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THE EFFECTS OF GROUP COUNSELING PROGRAM FOR SIBLINGS OF ATYPICAL CHILDREN ON THEIR ANXIETY LEVELS

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ABSTRACT

The aim of this research was examining the impact of group counseling program ob siblings of atypical children's anxiety level. This research was conducted in Metin Sabanci Special Education and Rehabilitation Center between 2018 and 2020. Twenty siblings of atypical children in different dissability groups were participated in this study. Five boy and five girl were included experimental group and the same was done for the control group. The age range of participants were determined from 8 to 11. The group counseling program that was developed by research longed six-week and each sessions were one hour length. This group counseling program were applied to the participants in experimental group while there is no application for participants in control group. The design of this research was quasi-experimental research with pre-test and post-test and control group. Spence Children Anxiety Scale that was developed by Spence in 1988 and adapted by Direktör and Serin in 2017 was used to measure participants' anxiety score before and after the group process. To analyze the collected data, Wilcoxon Signed Rank and Mann-Whitney U tests were used by researcher. At the end of the analyzing process, it was found that the six-week group counseling program was developed by researcher was effective on siblings of atypical children's anxiety level. Reduction was observed in participants' anxiety score at the end of this process. The findings obtained in this study were evaluated according to the current researches and extant literature.

Keywords: Children with Dissability, Trait Anxiety, Siblings of Atypical Children

ÖZET

Bu araştırmanın amacı farklı gelişen çocukların kardeşlerinin anksiyete seviyesi üzerinde araştırmacı tarafından geliştirilen grupla psikolojik danışma programının etkisini incelemektir. Araştırma, 2018 ve 2020 yılları arasında Metin Sabancı Özel Eğitim ve Rehabilitasyon Merkezi'nde yürütülmüştür. Bu çalışmaya farklı engellilik gruplarına ait yirmi farklı gelişen çocuğun kardeşi katılmıştır. Beş erkek ve beş kız deney grubuna dâhil edilmiş ve aynı işlemler kontrol grubu için de yapılmıştır. Katılımcıların yaş aralığı 8 ile 11 arasında belirlenmiştir. Araştırmacı tarafından geliştirilen grupla psikolojik danışmanlık programı altı hafta sürmektedir ve her seans bir saat sürmüştür. Grupla psikolojik danışmanlık programına deney grubundaki katılımcılar dahil edilmiş, kontrol grubundaki katılımcılara herhangi bir müdahalede bulunulmamıştır. Araştırmanın deseni ön test, son test ve kontrol grubu ile birlikte yarı deneysel araştırmadır. 1988 yılında Spence tarafından geliştirilen ve 2017 yılında Direktör ve Serin tarafından Türkçe'ye uyarlanan Spence Çocuk Anksiyetesi Ölçeği, katılımcıların grup sürecinden önceki ve sonraki kaygı puanlarını ölçmek için kullanılmıştır. Toplanan verileri analiz etmek için araştırmacı tarafından Wilcoxon Signed Rank ve Mann-Whitney U testleri kullanılmıştır. Analiz sürecinin sonunda geliştirilen altı haftalık grupla psikolojik danışma programının farklı gelişen çocukların kardeşlerinin kaygı düzeyleri üzerinde etkili olduğu bulunmuştur. Bu sürecin sonunda katılımcıların kaygı puanında azalma gözlenmiştir. Bu çalışmada elde edilen bulgular güncel araştırmalara ve mevcut literatüre göre değerlendirilmiştir.

Anahtar Kelimeler: Farklı Gelişen Çocuk, Sürekli Kaygı, Farklı Gelişen Çocuğun Kardeşleri

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CHAPTER I

1. INTRODUCTION

1.1.Problem Statement

The World Health Organization (WHO) defines disability as an umbrella term that covers activity constraints, participation difficulties and disruptions (WHO, 2018). These disorders, limitations and restrictions do not only affect one's body or movement functions. It also affects one's thoughts, social roles in society, and family relationships. Individuals who develop physiologically differently may experience difficulties due to the obstacle they face in many moments of life. Interactions or interpersonal relationships with other people may be affected by a person's disability. Generally, the first difficulty that is faced by individual in communication occurs in the family relations that is the first environment in which the person communicates (Gladding, 2014).

"Family is regarded as those who are biologically or psychologically related, connected with historical, emotional or economic ties and perceive themselves as part of the household" (Gladding, 1995). In almost every culture, the communication patterns in families have some features such as adaptation, setting appropriate boundaries, communicating openly, encouraging responsibility, expressing confidence and being optimistic about their future (Cutler & Radford, 1999; DeFrain, 2005). Psychological and physiological characteristics and differences of each individual constituting the family are of great importance in showing all these characteristics. An individual whose personal characteristics are not compatible with family dynamics may experience some problems in family communication over time (DeFrain, 2005). On the other hand, personal characteristics of family members affect family structure and internal dynamics. They can have positive or negative effects on individuals' own inner world. For example, a parent who has recently experienced anxiety problems may adversely

affect his wife and children, or the family relations may develop positively by managing this anxiety problem among family members well.

Families may face some crisis situations during their life cycle. These crisis situations, usually faced by families, emerge from the expected events. The nature of predictable events, such as setting up one's own life, finding a job, getting married, is known, but the details are depending on specific situation and the individual's attitudes (Goldman, Schlossberg & Anderson, 1996). There are also unexpected events that are difficult to predict (Goldman, Schlossberg & Anderson, 1996). The emergence of an atypically developed baby and the parents' lack of readiness in this situation may be examples of these unpredictable events. "Family members try to deal with these problems by sharing and supporting their feelings each other during such predictable or unpredictable crisis situations (Gladding, 1995, p. 34)". Therefore, the family can be considered as the first place where one can get support and ideas for solving the problem in case of an unexpected situation or when it is necessary to struggle with a difficulty.

During the mother's pregnancy, parents have developed some dreams about the future of the baby and how she or he will have a life. This psychological preparation process, which starts with dreams of a new individual's joining in the family, is a process that almost every parent lives in, but usually involves the desire of a perfect baby. It may also include the fear of giving birth to a disabled child, or the fear of an unexpected situation before, during or after birth, in addition to the desire for a perfect baby. With the birth of a disabled baby or facing disability in early or late childhood period, hopes, dreams and fantasies of the family die (Gargiulo, 1985). For this reason, parents are very sensitive about their dreams of having a perfect baby.

According to Renshaw (2005), being a parent psychologically, physically, socially changes life style of couples. This can be an enjoyable but challenging experience. The birth of the baby has a major effect on a lifestyle families (social environment etc.), relationship between couples

(sexual intercourse etc.) and mother / father stress (Hughes & Noppe, 1991). When a new individual, a baby, enters the family, at least for a short time, the balances in family relationships are disrupted and stress is observed in family members (Cowan, Cowan & Knox, 2010). Husband and wife have to adapt their time that they devote to entertainment, work and socializing with friends according to new conditions that consist after the birth. Couples have to decide among themselves how to take responsibility for their babies, when and where these responsibilities will be met. These challenging processes that occur when a typical developing baby is born, become more challenging during an unexpected situation, if an atypically developed baby is born. The family has already been put under a great burden with the birth and major changes occur on this burden. Couples are confronted with knowledge about many aspects of their babies' diagnosis, health checks and possible health problems, care and education, and play an active role in the process of their children (NAP, 2016). In a study conducted by Özsoy, Özkahraman and Çallı in 2006, It was found that families with differently developing children could not get support from the social environment and they feel guilty and blamed.

With the participation of a newborn child with or without disability, not only the lives of the parents change. But also siblings must adapt to changes and influences on lifestyle, relationship quality, and stress level. The participation of a new individual in the family has many meanings, whether positive or negative for the siblings. The sharing of existing parental interest, the idea of being loved with special love by parents is threatened and the effort to become unique causes the older child to start to worry with the birth of the new baby (Faber & Mazlish, 1987). Although there are negative situations for the existing child with the participation of a new individual in the family, having a sibling has positive aspects for the older child. Sibling relationships provide individuals with great support in terms of emotional and physical bonding in various periods of their lives compared to other social relationships.

According to Buhrmester, Furman, Girli and Powell (1990), sibling relationships are endless relationships and the siblings have a power through this bond that they have established with each other. Also, they use this power in other social relations. The relationship between siblings is a system in which various trials and errors are made, affecting future interpersonal relationships, coping mechanisms and personality development. In this system, brothers and sisters are friends, teachers, protectors, care givers and relatives for each other. If one of the brothers or sisters has an insufficiency, this leads to a complex interaction between the siblings. As a result of this, the majority of families are affected by differences in sibling relationships (Aykara, 2015).

If any sibling has a disability in these processes, this may affect whole sibling relationships as well as all other processes. Problems between siblings can arise with the superiority or lack of features of one of the siblings. A normal child who has superior qualifications than his disabled sibling may exhibit exclusionary or protective attitudes towards his disabled sibling (Dunn, 1988; İçöz, 2001). While children with disabled siblings try to understand the difference of their siblings, they may feel that they take more responsibility and receive less attention from their parents than their peers who have a typical developing sibling (Şenel, 1995). According to Seligman (1983), adaptation problems experienced by children with disabled siblings, siblings' care responsibilities and difficulties in understanding disability are related to the attitudes of the family towards the disabled child.

Typical developing siblings, boys or girls, adapt to the situation of having a disabled sibling in different ways. Recent research has shown that the majority of siblings are well adapted to the situation of having an atypical sibling and some siblings are at risk of developing serious adaptation difficulties (Summers, White & Summers, 1994; Lamorey 1999; Rossiter & Sharpe 2001). In order to maintain such an important relationship in a positive way; parents should do that to give sufficient and necessary information to healthy siblings about the behaviors and

disabilities of disabled siblings, to teach healthy siblings how to react and behave against siblings, to develop understanding and harmony in the family, to talk about problems of healthy siblings and disabled siblings in the family and to keep in mind the needs of healthy siblings. In this context, the child needs to be directed to make efforts to accept the obstacles of his disabled brother or sister (Aykara, 2015). According to research conducted by Özbay and Aydoğan (2014), growing up with a disabled child is typically associated with psychological difficulties and the risk of being less flexible in typical developed siblings. The brothers and sisters reported that they had difficult emotional experiences with this situation and they tried to cope without any support of others in this research.

The typically developed siblings, who are assigned to some duties and responsibilities during the diagnosis, treatment, follow-up and care of the disabled child, often have to find solutions to their own crisis situations and problems alone. Parents' over-focus on disabled children can make the typical developing sibling feel lonely and anxious (Saban & Arikan, 2013). Anxiety is an adaptive mechanism to deal with danger, a basic human sense and a multifaceted state of emotion. The development of anxiety is influenced by genetic and biological tendencies, prior learning and experience, situational clues to the environment, and cognition (Cloningger, 1988). In 1966 Spielberger identified two types of anxiety as state and and trait anxiety. Spielberger (1966) described state anxiety as a tendency to perceive or interpret normal situations as stressful. According to this, one perceives situations that are neutral according to objective criteria as dangerous and threatening his or her self. These constant anxiety and stressful situations lead to much negativity in one's life. Anxiety, especially in children's lives, leads to undesirable psychological distress and makes adaptation disturbed if childhood concerns adversely affect the functionality of the child in terms of its severity or duration, it should be noticed and intervened. Otherwise, the child carries these anxiety symptoms to adulthood years (Kendall, 1992).

In this case, while the studies with the disabled child is continued, the well-being of typical developing siblings who are at least as sensitive as the disabled child should be considered. In the literature review of this topic, group studies with siblings of differently developing children were found to be few, and current studies did not focus on the anxiety levels of typical developing siblings. With this study, it is considered that developing a psychological counseling program with a group for typically developing siblings of children with disabilities is an important step both to draw attention to this issue, and to meet the required need in the field. In this context, it is thought that a group counseling program for siblings of disabled children may be effective in reducing siblings' anxiety levels. As a result, the problem statement of this research is summarized as follows: “Does the 6-week group counseling program developed for siblings of atypical children have a positive impact on siblings' anxiety level?”

1.2.Research Purpose and Importance

The point of this research was to consider the effect of the six-week group counseling program on 8-11 years old children with atypical siblings in terms of their state anxiety levels. The objective of this research was to examine how some anxiety conditions associated with the participation of disabled children in the family affect the typical siblings, and whether this effect level was varied by demographic variables such as age, gender, income status of the family, and the diagnosis of atypical children. The results of this research make significant contributions to the field of special education and psychological counseling and provide an important resource for the work with siblings of atypical children. The sub-objectives are summarized below:

1) What are the pre-test and post-test anxiety scores of siblings of atypical children in the experimental and control group?
2) Does the 6-week group counseling program for siblings of atypical children have positive effects on siblings' anxiety levels?
3) Do siblings of atypical children's anxiety levels differ significantly by gender?
4) Do siblings of atypical children’s anxiety levels have a significant difference according to age?
5) Do the anxiety levels of siblings of atypical children show a significant difference according to the socio-economic level of their parents?

1.3.Limitation

1) This research is limited to the 8-11 years old siblings of children who were studying at Metin Sabancı Special Education and Rehabilitation Center in 2018-2019.
2) This research is limited to the aptitudes measured by the Spence Anxiety Scale for Children (Direktör & Serin, 2017).

3) The implementation of the group counseling program in the study is limited to 6 sessions lasting one hour per week.

1.4.Premises

The findings of this study are based on some assumptions:

1) It is assumed that in this study, the siblings of the disabled children in the sample group gave correct answers to the data collection tools.
2) It is assumed that the sample of the study was representative of the universe.
3) It is assumed that the data collection tools in the study met the validity and reliability conditions.

