the items were responded. The reliability of the test was found as 0.73 and the validity as 0.83 (Gülerce, 1996).

There are two forms of AYDA, one is for parents and the other is for children (in this study, siblings) (Appendix D). This instrument was administered to the mothers, the fathers and the siblings separately as pre and post tests.

3.4. Procedure

First, the special education schools were visited and the program was introduced to the administrators by the researcher. Then, the form introducing the 10 week program was distributed to the families with adolescent siblings. Families who accepted to participate in the study returned their forms to their school administration.

After several interviews with the volunteer families, experimental and control groups were formed. Since there was a limited number of applications, the gender of the participants were not taken into consideration.

The researcher carried out the communication skills program which was designed by Korkut. The program was enriched and modified according to the general needs of the siblings.

Implementation of the program took 10 weeks. The group met once a week. The sessions took 1 hour and 30 minutes. During the 10 week period, the members of the experimental group were provided with several written materials for reading and doing some exercises. Some written materials are in Appendix E. Moreover, siblings were also encouraged to share their experiences and feelings with their parents and other family members. The members were asked to have a diary and get notes for each week after the group sessions.

The program, generally, consisted of general communication skills that aimed to be developed by the group members. Knowing self, being aware of and expressing the feelings and thoughts, asking questions..., in short, helping them to develop effective communication skills within the family, especially with the sibling with the disability, and also outside the home environment was the aim of the program.

No training was provided to the control group.

Communication Skills Questionnaire and AYDA were administered to the siblings and the parents as pre and post -tests before and after the program.

3.5. Overview of the Sessions

First Session

The purpose of the first session was to introduce the aim and the progress of the program, to share the reasons for participating in the group practice and the expectations at the end of the group, to determine the group norms and let the group members introduce themselves and their siblings with disability.

After the leader introduced herself, she explained the aim of the program and gave information about the ten week program. Then the members were grouped in couples and asked to introduce themselves to their couples. Later on, each member told about his/her couple.

Then, the group members were given a chance to share the reasons for participating in the group practice and their expectations at the end of the group. All the siblings indicated that they were so nervous and impatient toward their siblings with disabilities and they were planning to be more patient and understanding. Moreover, some of the members indicated that their aim was to make new friends and some told that they were forced by their parents to participate in the group.

At the end of the session, the group members were asked about their feelings for the session. All of them told that they had positive feelings because there was a warm climate.

Second Session

In the second session, communication and its components were discussed. The members gave examples from their experiences, especially in their school environment. In addition, they talked about their relations with their siblings with disabilities.

Later, verbal messages and nonverbal messages were discussed. An activity related to the nonverbal messages which included photographs published in the newspapers, were conducted. Different photographs were distributed to the members and each were asked to tell a story about theirs. Then, all members contributed to the story. Finally, the similarities and differences among them were discussed and the group members reached a conclusion that the verbal messages and nonverbal messages should be consistent.

As homework, "list of nonverbal messages" was distributed to the group members and they were asked to observe themselves.

Third Session

The third session started with the discussion of the sheet that was given the previous week. Each shared their nonverbal messages that they observed during that week. They talked about the nonverbal messages

which made them uncomfortable and which they looked for in their communications.

In the third session, the aim was to comprehend the importance of nonverbal messages. The group divided into groups of three which took the roles of a listener, a speaker and an observer. Each member took the other roles in turn. The speakers were asked to talk the events that made them happy in relation to their siblings with disabilities. The listeners were instructed to imitate the speaker's behaviors like their mirrors while talking and the observers were asked to observe both the speakers and the listeners.

Other activity which had the aim of being aware of the individual differences was carried on. Finally, the members shared their feelings about that week.

Fourth Session

This session had the aim of comprehending the importance of "vocal qualities", "distance" and "touching" in the relationships.

The first activity was related to vocal tone. "How" the message was sent in congruence with "what" was sent had been focused on. The members were asked to say five different "yes" and "no" that had different meanings.

In the second activity, styles of shaking hands was focused on. The purpose of that activity was to make aware of the importance of

touching in relationships. At the end of the study, the members were asked in which conditions they felt comfortable and not.

Finally, the activity of “distance” took place. The members were again grouped in couples. They wanted to come face to face with their couples. They came closer step by step while talking to each other. At end of the activity, they shared what they felt and in which position they stopped.

Fifth Session

The fifth session consisted of activities which gave the members the chance to know themselves and other members better.

Johari Window was used. The worksheet defining the window and its panes were distributed to them. Later on, the members were asked to determine the limits of panes that are open, blind, hidden and unknown. Then, the activity was discussed.

The final activity was writing five characteristics describing themselves and others. That activity helped them to explore themselves and others. A few of the members discovered some of their characteristics.

For the next session, asking to write five characteristics about themselves to their family members and people they felt close was given as homework.

Sixth Session

The session started with the summary of the previous week. Later, some of the members read their personality characteristics written by their friends, and relatives.

Feelings and the essence of being aware of and reflecting them came up for the discussion. In order to help them to be aware of certain feelings and feeling statements, sheets writing feeling statements on each were distributed. Each member got one, by not showing the others and tried to introduce his/her feeling statement by using nonverbal communication- instead of talking.

Secondly, several cases were given and members were asked to think about what these people may feel.

Finally, members were given a worksheet of consisting uncompleted statements which should be completed with feeling statements.

Seventh Session

The session started with the activities that had the purpose of comprehending several feeling statements. The activity "filling the blanks with feeling statements" was completed. In the middle of the activity, members were given the "list of feeling statements". They discussed whether some statements were feeling statements or not. If it were decided as feeling statements, it was added that to the list.

Later on, members were asked to talk about the feelings that they have experienced the previous week. They shared their experiences and related feelings with the group.

Finally, they were given homework. The homework was thinking about their feelings about their siblings with disabilities and writing about it.

Eighth Session

At the beginning, the homework that was feelings toward siblings with disabilities were discussed. That week's activities had the purpose of understanding the essence of active listening and giving feedback.

Two activities related to active listening were given to the group members. The group was divided into groups of two. In the first activity, members were asked to take the role of a listener and a speaker. The listeners showed that they were not listening to the other. In the second activity, again they became a listener and a speaker, but this time, the listeners showed that they were listening. In order to make them understand active listening, worksheets were given. Some encouragers such as "Hmm", "Yes", and "I see" were introduced to them. Moreover, the third level of empathy was introduced to them and they were asked to use them while listening in the second activity. Finally, their feelings during the two activities were discussed.

Later, the importance of giving feedback and the basis of giving feedback were shared with them. The necessity of giving feedback after behaviors was discussed.

Observing the listening faults among their relationships was given as homework.

Ninth Session

Asking open- ended and closed- ended questions, the difference of I- You language were the subjects of that week.

First, the reasons for asking questions were discussed. Later, the types of questions that are open- ended and closed- ended were introduced and some examples were given. Then, in order to make them understand, they were instructed to ask both these two types of questions responding to the ten statements. Moreover, *why* questions causing defensiveness and discomfort were stressed.

