

# Examination of Resilience and Self-esteem Levels of Parents of Children with Disability

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## ABSTRACT

In society's foundational structure, families play a crucial role in overall happiness. Parental influence on child health is pivotal. While health challenges bring social, economic, and psychological burdens, resilience emerges as key. Resilience engages with self-esteem, benefiting parental well-being and care for special needs children, offering a positive environment for both. This study aims to explore the relationship between psychological resilience and self-esteem levels of parents of children with special needs, suggesting a positive link between elevated psychological resilience and self-esteem in parents. The study employed a relational scale strategy to investigate psychological resilience and self-esteem among parents of children with special needs. The sample comprised 156 parents of children with mild to moderate intellectual disabilities in Ankara, Turkey. Measures included the "Short Psychological Resilience Scale (SPRS)" and the "Rosenberg Self-Esteem Scale (RSS)." Data analysis encompassed descriptive statistics, t-tests, one-way ANOVA, Pearson's correlation, and Multiple Linear Regression analysis ( $p < .05$ ). In the study's results, the data demonstrated normal distribution. Employed parents demonstrated higher SPRS and RSS scores compared to unemployed parents. While parents with children engaged in sports displayed higher scores, the difference wasn't statistically significant ( $p > .05$ ). Parents' education level played a significant role; bachelor's degree holders had notably higher scores. Positive correlation was observed between SPRS and RSS scores ( $r = .411$ ). Regression analysis confirmed a robust predictive relationship ( $R^2 = .169$ ) between self-esteem and resilience. Raising special needs children requires elevated self-esteem and resilience due to multifaceted caregiving responsibilities. Traumatic experiences may impact self-esteem and resilience, prompting the need for a positive outlook for parental caregiving.

**Keywords:** Resilience; self-esteem; special education; disability; parenting

## INTRODUCTION

The family, being one of the fundamental building blocks of society, plays a pivotal role in the overall happiness of society. Amidst various factors contributing to people's happiness, physical and mental well-being take precedence. Ensuring the health of individuals extends to their family members, relatives, and even their children, underlining its significance.

Parents play a predominant role in ensuring their child's health within the family (Callahan, et al., 1980; Ilhan, 2009). While the ideal scenario for parents is to witness their child being born and growing up in good health, the opposite situation can bring about numerous social and economic challenges, as highlighted by Callahan et al. (1980) and Isikhan (2005). Moreover, when a child faces health issues, parents grapple with the task of sustaining their child's life, which poses not only social and economic struggles but also physical challenges (Akozlu & Ekim, 2020). Additionally, these circumstances give rise to psychological burdens, emphasizing the significance of psychological resilience. This resilience becomes crucial in alleviating the hardships experienced by both parents and children with special needs (Damiani, 1999; Isikhan, 2005).

Various definitions of the concept of psychological resilience can be found in the literature. According to Holahan and Moos (1985), it involves the process of adapting to life in the face of both physiological and psychological challenges. In simpler terms, it is characterized as a personality trait that enhances individuals' ability to maintain a positive outlook when confronted with stressful life circumstances (Cencirulo, 2001; Luthar, Cicchetti & Becker, 2000) and empowers them to effectively cope with stressors (Atkinson, et al., 1999; Bartone, et al., 2008).

Psychological resilience refers to an individual's ability to adapt, cope, and bounce back from adverse situations, challenges, and stressors, demonstrating emotional strength and maintaining well-being despite facing difficulties. It involves the capacity to recover from setbacks and maintain a stable psychological state. Resilience is not about avoiding stress or experiencing no negative emotions, but rather about effectively managing and recovering from them (Rutter, 2012). Self-esteem, on the other hand, refers to an individual's overall evaluation of their own worth, value, and competence. It involves beliefs and attitudes about oneself, encompassing aspects such as self-confidence, self-acceptance, and self-respect (Baumeister, Campbell, Krueger, & Vohs, 2003).