CHAPTER II

2. LITERATURE REVIEW

2.1.Anxiety

People experience anxiety in their different life situations such as job interview, at the beginning of school or some events that they have not experienced yet. Anxiety becomes more visible when people face with unfamiliar, dangerous or stressful situations. In 2014, Healey specified anxiety as typical responses to perceived threat and this anxiety process comprised of physical, emotional and mental responses such as increasing adrenalin level, feelings of worry and confusion. Anxiety is also described as a crucial feeling having a securing and adaptive action in terms of growth that is experienced throughout life (Karakaya & Öztop, 2013). Occasional anxiety can be acceptable as a decisive behavioral motivator. If there is a relevant level of anxiety, it is essential for human performance, and also it assists people by making them fixate their attention on the things that they need to achieve (Healey, 2014). Anxiety is adequate as an element of the normal development process, but sometimes it may result in ignoring of anxiety disorders. Researchers often justify that anxiety is commonly related to depression, academic success and social interactions (Gullone, King, & Ollendick, 2001). Anxiety could be described as having two ingredients: state anxiety and trait anxiety. Trait anxiety refers to the personality of individual and disposition for anxiety, in as much as state anxiety refers to the emotional reaction caused by perceived distress (Bradley, 2016). State anxiety demonstrates the cognitive and physiological temporary reactions precisely related to detrimental situations in particular moment. In other words, trait anxiety mention to a trait of personality, characterizing person distinctness related to a propensity to current state anxiety (Leal, Goes, Silva, & Teixeira-Silva, 2017). For that reason, trait anxiety is approximately constant over time and deliberated an essential distinctive of subjects with anxiety disorders, as

they show greater trait anxiety than individuals who are healthy (Vagg, Spielberger & O'Hearn Jr, 1980).

Anxiety types and levels could be varying in different periods of life. At the beginning of life, humans are born with various kinds of anxiety about separation, high voice, and adjacency to foreign people, etc. These anxiety types are decent as a regular part of early childhood (Muris & Merckelbach, 2010). Together with that, infant anxiety has been correlated with the bond between infant and primal caregiver like a mother (Dursun, 2013). For the first time, the emotional bond was used by Bowlby in 1958 by defining the connection between caregiver and infant. In accordance with evolutionary biology, infants are born with some behavior patterns like nutrition, movement and self-defense and these patterns authorize newborn to maintain closeness with a person who can take care of himself or herself for a long time to survive (Mikulincer, Shaver, & Pereg, 2003).

As reported by Bowlby, attachment of the baby to the primal caregiver is vital, and infants have been programmed to establish a secure and reliable bond with the primal caregiver during the evolutionary process (Bowlby, 1973). However, sometimes, the needs of infants such as nutrition, movement, love, etc. are not met adequately. This deprivation leads to high-level anxiety for an infant. In a study that is investigating effects of the mother’s precision to the needs of child on child’s anxiety and depression that may occur in early childhood, it is reported that the proximity and sensitivity of the mother for six to fifteen old children leads to less sign of anxiety and depression in their later developmental years, namely, in 2-3-year-olds (Dursun, 2013).

As a result of these researches, it can be understood that if needs of the infant such as love, nutrition, safety are not met adequately by the caregiver, he/she feels insecure in his/her environment. Feeling insecure in the emotional relationship with the newborn's mother or father that makes the baby feel more anxious, resulting in potential anxiety disorders in later developmental periods.

2.1.1. Anxiety Disorders

Anxiety is a natural reaction in frightening, threatening or foreign situation and it includes the physical and cognitive response that is imperative to prepare a body for each of two, leading to the behaviors of running away or encounter if necessary (Healey, 2014). These responses are known as fight or flight responses. However, nowadays, the situations that trigger fight or flight responses are not commonly life-threatening or physically dangerous. Our stressful events are generally tended to include finishing some work, being stuck in traffic, or friendship problems. Therefore, fight or flight response does not help people in daily stresses, and they make them more anxious consistently.

Anxiety evolves into a problem when it is so persistent, so extensive, that it intervene with our lives (Healey, 2014). When an individual feels anxious consistently, the constitutional message that is "something is wrong" becomes dominant in his life. People may have difficulty relaxing enough to advance for daily responsibilities and obligations. If anxiety is continual, it has a destructive effect on an individual's physical health. It is stressful for a body to experience nervous all the time and the "fight or flight" reaction make less the influence of the immune system thus a individual is more defenseless to becoming sick (Healey, 2014). All of these components are associated with anxiety disorders, but also anxiety disorders commonly appear with general anxiety. In 2000, some researchers found that clinical anxiety is frequently accomplice with separation anxiety and social phobia (Weems, Silverman & La Grece, 2000). Therefore, anxiety disorders should be considered as at least general anxiety and these disorders are named as separation anxiety disorder, selective mutism, specific phobias, social phobia, panic disorder and agoraphobia, general anxiety disorders, obsessive-compulsive disorder, and post-traumatic stress disorder (APA, 2013).

2.1.1.1.Separation Anxiety Disorder

According to DSM-V, the primary characteristic of separation anxiety disorders is empirically improper fear encircling being apart from figure of attachment such as family, caregiver (Goldstein & DeVries, 2017). Persons with this anxiety disorder might feel repetitive overdose distress on being apart from environment or considerable attachment objects, and when individuals are apart from attachment objects such as family, caregiver etc., they generally want to get information about their location and they are generally trying to communicate with their attachment figures by phone calls, etc. (APA, 2005). Separation anxiety disorders may occur in childhood. According to the American Psychology Association in 2013, separation anxiety disorders can be seen in %4 of children. For children with separation anxiety disorders, they usually have difficulty in sleeping during night and they need someone them before the sleep and these children might also afraid of being alone in the room and they might show "clinging" reaction, keep close their parent and "shadowing" their mother or father around them (APA, 2005). As a result of separation anxiety disorders, they are seeking for help as a result of school rejection and somatization, and due to somatization, there can be some delays for seeking help from a psychologist (Direktör, 2018).

2.1.1.2.Selective Mutism

Selective mutism that is a mental disorder consistently appearing during the period of childhood, is distinguished by a continual deficiency to speech in specific situations assumed not in well-known places like a home (Capozzi, Romani, Di Trani, & Manti 2017). Although the child knows and understands the spoken language, it is defined as the fact that he or she is expected to talk in social environments but does not speak continuously and this situation contain significant negative influence on the work and school life. These are reported that the prevalence of selective mutism in childhood varies between 0.03% and 1% (APA, 2013).

2.1.1.3.Specific Phobias

According to APA (2013), significant features of specific phobias were defined as the obvious and constant fear against particular objects and situations (e.g., some animals, darkness, receiving an injection). Fear and anxiety can always be triggered with the phobic situation or object, and the phobic condition is inhibited or evaded by fear or anxiety. Anxiety and fear can be expressed as crying or clinging in children (APA, 2013). Specific phobias can become chronic and disabling if it is not treated and it may cause some deteriorations in people's social, occupational or physical functioning (Wolitzky-Taylor, Horowitz, Powers, & Telch, 2008). As reported by APA in 2013, the prevalence of specific phobias in the United States is around 7%-%9 almost similar to European countries (6%). However, it can be seen that for Asian, African and Latin American countries, specific phobias are less common in these countries (2%- 4%). In addition, multiple particular phobias can be determined in the same person commonly. 75% of individuals with specific phobia have fear or anxiety against multiple situation or objects (APA, 2013).

2.1.1.4.Social Anxiety Disorder (Social Phobia)

Social anxiety disorder is characterized as an obvious fear or anxiety of social situations (APA, 2013). Anxiety level or fear is not realistic and related to these situations because individuals with social anxiety disorder believe that there are embarrassments or humiliations in these situations (Ollendick, & Benoit, 2011). One of the concrete output of anxiety and fear can be avoiding social. Occasionally this avoidance may occur against performance situations. Performance anxiety is the only type of social anxiety disorder in that individuals feel anxiety and fear in their professional life especially before they need to perform something about their profession (APA, 2013). Also, people with social anxiety disorder encounter powerful emotional distress, isolation of social environment and occupational maladjustment (Beidel, &

Turner, 2007). In social anxiety disorder, children might occur with scream, cry or cling to intimate individuals or figures and it has been supposed to appear in about 1% or 2% of children (McGee et al., 1990). However, this anxiety type must be taken care for children because it has significant and detrimental effects like passive isolation, low perceived social competence, depression, and loneliness on children life. Some researchers also assert that children with an anxiety disorder can be labeled easier than other children as peer-disregard (Strauss, Lahey, Frick, Frame, & Hynd, 1988). In this manner, children with social anxiety disorders deteriorate with long term consequences as well as immediate (Beidel, & Turner, 2007).

2.1.1.5.Panic Disorder and Agoraphobia

According to DSM-V (2013), disorder of panic attack is examined that there is an unexpected flow of intense fear or severe irritation can reach a top in a few moments. There are also some symptoms in these surges like sweating, chest pain, pounding heart, shaking, etc. In panic situations, there might be no apparent cue or trigger, and due to this, people with panic disorder feel that they are going to be crazy or they may be judged negatively by others. Prevalence of panic disorder in Continental Europe is measured around 2%-%3 in matures that is almost the same as the United States. In addition, the gender factor can affect its prevalence. Females are twice more afflicted than males generally. For children, panic disorder can be seen under the ages of 14, the prevalence of panic disorder for under the ages of 14 was found 0.4% (APA, 2013).

In agoraphobia, researchers define that (APA, 2013), there is the existence or anticipated disclosure that trigger the phobia in a wide range of situations. For detecting agoraphobia, anxiety has to reveal in more than five situations; namely, public transit service, staying in open environment like squares etc., staying in confined areas like theatre etc. waiting with people or standing in a group of people and being outside alone. People who have agoraphobia generally

think that escaping out of this situation will be difficult for them and there will be no one to help them. For the prevalence of agoraphobia, almost 1.7% of teenager and matures have an agoraphobia.

2.1.1.6.Generalized Anxiety Disorder

DSM-V characterizes generalized anxiety disorder as the feeling anxious or worries without any reason more than six months in daily activities (APA, 2013). This worry or anxiety can be seen in such situations as finance, children's safety or job performance. Also, the onset of generalized anxiety disorder is infrequent prior to adolescence (Scheeringa & Burns, 2018). The current prevalence of generalized anxiety disorder is guessed as 1.6–5.0% in the common society (Spitzer, Kroenke, Williams & Löwe, 2006). Besides that, females are two times as likely as males to encounter generalized anxiety disorder (APA, 2013). In addition to this, although generalized anxiety disorder is rarely seen before adolescence, if children have this disorder, they are easy to be anxious inordinately for their appropriateness or the performance quality of them and during the process of the disorder, the main point of being anxious may fluctuate between two concern situations (APA, 2013).

2.1.1.7.Obsessive Compulsive Disorders

Obsessive-Compulsive Disorder is described as undesired, impeding and compulsive thoughts or repetitive and ritual behaviors that can cause some problems in daily life (Direktör, 2018). According to APA in 2013, being obsessive is defined as having repeating and continuous ideas, desires or images and being compulsive is characterized as having repetitive behaviors (e.g., turn on and off lights, ordering) or mental actions (e.g., counting, repeating words). In the US, the beginning age period of Obsessive Compulsive Disorder is average nineteen years, and twenty-five percent of circumstance begin by age 14 years, and 25% of male children have an earlier age-beginning than females, OCD is beginning before age 10 for

them, and there is no different criterion for children (APA, 2013). For OCD, the percent of prevalence is found as 1.1%-1.8% in the world, and OCD occurs more in females than males (APA, 2013).

2.1.1.8.Post-Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is examined with some signs that appear after experiencing a traumatic action such as, explosion, robbery, traffic disaster sexual or physical abuse, etc. (Patel & Manikkara, 2018). The symptoms that last more than one month and develop within three months after a traumatic event are defined as traumatic nightmares sleep disorders, self-injurious, aggression and psychological distress by the American Psychiatric Association in 2013. PTSD can be seen in all periods of life even including infancy (APA, 2013). Although the symptoms of PTSD have specific features, sometimes they may vary depending on life periods (APA, 2013). For example, clinical reports for children who are younger than 6-year-olds assert that these children express re-experiencing symptoms with symbolic games related to traumatic events (APA, 2013). In addition, this, duration of symptoms also varies depending on different criteria. Lastly, the prevalence of PTSD is higher for countries that are under the risk of war, crime or terrorist attacks and for occupations that have a high-risk factor for traumatic exposures, post-traumatic stress disorder can be seen more often than others (APA, 2013).

2.1.2. Theoretical Views About Anxiety

2.1.2.1.Adler's Views About Anxiety

In the 20th century, Alfred Adler asserted the community feeling concept that contains an individual's relationship with others and this basis is consequential for his or her life quality and psychological wellness (Kałużna-Wielobób, 2017). As the main term for Adlerian Therapy, the feeling of community refers to "...the thoughts of people about being part of society and individual's manner to struggle for existence in a social environment" (as cited in Corey, 2015 p.101). Lack of community feeling generally causes separation from others that can bring to both anxiety and hostility in the individual. People carry two concepts that are inferiority complex and social interest in their existence, and their psychological wellness is balanced with the equilibrium among these concepts (Murdock, 2018). Therefore, if social interest and inferiority complex are well balanced by the individual, he or she will be well adapted in a community that makes him or her psychologically well.

The Individual Psychology that is named for Adler's Theory has some concepts for explaining the nature of human being like community feeling mentioned above. The theory includes many concepts which are defined as social interest, the perception of reality, etc. and these concepts help the one understand human nature easily and explain his or her psychological wellness. For Individual Psychology, there are two important concepts that affect the individual's lifestyle, and one of them is the subjective perception of reality. In 1927, Alfred Adler defined the subjective perception of reality in early childhood as a prototype for later life. According to him, our perceptions in later life are shaped by our way to see the world or our vision about the environment in childhood and he also claimed that when this prototype is shaped, there will also be a direction that will be followed by the person in life process (Adler, 1927). Therefore, this makes it possible to create some foresight about the individual's later life for psychologists.

Other important concepts for Adlerian therapy are that birth order and sibling relationships. It is known that birth order may affect people's experiences that can determine their life perspectives for Individual Psychology. Although all children in the same growing environment, each child have a specific perception about his or her environment and this means all children would have a specific prototype for later life (Adler, 1927). For example, while the first children are alone in their home life and feeling as if they were at the center of parental attention, with the arrival of the second child, they start to feel defeated, and may not tolerate the situational changes. Therefore, these changes have some effect on their prototypes. When children reach adulthood years, perceived birth order has some influences about how adults interact and communicate with the world or their environment (Corey, 2015).