The other activity was about I- You language. They were given examples and asked to do examples. For that, they were provided example statements. They shared their sentences with the group. The purpose of that activity was to make them understand the importance of I language and encourage them to use it.

Finally, they were divided into groups of three. Each became a speaker, a listener and an observer. While the two were communicating, the observer was instructed to observe their verbal and nonverbal messages. In conclusion, they shared their experiences and feelings.

Tenth Session

The final session had the aim of evaluating the previous ten weeks. The members discussed what they had learned about effective communication, the skills that were missing and needed to be developed. In addition, they talked how they could use these skills in their family relationships.

Finally, activity *saying good- bye* took place. Each member stepped into the middle of the group and face of each member while one was sharing *only* positive feelings she had about him and saying goodbye. That activity gave the members the opportunity to relate to each other some positive feelings they had and how they felt about finalizing the group. They were encouraged to see each other outside the group setting. After saying goodbye to every member, the group meetings were terminated.

3.6. Limitations of the Study

1. Eight experimental group siblings and eight control group siblings, totally sixteen siblings and their parents were the subjects of the study. Therefore, the results could only be generalized to this population.
2. Because of the practical reasons, all the volunteer families were included in the study; they were not chosen randomly.
3. The gender and age of the siblings were not controlled due to the small sample size.

3.7. Data Analysis Methods

In order to explore the changes in pretest and posttest scores of experimental and control groups for each scale, a nonparametric statistical analysis, Mann-Whitney U Test was used. In order to explore the differences within each group, experimental and control groups, a nonparametric statistical analysis, Wilcoxon Matched-Pairs Signed Ranks Test was used.

SPSSWIN 8.0 Statistical Package Program was used to analyze data. The hypotheses that were stated in chapter two were tested at the significance level of $\alpha = 0.05$.

3.7.1. Mann-Whitney U Test

“Two Independent Samples” was used to compare the distribution of the two independent variables. It is a test of a null hypothesis that there is no difference in the distribution of scores of populations which two samples come from. It is a nonparametric alternative to the t-test for independent samples.

In this study, it was used to compare the gain scores of the experimental and control groups after a training program.

3.7.2. Wilcoxon Matched-Pairs Signed-Ranks Test

“Two Related Samples” was used to compare the distribution of two variables. Wilcoxon Test tests the hypothesis that there is no

significant difference in the distributions of the populations from which the sample comes from. It is commonly applied to the pretest- posttest research design, when it is not suitable to use t-test for dependent samples.

In this study, it was used to compare the pretest and posttest scores of the experimental and control groups.



CHAPTER 4

RESULTS

In this chapter, findings obtained from statistical analysis and some qualitative data from observations are presented.

4.1. Results

Table 4.1. presents the Mean Ranks of pre and post test scores of the experimental and the control groups.

Table 4.1. Mean Ranks of pre and post test scores of the several measures of experimental and control groups

Ranks

	GROUP	N	Mean Rank	Sum of Ranks
COM.PRE	experimental	8	8.81	70.50
	control	8	8.19	65.50
	Total	16		
SIB.PRE AYDA	experimental	8	6.63	53.00
	control	8	10.38	83.00
	Total	16		
MOT.PRE AYDA	experimental	8	6.19	49.50
	control	8	10.81	86.50
	Total	16		
FAT.PRE AYDA	experimental	8	7.44	59.50
	control	7	8.64	60.50
	Total	15		

Ranks

	GROUP	N	Mean Rank	Sum of Ranks
COM.POST	experimental	8	9.25	74.00
	control	8	7.75	62.00
	Total	16		
SIB.POST AYDA	experimental	8	7.69	61.50
	control	8	9.31	74.50
	Total	16		
MOT.POST AYDA	experimental	8	6.13	49.00
	control	8	10.88	87.00
	Total	16		
FAT.POST AYDA	experimental	8	7.81	62.50
	control	7	8.21	57.50
	Total	15		

Hypothesis 1

There is no significant difference between the gain scores of the experimental and the control group siblings in the communication skills scale.

Table 4.2 presents Mann-Whitney U Test results for comparing the gain scores of the experimental and the control group siblings in the communication skills scale.

Table 4.2. Mann-Whitney U Test results on the gain scores of the experimental and control group siblings in the communication skills scale

Test Statistics

	Comm.Skills Siblings
Mann-Whitney U	23.000
Asymp. Sig. (2-tailed)	.342

Mann-Whitney U Test value was 23.000 and at the significance level of $\alpha=0.05$ the results revealed that $p= 0.342>0.05$. Therefore, there was no significant difference between the communication skills scores of the experimental and the control group siblings.

Hypothesis 2

There is no significant difference between the gain scores of the experimental and the control groups of siblings in AYDA family communication patterns scale.

Table 4.3 presents Mann-Whitney U Test results for comparing the gain scores of the experimental and the control group siblings in AYDA family communication patterns scale.

Table 4.3. Mann-Whitney U Test results on the gain scores experimental and control group siblings in AYDA family communication patterns scale

Test Statistics

	AYDA Siblings
Mann-Whitney U	28.000
Asymp. Sig. (2-tailed)	.673

Mann-Whitney U Test value was 28.000 and at the significance level of $\alpha=0.05$ the results indicated that $p= 0.673>0.05$. Therefore, no significant difference was observed between AYDA family

communication patterns scores of the experimental and the control group siblings.

Hypothesis 3

There is no significant difference between the gain scores of the experimental and the control groups of mothers in AYDA family communication patterns scale.

Table 4.4 presents Mann-Whitney U Test results for comparing the gain scores of the family communication patterns of the experimental and the control group mothers in AYDA family communication patterns scale.

Table 4.4. Mann-Whitney U Test results on the gain scores of the experimental and control group mothers in AYDA family communication patterns scale

Test Statistics	
	AYDA Mothers
Mann-Whitney U	31.500
Asymp. Sig. (2-tailed)	.958

Mann-Whitney U Test value was 31.500 and at significance level of $\alpha=0.05$, the results revealed that $p= 0.958>0.05$. Therefore, no significant difference was revealed between AYDA family communication patterns scores of the experimental and the control group mothers.

Hypothesis 4

There is no significant difference between the gain scores of the experimental and the control groups of fathers in AYDA family communication patterns scale.

Table 4.5 presents Mann-Whitney U Test results for comparing the gain scores of the family communication patterns of the experimental and the control group fathers in AYDA family communication patterns scale.

Table 4.5. Mann-Whitney U Test results on the gain scores of the experimental and control group fathers in AYDA family communication patterns scale

Test Statistics	
	AYDA Fathers
Mann-Whitney U	20.500
Asymp. Sig. (2-tailed)	.384

Mann-Whitney U Test value was 20.500 and at the significance level of $\alpha=0.05$ the results showed that $p= 0.384>0.05$. Therefore, there was no significant difference between AYDA family communication patterns scores of the experimental and the control group fathers.