The relationship between psychological resilience and self-esteem is complex and interconnected. While they are distinct concepts, they often influence each other. Research (Baumeister et al., 2003) suggests that individuals with higher self-esteem tend to exhibit greater psychological resilience. When a person possesses a positive view of themselves, they might approach challenges with a sense of confidence and belief in their ability to overcome difficulties (Luthar & Cicchetti, 2000). This self-assuredness can contribute to their ability to adapt and bounce back from setbacks. On the other hand, having strong psychological resilience can also contribute to the development of healthy self-esteem. Individuals who are adept at managing stressors and setbacks are more likely to view themselves as capable and worthy, thus enhancing their self-esteem.

The robust levels of psychological resilience and self-esteem among parents play a pivotal role in protecting not only their personal well-being but also in care for their children with special needs. This stirred concept encompasses multifaceted risk factors that can destabilize mental

equilibrium and protective factors that uphold stability (Baldwin, Baldwin, & Cole, 1990). Research by Masten (1994) demonstrates that low self-esteem aligns with risk factors, whereas high self-esteem is intertwined with protective factors, as observed in the studies by Masten and Coatsworth (1998). Consequently, an individual's self-esteem profoundly shapes their psychological resilience, a trait exemplified in the "I" statements they use to define themselves (Oner, 2019). The positivity or negativity of these self-perceptions intricately affects self-esteem, thus underscoring the critical nature of elevated self-esteem and psychological resilience in parents. This significance transcends their own well-being, extending its impact to the compassionate care they provide for their children with special needs, fostering an environment conducive to positive outcomes for both parties.

This study hypothesizes that among parents of children with special needs, higher levels of psychological resilience and self-esteem will be positively associated with favorable independent variables, including employment status, higher perceived income level, higher education level, and active sports participation status of their children. The study expects to find a significant relationship between these independent variables and the dependent variables, indicating that parents' personal characteristics and their children's engagement in sports contribute to enhanced psychological resilience and self-esteem. When parents see their disabled children engage in sports and achieve milestones, they, possibly, might experience a sense of accomplishment. Witnessing their children overcome challenges and make progress can boost parents' self-esteem and resilience.

## **METHOD**

### ***Study Model***

In this study, which investigates the levels of resilience and self-esteem among parents of children with special needs, the relational scale strategy, a descriptive method aiming to establish relationships between two or more variables, was employed (Karasar, 2020, pp. 48).

To gather data, the researcher reached out to 10 special education and rehabilitation centers located in Ankara, Turkey, during 2021. When parents came to pick up their children with intellectual disabilities, the researcher approached them and invited them to voluntarily participate in the study. The parents took part in the study in person, and the process of filling out the scales took approximately 10 minutes.

### ***Ethical Procedure***

Permission was obtained from Gazi University Ethics Committee (05.04.2021/08) to conduct the study. Parents ethical consensus were provided.

### ***Participants***

The research sample for this study consists of parents of children with mild to moderate intellectual disabilities in Ankara, Turkey. A total of 156 parents participated in the study, including 132 mothers and 24 fathers. The parents' ages ranged from 22 to 57 years old, while their children with intellectual disabilities were primarily aged between 3 and 32 years. The research was conducted during the global Covid-19 pandemic in 2021, leading to a restriction on the number of participants. Only one parent from each family was allowed to participate in the study. Parents

were categorized based on their educational level, economic status, employment status, and their disabled children's involvement in sports (Table 1).

### ***Instruments***

The researchers employed the "Personal Information Form" to collect demographic information from the participants. This included details such as their parental status, employment status, perceived income level, parents' education level, and the involvement of parents' children with special needs in sports.