Influenced communication, interacting style of adults, and incorrect subjective perception in early childhood can be the causes of the failures to meet the developmental needs in adulthood like social belonging and healthy relationship with others. Unmet needs may lead to inferiority complex and anxiety that will obstruct people to realize them (Kałużna-Wielobób, 2017).

For Adlerian Therapy, anxiety is defined in 2006 by Carlson, Watts, and Maniacci as a self-guarding mechanism that is used to avoid facing personality complexes by people. According to them, individuals are too frightened to do something that forces them to confront their complexes with the excuses of anxiety. However, these excuses are not acceptable as reasonable. These excuses have to be eliminated because if it were acceptable, there would not be any learning chance about life tasks like walking or jumping (Mosak & Maniacci, 1999). Another perspective about anxiety in Individual Psychology is that anxiety is a kind of weapon that helps people rule others. Especially depressed people are using anxiety to become oppressive ones over others because they always need people around them. Therefore, ruled

people that are around depressed individual start to feel obliged to shape their lives according to the needs of this person (Adler, 1927).

As it can be understood above, anxiety is not acceptable as a positive factor in human life. It affects individuals' lives by shaping their personal relationships with others and their personality complexes. False beliefs that come from early childhood about life conditions should be studied to overcome anxiety by getting support from Individual Psychology (Murdock, 2018).

2.1.2.2.Existential Psychotherapists' View About Anxiety

"Existential therapy is accepted as more than a particular style of psychotherapy that has some techniques or classical psychotherapy discipline. It is approved as an approach about psychotherapy and also a philosophy as the way of thinking" (Corey, 2015 p.132). The most important differences between existential psychotherapy and other psychotherapies are that existential attitude responds on understanding human being and what is the meaning of being alive, unlike others who are established with psychotherapeutic rules or techniques (Corey, 2015). The working field of existential psychotherapy is individuals' existential pain, and there is no general guide to apply it for each person. Individuals are examined as unique beings that might suffer, struggle and feel bad due to their existential limitations. They are also examined as the persons challenging to find the meaning of life with hopes, fears, and relations (Corsini & Wedding, 2008). Therefore, it is not feasible to use a general manual for existential therapy.

According to therapists from existential therapy, humans are motivated by seeking meaning in their life (Murdock, 2018). Although this concept is accepted by whole philosophers in the existential approach, there is no certain thought about what or where this meaning is. While some researches claimed that a person already has a meaning of life in his reality and he has to reveal it by some doings, others stated that there is no other meaning except the created

one. From their opinion, individuals can only have the meaning of life by creating themselves (Murdock, 2018). While the concept of seeking the meaning is argued, there are also two concepts which should be mentioned as the view of human nature in existential therapy. The people's pathological or adaptive emotions and behaviors have an important role on the structure of their personality, and both terms might appear in some confusion at the level of their consciousness and awareness (Yalom & Josselson, 2008).

According to Yalom in 1980, there are four fundamentals of human existence with the perspective of existential psychotherapy, and these are the death, freedom, isolation, and meaninglessness. For the existential psychotherapists, the main concern of human beings is death which can be acceptable (May & Yalom, 2005). Individuals generally tend to escape from facing the reality of death, and they have a great capacity to do that behavior (Murdock, 2018). However, it should be mentioned that our psychological well beings are related to the concepts of anxiety and death. The second term is freedom. This term refers to living in a universe that has no specific natural design, and each individual has the capacity to create their life (May & Yalom, 2005). From existential perspectives, each individual has to be responsible for his or her change and growth. Therefore they have the freedom to choose based on their opinions about what is wrong or right for them (Yalom, 1980). Another term is isolation that refers to loneliness. For isolation, researchers said that if people accept the terms of freedom and death as mentioned above, they will have to accept their loneliness because individuals are alone while choosing the alternatives in their lives relying on their ideas about what is wrong or true, or they are also alone in the concepts of death (Murdock, 2018). Hence, isolation as an inevitable term has an important effect on human's life. For the last term that is meaninglessness, almost all researches said that individuals are born with no meaning, they can only create theirs by asking some questions about life like what is worth living or what is the

goal of life (May & Yalom, 2005). This meaninglessness brings people to find a purpose by focusing on the answers of these questions.

To sum up, these dimensions have great importance for the existential approach, which helps us have a comprehensive understanding about human nature easily.

Anxiety, as one of the significant dimensions for human nature, is individuals' existential attempts to survive and strive to maintain their presence in their world. Yalom (1980), Vontress (2013) and Josselson (2014) claim that challenging with the "reality of existence" that contains some concepts like death, choices, isolation, freedom makes the existential anxiety an "inevitable" result from the existential perspective (as cited Corey, 2015 p.144). Anxiety is also described as a given of existence, and its structure is so dissimilar from the feeling anxiety or affecting from it. Otherwise, some researches described anxiety in different ways. Routledge described it as "anguish", "angst" or existential anxiety in 2015 and also for Kierkegaard, anxiety is more expanded experience by not focusing on something specific, and it is also a background whistle which comes from an unknown source for all of our activities (Kierkegaard, 2015).

According to therapists with the existential view, the kinds of anxiety are divided into two groups. These are called as neurotic anxiety and normal anxiety. Normal anxiety is accepted as a trigger for growth, and it is an expected result after striving with something complex (Murdock, 2018). Realizing the ultimate concerns like death, freedom, isolation, and meaninglessness brings natural anxiety for the individual, but when it is used properly it may bring out also growth and change (May & Yalom 2005) Besides it, anxiety does not always appear with normal forms like a teacher of growth. Having low skills about anxiety management and repressing it maladaptive can be a cause for neurotic anxiety that is non-realistic concern and individuals might not be aware of neurotic anxiety and its effects like paralyzing, freezing on them (Corey, 2015). For a paralyzed individual, neurotic anxiety

becomes a handicap toward growth and change. Therefore, people feel stuck, and they cannot meet primary needs for their psychological wellness.

2.1.2.3. Psychoanalytic View About Anxiety

When Psychoanalytic theory is seen as the fundamental of psychotherapies, it can be said that it accepts human nature as deterministic. Freud claimed that human's behaviors are controlled by unconscious forces that include instinctual and biological drives like sex, self-defensive behaviors and demolition and also, the competition of these drives cause some negative behaviors for people (Murdock, 2018). Although psychoanalytic view cannot reject the effects of genetic or environmental factors on human behaviors, it can be understood that the main determinant of human behavior for psychoanalytic therapists is human instincts.

Another important aspect for Freud is psychological development in the first six years of life. According to Freud, newborns follow some genetic codes for psychological development in their early childhood, and when children are six years old; their psychological development passes into a pause period until puberty (Corey, 2015). Therefore the first six years of life have great importance for children to be psychologically well in later life.

On the other hand, the psychoanalytic theory brings about three basic parts of the personality that are called as id, ego, and superego (Nagera, 2014). Id has a role in meeting instinctive needs like sexual desire, eating, surviving, etc. The pleasure principle controls id that is the primary source of psychic energy, and it depicts the pressure of instinctual drives on the mind (Luborsky, Landry & Arlow, 2005). This means, it has a purpose about decreasing tension, and preventing pain, and obtaining pleasure. For superego, it can be said that it is developed in the society and it is transferred from parents to children. The newborns only have an Id, not superego or ego. Superego contains people's moral codes that help them to determine their action as good or bad, right or wrong to adapt to the community (Corsini & Wedding,

2017). It also seeks ideal and perfect behavior rather than real and required one. The function of the superego is restricting impulses of Id, and it judges and gives directions to ego by observing it like a parent to realize moral and perfect ones instead of realistic ones (Murdock, 2018). However, one more concept is needed to balance between superego and Id. The ego is the balance concept of personality. Its function is to represent real ones instead of moral and desired ones and also it regulates and controls personality by considering environmental conditions. The ego ruled by reality principle tries to keep away organism from anxiety, but sometimes it fails (Corey, 2015). Therefore there are different types of anxiety arisen from this failure.

For psychoanalytic approach, anxiety is a feeling of fright that comes up because of repressed feelings, appetencies, memories and experiences that come out to the consciousness (Nagera, 2014). The anxiety that can be accepted as a primitive motivator for human behaviors occurs as a result of competition between id, ego, and superego and its main task is to alert organism about dangerous situations (Nagera, 2014). According to Corey in 2015, there are three types of anxiety: reality anxiety, neurotic anxiety, and the last one moral anxiety. Reality anxiety can be defined as a fear against the dangers of the outer world. The level of reality anxiety is directly proportional to the magnitude of dangerous situations while neurotic anxiety and moral anxiety are determined by the individual herself or himself. Neurotic anxiety is the fear about the inability to control impulses and the person having neurotic anxiety thinks that he or she will do something wrong caused by uncontrolled impulses and will be punished for it. Moral anxiety depends on individuals' own beliefs or faiths, and it is developed by a society in which individuals live. When individuals did something wrong or something that is not accepted by society, they start to feel guilty, and they punish themselves via this feeling. Therefore, moral anxiety can be characterized as a kind of fear that is related to the moral codes of society.

As mentioned above, ego has a role in controlling, repressing and regulating these anxieties in a rational and directive way. However, if it fails, there are some defense mechanisms that will be used by ego against uncontrolled anxiety. According to Freud, defense mechanisms help to distort reality so that it prevents the real desire of raising the consciousness and also, they can only help to discharge some of the internal energy for people (Murdock, 2018).

2.1.2.4.Behavioristic View About Anxiety

As one of the multidimensional kinds of therapies, behavior therapy tends to evaluate individuals impartially. According to behavior therapists, people should not be considered as good or bad (Murdock, 2018). They are shaped by their experiences in the contexts they live in. Thus, behaviors are the reflections or products of those experiences which should be the focal point for psychological assessments (Skinner, 2005).

Behavior therapy is established on the scientific method, and it uses measurable and observable data to explain human beings. According to Skinner (1952) who is one of the founders of behavior therapy, science is the exclusive process that produces unique results but also, he asserted that although science has a perfect system, human behaviors are not so easy to be studied with scientific instruments or tools like a microscope (Skinner, 2005). Behaviors have extremely difficult patterns to measure, but it is not unreachable. These difficulties result from the characteristics of behavior such as its fluency, changeability or variability (Skinner, 2005). Therefore, it is hard to observe behaviors momentarily, and this fact causes scientists to lose too much energy and time in investigating people's behaviors. Even it is tough to measure behaviors; many recent methods facilitate this process.

According to behaviorists, human behaviors are kinds of tools that help the ones adapt to the environment they live in. People are conditioned to adjust to different situations or environmental situations to survive, and they are using their behaviors to fulfill what they need

(Murdock, 2018). Researchers of behavior therapy assert three main explanations to understand human behaviors. These are called classical conditioning, operant conditioning and observational learning (Wilson, 2017).

Classical conditioning is defined as an involuntary reactive process towards some objects (Ullmann & Krasner, 1965). This model is about the relationship between a stimulus and a reaction that is probably caused by developmental reasons and later, this reaction becomes connected to another stimulus (Murdock, 2018). This situation can be better explained by an example; if you salivate, when you see a sign of a famous restaurant that makes delicious pizzas, it is probably caused from that you are classically conditioned to pizza that you ate in this restaurant before. As in this example, researches explain the anxiety by classical conditioning. According to them, anxiety is a natural reaction of the organism against dangerous objects, and this helps the organism protect itself (Wolpe, 1960). However, sometimes this anxiety can appear in unnecessary conditions. The organism produces unnecessary anxiety even in the circumstances where there is no dangerous situation at all, and this is due to improper classical conditioning (Wolpe 1960). For the operant conditioning, Skinner claims that behaviors are supported by its consequences and this process depends on reactions from environmental factors to behavior. It also helps the individual adapt easily to environmental conditions (Skinner, 1953). In other words, the results of behavior give a response to the organism so that the organism decides whether to continue doing this behavior (Skinner, 2005). For example, if there would be a student that is gaining chocolate when he raises his hand in the lesson, he would always try to raise to gain chocolate. This is because he got positive reinforce after his behavior. Thus, if one's behaviors leading to the feeling of anxiety are reinforced by the environment, they will continue to exist in his life.

On the other hand, in Bandura (1969)'s view about observational learning, it is asserted that individuals can learn by observing behaviors of other individuals and this term can be

named as social learning. According to Bandura, individuals keep the information for later use and this information becomes a performance when it is used (Bandura, 1974). This factor can be useful or harmful to people. For example, if someone will get on the bus for the first time, he or she just needs to observe another person to learn what he or she needs to do on the bus. However, it may not be useful always; anxiety can be learned from other individuals too (Bandura 1969). If you have not seen a dog until this day, if you observe a man who is afraid of a dog, you can learn that dogs are dangerous and you should be afraid of them too. Therefore, whenever you see a dog, your organism starts to produce anxiety whether it is not necessary.

As can be understood, anxiety has different meanings for different forms of conditioning. Behavioral therapy tries to change behavior that is caused by conditioning to cope with improper anxiety.

2.1.2.5. Cognitive View About Anxiety

Cognitive therapy relies on a personality theory which is rooted in individuals' cognitive, motivational and emotional responses to life actions, and these responses come up with human evolution and behavioral responses (Beck & Weishaar, 2005). Cognitive theory generally evaluates people objectively in their nature, and cognitive therapists accept people as basic organisms who are trying to adapt to environmental conditions (Murdock, 2018). According to Aaron T. Beck who is the founder of cognitive therapy (2005) human beings are motivated by two evolutionary instincts called as reproduction and survive. These instincts help people adjust to environmental situations and individuals also evolve over time due to this adaptation process (Corey, 2015).