Hypothesis 5

There is no significant difference between the pretest and posttest scores of the experimental group siblings in the communication skills scale.

Table 4.6. presents the Wilcoxon Test results for comparing the pretest and posttest scores of the experimental group siblings in the communication skills scale.

Table 4.6. Wilcoxon Test results on the pretest and posttest scores of the experimental group siblings in the communication skills scale

Test Statistics	
	COM.PRE - COM.POST
Z	-.211
Asymp.Sig. (2-tailed)	.833

Wilcoxon Test value was -0.211 and at the significance level of $\alpha=0.05$, $p=0.833>0.05$. The results revealed that there was no significant difference between the pretest and posttest scores of the experimental group siblings in the communication skills scale.

Hypothesis 6

There is no significant difference between the pretest and posttest scores of the control group siblings in the communication skills scale.

Table 4.7 presents the Wilcoxon Test results for comparing the pretest and posttest scores of the control group siblings in the communication skills scale

Table 4.7. Wilcoxon Test results on the pretest and posttest scores of the control group siblings in the communication skills scale

Test Statistics	
	COM.PRE - COM.POST
Z	-1.378
Asymp.Sig. (2-tailed)	.168

Wilcoxon Test value was -1.378 and at the significance level of $\alpha=0.05$, $p=0.168 > 0.05$. The results suggested that there was no significant difference between the pretest and posttest scores of the control group siblings in the communication skills scale.

Hypothesis 7

There is no significant difference between the pretest and posttest scores of the experimental group siblings in AYDA family communication patterns scale.

Table 4.8 presents the Wilcoxon Test results for comparing the pretest and posttest scores of the experimental group siblings in AYDA family communication patterns scale.

Table 4.8. Wilcoxon Test results on the pretest and posttest scores of experimental group siblings in AYDA family communication patterns scale

Test Statistics	
	SIB.PRE - SIB.POST
Z	-1.684
Asymp.Sig. (2-tailed)	.092

Wilcoxon Test value was -1.684 and at the significance level of $\alpha=0.05$, $p=0.092>0.05$. The results suggested that there was no significant difference between the pretest and posttest scores of the experimental group siblings in AYDA family communication patterns scale.

Hypothesis 8

There is no significant difference between the pretest and posttest scores of the control group siblings in AYDA family communication patterns scale.

Table 4.9 presents the Wilcoxon Test results on the pretest and posttest scores of the control group siblings in AYDA family communication patterns scale.

Table 4.9. Wilcoxon Test results on the pretest and posttest scores of the control group siblings in AYDA family communication patterns scale

Test Statistics

	SIB.PRE - SIB.POST
Z	-1.268
Asymp.Sig. (2-tailed)	.205

Wilcoxon Test value was. -1.268 and at the significance level of $\alpha = 0.05$, $p = 0.205 > 0.05$. The results revealed that there was no significant difference between the pretest and posttest scores of the control group siblings in AYDA family communication patterns scale.

Hypothesis 9

There is no significant difference between the pretest and posttest scores of the experimental group mothers in AYDA family communication patterns scale.

Table 4.10 presents the Wilcoxon Test results for comparing the pretest and posttest scores of the experimental group mothers in AYDA family communication patterns scale.

Table 4.10. Wilcoxon Test results on the pretest and posttest scores of the experimental group mothers in AYDA family communication patterns scale

Test Statistics

	MOT.PRE - MOT.POST
Z	-.847
Asymp.Sig. (2-tailed)	.397

Wilcoxon Test value was -0.847 and at the significance level of $\alpha=0.05$, $p=0.397 > 0.05$. The results revealed that there was no significant difference between the pretest and posttest scores of the experimental group mothers in AYDA family communication patterns scale.

Hypothesis 10

There is no significant difference between the pretest and posttest scores of the control group mothers in AYDA family communication patterns scale.

Table 4.11 presents the Wilcoxon Test results for comparing the pretest and posttest scores of the control group mothers in AYDA family communication patterns scale.

Table 4.11. Wilcoxon Test results on the pretest and posttest scores of the control group mothers in AYDA family communication patterns scale

Test Statistics

	MOT.PRE - MOT.POST
Z	-.352
Asymp.Sig. (2-tailed)	.725

Wilcoxon Test value was -0.352 and at the significance level of $\alpha=0.05$. The results indicated that there was no significant difference between the pretest and posttest scores of the control group mothers in AYDA family communication patterns scale.

Hypothesis 11

There is no significant difference between the pretest and posttest scores of the experimental group fathers in AYDA family communication patterns scale.

Table 4.12 presents the Wilcoxon Test results for comparing the pretest and posttest scores of the experimental group fathers in AYDA family communication patterns scale.

Table 4.12. Wilcoxon Test results on the pretest and posttest scores of the experimental group fathers in AYDA family communication patterns scale

Test Statistics

	FAT.PRE - FAT.POST
Z	-2.383
Asymp.Sig. (2-tailed)	.017

Wilcoxon Test value was -2.383 and at the significance level of $\alpha=0.05$, $p=0.017<0$. The results revealed that there was a significant difference between the pretest and posttest scores of the experimental group fathers in AYDA family communication patterns scale. The results indicated that the program had positive effects on experimental group fathers. When the subscales were compared for the pretest and posttest scores of experimental group fathers, in AYDA family communication patterns scale, a significant difference was found only for the emotional bonding subscale. At the significance level of $\alpha=0.05$, $p=0.018<0.05$. The results revealed that there was a significant difference between the pretest and posttest scores of the experimental group fathers in AYDA emotional bonding subscale in family communication patterns scale.

The results pointed that the program had positive effects on the experimental group fathers' emotional bonding.

Hypothesis 12

There is no significant difference between the pretest and posttest scores of the control group fathers in AYDA family communication patterns scale.

Table 4.13 presents the Wilcoxon Test results for comparing the pretest and posttest scores of the control group fathers in AYDA family communication patterns scale.

Table 4.13. Wilcoxon Test results on the pretest and posttest scores of the control group fathers in AYDA family communication patterns scale

Test Statistics	
	FAT.PRE - FAT.POST
Z	-.847
Asymp.Sig. (2-tailed)	.397

Wilcoxon Test value was -0.847 and at the significance level of $\alpha=0.05$, $p=0.397 > 0.05$. The results suggested that there was no significant difference between the pretest and posttest scores of the control group fathers in AYDA family communication patterns scale.

4.2. Some Qualitative Observations

In this study, as well as, collecting quantitative data, some observations was carried on. The data were composed of the researchers' observations and the notebooks belonging to the experimental group siblings. The siblings were asked to get a notebook at the beginning of the program in order to get notes about their feelings and thoughts for each week . Finally, these notebooks were collected at

the end of the program. The researcher observed the siblings during the group sessions. After each session, the researcher took notes about the observations in that session.