To assess the participants' levels of psychological resilience, the "Short Psychological Resilience Scale (SPRS)" was employed. The scale was originally developed by Smith et al. (2008) and adapted into Turkish by Dogan (2015). It consists of a single sub-dimension and comprises a total of 6 items, following a 5-point Likert scale. Reverse coding was applied to the 2nd, 4th, and 6th items within the scale to ensure response consistency. The scale's potential scores range from 6 (minimum) to 30 (maximum). The Cronbach's alpha ( $\alpha$ ) value was .82.

To measure the participants' self-esteem levels, the "Rosenberg Self-Esteem Scale (RSS)" was employed, which was introduced by Rosenberg in 1963. Turkish reliability and validity studies were carried out by Cuhadaroglu (1986), as reported in Tulus (2010). The scale consists of 10 items and follows a 4-point Likert scale. Reverse coding was applied to the 6th, 7th, 8th, 9th, and 10th items within the scale to ensure response consistency. The scale's potential scores range from 10 (minimum) to 40 (maximum). The Cronbach's alpha ( $\alpha$ ) value was .83.

### ***Analysis and Interpretation of the Data***

Statistical analysis of the data extracted from the inventories was conducted using Microsoft Excel and the SPSS 22.0 computer program. For the statistical analysis of the collected data, descriptive statistics including measures such as maximum, minimum, median, mean, and standard deviation were employed. Additionally, the Skewness and Kurtosis values were utilized to assess the normal distribution of the data. The Skewness and Kurtosis values for the RSS were observed to fall between -0.37 and -0.18, while for the SPRS, they ranged between -0.22 and 0.08. These values indicate that the data adhere to a normal distribution, as outlined by Tabachnick and Fidell (2013). In order to compare paired groups of variables, the t-test was employed. Furthermore, for comparisons involving three or more groups, one-way ANOVA was used to evaluate whether a statistically significant difference exists among the group means. Post-Hoc Tukey tests were then utilized to discern specific differences among sub-groups. In addition, Pearson's Product-Moment Correlation analysis was employed to ascertain the associations between resilience, self-esteem, and age of disabled children, while Multiple Linear Regression analysis was utilized to assess the predictive capacity of the independent variable (self-esteem) on the dependent variable (Psychological Resilience). The significance value for each conducted test was established at  $p < .05$ .

## RESULTS

**Table 1.** Descriptive statistics of participants

Variable	Groups	f (156)	%	SPRS $\bar{x} \pm sd$	RSS $\bar{x} \pm sd$
<b>Parents</b>	Mother	132	84.6	19.33±4.05	30.74±5.30
	Father	24	15.4	21.54±4.23	32.41±4.19
<b>*Employment Status</b>	Employee	51	32.7	21.23±4.44	32.45±5.33
	Unemployed	105	67.3	18.91±3.78	30.29±4.97
<b>Perceived Income Level</b>	Low	37	23.7	18.94±4.11	30.48±5.60
	Medium	112	71.8	19.70±4.10	31.05±5.02
	High	7	4.5	23.00±3.82	32.85±5.58
<b>**Level of Education</b>	Secondary school	47	30.1	19.19±4.00	30.65±5.13
	High School	51	32.7	18.78±3.29	30.09±5.09
	Two-year Degree	18	11.5	19.83±4.40	29.72±5.99
	Bachelor's	40	25.6	21.30±4.79	33.12±4.44
<b>Sports Participation Status of Parents' Children with Disabilities</b>	Yes	59	37.8	20.33±3.76	31.30±5.62
	No	97	62.2	19.26±4.32	30.81±4.90

f: frequency, SPRS: Short Psychological Resilience Scale, RSS: Rosenberg Self-Esteem Scale, sd: Standard deviation, \*Currently employment status of the parents, \*\*Parents' education level.

In table 1, it can be observed that 32.7% of the parents participating in the research are employed, while 67.3% are unemployed. Among the parents, 32.7% have a high school education, 30.1% have completed secondary school, 25.6% have a bachelor's degree, and 11.5% have a two-year degree. In terms of recreational activities, 37.8% of parents with special children participate for at least 5 hours a week, while 62.2% do not.