For cognitive theory, experiences also have major roles in individuals' life, and especially their psychological wellness. People develop some beliefs by interpreting their experiences, and these beliefs affect individuals' responses or thoughts against life events (Beck

& Emery, 1985). Beliefs have great importance for people's psychological wellness because they are determinants for what type of psychological stress people will experience (Corey, 2015). For example, imagine two people who could not get promoted at work. One is blaming himself as the reason for not getting promoted, and he feels depressed, and the other one is investigating the logical reasons for this situation to improve himself. For the depressed one, his feelings can be caused by his distorted beliefs. He might believe that he is not accepted or he is not loved by his boss and these believes may make him feel depressed. In 1976 Aaron T. Beck asserted the concept of core belief. The core belief is one of the belief types that is produced in early childhood, and it is usually related to the person's own (Murdock, 2018). According to cognitive therapists, it is hard to reproduce core beliefs, and it often contains extreme generalizations (Beck & Emery, 1985). Sometimes, individuals can corrupt their core beliefs by falsely interpreting their experience in early childhood, and these corrupt beliefs are named as maladaptive beliefs (Beck & Weishaar, 2005). Maladaptive core beliefs can be the cause of anxiety disorders and chronic depression because people may have misperceptions about the situation, although the reality is very different

In cognitive therapy, anxiety disorders are characterized as enormous functioning or dysfunctioning of usual survival mechanisms (Beck & Weishaar, 2005). Survival mechanism works in the same way for both anxious and normal individuals. When the threats are detected, physiological responses make the body ready to escape from or defense against the threat. The same system also works within the psychological process. If there is a detected psychological danger, individuals' body responses to danger for coping with it that might be harmful to the individual. The anxious person may perceive danger as misleading or distorted, although it should be assessed accurately (Murdock, 2018). Non-anxious people can determine the significance of danger logically, and they can fix misperceptions or distortions by using their information unlike anxious ones (Beck & Weishaar, 2005). The anxious individuals have some

problems with getting logical information from the environment that helps them reduce tension against a dangerous situation. Therefore, in cases of anxiety, they start to think that they will be constantly harmed and they cannot cope with it (Corey, 2015).

In conclusion, it can be said that our perceptions and beliefs have great effects on our behaviors and emotions for cognitive therapy (Beck, 1995). If individuals have corrupted perceptions or beliefs, it would be hard to perceive reality logically, and this dysfunctioned system cannot help to reduce anxiety.

2.1.2.6. Biological View About Anxiety

According to the biological perspective, there are two types of anxiety that are called as normal and abnormal anxiety. Normal anxiety is a biological defense system of the organism which appears when possible threat is detected, and the role of normal anxiety is helping the organism escape from or fighting against a dangerous situation by warning it (Uzbay, 2002). Another type of anxiety is abnormal anxiety. Abnormal anxiety is a kind of anxiety which is formed by the subjective perception of the unrealistic danger of the organism and it affects the life of a person to a high range (Horton & Wedding, 2008). In other words, if there is no realistic danger situation, but the organism still perceives danger, it is possible to talk about abnormal anxiety. Abnormal anxiety has pathological origins, and it should be treated psychologically and pharmacologically (Uzbay, 2002).

In the human brain, there is a limbic system that is responsible for mood changes and the memory includes important neuroanatomic formations such as the amygdala, hippocampus, and hypothalamus (as cited in Brick & Erickson, 1998). Amygdala that is one of the neuroanatomic formations is associated with fear responses, and people's tendencies towards anxiety vary in the responsiveness of their amygdala (Coon & Mitterer, 2012). For example, during paragliding, a man reacts with an abrupt highly fear and anger when his amygdala was

triggered. He is starting to say, “I want to get down to the ground as soon as possible. Please! Get me out of here.” This response shows us the amygdala finds a primitive, fast solution to the cortex (Kalat, 2017). In case of real danger, such as in traffic accident, the quick response of amygdala might be a vital movement. However, some systems of the brain might not work correctly and it can be very confusing. For example, if there is a child with a war in his country and he is lying on the ground when the balloon explodes, this indicates a problem with the working principle of the amygdala. Therefore the working principle of the amygdala in emotion and anxiety might be a clue that helps us describe people’s phobias and abnormal anxieties (Schlund & Cataldo, 2010).

On the other hand, for the biological approach, the genes have an ciritical aspect in the intergenerational transmission of anxiety. The anxiety levels of people depend on environmental factors as well as their genetic structures. Some researchers suggest that anxiety has been transmitted to individuals from close relatives with some genes (Sevincok, 2007). According to Noyes in 1987, individuals whose relatives have an anxiety disorder are five times more likely to experience an anxiety disorder than the others.

As can be seen, anxiety is related to both human neuroanatomical system and genetic factors. While the systems of people are accepting normal anxiety as a self-defense mechanism, abnormal anxiety can be harmful to them.

2.2.Atypical Children

According to the definition of the World Health Organization (WHO), disability is a roof term that helps to explain for an individual in many situations. According to WHO, if a person has a disability, she or he can experience some difficulties to participate in events, the problem in his or her body functions limit the activities of life situations. WHO claims that disability, is not only a medical problem; but also, it encompasses many different concepts. Because the concept of disability is strongly related to social relations, individuals may face many psychological and social difficulties due to these situations.

According to Cebecioglu and Ustuner (2003), disability may result from some risky factors and difficulties in prenatal and postnatal stages during the birth process. These difficulties can be defined as genetic disorders, hereditary diseases, maternal low immune system, birth trauma, chromosome anomalies, etc. It also includes many different diagnostic groups within the concept of disability. Individuals may experience developmental problems not only as a physical development but also as a mental development or as a whole development of the body. The concept of disability involves individuals who develop in a different way in terms of the physical, mental and social aspects in comparison to their peers and the most well-known diagnostic groups are cerebral palsy, Down syndrome, autism, and mental retardation.

Mental retardation is contemplated as the deficiency in the development of the brain, and there are some delays in individuals' mental, social, and emotional development (Bregman, 1991). In addition to this, there are many factors that may cause mental disability, such as alcohol use during pregnancy, excessive stress, etc. On the other hand, autism is defined with inadequate skill in creating a social relationship and establishing eye contact during interactional process, participating in repetitive movements, having restricted communication and interests in their lives (Corsello, 2005). Autism is usually noticeable after three years of

age, and if children have a struggle in these components, they might be at risk of autism. According to the Autism Society in 2019, the symptoms of autism can be seen in the early childhood period and lead to an inability to contact and communicate with other individuals. Besides, Down syndrome is a developmental disorder which is based on the reason of redundancy in the number of chromosomes. In Down syndrome, individuals have similar physical characteristics and developmental process, and if these individuals are exposed to early intervention, their life quality can be increased (Evans-Martin, 2009). In addition,

Spastic Children's Foundations of Turkey (SCFT) defines cerebral palsy as a non-progressive but permanent brain injury that comes up before, during or after the birth due to some medical problems (SCFT, 2019). Cerebral palsy is characterized by having difficulty in muscle control, which in turn leads to loss of body movements. Yet, with early intervention and diagnosis, significant improvements can be achieved in those children.

Together with this information, children who have any developmental disabilities are called as disabled children or atypical children in the literature to summarize the situation within them.

2.2.1. Parental Relationship with Atypical Children

For human life cycles, people pass through various life stages like marriage, having children, etc. These stages have great importance for individuals. Especially, having children is a major phase that most parents want to experience. The arrival of the newborn in a family brings some changes to the family structure. After the new member joins into the family, parents should make some changes in their roles in the family network, and their responsibilities towards each other (Ozsoy & Ozkahraman, 2006).

On the other hand, there might be a sense of excellence arising from the pressure of society or the expectations of the relatives about the unborn child (Coskun, 2009). These

pressures and expectations also lead to some anticipation within the mother and father for their baby, and unfortunately, the expectations of parents do not always come to occur. The baby might be born with some health problem, or his or her developmental situation can be totally different from his or her peers. Webster and Ward (1993) define the arrival of atypical children in a family as unexpected circumstances that families encounter. Generally, the first reaction of the family to the birth of a disabled child is the shock reaction, and this reaction is followed by some difficulties like hospital and medical procedures (Erkan & Kaya, 2014). The degree of these difficulties might be related to the needs of atypical children, lack of knowledge about the development of the disabled child, readiness level of the family (Coskun, 2009). Webster and Ward (1993) claim that a large number of parents have not experienced anything about disability, and they are feeling unready for this situation. After the collapse of the expectation of having a perfect child, the family is moved to the mourning process that contains different stages like anger, bargaining, miracle search, denial (Fısıloglu & Fısıloglu, 1997). In this process, they often tend to blame the health workers, environmental conditions, or themselves. This can be accepted as a natural process, and it should not be expected that the family can overcome this process quickly (Erkan & Kaya, 2014).

At the end of the mourning and adaptation process, the family moves to a new stage where they are looking for answers to some questions about their children. These questions are generally about the future of their child or the cognitive and physical developmental process of their child. Also, families of disabled children start to develop some common concerns about the socialization of their children (Erkan & Kaya, 2014). However, as time goes on and families get to know their children and their specialties, these particular concerns are replaced by basic routines as typical parents do. As can be understood from this information, it is so clear that anxiety is an inevitable process of living for families with atypical children. Coping with this anxiety and its consequences depend on families' readiness level and their family structure

(Ozsoy & Ozkahraman, 2006). In this process, families who have social support from their immediate surroundings and who are flexible to change experience the process more easily.

2.2.2. Sibling Relationship with Atypical Children

The participation of a new individual to the family is a complex situation for children as well as for parents. The older child experiences some complex feelings with this situation and these feelings may include guilt, fear, and anger because the older child might think that he or she is in danger of being forgotten (Hos, 2008). These complex feelings become difficult to cope with when the older child's age is small, and the family is less interested in the older child. In addition to this, these situations might become more complex when the younger siblings come with some kind of disability (Hos, 2008).

Living with a disabled child in a family greatly affects all of the family members in terms of economic, social, and emotional aspects (Dyke & Leonard, 2008). In contrast to other families, families with the atypical child may experience various difficulties because the child needs more medical, social, and educational supports than the typical children (Giallo & Gavidia-Payne, 2006). From this perspective, there have been some changes in the understanding of the needs of the whole family in other areas like service providers, education, medical, etc. For example, in recent days, the services that are provided for special education have changed from being only related to the medical and educational needs of the disabled child to the needs of the whole family (Dyke & Leonard, 2008).

In addition to other family members' needs, the siblings of disabled children also have some psychological or social needs. Some researches claim that having an atypical child in the family also affects sibling relationships that can also affect the emotional and psychosocial development of children (Kahraman, 2015). Dunn (2007) defines three fundamentals of the sibling relationship. These are the emotional quality of sibling relationship, the closeness of the

relationship between siblings, and the changes in the relationship between siblings. These features help us to understand the dimension and impact of inter-sibling relationships, and if siblings qualify these features well, their emotional and social development is expected to be healthy and well. However, having an atypical sibling can affect this process positively or negatively. Due to the required intensive medical care, and the educational process starting after the birth of a disabled brother or sister, the family may have been channeled to the developmental process of the disabled child. This situation can lead to the fact that a typical child in the family may feel forgotten or stuck in the background. However, although this situation seems negative, having a disabled child in the family also causes some positive situations for the siblings. Akkök (2003) claimed that the children that have atypical sibling might have high toleration level, high sense of responsibility and an enhanced sense of empathy because the siblings of atypical children have an important role as a playmate in the caregiving process of their siblings. They are also facilitators for their atypical siblings in the starting process of peer groups. This information shows us that having an atypical child also helps siblings in some ways. Even, in another study, these children have higher rates of work in aid organizations than their peers in their adulthood (Kaner, 2010).

2.3.Related Studies

In this section, researches about the concepts of atypical children, siblings of atypical children and group studies included. The correlations of the related variables with each other and with anxiety were examined with the findings of the research.

2.3.1. Anxiety in Siblings of Atypical Children

The relevant studies which research anxiety concept in siblings of atypical children are listed below. These studies also include differences between siblings with atypical children and other siblings in terms of anxiety.

To investigate the differences between children with mentally disabled siblings and children without mentally disabled siblings in terms of anxiety and self-esteem levels, in 2013, Fatma Saban and Duygu Arikan conducted a study with 227 healthy children who were 15-18 years old. 108 of these children had siblings that have a mental disability, and the rest of them had typical siblings. In this study, the Rosenberg Self-Esteem Scale, Personal Information Form, and Trait Anxiety Scale were applied to the participants. As a result of the study, it was founded that there were no significant differences for both groups in terms of trait anxiety and self-esteem scores. However, children with mentally disabled siblings had a higher score than children with typical siblings in Trait Anxiety Scale. On the other hand, researchers found that there was an inverse relationship between the anxiety level of participants and their self-esteem levels.

In 1995, children who had disabled siblings and who did not have disabled siblings were compared in terms of their attitudes towards their siblings and their anxiety levels by Hatice Gunayer Senel. The sample of the study included 60 children, and 30 of these children had disabled siblings. The age of participants was between 13 and 20, and generally, participants came from families with 4 to 6 people. In this research, Holroyd’s Questionnaire on Resources

and Stress and Attitudes Towards Disabled Person Scale was used to determine participants' anxiety level and their attitudes towards their siblings. The attitudes and anxiety levels of the children with and without disabilities were examined by using the independent sampled t-test, and as a result of this research, meaningful results were obtained. According to results of this study, children have disabled sibling have a higher anxiety score than children that have typically developed siblings. In addition to this, the mean anxiety level of the group with disabled siblings was found to be significantly higher than the mean of the group with normal siblings.

Lindsay E. Murray and Linda O'Neill designed a study to research the relationship between having a disabled sibling and anxiety and depression symptoms in 2019. In this research, children with disabled siblings and children with typical siblings also were compared in terms of personality traits. To state anxiety and depression levels of participants and to specify participants' personality traits, The Hospital Anxiety and Depression Scale and The International Personality Item Pool were used. The sample of this research included 132 children that have siblings with Down syndrome, Autism Spectrum Disorder, and other syndromes. the comparison group includes 132 closely paired children. When the participant groups were examined in terms of gender, it was seen that male participants (34) were less than female participants (98). As a result of the study, it was found that having a disabled sibling and growing together were effective in increasing the symptoms of anxiety and depression, and in addition to this, it was found that the personality traits of children with disabled siblings had a decisive role in increasing or decreasing anxiety and depression symptoms. In these findings, while Neuroticism is cause for increasing anxiety, Extraversion and Openness help to decrease anxiety.