4.2.1. Researcher's Observations

In the early sessions, the experimental group siblings were observed as passive participants. This may be due to their first experiences in a group practice. Moreover, some siblings indicated that they were persuaded by their parents for participating that group practice. In other words, some members were reluctant in the beginning of the sessions. On the other hand, after a few sessions they seemed to enjoy meeting in the groups and they stated that one and half an hour was a short time for sharing and listening to each other.

They mostly enjoyed the activities that enabled them to play and act but they implied their dissatisfaction about discussion activities. They felt hesitant to make small groups and chose the same members. Then, as they got used to each other, they formed heterogeneous groups. Moreover, they got each others telephone numbers and communicated out of the group practice. Later, they met before the group and came to the sessions together. A few times, some of the siblings shared their leisure time after the sessions by going different places.

However, one of the siblings left the group at the end of sixth session. She mentioned that she was the oldest in the group and felt

uncomfortable. She was 16 of age and a bit more matured than the others. The inconsistency between the maturity levels of siblings was a limitation for the group. On the other hand, it was observed that the members in early ages learned new behavior patterns by the help of others such as waiting turns and listening to each other.

Although the group was terminated at the end of 10 weeks, a few of the siblings called the researcher and told that they missed the group and wanted to meet again.

The researcher had been invited to a meeting in which some families came together and enjoyed themselves.

At the end of the 10- week program, mothers and fathers met again to respond to the AYDA scale. They thanked for that study to the researcher and discussed about its effectiveness. Moreover, they indicated that they looked forward to new programs and asked the researcher to get informed about the following studies for their children and themselves.

In short, they met with siblings who had siblings with disabilities and realized that there are ones who were like them. Moreover, they made new friends.

4.2.2. Siblings' Notes

Most of the experimental group siblings indicated that it was a difference for them to share time, experience and feeling with the siblings that were in a common situation, that was having a sibling with disability. They felt happy to make new friends who understood them. For instance, it was relief for them and they were happy to hear that all the siblings in the group had a communication problem with their parents. They realized that they were not the only one suffering from that problem. They stressed that discussing the reasons of it changed their perspective .

In addition, they indicated that they had the chance to learn new topics and coping strategies. They indicated that they liked some topics more than the others, for example dealing with feelings. They enjoyed a lot the activity in which they introduced the feeling statement written in their sheet. Also, they had enjoyed the activity about searching new feeling statements. They competed with each other to find a new one and tell it.

Some siblings pointed out that they got aware of their behavior patterns which they did not know about before. For example, one of them argued that he learned that he was gesturing rarely. He had learned the importance of gestures.

CHAPTER 5

DISCUSSION

In this chapter, discussion regarding the statistical results and observations are conducted and implications and recommendations for further studies are discussed.

5.1. Discussion on Statistical Results

In the previous chapter, some results obtained by testing the hypotheses were presented. The hypotheses were examined to test whether there was a significant difference between the experimental and control groups on several measures.

The results revealed that, there was a significant difference between the pretest and posttest scores of the experimental group fathers in AYDA family communication patterns scale. When the subscales were compared for the pretest and posttest scores of experimental group fathers in AYDA family communication patterns scale, a significant difference was found only for the emotional bonding subscale.

Although no significant difference was found in the other measures, qualitative observations indicated that the experimental group siblings had positive impressions about the communication skills program.

Many researchers (Gibson and Mitchell,1981; McHale & Gamble, 1987; Merritt & Walley; Lobato, 1983; Nims, 1998) indicated the effectiveness of the groups. Therefore, some of them established several groups serving many purposes. As a result, they stated the positive effects of groups by finding significant differences in their studies (Yüksel- Şahin, 1993; Özgüt, 1991; Küçüker, 1997; Korkut, 1996a; Korkut, 1997; Ersanlı and Balcı,1998) .

However, the results of the present study is not in line with those studies. No significant difference had found between the experimental group siblings' pretest and posttest scores neither in the communication skills scale nor AYDA family communication patterns scale.

That does not mean that groups were not effective. There might be many reasons of those results. It is necessary to realize that, the present study was limited with that population and different results might be found with a different population. Furthermore, the small sample size is always a statistical disadvantage in experimental studies with this group of people. However, reaching this population and getting them to be volunteers is a difficult task.

One of the reasons may be the time period of the group process. It took 10 weeks but it was a short period of time. For instance, Shreiber and Feeley (1965, cited in Lobato, 1983) met with 14- 17 aged siblings who had siblings with disabilities for 8 months. The researchers had more time and opportunity to observe and learn about the adolescents in order to assist the siblings in identifying the nature of their emotional reactions to the child with disability and help them identify strategies for understanding and dealing with their brothers, peers and parents. Long period of time in experimental studies might be more effective. The siblings had also difficulty in attending the sessions due to the practical reasons, some of which were weekend courses, exams etc. However, Merritt and Walley (1977) stated that a group should meet at least once a week and they argued that a group was more effective if it had an opportunity to meet two to three times in a week. Moreover, they underlined some basic criteria which were often used in the process of selecting group members. Age was one of these. They stated that extreme differences in age and social sophistication should be avoided. There was also age related problems in the present group. Since the group was established by the application of volunteer adolescent siblings and families, age factor was not taken into consideration.

Furthermore, it takes a while for group members to change their patterns of behavior. If the members appeared to be improving during the group session, it might also be helpful to start looking for improved

behavior outside the group setting. However, improved behavior changes in the group members could not be seen outside the group setting immediately. It did not mean that group were failures. Rather, it meant that “too much too soon” was looked for (Merritt and Walley,1977). Therefore, the positive effects of the group practice might be observed at a later time. In the present study, the sample responded to the posttests just after the 10 week program, in the tenth session. If the posttest instruments were given at a later time, a significant statistical difference might be observed.

The family is a system which has a sense of its identity. The behavior of all family members is related to and dependent upon other family members. Bhushan and Shirali (1992) investigated that the psycho-social context within which growth takes place, particularly that provided in the family, is of a crucial importance. This suggests important implications for counseling and therapeutic work with youth. Instead of targeting the youth, the whole family matrix should be the focus of the therapeutic outcomes. Wilson (1989) mentioned about the new programs that help families cope with the special needs of children with disabilities may diminish the difficulty somewhat, as more help is offered to the child and the family as a whole (cited in Kaplan, 1996). Furthermore, effective communication and interaction training should be the integral aspects of the therapy and counseling programs. Şahin (1997) indicated that not only the siblings but also the parents should

participate in such kind of communication skills programs, since, the child was also affected by the communication patterns in the family. As Manor (1984) indicated, actions of individuals in the family are consistently reinforced when they fit with those of others in that particular family; behaviors which do not fit receive no reinforcement and therefore tend not to recur. Over time regular patterns of behavior emerge. Therefore, other members of the family should be involved in the program. Training only one part of the system does not mean a lot. Then, the new skills should be consistently and effectively communicated among the members. However, this was not possible for the present study. Involving only the siblings in the group may be a hindering factor to observe the effectiveness of the group practice.