**Table 2.** SPRS and RSS scores of participants

	SPRS Scores*	RSS Scores**
<b>Minimum</b>	7	16
<b>Maximum</b>	30	40
<b>Median</b>	20	35
<b>Mean</b>	19.67	36
<b>Standard deviation</b>	4.14	5.17

\*Short Psychological Resilience Scale,

\*\*Rosenberg Self-Esteem Scale

The scores of parents of children with special needs who participated in the study ranged from 7 to 30 on the SPRS, with an average score of 19.67±4.14. The scores obtained by parents of children with special needs who participated in the study on the RSS ranged from 16 to 40, and the average score was found to be 36±5.17.

**Table 3.** Comparison of SPRS and RSS total scores in relation to parents' employment status

Scales	Groups	n	Mean	sd	t	p*
SPRS	Employee	51	32.45	5.33	2.481	0.014*
	Unemployed	105	30.29	4.97		
RSS	Employee	51	21.23	4.44	3.389	0.001*
	Unemployed	105	18.91	3.78		

\*p<0,05, SPRS: Short Psychological Resilience Scale, RSS: Rosenberg Self-Esteem Scale, n: Sample size, sd: Standard deviation, t: t-value, p: Reliability co-efficient.

When the t-test was conducted based on the parents' employment status variable, as presented in Table 3, it was determined that working parents (n=51) scored higher than non-working parents (n=105) in terms of the total scores obtained from SPRS and RSS. This difference is statistically significant.

**Table 4.** Comparison of SPRS and RSS total scores in relation to children's sports participation status as perceived by parents

Scales	Children's Participation in Sport	n	Mean	sd	t	p
SPRS	Yes	59	31.30	5.62	0.573	0.568
	No	97	30.81	4.90		
RSS	Yes	59	20.33	3.76	1.572	0.118
	No	97	19.26	4.32		

SPRS: Short Psychological Resilience Scale, RSS: Rosenberg Self-Esteem Scale, n: Sample size, sd: Standard deviation, t: t-value, p: Reliability co-efficient.

Based on the variable of participation in sports as presented in table 4, a t-test was conducted to analyze the total scores of children with special needs obtained from SPRS and RSS. The results indicated that the total scores of parents (n=59) whose children with special needs engage in sports were higher than those whose children do not participate in sports (n=97), although this difference was not statistically significant.

**Table 5.** Comparison of SPRS and RSS total scores according to parents' education levels

Scales	Groups	n	Variance Source	Ss	df	Mean Square	F	p
SPRS	Secondary school	47	Intergroup	256.951	3	85.650	3.342	0.021*
	High school	51						
	Two-year degree	18	Intragroup	3895.049	152	25.625		
	Bachelor's	40						
RSS	Secondary school	47	Intergroup	157.523	3	52.508	3.184	0.026*
	High school	51						
	Two-year degree	18	Intragroup	2506.804	152	16.492		
	Bachelor's	40						

SPRS: Short Psychological Resilience Scale, RSS: Rosenberg Self-Esteem Scale, n: Sample size, Ss: Sum of squares, df: Degrees of freedom, F: F-test value, p: Reliability co-efficient.

The total scores obtained from SPRS and RSS, categorized by the parents' education level as presented in table 5, were analyzed using the One-way ANOVA test. The results revealed a significant difference between the groups. To identify the specific groups where the difference existed, the post-hoc Tukey test was employed, as indicated in table 6.

**Table 6.** Comparison of SPRS and RSS total scores according to parents' education levels

Scales	Groups	Mean	Mean Difference	Standard Error	p*
SPRS	High School	30.09	-2.515	0.857	0.02*
	Bachelor's	33.12			
RSS	High School	18.78	-3.026	1.069	0.027*
	Bachelor's	21.30			

\*p<0,05, SPRS: Short Psychological Resilience Scale, RSS: Rosenberg Self-Esteem Scale, p: Reliability co-efficient.