2.3.2. Group Counseling Programs with Siblings of Atypical Children

The relevant studies which research group counseling programs with sibling of atypical children are included in 2015, Rachel M. Roberts, Anastasia Ejova, Rebecce Giallo and their friends designed a study which includes a group counseling program for siblings of children with special needs. In this research they were evaluated in an intervention program and this intervention program helps siblings of atypical children functionalize their behavior and emotional situation, and support their chronic health conditions. This intervention program lasted for six weeks and it was cognitive behavioral based group counseling program. The aim of intervention was supporting siblings to improve their self-respect, analytical and managing skills and their communication skills with their siblings. There were two different groups in this study; the first group was formed with 30 children whose age between 7 and 12, and intervention program was applied to this group. The second group was formed as a control group with 26 children whose age ranges is the same as the first group. The outcomes of this study were measured by using different scales. These scales were The Strengths and Difficulties Questionnaire created by Goodman, Meltzer and Bailey in 1998, The Social Support Scale for Children created by Harter in 1985, The Sibling Relationship Questionnaire created by Buhrmester and Furman in 1990, The Self-Report Coping Scale created by Causey and Dubow in 1992 and The Rosenberg Self-Esteem Scale created by Rosenberg in 1989. As a result of this study, it was reported that siblings who joined the intervention program faced less emotional and behavioral difficulties than siblings who joined control group at the end of the study and in measurement after 3 months.

To examine the effect of the informative psychological counseling program on the knowledge levels and attitudes of the siblings of children with mental disabilities, Küçüker designed a study in 1997. The research model of this study was determined as an experimental study and, 34 typically developed children (18 females; 16 males) were included into the study.

Participants were determined via various criteria such as the fact that there must be only one disabled child in the family, only one child could join into this research in the family and the child participating in the study has not received a psychological help before. The intervention program which is called informative group counseling program consisted of 9 sessions that each session lasted for 2 hours. The outcome of study was measured by 2 different scales that was formed by researcher. First scale that was named as Attitude Scale Towards Disabled Siblings was created to find out attitudes of siblings of disabled children towards their siblings. The second scale, Knowledge Level Test was composed to determine knowledge levels of siblings of disabled child about disability. After scales were applied to the participants, the results were reported by researcher. According to the results of study, it was seen that the students included in the informative psychological counseling program had higher scores in terms of knowledge and attitude than the pre-test scores at the end of the program. Thus, the program was found as an effective intervention in increasing the knowledge and positive attitudes towards the disability in children who had disabled siblings.

Torun Marie Vatne and Erica Zahl conducted a group counseling program to investigate the responses of siblings of children with disabilities, and how these children expressed their emotional situations in group in 2017. They also wanted to analyze responses of group leaders towards the expressions of these children. Thirty children (24 females, 6 males) aged 11 to 16 years were included in the study, and selected children were paired with one of six groups that were created by caring age ranges of participants (age span of members lower than 4 years). Researches used VR-CoDES (Verona Codingn Definitions of Emotional Sequences) that is a coding tools to calculate frequency of emotional expressions of children in 17 group sessions and analyzed negative responses of children in groups on recorded data. After analyzes were done, Torun Marie Vatne and Erica Zahl found that participants expressed 235 times their emotional situation negatively and %41 of expression was based on the concern of children.

When immediate responses of participants were evaluated, it was found that %98 of the examples were from the group leader and %38 of it was concentrated on emotion, cognition and behavior. These results show us children with disabled siblings need to share their negative emotions. Because it can be seen that, when they have an opportunity to express their feelings, expression of negative feelings is rising.

Debra J. Lobato and Barbara T. Kao developed a family based intervention program for siblings of children with developmental disability and chronic illness in 2005. The family based intervention program formed of six session group and parents and siblings joined together to the groups. The aims of researchers with this study were that to examine knowledge level of siblings of children with chronic illness and developmental disability, sense of connectedness with other kids in the same situations and global functioning of siblings by using pre-test and post-test scales. 17 boys, 26 girls, 43 siblings included in the study with their parents. The age range of siblings from 4 to 7 and half percent of participants were older than their siblings who are have chronic illness or developmental disability. The sessions lasted 90 minutes and continued for 3 months and researchers applied pre-test and post-test at the beginning and finishing of the intervention program. They also used interview technique to collect some data from parents who were in the process. When the findings of this study were examined, Lobato and Kao found that most of parents have high level satisfaction about intervention program and there were no significant demographic differences among families. For the children participants in the study, they found that, the knowledge level of siblings of children with chronic illness and developmental disability were higher than at the beginning of the study. They were also found that, knowing and talking level of siblings to the other kids increased from pre-test to post-test with this study.

In 2017, Andreas Brouzos, Stephanos P. Vassilopoulos & Christina Tassi conducted a study that is about siblings of children with autism spectrum disorder. In this study, researchers developed an 8-week psychoeducational intervention program for these children to support their psychosocial adjustment. The psychoeducational group program that was developed by researchers included some concepts like psychoeducation related with autism, cognitive restructuring, emotional training, techniques about relaxation, increasing social skills and problem solving skills and, training about self-acceptance. 10 boys, 12 girls 22 children were included to the experimental group and 8 boys, 8 girls 16 children were allocated to the control group. Participants' ages at experimental and control group were from 6 to 15 years old and care was taken to ensure that participants did not receive psychological support in this process. To measure effects of intervention program, some scales were used before and after the program like; Coping-Adjustment Scale (Perry, 1989), Knowledge of Autism Syndrome (Ross & Cuskelly, 2006, The Strengths and Difficulties Questionnaire (Goodman, Meltzer & Bailey, 1998). At the end of the study, researchers found that the understanding of autism, emotional wellbeing and psychosocial adjustment skills of participants who were in experimental group increased at the end of the psychoeducational program process. Also, the awareness level of participants about autism spectrum disorder were developed at the end of the intervention program.

CHAPTER III

3. METHODOLOGY

This section contains information about the research model, research group, and data collection tools and data analysis.

3.1.Research Design

This study was formed as a quasi-experimental research model aimed at examining the effect of group counseling program on anxiety levels of siblings of atypical children. Quasi-experimental research model is the research area in which the independent variable is manipulated by the researcher in order to discover cause-effect relationships between independent and dependent variables (Büyüköztürk, 2000; Karasar, 2005; Sencer, 1978). In this study, dependent variable was anxiety levels of the siblings who have atypically developed siblings in their families. Independent variable, on the other hand, was the group counseling program designed for those siblings.

3.2.Population and Sample of Research

The population of study was the siblings having atypical siblings who have been studied at Turkey Metin Sabancı Spastic Children's Foundation, Special Education and Rehabilitation Center in 2018-2019 academic year.

The sampling method of the research was conveince sampling and criterion sampling method, which is one of the purposive sampling methods in the research area. Criterion sampling method consists of individuals selected according to certain criteria for the purpose of the research (Büyüköztürk, 2012). In this sense, the sample of the research consisted of 8-11 years old siblings having atypical children who have been studied in Turkey Metin Sabancı Spastic Children's Foundation in 2018-2019 academic year. During the process of sampling, it

was cared to balance in terms of age, gender, diagnosis status of siblings and socio-economic level of the family. The characteristics of the sample group introduced following table;

Table 1: *Characteristics of The Sample*

Gender	**Frequency (N)**	**Percent (%)**
Female	10	50
Male	10	50
Total	20	100
Age		
8 years old	10	50
9 years old	4	20
10 years old	3	15
11 years old	3	15
Total	20	100
Socio-economic Status		
Below 3.000 TL	8	40
3.000 TL- 6.000 TL	8	40
Above 6.000 TL	4	20
Total	20	100

3.3.Data Collection Tools

3.3.1. Spence Children's Anxiety Scale

The Spence Anxiety Scale for Children (SCAS) was developed in 1998 by Spence in order to evaluate the different dimensions of anxiety disorders based on DSM-IV criteria. The Spence Children's Anxiety Scale has 44 items and one open-ended question, and it has three different forms developed for children and parents of different age ranges. The 44 items in the scale are scored between 0 and 3 points and scale options were determined as "Never (0)"- "Sometimes (1)"- "Frequent (2)", and "Always (3)". The maximum score of the scale, 114, represents the highest level of anxiety. Also, the scale has six sub-dimensions: Panic Disorder, Agoraphobia, Separation Anxiety, Fear of Physical Injury, Social Phobia, and General Anxiety. For the validity and reliability of original form of this scale, it is reported that Cronbach's alpha value is .92 by Spence in 1998.

The validity and reliability studies of SCAS, which was translated into Turkish by Director and Serin in 2017, were conducted with 461 children aged 8-11 years. Cronbach's Alpha value was found to be .83 and Split Half value was .80 in the validity and reliability study conducted by Director and Serin (2017) during the adaptation of the test into Turkish. When the validity and reliability results were compared with the other language versions of the test, the reliability coefficients were found to be of similar quality.

3.3.2. Demographic Information Form

According to purpose of research, the demographic information form was composed to obtain information like gender, type of disability of atypical child, age, family income level etc. about siblings.

3.4.Data Collection Process

Necessary permissions were obtained from the central administration before the data was collected at Metin Sabancı Special Education and Rehabilitation Center designated as the sample. After the completion of the permission process, the parents and siblings of the atypical children to be included in the study were informed, and parents' approval was obtained for their children's participation into the study. Within the scope of the study, 20 children aged between 8-11 years were divided into 2 groups of 10 people in which one of the groups was experimental, and the other was control group. Spence Children's Anxiety Scale was administered to each group before the group counseling program was applied. After the completion of the program, the same scale was applied to the groups again. In addition, the form developed by the researcher was used to obtain demographic information of the siblings who participated in the study.

3.5.Analyses of Data

According to Büyüköztürk (2015), if the sample size is smaller than 30, non-parametric tests should be used. In the light of this information since the sample size is 20, non-parametric tests were used in the present study. To check whether or not pre-test and post-test scores differed significantly according to groups (experimental and control), Mann-Whitney U tests were conducted. And then, 2 separate Wilcoxon Signed Rank Tests were carried out for both experimental and control group in order to evaluate whether these groups showed any difference in anxiety levels from pre-test to post test. Lastly, differences among participants' pre-test and post-test scores were examined with regard to gender, age and socio-economic status. Mann-Whitney U tests were used in the analyses of demographic variables. All statistical analyses in this study were conducted through subprograms of SPSS version 25.

CHAPTER IV

4. FINDINGS

In this section, statistical information about the research findings is presented. In the study, the anxiety scores of the experimental and control groups were examined before and after the group counseling study, and the effectiveness of group counseling was examined. After that, the scores were examined in terms of gender, socio-economic status and age and presented in this section.

4.1.Preliminary Analyses

As the sample of the study was below 30 individuals, non-parametric tests were used and in order to ensure whether pre-test scores of experimental and control groups were similar or not, Mann-Whitney U test was conducted. The results of the analysis are presented in Table 2.

Table 2: *Mann-Whitney U Test Results of Pre-Test Scores with Regard to Groups*

Groups	**n**	**Mean Rank**	**Sum of Ranks**	**U**	**p**
Experimental	10	10,90	109,00	46	0,76
Control	10	10,10	101,00		

As illustrated in Table 2, there is no significant difference among pre-test scores of experimental and control groups (*U=46, p>0,05*).

After ensuring that there is no significant difference among pre-test scores, descriptive statistics for pre-test and post-test were examined. Descriptive statistics for pre-test and post-test results according to groups used in this study are presented in Table 3.

Findings regarding the sub-problem called “What are the pre-test and post-test anxiety scores of siblings of atypical children in the experimental and control groups?

Table 3: *Descriptive Statistics for Pre-Test and Post-Test Results According to Groups*

Measurements	Groups	n	Mean	SD	Min-Max
Pre-Test	**Experimental**	10	76,60	18,24	52,00-104,00
	Control	10	76,00	12,06	52,00-96,00
Post-Test	**Experimental**	10	63,60	18,00	40,00-96,00
	Control	10	77,30	14,36	53,00-110,00

For pre-test scores of experimental group, mean score was 76,60; standard deviation was 18,24 and minimum and maximum scores ranged from 52,00 to 104,00. Also, for control group, mean score was 76,00; standard deviation was 12,06 and minimum and maximum scores ranged from 52,00 to 96,00. For post-test scores of experimental group, mean score was 63,60; standard deviation was 18,00 and minimum and maximum scores ranged from 40,00 to 96,00. Also, for control group, mean score was 77,30; standard deviation was 14,36 and minimum and maximum scores ranged from 53,00 to 110,00.

After descriptive statistics were examined, two separate Wilcoxon Signed Rank Tests were conducted to check whether or not experimental and control group showed any difference from pre-test to post-test.

In order to analyze whether the post test scores are different from the pre-test scores in experimental group, Wilcoxon Signed Rank test was conducted. Experimental group’s Wilcoxon Signed Rank test results are shown in Table 4.

Table 4: *Wilcoxon Signed Rank Test Results of Experimental Group's Pre-Test and Post-Test Scores*

Post-test—Pre-test	**n**	**Mean Rank**	**Sum of Ranks**	**z**	**p**
Negative Rank	8	5,38	43,00	-2,42	**0,01***
Positive Rank	1	2,00	2,00		
Ties	1				

*p<0,05

As illustrated in Table 4, there is a significant difference among experimental group's anxiety scores from pre–test to post-test *(z=-2,42, p<0,05)*. When mean ranks and sum of ranks are taken into consideration, experimental group's post-test scores are lower than pre-test scores.

To examine whether there is a significant difference in pre-test and post-test scores of control group, Wilcoxon Signed Rank test was conducted. The results are shown in Table 5.