However, a significant difference was observed in experimental group fathers' scores. In many families, children refer to mothers for sharing and discussing their feelings, ideas and problems. The research results of İstanbul Mülkiyeliler Vakfı Sosyal Araştırma Merkezi (1998), revealed that only 33.4 % of the fathers were involved in communicating their children's problems with them. Therefore, this kind of a program, although not directly involving fathers, may have influenced the fathers' perspective on communication and how to communicate with their children. In other words, this program might be a new set of knowledge and experience for fathers who usually have less communication with their children.

In our culture, fathers are generally perceived as the head-winners and dominant figures in the family. Therefore, in most families, fathers have less intense relationships and communication with their children in comparison to mothers. As a result, this may lead a distance between children and fathers. However, they also need to express and share their feelings and this program might have been an opportunity for them to express themselves to be aware of the importance of communication in the family.

Moreover, the fathers had closer relationships with their children and had a chance to spend more time with them since they were the ones who brought them to campus for the group work. Therefore, based on all these discussions that program might have had a significant influence on the communication patterns of the fathers. Utku's study (1999) supports that notion. The researcher found a positive significant difference in the fathers' communication skills levels after a skill development program. This might be considered as a cue for involving fathers and mothers as well as siblings in further studies. The whole members should be the part of the program in order to facilitate the skill development process.

Programs that provide fathers with opportunities to discuss their concerns, joys and interests with other men in similar situations can help decrease the sense of isolation, which may in turn have beneficial effects on mothers. Wives of men who were involved in special

programs for fathers reported fewer feelings of failure, less stress resulting from their children's disability and more satisfaction with the time that they had to themselves than similar women whose husbands were not involved in programs for fathers (Bristol, 1984; Vadasy, Fewell, Meyer, Schell & Greenberg, 1984, cited in Lamb & Meyer, 1991).

Küçüker (1993) indicated the importance of psychotherapy for parents' emotional disturbances. They need this emotional support in order to understand and solve the conflicts. Therefore, fathers need fathers programs in order to manage the feelings of sadness, fatigue, pessimism, guilt and stress resulting from their child's incapacitation (Lamb & Meyer, 1991). The results of present study contribute to the positive effects of such programs on the emotional bonding of fathers.

Fox, Dunlop and Philbrik (1997) stated that the support a family receives should be individualized and developed in partnership with the family, based on family system orientation, and implemented with the goal of strengthening family capacities. Group work can include a variety of activities, such as information sharing, care arrangements, training in behavioral techniques, emotional support and counseling, personal futures planning and advocacy (Barber, Turnbull, Behr, & Kerns, 1988; Powell, Hecimovic & Chistensen, 1992 cited in Fox, Dunlop and Philbrik, 1997). Böcü (1992) also indicated the importance of informational counseling in a group study. The present study was composed of some of these activities; generally the focus was on emotional support and

counseling. In a longer time period, other methods such as information giving should be the part of the program.

For instance, Şahin (1997) prepared a mixed program for skill development. Skill training program was not only given with a single method, but also with other methods. That program aimed to focus on human relationships and effective communication, and composed of giving information, emotional support and counseling. At the beginning of the sessions, the group members were provided information that was short and concrete. First, scheduled activities were implemented and then experiences and feelings were shared.

Cormier and Cormier (1991) pointed out the importance of cognitive- self instruction in the skill development. The objective of this activity is to help the one not only to acquire the skill in a "rote" manner but also to internalize it. Some research suggested that it may be an important addition to the more common elements of microtraining (modeling, rehearsal, feedback) found to be so helpful in skill acquisition (Richardson & Store, 1981 cited in Cormier and Cormier, 1991). The cognitive learning strategy is designed specifically to help the one's own way to think about the skill or to "put it together" in a way that makes sense to "one".

Furthermore, it is necessary to know the needs of the siblings and also the family. Need assessment should be the first step of that kind of group studies. Since, each individual and also group is unique.

Then, the content of the program could be modified according to the needs and the characteristics of the siblings. The program could be enriched with the role- playing activities. Although this may be valid for that population and not generalized, observations indicated that adolescents enjoy such kind of activities. Girli (1995) indicated that siblings generally get worried about the future of their siblings with disabilities. Therefore, they needed the information about the disability, the problems that they may face with, the coping strategies and the ways of helping to their parents (Girli, 1995; Shreiber and Feeley,1965 cited in Lobato, 1983).

In this study, although, the characteristics and general needs of this group of siblings were taken into consideration, needs assessment was not carried on. Depicting the needs and modifying the content accordingly could have made a statistical difference. Moreover, providing more information about the siblings with disabilities could increase the effectiveness of the program.

Finally, the professional may be able to facilitate communication between family members, by holding an interview with all the members, directing questions to and listening to different members, and modeling communication with all members. This may be very useful for the parents on their own, so that they can explore their differing or similar understandings and feelings with the support of an outsider. Family members can be brought into joint problem- solving and/ or a joint task

to do with the child with disability or another family issue (e.g. choosing a leisure activity for the whole family, teaching a skill to the child with disability). In joint discussions, a technique of circular questioning from family therapy can be helpful for enhancing an awareness of each other's perspectives and understandings and also exploring misunderstandings (Dale, 1995).

Therefore, in further studies, even in sibling groups, parents may be invited occasionally.

5.2. Discussion on Observations

Although the results indicated no statistically significant differences in the communication patterns of adolescent siblings, and also mothers', the observations of researcher and siblings' thoughts about the program had some positive tones.

That group practice was the siblings' first experience, and it served as an encouragement for the further group studies. All enjoyed meeting once a week by showing their excitement for coming to the group.

It was really a chance for the siblings to meet with other siblings who had a similar "problem" that is being a sibling with disability. They felt happy to meet the ones that were experiencing and feeling as they were. Most importantly, they made new friends who understood them.

It was observed that, that group made positive impacts on their social development. They thought about themselves and faced with their inner- selves. Although it was a short time for them to get to know themselves and others, they experienced and learned the excitement of it. That group provided them to express themselves in a group. While they were shy at the beginning of the sessions, they learned to be active. In addition, they realized their own communication patterns, shared and also discussed them with other siblings.

The researcher did not have the opportunity to observe the parents in the group setting. But the observations that were done outside the group settings and in the short meetings to respond to scales indicated that parents were pleased for their siblings' participation in that group.

In summary, although the results indicated no significant difference in the communication skills and the family communication patterns of experimental group mothers and siblings, the observations revealed that the program had some positive effects on the siblings, especially in their social development.

5.3. Implications

The results of the present study have implications for counselors who work in school settings and special education centers . Although,

the study revealed no statistically significant results, it provided a sample for further studies.