Table 6 displays the results of the post-hoc Tukey test, which was utilized to investigate the groups exhibiting differences in the total scores obtained from SPRS and RSS based on the educational status of parents with children with special needs. The analysis revealed that the difference in total scores obtained from SPRS and RSS between the secondary education group (n=51) and the bachelor's degree group (n=40) favored parents with bachelor's degrees (p<0.05).

**Table 7.** Comparison of SPRS and RSS total scores according to parents' income levels

Scales	Groups	Variance Source	Ss	df	Mean Square	F	p
SPRS	Low	Intergroup	97.158	2	48.579	2.895	0.058
	Medium						
	High	Intragroup	2567.169	153	16.779		
RSS	Low	Intergroup	34.221	2	17.111	0.636	0.531
	Medium						
	High	Intragroup	4117.779	152	26.914		

SPRS: Short Psychological Resilience Scale, RSS: Rosenberg Self-Esteem Scale, Ss: Sum of squares, df: Degrees of freedom, F: F-test value, p: Reliability co-efficient.

Upon analyzing the total scores obtained from SPRS and RSS based on the income level variable of parents, as presented in table 7, the One-way ANOVA test was conducted. However, no significant difference was observed between the groups.

**Table 8.** Pearson correlation analysis

		SPRS	RSS	Children's age
SPRS	r	1	.411	.036
	p		.000*	.654
	n	156	.156	156
RSS	r	.411	1	.003
	p	.000*		.965
	n	.156	.156	.156
Children's age	r	.036	.003	1
	p	.654	.965	
	n	156	.156	156

\*p>0,001, r: Correlation, n: Sample size, SPRS: Short Psychological Resilience Scale, RSS: Rosenberg Self-Esteem Scale

Table 8 displays the correlation analysis between the scores obtained from SPRS and RSS of parents with children with special needs who participated in the study. The correlation analysis revealed a moderately positive correlation between the scores obtained from both scales by the participants. However, it has been found that the age of disabled children is not correlated with psychological resilience and self-esteem.

**Table 9.** Investigation of the Prediction Power of Self-Esteem Levels of Parents with Children with Intellectual Disability in Psychological Resilience

Dependent Variable	Independent Variable	Beta	t	p	F	Model (p)	R <sup>2</sup>
Psychological Resilience	Stable	9.474	5.122	.000	31.247	.000*	.169
	Self-esteem	.329	5.590	.000			

\*p<0.001, t: t-value, F: F-test value, p: Reliability coefficient. R<sup>2</sup>: Coefficient of determination.

Table 9 presents the results of the regression analysis conducted to ascertain the causal relationship between the psychological resilience and self-esteem levels of parents with children with special needs. The analysis revealed a statistically significant relationship (F=31.247; p<0.001). Additionally, it was observed that the predictive power of self-esteem on resilience is robust (R<sup>2</sup>=0.169). This implies that each unit increase in self-esteem is associated with a 0.329-unit change in resilience.

## DISCUSSION

The correlation analysis yielded a positive association between the psychological resilience and self-esteem levels among parents of children with special needs. Therefore, the findings of this study align with existing literature (Hayter & Dorstyn, 2014; Karaman, 2018; Liu, et al., 2014; Marti, 2016).

The study revealed that the psychological resilience and self-esteem levels of working parents with special needs children were notably higher than those of non-working parents, and this difference exhibited statistical significance. The elevated levels of psychological resilience and self-esteem among working parents with special needs children can be attributed to the fact that their children are engaged in activities outside the home environment, even if only briefly, which can provide a respite from the demanding emotional and physical caregiving responsibilities. In this regard, it's worth noting that certain studies in the literature present opposing findings to the current research. In investigations conducted by Bildirici (2014) and Celebi (2021), it was deduced that the employment status of participants did not exert an influence on their levels of psychological resilience. These discrepancies emphasize the complexity of these relationships and signal the necessity for an exhaustive understanding of the multifaceted dynamics at play in the lives of parents navigating the realm of special needs caregiving.