Table 5: *Wilcoxon Signed Rank Test Results of Control Group's Pre-Test and Post-Test Scores*

Post-test—Pre-test	**n**	**Mean Rank**	**Sum of Ranks**	**z**	**p**
Negative Rank	3	6,17	18,50	-0,93	0,35
Positive Rank	7	5,21	36,50		
Ties	0				

As it is seen in Table 5, there is no significant difference in control group's anxiety scores with regard to pre–test and post-test results *(z=-0,93, p>0,05)*. In other words, control group's post-test scores do not differ significantly from their pre-test scores.

4.2.Examination of Anxiety Levels of Children with Atypical Siblings According to Gender

4.2.1. The findings related to the question "Do siblings of atypical children's anxiety levels differ significantly by gender?"

To check whether or not siblings of atypical children's anxiety levels differed significantly by gender, Mann-Whitney U tests were carried out for both pre-test and post-test scores. The results of the analyses are presented in Table 6.

Table 6: *Mann-Whitney U Test Results Related to Pre-Test and Post-Test Scores According to Gender for Both Group*

		Group	n	Mean Rank	Sum of Ranks	U	p
Experimental Group	**Pre-test**	Female	5	5,6	28	12	0,91
		Male	5	5,4	27		
	Post-test	Female	5	6	30	10	0,6
		Male	5	5	25		
Control Group	**Pre-test**	Female	5	5,2	26	11	0,753
		Male	5	5,8	29		
	Post-test	Female	5	5,2	26	11	0,754
		Male	5	5,8	29		

According to results presented in Table 6, there is no significant difference among siblings of atypical children's in experimental group pre-test anxiety levels with regard to gender *(U=12, p>0,05).* In a similar way, there is no significant difference among siblings of atypical children's in experimental group post-test anxiety levels with regard to gender *(U=10, p>0,05).*

For control group, it can be said that there is no significant difference between male and female participants in terms of pre-test anxiety levels *(U=11, p>0,05)* and similarly, there is no significant difference among siblings of atypical children's in control group post-test anxiety levels for gender *(U=11, p>0,05).*

4.3.Examination of Anxiety Levels of Children with Atypical Siblings According to Age

4.3.1. The findings related to the question "Do siblings of atypical children's anxiety levels have a significant difference according to age?"

To check whether or not siblings of atypical children's anxiety levels differed significantly according to age, Mann-Whitney U tests were conducted for both pre-test and post-test scores. The results of the analyses are presented in Table 7.

Table 7: *Mann-Whitney U Test Results Related to Pre-Test and Post-Test Scores According to Age for Experimental and Control Group*

		Group	n	Mean Rank	Sum of Ranks	U	p
Experimental Group	**Pre-test**	8 Years Old	5	7,4	37	3	0,47
		Older Than 8	5	3,6	18		
	Post-test	8 Years Old	5	6,1	30,5	9,5	0,53
		Older Than 8	5	4,9	24,5		
Control Group	**Pre-test**	8 Years Old	5	5,8	29	11	0,75
		Older Than 8	5	5,2	26		
	Post-test	8 Years Old	5	5,6	28	12	0,91
		Older Than 8	5	5,4	27		

*p<0,05

As it is indicated in Table 7. There is no significant difference among siblings of atypical children's experimental group pre-test anxiety scores with regard to age *(U=3, p>.05).* Besides, there is no significant difference among siblings of atypical children's in experimental group post-test anxiety scores with regard to age *(U=9,5, p>0,05).*

For control group in the study, there is no significant difference between participants who are 8 years old and participants who are older than 8 years old in terms of pre-test anxiety level *(U=11, p>0,05).* Also, there is no significant difference among siblings of atypical children's in control group post-test anxiety scores with regard to age *(U=12, p>0,05).*

4.4.Examination of Anxiety Levels of Children with Atypical Siblings According to the Socio-economic Level of Their Parents

4.4.1. The findings related to the question "Do the anxiety levels of siblings of atypical children show a significant difference according to the socio-economic level of their parents?"

To check whether or not siblings of atypical children's anxiety levels showed a significant difference according to socio-economic levels of their parents, Mann-Whitney U tests were carried out for both pre-test and post-test scores. The results of the analyses are presented in Table 8.

Table 8: *Mann-Whitney U Test Results Related To Pre-Test and Post-Test Scores According To Socio-Economic Status for Experimental and Control Group*

		Group	n	Mean Rank	Sum of Ranks	U	p
Experimental Group	**Pre-test**	Below 3000 TL	3	6,3	19	8	0,56
		3000 TL and Above	7	5,1	36		
	Post-test	Below 3000 TL	3	7,5	22,5	4,5	0,17
		3000 TL and Above	7	4,6	32,5		
Control Group	**Pre-test**	Below 3000 TL	5	6,9	34,5	5,5	0,14
		3000 TL and Above	5	4,1	20,5		
	Post-test	Below 3000 TL	5	7	35	5	0,11
		3000 TL and Above	5	4	20		

*p<0,05

As illustrated in Table 8, there is no significant difference among siblings of atypical children's in experimental group pre-test anxiety levels with regard to socio-economic levels of their parents *(U=8, p>0,05).* Also, there is no significant difference among siblings of atypical children's in experimental group post-test anxiety levels according to socio-economic levels of their parents *(U=4,5, p>0,05).*

For control group in the study, there is no significant difference among siblings of atypical children's in control group pre-test anxiety levels with regard to socio-economic levels of their parents and similarly, there is no significant difference between post-test scores of participants in terms of socio-economic status.

CHAPTER V

5. DISCUSSION

The aim of research was examining the effect of group counseling program on anxiety levels of siblings of atypical children. For the purpose of research, six-week group counseling program for siblings of atypical children was designed and applied to the experimental group while control group did not take any application. Also, Spence Children Anxiety Scale was applied to the control group and experimental group before and after the group counseling process. When the findings about pre-test and post-test scores of both groups are discussed, it can be seen that there were significant differences between pre-test and post-test scores of experimental group while no significant differences between pre-test and post-test scores of control group were found. In other words, while the control group had same anxiety level at the beginning of the study, the anxiety level of the experimental group decreased. The findings that there is a significant differences between pre-test and post-test scores of experimental group and there is no significant differences for control group is in line with previous study by Rachel M. Roberts, Anastasia Ejova and Rebecce Giallo in 2015. They designed a group counseling study towards siblings with atypical children. In this study, they created six weeks long cognitive behavioral based group counseling program to support siblings to make their behavior and emotional situation functional. Roberts, Ejova, and Giallo (2015) also aimed to enhance chronic health conditions of siblings in this study. At the end of the study, they found that siblings of atypical children who were included in the intervention program had less difficulty in their emotions and behaviors. Another study that is conducted by Küçüker in 1997 is in the same line with this research. Küçüker designed an intervention program which was named as informative group counseling program lasting 9 sessions that each session lasted for 2 hours and the aim of Küçüker's study was increasing knowledge level of participants towards their atypical siblings. As a result of study, researcher found that the knowledge level of children

who were included in the intervention program and their positive attitudes towards atypical siblings were increased at the end of informative group counseling program. In the light of these findings, it can be said that psychological counseling programs developed for the siblings of atypical children contribute positively to their knowledge levels, emotional expression skills and appropriate behavior. These programs also help siblings of atypical children to decreasing their anxiety level.

Secondly, when the findings about pre-test and post-test scores of both control and experimental groups in terms of gender differences are examined, it can be seen that there were no significant differences between female participants and male participants in terms of anxiety scores for both groups. These findings are in line with previous study by Lobato and Kao in 2005. They designed family-based group intervention program that was conducted in six sessions and lasted for three months for siblings of children with chronic illness and developmental disability. They aimed to enhance the siblings' connectedness to other children who were siblings of children with disability or chronic illness, increase knowledge level of the children about their siblings with chronic illness and developmental disability and support children to strengthen their relationship with siblings who have chronic illness and developmental disability. They also aimed to observe parents attitudes to the intervention program. Researchers used some measurement tools like Pictorial Scale of Perceived Competence and Social Acceptance for Young Children (Harter & Pike, 1983) and 4-Point Likert Scale that was developed by researcher for pre-test and post-test. At the end of the study, they found that there was a significant differences between pre-test and post-test scores of children who were participants of this study in terms of knowledge level and siblings connectedness. On the other hand, when the researchers examined the pre-test and post-test results in terms of the gender difterince of the participants, they found that there was no significant effects of sibling gender. When all things considered about these findings, it can be

said that gender differences do not have a significant effect in group counseling studies for siblings of atypical children in terms of their anxiety level, anxiety scores, knowledge level and the relationship with their siblings. It can be stated that anxiety levels of siblings of atypical children are equal to both genders.

As a results of the analyses are made, it was found that there were no significant differences among pre-test and post-test anxiety scores of siblings of atypical children in terms of age for both experimental and control group. These findings are not in line with previous study by Andreas Brouzos, Stephanos P. Vassilopoulos & Christina Tassi in 2017. They designed eight week psychoeducational group intervention program for siblings of children with autism spectrum disorder. They aimed supporting participants to increase their psychosocial adjustment levels. The psychoeducational program also had some aspects like psychoeducational activities related with autism, cognitive restructuring, emotional training, techniques about relaxation, increasing social skills and problem solving skills and, training about self-acceptance. Researchers measured effects of psychoeducational intervention program by using pre-test and post-test before and after the intervention program. At the end of this process, Brouzos, Vassilopoulos and Tassi found that there were significant differences between participants' scores at the beginning and end of the intervention program in terms of understanding of autism, emotional wellbeing and psychosocial adjustment skills. On the other hand, unlike the findings obtained in this study, Brouzos, Vassilopoulos and Tassi found that age factor may affect the level of knowledge and benefit that participants receive from the intervention program. According to their findings, younger participants whose age between 6 to 11 years old had more accurate information about autism spectrum disorders than older participants whose age between 11 to 15 years old after the group process. Besides, researchers also found that, an increase in the coping and adjustment skills of older participants compared to younger participants was measured. In the light of these findings, it can be discussed that in

group counseling studies, age factor may have different effects on studies. In this study, Participants' score of anxiety did not affect by age factor because the age ranges of the participants are less than the studies in the literature. Therefore siblings of atypical children show same characteristic features about anxiety in this study.

Lastly, when the findings about pre-test and post-test scores of participants in experimental and control group in terms of socio-economic status of their families were examined, pre-test and post-test anxiety scores of participants did not differ significantly with regard to their socio-economic status. When the related literature is examined in the light of the findings, in the group counseling studies for siblings of atypical children, it was observed that there was no study examining the relationship between the pre-test and post-test results of the participants in terms of socio-economic levels of the participants. However, in 2015, Nilüfer Voltan Acar said that socio-economic status is important aspect in group counseling process in her book that is named *Group Counseling Principles and Techniques.* According to Acar (2015), the participants who come from different socio-economic status have some different needs, different values, and different problems. Therefore the participants who come from different socio-economic status face some struggles about developing empathy and understanding each other and these factors can effect group counseling process. When the findings of this research were examined, it can be seen that the findings obtained in the study did not appear to be in line with the literature information. This situation is due to the fact that the participants gathered together for a special purpose. In special purposed group counseling programs, participants have similar needs and aims to join group counseling program (Acar, 2015). Therefore in this group counseling study, children who have atypical siblings had similar needs about anxiety and their goal is reducing their own anxiety level. In this situation, socio-economic status did not have significant effect on participants' group process.

CHAPTER VI

CONCLUSION

Based on the problems of the research, the results indicated as following:

Pre-test anxiety scores of experimental and control group did not show significant differences at the beginning of this process.

Pre-test and post-test anxiety scores of experimental group showed significant differences at the end of this process. Post test anxiety scores were lower than the pretest scores of experimental group

Pre-test and post-test anxiety scores of control group did not show significant differences at the end of this process.

Pre-test and post-test anxiety scores based on the gender did not show significant differences for experimental group.

Pre-test and post-test anxiety scores based on the gender did not show significant differences for control group.

Pre-test and post-test anxiety scores of experimental group did not show significant differences in terms of age at the end of this process.

Pre-test and post-test anxiety scores of control group did not show significant differences in terms of age at the end of this process.

Pre-test and post-test anxiety scores of experimental group did not show significant differences in terms of socio economic status at the end of this process.

Pre-test and post-test anxiety scores of control group did not show significant differences in terms of socio economic status at the end of this process.

CHAPTER VII

SUGGESTIONS

This research was limited to the 8-11 years old siblings of children who were studying at Metin Sabancı Special Education and Rehabilitation Center in 2018-2019 and to the qualifications measured by the Spence Anxiety Scale for Children (Direktör & Serin, 2017). In addition, the implementation of the group counseling program in the study is limited to 6 sessions lasting one hour per week.

In the light of the results obtained from the research, the recommendations for researchers in the field are provided below;

- In this study 6-week group counseling program was used. Increasing sessions of group counseling program will greatly contribute to results.
- In group counseling process, some problems were encountered in bringing the children who participated in the study to the study area. The reason for this problem was that parents could not find a person to care with an atypical child while their siblings were in experimental process. Therefore it will be better if some programs developed for atypical children include informed care for atypical children while siblings of atypical children are in experimental process.
- In this study, children with siblings from different diagnostic groups were included. It will be helpful if specific diagnostic groups were included for future studies.
- In this group counseling study, participants who were joined to the study were found from Metin Sabancı Special Education and Rehabilitation Center in Istanbul. It can be helpful if sample group may include more participants in order to generalize the results more effectively SCAS is developed for children between the ages of 8-11. The age range of SCAS may be expended and using different scales to measure effects of group counseling process may be helpful to discover different effects of process.
- This study is related with 8-11 ages of children. In future studies, younger or older children could include to the studies and in this way, different contributions can be made to the field.

REFERENCES

Abela, J. R., & Hankin, B. L. (Eds.). (2008). *Handbook of depression in children and adolescents*. Guilford Press.

Adler, A., & Brett, C. (2014). *Understanding human nature: The psychology of personality*. Oneworld Publications.

Alisinanoğlu, F., & Ulutaş, İ. (2003). Çocukların kaygı düzeyleri ile annelerinin kaygı düzeyleri arasındaki ilişkinin incelenmesi. *Eğitim ve Bilim*, *28*(128).

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5®)*. American Psychiatric Pub.