That study may provide the counselors to establish groups in which the limitations are eliminated. Moreover, the counselors may use the program by modifying it according to the need of different groups, adolescents, parents...

For further studies, in the establishment of groups, having the necessary information about the children should be an important consideration. The cooperation of counselors who have interaction with these siblings and other professionals from different disciplines may be required. Moreover, the group that one will work should be known well before the activities began.

5.4. Recommendations for Further Studies

Siblings do not live in a closed system. They communicate with their parents, relatives, friends and significant others. Family members are the most important figures in their lives. Therefore, their point of views and approaches are important. For the development of the communication skills, first their parents and other members of the family should be aware of the effective communication skills and reflect them to their relationships. Separate groups for parents would have been effective in developing effective communication skills within the family. It is suggested that as many family members as possible should

be involved in the communication skills programs. As they acquire how to establish effective communication, they will be models, and this will reinforce the siblings to develop these skills. Therefore, further studies should have a whole family approach in conducting the programs.

Counselors should be encouraged to develop and implement communication skills programs. However, the counselors should be competent in that area. Therefore, first they should develop these skills and later teach others.

For further studies, the program might be enriched with the method of giving information. Since sample size is a critical factor in statistical analysis, a large sample size is advised. Moreover, a longer period of time might also be effective in observing the development and changes.

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APPENDICES

APPENDIX A

02.03.1999

İlgili Kuruma,

Yüksek lisans öğrencim Mine Sızak' ın tez çalışmalarının bir bölümü olarak, farklı özelliği olan çocukların kardeşleri ile grup çalışmaları yapması planlanmıştır.

Kurumunuza devam eden öğrencilerinizin ailelerinden gerekli desteğin alınmasında yardımlarınız olacağını umuyor, sevgilerimi ve saygılarımı iletiyorum.

Prof. Dr. Füsun AKKÖK

ODTÜ Eğitim Fakültesi Öğretim Üyesi

Ek1:Açıklama yazısı

APPENDIX B

02.03.1999

Sevgili Anne- Babalar,

Son zamanlara kadar sizlerin katılımı ile birçok çalışma yapıldı. Böylece, sizlerin ve çocuklarınızın gelişimine dönük bir çok yararlar sağlandı. Engelli çocuğa sahip anne- babalar olarak çabalarınızdan dolayı sizleri kutluyoruz.

Engelli bir çocuğun aileye getirdiği zorlukların ve bunlarla başa çıkabilme yollarının farkında olduğunuzu düşünmekteyiz. Diğer yandan ailenin diğer üyeleri olan kardeşlerin de çeşitli problemlerle karşılaşabileceklerini göz ardı etmemek gerek... Eğer bu kardeşlerin bir de ergen olduğunu düşünürsek, yaşadıklarından dolayı onların da çeşitli yardımlara ihtiyacı olduğunu unutmayalım.

Ergen yaştaki kardeşlerin(12 yaş - 18 yaş) kendilerini tanımalarına, duygu ve düşüncelerinin farkında olup onları doğru ifade etmelerine kısacası aile içinde ve dışında etkili iletişim kurmalarına yardımcı olmak amacıyla 10 haftalık bir iletişim programı hazırladık ve bunu gönüllü kardeşlere uygulamayı düşünmekteyiz. Çalışmalar Prof. Dr. Füsün Akkök denetiminde Mine Sızak tarafından sürdürülecektir.

Grubumuz en fazla 15 kişi olup düzenli olarak her hafta, gruba uygun bir günde 1,5 saat bir araya gelecektir. Çalışmalarımızı Orta Doğu Teknik Üniversitesi Eğitim Fakültesi'ndeki grup odamızda yürüteceğiz.

Çocuğunuzun böyle bir çalışmada yer alıp iletişim becerilerini arttırmasına yardımcı olmak istiyorsanız lütfen bu formu doldurup okul ya da kurum müdürlüğüne iletiniz.

Teşekkür ederiz.

Danışman:
Prof. Dr. Füsün AKKÖK
Orta Doğu Teknik Üniversitesi
Eğitim Bilimleri Bölümü

Mine SIZAK
Orta Doğu Teknik Üniversitesi
Eğitim Bilimleri-Yüksek Lisans Öğr.

Adınız, soyadınız:

Çalışmaya katılmasını istediğiniz çocuğunuzun adı, soyadı:

Yaşı:

APPENDIX C

Adınız ve soyadınız :
Tarih :
Yaşınız :

Tarih:

İLETİŞİM BECERİLERİNİ DEĞERLENDİRME ÖLÇEĞİ

Açıklama: Bu ölçek iletişimle ilgili bazı özelliklerinizi ölçmeye yöneliktir. Aşağıda sunulan ifadeleri, o ifadelerle ilgili genelde nasıl olduğunuzu düşünerek okuyunuz. İlişkilerimizdeki özelliklerimiz elbette kiminle, hangi koşullarda, ne zaman ilişkide bulunduğumuza bağlı olarak farklılıklar göstermektedir. O nedenle ifadeleri genelde gösterdiğiniz tepkilere göre değerlendiriniz. İfadelerin sizin durumunuzu ne derece yansıttığını saptayınca bunu ifadelerin başındaki yere aşağıdaki rakamlarla belirtiniz. Teşekkür ederiz.

her zaman (5)
sıklıkla (4)
bazen (3)
nadiren (2)
hiçbir zaman (1)

- ___1.Sorunlarını dinlediğim insanlar benim yanımdan rahatlayarak ayrılırlar.
___2.Düşüncelerimi istediğim zaman anlaşılır biçimde ifade edebilirim.
___3.Başkalarını bir kasıt aramadan dinlerim.
___4.Sosyal ilişkide bulunduğum insanları oldukları gibi kabul edebilirim.
___5.İnsanların önemli ve değerli olduklarını düşünürüm.
___6.Birisiyle ilgili bir karara ulaşmadan önce onunla ilgili gözlemlerimi gözden geçiririm.
___7.İlişkide bulunduğum kişilerin anlatmak istediklerini dinlemek için onlara zaman ayırırım.
___8.İnsanlara karşı sıcak bir ilgi duyarım.
___9.İnsanlara gerektiğinde yardım etmekten hoşlanırım.