The study's analysis of the income level variable revealed that there were no noteworthy differences in the overall scores of participants categorized by low-, middle-, and high-income levels concerning psychological resilience and self-esteem ( $p>0.05$ ) within the context of parents with special needs children. Consequently, the research concluded that the income level of these parents did not exert a significant influence on their psychological resilience and self-esteem. This conclusion is substantiated by similar research conducted by Sayilan et al. (2020) and Yazicioglu & Uluagli (2020), which found no correlation between participants' income levels and self-esteem, as well as by Kimter's (2020) study, which also indicated that income level did not impact psychological resilience. However, it is worth noting that contrasting results exist in the literature, as studies like those by Bildirici (2014), Yilmaz, Esenturk, Ulas & Ilhan (2017), Yagmur & Turkmen (2017), Gunes (2020), and Kurt & Arslan (2020) identified significant discrepancies concerning income level's association with self-esteem and psychological resilience.

In relation to the education level variable, an investigation was carried out to determine whether the total scores of participants with primary, secondary, associate, undergraduate, and graduate education differed significantly in terms of SPRS and RSS. The analysis revealed that parents with bachelor's degrees had higher total scores (SPRS=21.30, RSS=33.12) compared to parents with a high school degree (SPRS=18.78, RSS=30.09), and this disparity was statistically significant. This outcome finds support in existing literature (Li, et al., 2014; Marti, 2016). In the study conducted by Kurt & Arslan (2020), it was observed that participants with higher education levels exhibited higher total psychological resilience scores than those with secondary and high school education levels, and this distinction was statistically significant. Yagmur & Turkmen (2017) discovered that individuals who received education beyond high school demonstrated higher levels of psychological resilience compared to those who halted their education after high school, and this variance was statistically significant. In Bildirici's study (2014), a significant difference in psychological resilience was noted concerning education levels. The heightened ability for accurate self-reflection and coping with stressful situations due to higher education levels may be factors contributing to the elevated levels of psychological resilience and self-esteem. Notably, studies by Karal & Bicer (2020), Kimter (2020), and Celebi (2021) established that the education level of participants did not influence their psychological resilience.

The total scores derived from the SPRS and RSS for parents whose children with special needs engage in sports are greater than those for parents whose children with special needs do not participate in sports. Nevertheless, this disparity lacks statistical significance. In the available literature, we could not identify any research that either supports or contradicts this finding. According to Ilhan (2010a), parents of children with special needs reported that their children's engagement in sports activities could potentially offer psychological solace to the parents. Conversely, parents whose children with special needs partake in sports might have elevated their levels of psychological resilience and self-esteem, given that their children's enjoyment and mental relaxation through sports participation could positively impact them. Parents often play a crucial role in supporting their children's sports participation. Seeing their children succeed and enjoy sports fosters a sense of shared success and achievement, leading to positive emotions and increased self-esteem. The involvement of disabled children in sports can empower parents as

they witness their children develop new skills and abilities. This empowerment extends to parents' belief in their own ability to handle challenges, enhancing their psychological resilience. Sports involvement can facilitate positive interactions between parents and their disabled children. These moments of connection and shared experiences contribute to emotional well-being, fostering resilience in parents. The joy and excitement of watching their children participate in sports can serve as a stress-relieving outlet for parents. Engaging in these activities provides a break from caregiving responsibilities and promotes relaxation.