Beidel, D. C., Turner, S. M., & American Psychological Association. (2007). *Shy children, phobic adults: Nature and treatment of social anxiety disorder*. Washington, DC: American Psychological Association.

Bergmann, L. L. (1998). *A guide for conducting a support group for siblings of children with disabilities* (Doctoral dissertation, California School of Professional Psychology, Alameda).

Bitter, J. R., Sonstegard, M. A., & Pelonis, P. (2004). *Adlerian group counseling and therapy: Step-by-step*. Routledge.

Brouzos, A., Vassilopoulos, S. P., & Tassi, C. (2017). A psychoeducational group intervention for siblings of children with autism spectrum disorder. *The Journal for Specialists in Group Work*, *42*(4), 274-298

Byrne, M. M. (2001). Understanding life experiences through a phenomenological approach to research. *AORN journal*, *73*(4), 830-830.

Capozzi, F., Manti, F., Di Trani, M., Romani, M., Vigliante, M., & Sogos, C. (2018). Children's and parent's psychological profiles in selective mutism and generalized anxiety disorder: a clinical study. *European child & adolescent psychiatry*, *27*(6), 775-783.

Carlson, J., Watts, R., & Maniacci, M. (2006). Adlerian therapy. *Washington, DC*.

Coon, D., & Mitterer, J. O. (2012). *Introduction to psychology: Gateways to mind and behavior with concept maps and reviews*. Cengage Learning.

Corey, G. (2015). *Theory and practice of counseling and psychotherapy*. Nelson Education.

Coşkun, Y., & Akkaş, G. (2009). Engelli Çocuğu Olan Annelerin Sürekli Kaygı Düzeyleri İle Sosyal Destek Algıları Arasındaki İlişki. *Journal of Kirsehir Education Faculty*, *10*(1).

Del Piccolo, L., Finset, A., Mellblom, A. V., Figueiredo-Braga, M., Korsvold, L., Zhou, Y., ... & Humphris, G. (2017). Verona coding definitions of emotional sequences (VR-CoDES): conceptual framework and future directions. *Patient education and counseling*, *100*(12), 2303-2311.

Diener, M. L., Anderson, L., Wright, C. A., & Dunn, M. L. (2015). Sibling relationships of children with autism spectrum disorder in the context of everyday life and a strength-based program. *Journal of Child and Family Studies*, *24*(4), 1060-1072.

Direktör, C., & Serin, N. B. (2017). Psychometric Properties of Spence Children's Anxiety Scale (SCAS). *Eurasia Journal of Mathematics, Science and Technology Education*, *13*(10), 6725-6736.

Doğru, S. S. Y., & Arslan, E. (2008). Engelli Çocuğu Olan Annelerin Sürekli Kaygı Düzeyi İle Durumluk Kaygı Düzeylerinin Karşılaştırılması. *Selçuk Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*, (19), 543-553

Dursun, G. (2013). *Yenidoğan dönemindeki kısa süreli annelik yoksunluğunun 2-3 yaş arası çocukların ruh sağlığı ve gelişimi üzerine etkisi* (Master's thesis, Adnan Menderes Üniversitesi).

Dyson, L. L. (1998). A support program for siblings of children with disabilities: What siblings learn and what they like. *Psychology in the Schools*, *35*(1), 57-65.

Epstein, S. (1972). The nature of anxiety with emphasis upon its relationship to expectancy. *Anxiety; Current trends in theory and research*, 291-337.

Er, R. K. (2011). *Aile ve kardeş eğitimi programının engelli çocuğa yönelik tutum ve davranışlara etkisi* (Doctoral dissertation, Selçuk Üniversitesi Sosyal Bilimler Enstitüsü).

Evans, J., Jones, J., & Mansell, I. (2001). Supporting siblings: evaluation of support groups for brothers and sisters of children with learning disabilities and challenging behaviour. *Journal of Learning Disabilities*, *5*(1), 69-78.

Fraenkel, J. R., Wallen, N. E., & Hyun, H. H. (2011). *How to design and evaluate research in education*. New York: McGraw-Hill Humanities/Social Sciences/Languages.

Glick, D. M., Cook, J. M., Moye, J., & Kaiser, A. P. (2018). Assessment and treatment considerations for Post Traumatic Stress Disorder at end of life. *American Journal of Hospice and Palliative Medicine®*, *35*(8), 1133-1139.

Granat, T., Nordgren, I., Rein, G., & Sonnander, K. (2012). Group intervention for siblings of children with disabilities: A pilot study in a clinical setting. *Disability and Rehabilitation*, *34*(1), 69-75.

Hetzke, J. D. (2004). Sibling-mediated social skills training intervention for children with Asperger's Syndrome: Results from a pilot study (A).

Hilgard, E. R. (1953). Introduction to psychology.

Hoş, G. (2008). *Examining the experience of a mother with multi-disabled children* (Master's thesis).

Kahraman, Ö., & Karadayı, N. (2015). Engelli kardeşe sahip olan çocukların engelli kardeşleriyle deneyimlerine ilişkin görüşleri. *Hacettepe Üniversitesi Sağlık Bilimleri Fakültesi Dergisi*.

Kalat, J. W. (2016). *Introduction to psychology*. Nelson Education.

Kottman, T., & Meany-Walen, K. (2016). *Partners in play: An Adlerian approach to play therapy*. John Wiley & Sons.

Küçüker, S. (1997). Bilgi verici psikolojik danışmanlık programının zihinsel özürlü çocukların kardeşlerinin özürle ilgili bilgi düzeylerine ve özürlü kardeşlerine yönelik tutumlarına etkisi. *Yayınlanmamış doktora tezi, Ankara Üniversitesi, Ankara*.

Laporte, P. P., Pan, P. M., Hoffmann, M. S., Wakschlag, L. S., Rohde, L. A., Miguel, E. C., ... & Salum, G. A. (2017). Specific and social fears in children and adolescents: separating normative fears from problem indicators and phobias. *Brazilian Journal of Psychiatry*, *39*(2), 118-125.

Leal, P. C., Goes, T. C., da Silva, L. C. F., & Teixeira-Silva, F. (2017). Trait vs. state anxiety i n different threatening situations. *Trends in psychiatry and psychotherapy*, *39*(3), 147-157.

Lobato, D. J., & Kao, B. T. (2002). Integrated sibling-parent group intervention to improve sibling knowledge and adjustment to chronic illness and disability. *Journal of pediatric psychology*, *27*(8), 711-716.

Lobato, D. J., & Kao, B. T. (2005). Brief report: Family-based group intervention for young siblings of children with chronic illness and developmental disability. *Journal of pediatric psychology*, *30*(8), 678-682.

Malkoç, A. (2011). Öznel iyi oluş müdahale programının üniversite öğrencilerinin öznel iyi oluş düzeylerine etkisi.

McLinden, S. E., Miller, L. M., & Deprey, J. M. (1991). Effects of a support group for siblings of children with special needs. *Psychology in the Schools*, *28*(3), 230-237.

Mercan, S. Ç., & Yavuzer, H. (2007). Bilişsel davranışçı yaklaşımla bütünleştirilmiş sosyal beceri eğitiminin ergenlerin sosyal kaygı düzeyine etkisi. *Yayımlanmamış doktora tezi. İstanbul Üniversitesi Sosyal Bilimler Enstitüsü, İstanbul*, 28-30.

Murphy, G. I. (1968). Pattern in life history and the environment. *The American Naturalist*, *102*(927), 391-403.

Murray, L. E., & O'Neill, L. (2019). Neuroticism and extraversion mediate the relationship between having a sibling with developmental disabilities and anxiety and depression symptoms. *Journal of affective disorders*, *243*, 232-240.

Nagera, H. (Ed.). (2014). *Basic Psychoanalytic Concepts on Metapsychology, Conflicts, Anxiety and Other Subjects*. Routledge.

Naylor, A., & Prescott, P. (2004). Invisible children? The need for support groups for siblings of disabled children. *British Journal of Special Education*, *31*(4), 199-206.

Nietzel, M. T., & Wakefield, J. C. (1996). American psychiatric association diagnostic and statistical manual of mental disorders. *Contemporary psychology*, *41*, 642-651.

O'Neill, L. P., & Murray, L. E. (2016). Perceived parenting styles fail to mediate between anxiety and attachment styles in adult siblings of individuals with developmental disabilities. *Journal of autism and developmental disorders*, *46*(9), 3144-3154.

Oberst, U. E., & Stewart, A. E. (2003). *Adlerian psychotherapy: An advanced approach to individual psychology*. Psychology Press.

Ollendick, T. H., & Benoit, K. E. (2012). A parent–child interactional model of social anxiety disorder in youth. *Clinical Child and Family Psychology Review*, *15*(1), 81-91.

Omani-Samani, R., Maroufizadeh, S., Ghaheri, A., & Navid, B. (2018). Generalized anxiety Disorder-7 (GAD-7) in people with infertility: a reliability and validity study. *Middle east fertility society journal*, *23*(4), 446-449.

Ovanessian, M. M., Fairbrother, N., Vorstenbosch, V., McCabe, R. E., Rowa, K., & Antony, M. M. (2019). Psychometric Properties and Clinical Utility of the Specific Phobia Questionnaire in an Anxiety Disorders Sample. *Journal of Psychopathology and Behavioral Assessment*, *41*(1), 36-52.

Patterson, C. H. (1966). Theories of counseling and psychotherapy.

Pearson, J. E., & Sternberg, A. (1986). A mutual-help project for families of handicapped children. *Journal of Counseling & Development*.

Ratner, H., George, E., & Iveson, C. (2012). *Solution focused brief therapy: 100 key points and techniques*. Routledge.

Roberts, R. M., Ejova, A., Giallo, R., Strohm, K., Lillie, M., & Fuss, B. (2015). A controlled trial of the SibworkS group program for siblings of children with special needs. *Research in developmental disabilities*, *43*, 21-31.

Scheeringa, M. S., & Burns, L. C. (2018). Generalized Anxiety Disorder in Very Young Children: First Case Reports on Stability and Developmental Considerations. *Case reports in psychiatry*, *2018*.

Scheeringa, M. S., & Burns, L. C. (2018). Generalized Anxiety Disorder in Very Young Children: First Case Reports on Stability and Developmental Considerations. *Case reports in psychiatry*, *2018*

Schongalla, M. A. (2004). Program evaluation: Sibshops. An intervention for siblings of children with disabilities.

Sevinçok, L. (2007). Yaygın anksiyete bozukluğunun nörobiyolojisi. *Klinik Psikiyatri*, *10*, 3-12.

Shojaee, S., Hemati Alamdarloo, G., & Nikoobin Borujeni, F. (2020). Adjustment difficulties of siblings of children with disabilities and typically developing children. *International Journal of Inclusive Education*, *24*(4), 414-426.

Simpson, M., Schmied, V., Dickson, C., & Dahlen, H. G. (2018). Postnatal post-traumatic stress: An integrative review. *Women and Birth*, *31*(5), 367-379.

Skinner, B. F. (1965). *Science and human behavior* (No. 92904). Simon and Schuster.

Skinner, B. F. (2002). *Beyond freedom and dignity*. Hackett Publishing.

Smith, T., & Perry, A. (2005). A sibling support group for brothers and sisters of children with autism. *Journal on Developmental Disabilities*, *11*(1), 77-88.

Spielberger, C. D. (Ed.). (2013). *Anxiety: Current trends in theory and research*. Elsevier.

Spitzer, R. L., Gibbon, M. E., Skodol, A. E., Williams, J. B., & First, M. B. (2002). *DSM-IV-TR casebook: A learning companion to the diagnostic and statistical manual of mental disorders, text rev*. American Psychiatric Publishing, Inc..

Sykes, M. (2010). Delivering a support group for siblings of children with learning disabilities. *Nursing times*, *106*(40), 15-16.

Şenel, H. G. (1995). Yetersizliğe sahip kardeşi olanlarla, olmayanların yetersizliğe yönelik tutumları ve kaygı düzeyleri yönünden karşılaştırılması. *Ankara Üniversitesi Eğitim Bilimleri Fakültesi Özel Eğitim Dergisi*, *2*(01).

Tok, E. S. (2014). Çocukluk çağı anksiyete bozukluklarında bilişsel davranışçı terapi: Korku Avcısı programının etkililiği. *Yayımlanmamış Doktora Tezi. Ege Üniversitesi Sosyal Bilimler Enstitüsü. İzmir*.

Uyaroğlu, A. K., & Bodur, S. (2009). Zihinsel Yetersizliği Olan Çocukların Anne-Babalarında Kaygı Düzeyi ve Bilgilendirmenin Kaygı Düzeyine Etkisi. *TAF Preventive Medicine Bulletin*, *8*(5).

Uzbay, İ. T. (2002). Anksiyetenin nörobiyolojisi. *Klinik Psikiyatri Dergisi*, *5*(1), 5-13.

Vatne, T. M., & Zahl, E. (2017). Emotional communication in support groups for siblings of children with disabilities. *Patient education and counseling*, *100*(11), 2106-2108.

Vatne, T. M., & Zahl, E. (2017). Emotional communication in support groups for siblings of children with disabilities. *Patient education and counseling*, *100*(11), 2106-2108.

Wedding, D. (2010). Current psychotherapies. *The Corsini Encyclopedia of Psychology*, 1-4.

Zaunbauer, W. (1955, April). Über das Vorkommen von Verkalkungen bei Epidermoiden des Schädels. In *RöFo-Fortschritte auf dem Gebiet der Röntgenstrahlen und der bildgebenden Verfahren* (Vol. 82, No. 04, pp. 548-549). © Georg Thieme Verlag KG Stuttgart· New York.

APPENDICIES

Appendix-1: Demographic Information Form

Demografik Bilgi Formu

Sayın Katılımcı,

Aşağıda yer alan sorulara vermiş olduğunuz yanıtlar araştırmacı tarafından bilimsel amaçlarla kullanılacaktır. Bunun için boş soru bırakmamanızı rica eder, katkılarınız için teşekkür ederim. Yanıtınızı soruların altında cevaplarınız için ayrılan noktalı bölümlere yazmanız gerekmektedir.