- __10.Olaylara deęişik aıllardan bakabilirim.
- __11.Düşüncelerimle yaptıklarım birbiriyle tutarlıdır.
- __12.İlişkilerimin daha iyiye gitmesi için bana düşenleri yapmaya özen gösteririm.
- __13.Kendime ve başkalarına zarar vermeden içimden geldiđi gibi davranabilirim.
- __14.Arkadaşlarımla beraberken kendimi rahat hissedirim.
- __15.Yaşadığım olaylardaki coşkıyı her halimle başkalarına iletebilirim.
- __16.İlişkilerimin nasıl geliştiđini ve nereye gittiđini anlamak için düşünmeye zaman ayırırım.
- __17.Karşımdakini dinlerken anlamadığım bir ayrıntı olduđunda konunun aıđa kavuşması için sorular sorarım.
- __18.Benimle özel olarak konuşmak isteyen bir arkadaşım olduđunda konuyu ayaküstü konuşmamaya özen gösteririm.
- __19.Birisini anlamaya çalışırken sakın bir ses tonuyla konuşurum.
- __20.İlişkilerimi zenginleştiren eğlenceli, keyifli bir yanım var.
- __21.Birisine bir öneride bulunurken, onun öneri vermeme isteyip istemediđine dikkat ederim.
- __22.Birini dinlerken ne karşılık vereceğimden çok onun ne demek istediđini anlamaya çalışırım.
- __23.İletişim kurduğum insanlar tarafından anlaşıldığımı hissedirim.
- __24.Bir yakınımınla sorunum olduđunda bunu onunla suçlayıcı olmayan bir dille konuşmak için girişimde bulunurum.
- __25.Karşımdakini dinlerken sırf kendi merakımı gidermek için ona özel sorular sormaktan kaçınırım.

APPENDIX D

ANNE- BABA İÇİN

Adınız, Soyadınız :

Yaşınız :

Eğitim Durumunuz :

Tarih:

Sevgili Anne- Baba,

Yönerge: Lütfen aşağıdaki bütün soruları ve anladığınız biçimde sizin gerçeğinizi yansıtmaya derecesini, yanıt formundaki basamaklara uygun olanını işaretleyerek yanıtlayınız.

1. Ailemizde her türlü konu ve fikir açıkça konuşulur.
2. Evimizde birisi bir şey söylediği zaman diğerleri aynı şeyi anlar.
3. Bizim evde olaylar karşısındaki düşünce ve duygular konuşmaktan çok davranışlarla ifade edilir.
4. Bizim evde sözlerle söylenenler, davranışlarla anlatılanları tutmaz.
5. Evdekilerle çatışmaktansa susmayı veya başkalarıyla konuşmayı yeğlerim.
6. Bizim evde konuşulmayacak konular bence çok fazladır.
7. Eşime, zayıflıklarımı, korku ve endişelerimi rahatlıkla söylerim.
8. Eşime duygu ve isteklerimi rahatlıkla söylerim.
9. Ailemizdeki iletişimi son derece doyurucu bulurum.
10. Birimizin işte, okulda veya arkadaşından öğrendiği bir şey evde genellikle ilgi görür, tartışılır ve beğenilirse uygulanır.
11. Ailem başkalarından gelen eleştiri ya da önerilere tamamen kapalıdır.
12. Evimizde TV, radyo, gazete, dergi, kitap, konferans, sinema, tiyatro gibi yollarla yeni şeyler öğrenmeye ve dünyada olup bitenlere çok ilgi duyulur.
13. Bizim evde iş, okul ve ev dışında da bir çok uğraş (hobiler, özel ilgiler, spor faaliyetleri, vb.) vardır.

14. Doğrusu ailemden daha çok bağılı olduğum bir insan (arkadaş, terapist, kendi ailem, akraba, vb.) var.
15. Ailem (veya eşim) benim pek çok arkadaşım ile tanışıyorlar.
16. Ailemizde dayanışma ve birlik duygusu çok güçlüdür.
17. Eşim evde kendi başıma geçirmek istediğim zamana (bir iş yaparken, okurken, dinlerken, vb.) karşı tavrı son derece anlayışlıdır.
18. Birbirimizle çok iyi geçiniriz.
19. Bizim aileyi ilgilendiren kararlarda evdeki herkesin fikri alınır veya çıkarı gözetilir.
20. Bizde aileyle ilgili sorumlulukların dağılımı hakça olur.
21. Bizim evde birisi diğerlerinden daha önemlidir; yani daha çok sevilir, kayırlır ve dediğini yaptırır.
22. Ailemizde işbölümü, herkese düşen görevler ve diğer kurallar açık seçik belirgindir.
23. Bizim evde karşılaşılan aksamlar ve çıkan çatışmalar mutlaka çözülür.
24. Bizim aileyi ilgilendiren kararlarda, ev içinden söz sahibi olanlar, dışarıdan karışanlardan her zaman çoktur.
25. Evimizde görevini aksatan veya bu kararlara uymayan(lar) şiddetle kınanır.
26. Evde yapmam gereken şeyler için her zaman yeterli zamanım olur.
27. Genel olarak, bizim sağlıklı, huzurlu ve iyi bir aile olduğumuzu düşünürüm.
28. Ailem büyük bir sağlık ve para sorunu dışında bir problemle karşılaştığında bunu kendi başına halledebilir.
29. Ailem, geçmişte karşılaştığı zor durumların üstesinden geldi.
30. Gerekliğinde ailem çevresinden yeterince destek alabilir.
31. Ailemden son derece gurur duyuyorum.
32. Bizim ailede herkesin birbirini değiştirmeye çalıştığı çok belirgindir.
33. Bizim evde kimsenin eleştiriye tahammülü yoktur.
34. Bizim ailede her çeşit duygunun (üzüntü, mutluluk, coşku, kızgınlık, korku vb.) hissettiğimiz gibi yaşanması olağandır.
35. Bence ailemizde değişmesi mümkün olmayan tavırlar çoktur.
36. Birbirimize yeterince sevgi ve şefkat gösteririz.

ÇOCUK İÇİN

Adınız, Soyadınız :
Yaşınız :

Tarih:

AİLE YAPISINI DEĞERLENDİRME ARACI

Yönerge: Lütfen aşağıdaki bütün soruları ve anladığınız biçimde sizin gerçeğinizi yansıtır derecesini, yanıt formundaki basamaklara uygun olanını işaretleyerek yanıtlayınız.

1. Ailemizde her türlü konu ve fikir açıkça konuşulur.
2. Evimizde birisi bir şey söylediği zaman diğerleri aynı şeyi anlar.
3. Bizim evde olaylar karşısındaki düşünce ve duygular konuşmaktan çok davranışlarla ifade edilir.
4. Bizim evde sözlerle söylenenler, davranışlarla anlatılanları tutmaz.
5. Evdekilerle çatışmaktansa susmayı veya başkalarıyla konuşmayı yeğlerim.
6. Bizim evde konuşulmayacak konular bence çok fazladır.
7. Beni korkutan, başaramayacağımı sandığım ve üzüldüğüm şeyleri anne-babama rahatlıkla söylerim.
8. Beni sevindiren, aklımdan geçen ve komik şeyleri anne- babama rahatlıkla söylerim.
9. Ailemizdeki iletişimi son derece doyurucu bulurum.
10. Birimizin işte, okulda veya arkadaşından öğrendiği bir şey evde genellikle ilgi görür, tartışılır ve beğenilirse uygulanır.
11. Ailem başkalarından gelen eleştiri ya da önerilere tamamen kapalıdır.
12. Evimizde TV, radyo, gazete, dergi, kitap, konferans, sinema, tiyatro gibi yollarla yeni şeyler öğrenmeye ve dünyada olup bitenlere çok ilgi duyulur.
13. Bizim evde iş, okul ve ev dışında da bir çok uğraş (hobiler, özel ilgiler, spor faaliyetleri, vb.) vardır.
14. Doğrusu ailemden daha çok bağlı olduğum bir insan (arkadaş, terapist, kendi ailem, akraba, vb.) var.
15. Ailem benim pek çok arkadaşım ile tanışır.
16. Ailemizde dayanışma ve birlik duygusu çok güçlüdür.