Upon conducting a simple linear regression analysis to ascertain the extent to which parents' self-esteem levels predict resilience in parents of special needs children, it was revealed that indeed, parents' self-esteem levels are predictive of resilience. In other words, as parents of children with special needs experience an increase in their self-esteem levels, their psychological resilience also sees an uptick. This pattern aligns with similar findings from studies by Veselska et al. (2009) with adolescents and Sancı & Ucar (2021) with women in the textile sector. Karairmak & Cetinkaya (2011) investigated the effects of self-esteem and locus of control on psychological resilience in individuals who had experienced the Marmara earthquake in Turkey on August 17, 1999, known for its significant traumatic impact. Their research also mirrored our current study's results, indicating that higher self-esteem scores corresponded to higher psychological resilience levels. In parallel, Arslan (2015) likewise discovered a predictive link between self-esteem and psychological resilience. However, it's worth noting that there are also studies in the literature that have yielded opposing conclusions. For instance, Bompus (2014) examined the racial identity, psychological resilience, and self-esteem of participants, focusing on adopted Afro-American individuals. This research revealed a negative predictive relationship between self-esteem and psychological resilience.

During the data collection process, a parent of a child with special needs was observed making the following statement: "The parent, upon reading some of the items in the psychological resilience scale, began to answer the questions while vocalizing their thoughts. Upon completing the scales, they remarked, 'Naturally, I must maintain good psychological well-being in order to fulfill my child's needs. If it weren't for me, no one else would attend to my disabled child's requirements.' Based on the outcomes of the present study and this illustrative situation, it becomes evident that raising children with special needs necessitates parents to uphold elevated levels of self-esteem and psychological resilience, alongside sustaining their motivation. This is crucial, given that parents attend to every facet of their children's requirements, ranging from nourishment and healthcare to education and social interaction. By effectively managing these variables, parents can tend to their own needs in parallel with those of their children with special needs."

Considering the outcomes of these studies, it becomes evident that the self-esteem and psychological resilience of individuals who have undergone traumatic experiences could be impacted by such events, potentially diminishing their overall quality of life. The inherent drive within the human organism to maintain a state of psychological and physiological equilibrium compels us to seek solutions for returning to a sense of normalcy, irrespective of the consequences associated with the events encountered. Especially following impactful events that we have been exposed to, it remains imperative to uphold a positive outlook, both for our own well-being and

for effectively fulfilling our responsibilities toward those in our vicinity. In this regard, the reality that parents of children with intellectual disabilities assume the majority of caregiving duties necessitates the cultivation of psychological resilience.

## CONCLUSION

This study involved parents of children with mild to moderate intellectual disabilities. By encompassing a diverse group of parents who care for individuals with varying degrees of physical, mental, and emotional differences, it becomes possible to ascertain the underlying motivations that drive parents in tending to their children with special needs. Furthermore, this approach allows for an exploration of the connections between their psychological resilience, self-esteem levels, and caregiving responsibilities.

The percentage of parents (n=97) whose children did not participate in sports in the current study is 62.2%. The significance of involving individuals with special needs in sports has been underscored in numerous studies (Darcy, Lock & Taylor, 2017; Kiuppis, 2016; Koparan, 2003; Ilhan, 2010b). Initiatives to promote the engagement of children with special needs in sports should be encouraged within special education and rehabilitation centers, as well as special education schools. The endeavor of children with special needs to enhance their communication with their parents through sports (Yarimkaya, Esenturk & Ilhan, 2020) and their determination to embrace life and adapt to society despite their unique circumstances can contribute to parents' increased selflessness and motivation in providing care for their children. It is crucial to investigate the factors that hinder the participation of children with special needs in sports and, if identified, take steps to eliminate these barriers. Efforts should be made to facilitate and maximize the involvement of children with special needs in sports activities.

The extensive responsibility that parents bear for the care of their children with special needs can lead to their limited participation in social and educational activities. To address this issue, providing substantial support from relevant institutions can enable parents to allocate time for personal growth through social and educational endeavors. Organizing training sessions for parents of individuals with special needs holds significance in helping them cope with these challenges psychologically and become more effective caregivers. Collaborative efforts between responsible organizations, including municipal initiatives, social institutions, universities, and government, can facilitate the implementation of such activities.

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