17. Annem- babam evde kendi başıma geçirmek istediğim zamana (çalışırken, oyun oynarken, TV seyredirken, vb.) karşı tavrı çok anlayışlıdır, beni rahat bırakır.
18. Birbirimizle çok iyi geçiniriz.
19. Bizim aileyi ilgilendiren kararlarda evdeki herkesin fikri alınır veya çıkarı gözetilir.
20. Bizde aileyle ilgili sorumlulukların dağılımı hakça olur.
21. Bizim evde birisi diğerlerinden daha önemlidir; yani daha çok sevilir, kayırlır ve dediğini yaptırır.
22. Ailemizde işbölümü, herkese düşen görevler ve diğer kurallar açık seçik belirgindir.
23. Bizim evde karşılaşılan aksamalar ve çıkan çatışmalar mutlaka çözümlenir.
24. Bizim aileyi ilgilendiren kararlarda, ev içinden söz sahibi olanlar, dışarıdan karışanlardan her zaman çoktur.
25. Evimizde görevini aksatan veya bu kararlara uymayan(lar) şiddetle kınanır.
26. Evde yapmam gereken şeyler için her zaman yeterli zamanım olur.
27. Genel olarak, bizim sağlıklı, huzurlu ve iyi bir aile olduğumuzu düşünürüm.
28. Ailem büyük bir sağlık ve para sorunu dışında bir problemle karşılaştığında bunu kendi başına halledebilir.
29. Ailem, geçmişte karşılaştığı zor durumların üstesinden geldi.
30. Gerektiğinde ailem çevresinden yeterince destek alabilir.
31. Ailemden son derece gurur duyuyorum.
32. Bizim ailede herkesin birbirini değiştirmeye çalıştığı çok belirgindir.
33. Bizim evde kimsenin eleştiriye tahammülü yoktur.
34. Bizim ailede her çeşit duygunun (üzüntü, mutluluk, coşku, kızgınlık, korku vb.) hissettiğimiz gibi yaşanması olağandır.
35. Bence ailemizde değişmesi mümkün olamayacak tavırlar çoktur.
36. Birbirimize yeterince sevgi ve şefkat gösteririz.

APPENDIX E

SORU SORMA

Soru sorma etkin dinlemenin önemli bir bölümüdür. Sorular, iletişimde bulunduğumuz kişinin iletmek istediklerinin bizim tarafımızdan doğru olarak anlaşılıp anlaşılmadığını açıklığa kavuşturmada bize yol gösterir.

İki çeşit soru bulunmaktadır:

* **Kapalı Uçlu Sorular:** “Evet” ya da “Hayır” şeklinde veya bir iki kelime ile cevap verilebilen sorulardır. Kapalı sorular kısa cevaplara neden olduğundan yük daha çok konuşanın üzerindedir. Sonuç olarak kapalı sorulardan kaçınılmalıdır. Örnekler:

Beğendin mi? Kızgın mıydın? Kaç kardeşin var?
Ne zaman başladı? Sinirli misin? İşe gidecek misin?

* **Açık Uçlu Sorular:** “Evet” veya “Hayır” şeklinde ya da bir iki kelime ile cevaplanamayan sorulardır. Dinlenen kişiye tepkide bulunmak için geniş bir özgürlük sağlar. İçeriğin anlaşılmasına daha çok katkısı vardır. Bu sorular *Nasıl* ve *Ne* soru kalıplarıyla başlar. Örnekler: Nasıl hissettin?
Sonra ne yaptın?

NOT:

1. “Bana biraz daha anlatır mısınız?” şeklindeki soru ifadesi, yeni bir bilgi sağlayacağından açık uçlu bir sorudur.
2. “Niçin” sorusundan genellikle kaçınılmalıdır; çünkü yargılayıcıdır ve karşıdakini savunma yapmak zorunda bırakmaktadır.

ÖRNEK:

- Çalıştığım işyerinden istifa edeceğim.
- (Etkili olmayan) Niçin böyle bir şey yapmak istiyorsun?
- (Etkili) Bu karara varma nedenlerini biraz anlatır mısın?

BEN- SEN DİLİ

BEN DİLİ

1. Özellikle olumsuz duyguların yaşandığı durumlarda,
2. Olumsuz duyguların yaşandığı kişiye önce davranış ya da durum tanımlanarak,
3. Bu davranış veya durumdan nasıl etkilenildiğini belirttikten sonra,
4. Ne hissedildiğinin söylenmesine dayalıdır.
Örn: "Radyonun sesinin çok açık olması nedeni ile babanla konuşamıyorum.
Bu da beni sinirlendiriyor."

Ben Dilinin Yararları

1. Sen dilindeki gibi kişiler savunmaya geçmezler.
2. Bu dili konuşan birey kendisinin etkilenişini ifade ettiği için karşısındakini suçlu hissettirmez.
3. Dili kullanan kişinin neden o duyguyu yaşadığı anlaşıldığı için iletişim sağlıklı olur.
4. Ben mesajını alan kişi başkalarını düşünmeyi de öğrenir.
5. Anlaşmazlıkları azaltır.
6. Konuşan kişiyi, duygularını biriktirmedeği, etkili olarak dile getirdiği için rahatlatır.
7. Yakınlığı artırıcıdır.

SEN DİLİ

Sen bunu nasıl yaparsın. Ne laf anlamazsın. Aptal. biçiminde olan sen dili;

1. Kişiyi suçlayıcıdır.
2. Davranıştan çok kişiliğe yöneliktir.
3. Yeniden konuşma isteğini engelleyicidir.
4. Kişi kendini suçlanmış ve anlaşılmamış hisseder.
5. Neye kızıldığının anlaşılmamasına neden olur.
6. Kişiyi gücendirir, kırar.
7. Kişinin direnmesine neden olur.

ÖRNEK CÜMLELER:

1. Yüksek sesle müzik dinlediğinde(davranışın yargılanmadan tanımlanması) dikkatimi ders çalışmaya veremiyorum(davranışın bizdeki somut etkisi). Böyle olunca da gerginleşiyorum(duygumuz).
2. Salon çok dağınık olduğunda toplamak için nereden başlayacağımı bilemiyorum. Bu da beni telaşlandırıyor.

**T.C. YÜKSEKÖĞRETİM KURULU
DOKÜMANTASYON MERKEZİ**