Katkılarınız için teşekkür ederim,

Onur Güzel

1. Çalışmaya katılan çocuğunuzun yaşı kaçtır?
   a) 8
   b) 9
   c) 10
   d) 11
2. Çalışmaya katılan çocuğunuzun cinsiyeti nedir?
   a) Kadın
   b) Erkek
3. Farklı gelişen çocuğunuzun tanısı nedir? (Cevabınız diğer seçeneği ise lütfen noktalı kutucuğa belirtin.)
   a) Down Sendromu
   b) Otizm
   c) Serebral Palsi
   d) Diğer (……..)
4. Ailenizin aylık gelir aralığı nedir?
   a) 3000 TL ve altı
   b) 3000-6000 TL
   c) 6000 TL ve üstü

Appendix-2: Spence Çocuklar İçin Kaygı Ölçeği

Spence Çocuklar için Kaygı Ölçeği

Lütfen aşağıda anlatılanları ne sıklıkla yaşadığınızı yanındaki uygun kelimeyi daire içine alarak belirtiniz. Doğru veya yanlış cevap yoktur.

1.	Bazı şeylerden endişe duyarım	Hiçbir Zaman	Bazen	Sık Sık	Her Zaman
2.	Karanlıktan korkarım	Hiçbir Zaman	Bazen	Sık Sık	Her Zaman
4.	Korkarım	Hiçbir Zaman	Bazen	Sık Sık	Her Zaman
5.	Evde tek başıma olmaktan korkarım	Hiçbir Zaman	Bazen	Sık Sık	Her Zaman
8.	Anne ve babamdan uzak olmak beni endişelendirir	Hiçbir Zaman	Bazen	Sık Sık	Her Zaman
11.	Yaşıtlarım arasında sevilen biriyim	Hiçbir Zaman	Bazen	Sık Sık	Her Zaman
22.	Bana kötü bir şey olacağından endişelenirim	Hiçbir Zaman	Bazen	Sık Sık	Her Zaman
26.	Ben iyi bir insanım	Hiçbir Zaman	Bazen	Sık Sık	Her Zaman
27.	Kötü şeylerin olmasını engellemek için aklımdan özel şeyler geçiririm (sayılar veya kelimeler gibi)	Hiçbir Zaman	Bazen	Sık Sık	Her Zaman
28.	Araba, otobüs veya trende yolculuk etmem gerekirse korkarım	Hiçbir Zaman	Bazen	Sık Sık	Her Zaman
29.	Başkalarının benim hakkımda ne düşündükleri konusunda endişelenirim	Hiçbir Zaman	Bazen	Sık Sık	Her Zaman
39.	Küçük veya kapalı yerlerde bulunmaktan korkarım (tüneller veya küçük odalar gibi)	Hiçbir Zaman	Bazen	Sık Sık	Her Zaman
40.	Bazı şeyleri tekrar tekrar yapmak zorundayım (ellerimi yıkamak, temizlik yapmak veya eşyaları düzenlemek gibi)	Hiçbir Zaman	Bazen	Sık Sık	Her Zaman
43.	Derslerimle gurur duyarım	Hiçbir Zaman	Bazen	Sık Sık	Her Zaman
44.	Gece evden uzakta kalmak zorunda olursam korkarım	Hiçbir Zaman	Bazen	Sık Sık	Her Zaman

Appendix-3: Group Counseling Sessions

I. Oturum

Süre: 45 Dakika

Materyaller:

- Yazı tahtası ve kalemi

Hedefler:

Bu oturumun sonunda grup üyeleri;

1. Birbirleriyle tanışarak gruba adapte olur ve ısınırlar.
2. Grup halinde olmanın önemini ve katılımcıların birbirlerine olan desteğinin farkına varırlar.
3. Grubun amacı ve işleyişi hakkında bilgi sahibi olurlar.
4. Grup süreci hakkında bilgi sahibi olurlar.
5. Grupta uyulacak kuralları anlarlar ve kabul ederler.
6. Kaygı kavramı ile tanışırlar.
7. Kaygıyı bedenlerinde fark ederler.

Süreç:

1. Grup lideri katılımcıları karşılayarak katılımcıların önceden ayarlanmış olan sandalyelerde halka biçiminde oturmasını sağlar.
2. Grup lideri kendini tanıtır, grubun amacını ve hedefini bir cümleyle özetler.
3. Grup lideri katılımcılardan isimlerini ve yaşlarını söyleyerek kendilerini tanıtmalarını ister.
4. Katılımcılar kendilerini tanıttıktan sonra grubun ısınması ve katılımcıların birbirine alışması için bir ısınma oyunu oynanır.
5. Isınma oyununda katılımcılar ikişerli gruplar halinde ayrılırlar birbirlerine isimlerini, hobilerini ve kardeşlerini anlatırlar. Dileyen katılımcılar bu süreçleri birbirleriyle paylaştıktan sonra daha fazla detay verebilirler. İkili paylaşımlar tamamlandıktan sonra katılımcılardan eşlerini anlatmaları istenir.
6. Isınma oyunu oynandıktan sonra grupta uyulacak kurallar katılımcılar ile birlikte belirlenerek tahtaya yazılır.

7. Katılımcıların hepsi grup kuralları konusunda hemfikir olduktan sonra detaylı olarak grubun hedefleri, süreç ve amaç hakkında katılımcılara bilgi verilir.
8. Ardından katılımcıları harekete geçirmek ve kaygı kavramının konuşulması için ortamı hazırlamak adına katılımcılarla farklı bir ısınma oyunu oynanır.
9. Bu oyunda katılımcılar ayağa kalkarak halka şeklini oluştururlar. Halka şeklindeyken katılımcılardan kendilerine dair bir özelliği söyleyerek öne çıkmaları istenir. Ardından aynı özelliğe sahip grup üyeleri bir adım öne çıkar. Ardından ortak özelliğe sahip, bir adım öndeki katılımcıların birbirleriyle göz teması kurması istenir. Süreç katılımcıların özellik paylaşımı bitene kadar devam eder.
10. Isınma oyunundan sonra katılımcılara kaygı kavramının onlar için ne ifade ettiği sorularak bir tartışma ortamı yaratılır.
11. Katılımcılar kaygı kavramını tartıştıktan sonra grup lideri tarafından kaygının tanımı yapılır. Ardından kaygının hayatta nerelerde karşımıza çıktığı sorulur.
12. Katılımcıların yanıtları dinlenerek yansıtma tekniği kullanılır ve katılımcıların kaygı konusunda iç görü kazanmaya başlamaları sağlanır.
13. Katılımcıların paylaşımları bittikten sonra oturumda yaşanılan süreçler kısaca özetlenir.
14. Bir sonraki haftanın oturumu katılımcılara hatırlatılır ve grup bitirilir.

II. Oturum

Süre: 45 Dakika

Materyaller:

- Yazı tahtası ve kalemi
- Top

Hedefler:

Bu oturumun sonunda grup üyeleri;

1. Engelliliğin ne demek olduğunu kavrarlar.
2. Engel gruplarını özellikleri ve çeşitleri yönünden tanırlar.
3. Diğer grup üyeleriyle yaşadıkları ortak problemleri fark ederler.
4. Aralarında terapötik bir bağ kurarlar.

Süreç:

1. Grup lideri katılımcıları karşılayarak katılımcıların önceden ayarlanmış olan sandalyelerde halka biçiminde oturmasını sağlar.
2. Grup lideri katılımcıları selamlar, ilk oturumdan bu yana geçen süreç boyunca katılımcıların nasıl hissettiklerini nasıl bir süreç yaşadıklarını sorar.
3. Grup lideri bu oturumun amacını ve içeriğini katılımcılara anlatır.
4. Grup lideri 1. Oturumda koyulan kuralları katılımcılara hatırlatır.
5. Kurallar hatırlatıldıktan sonra katılımcıların oturuma ısınmaları için bir ısınma oyunu oynanır.
6. Bu ısınma oyununda grup üyeleri halka şeklinde sıralanırlar. Lider başlamak için gönüllü olan bir katılımcıya bir top verir. Katılımcıdan topu bir başka grup üyesine atmasını ister. Fakat katılımcı topu atarken önce o grup üyesinin ismini, daha sonra buraya gelirken hissettiği duyguyu söylemelidir. Örneğin, Onur, mutlu! Gibi. Böylelikle katılımcılar birbirleri hakkında buraya gelirken nasıl hissettikleriyle ilgili bir paylaşım yapmış olurlar ve isimler tekrar pekişmiş olur.
7. Oyun tamamlandıktan sonra grup lideri katılımcılara oyunun nasıl hissettirdiğini sorarak geri bildirim çalışması yapar.
8. Geri bildirim çalışmasından sonra grup lideri engellilik kavramını tanımlar ve katılımcılara engellilikle ilgili görüşlerini sorar.

9. Katılımcılar görüşlerini grup içinde paylaştıktan sonra grup lideri Otizm, Down Sendromu ve Serebral Palsi tanı gruplarından kısaca bahseder.
10. Bilgi verme aşaması bittikten sonra grup lideri katılımcılardan 3 erli 3 grup oluşturmalarını ister. Katılımcılardan bu gruplarda bir kartona kardeşlerinin benzer ve farklı özelliklerini yazmaları istenir. Yazma işlemi tamamlandıktan sonra grup lideri katılımcılardan yazdıkları bu özelliklerden paylaşmak istediklerini grupla paylaşmalarını talep eder. Ardından paylaşılan ortak ve farklı özelliklerin üzerinden katılımcıların kardeşleriyle ilgili zorlandıkları konular konuşulur.
11. Katılımcılar yaptıkları paylaşımlardan sonra grup üyeleri paylaşım yapan katılımcılardan gönüllü olanlarla Adler terapi türünden "Düğmeye Basma" tekniği kullanılarak bir uygulama yapar.
12. Bu uygulamada gönüllü olan katılımcı önce kardeşi ile ilgili mutlu bir anısını anlatır ve grup lideri katılımcıdan o mutlu anıda katılımcının hangi duyguyu hissettiğini söylemesini ister. Ardından düğmeye basılır ve grup lideri bu sefer katılımcıdan kardeşi ile ilgili kötü bir anısını anlatması istenir ve katılımcıya burada yaşadığı duygusu sorulur. Ardından katılımcıdan tekrar ilk anlattığı olumlu anısını düşünmesi istenir ve oradaki duyguyu anlatması istenir.
13. Katılımcılarla yapılan uygulama tamamlandıktan sonra grup lideri katılımcılarla olumlu ya da olumsuz duygular arasında geçiş yapmanın insanın kendi elinde olduğuyla ilgili bir konuşma yapar.
14. Konuşma tamamlandıktan sonra grup lideri katılımcılardan halka şeklinde sıralanmalarını ister ve bir kapanış uygulaması yaptırır.
15. Bu uygulamada katılımcılar halkayı git gide daraltırlar ve birbirleriyle omuz omuza gelene kadar küçülürler. Ardından grup lideri katılımcılara nasıl hissettiklerini sorar ve his paylaşımlarını aldıktan sonra biraz daha küçülmelerini ister. Böylece katılımcılar birbirlerine temas ederek grup desteğini fark ederler.
16. Kapanış oyunundan sonra grup lideri süreci özetleyerek grubu tamamlar.

III. Oturum

Süre: 45 Dakika

Materyaller:

- Resim Kağıtları
- Boya Kalemleri
- Müzik
- Minder

Hedefler:

Bu oturumun sonunda grup üyeleri;

1. Kendi iç dünyalarının farkına varırlar.
2. Kendi ihtiyaçlarını fark ederler.
3. Grup üyeleri birbirlerinin ihtiyaçlarını fark ederler.
4. Katılımcılar kendi ihtiyaçlarını ve diğer üyelerin ihtiyaçları için çözüm önerileri oluşturur.

Süreç:

1. Grup lideri katılımcıları karşılayarak katılımcıların önceden ayarlanmış olan sandalyelerde halka biçiminde oturmasını sağlar.
2. Grup lideri katılımcıları selamlar, ilk oturumdan bu yana geçen süreç boyunca katılımcıların nasıl hissettiklerini nasıl bir süreç yaşadıklarını sorar.
3. Grup lideri bu oturumun amacını ve içeriğini katılımcılara anlatır.
4. Grup lideri 1. Oturumda koyulan kuralları katılımcılara hatırlatır.
5. Kurallar hatırlatıldıktan sonra katılımcıların oturuma ısınmaları için bir ısınma oyunu oynanır.
6. Bu ısınma oyununda grup üyeleri halka şeklinde sıralanmış minderlerin üzerine uzanırlar. Grup lideri arka planda çalacak sakin bir müzik başlatır. Ardından katılımcılara bir hikaye okuyacağını ve bu hikayeyi gözlerini kapatarak dinlemelerini hayal etmelerini ister
7. Grup lideri kalbimdeki çocuk hikayesini okur.
8. Katılımcılardan birkaç dakika boyunca bu hikayeyi düşünmeleri istenir.

9. Düşünmeyi tamamlayan katılımcılara resim kağıtları ve boya kalemleri dağıtılarak kalbimdeki çocuk hikayesi okunurken kurdukları hayalleri çizmeleri istenir.
10. Katılımcılar çizimlerini tamamladıktan sonra tekrar halka şeklinde oturma düzenine geçerler.
11. Grup lideri katılımcılara hikaye esnasında ne hissettikleri, çizdikleri resimden paylaşmak istedikleri detayları ve katılımcıların kalbindeki çocuğun neye ihtiyacı olduğunu sorar.
12. Gönüllü katılımcılar paylaşım yaptıktan sonra Adler terapinin "Mış Gibi" tekniği uygulanır. Katılımcılardan o kalplerindeki çocuğu düşünmeleri ve o çocuğun ihtiyacı giderildiğinde nasıl olacağını hayal etmeleri istenir. Ardından katılımcılara düşünceleri sorulur.
13. Grup lideri tarafından katılımcıların anlatımları ve düşünceleri üzerinden bir özetleme yapılır.
14. Ardından kapanış oyunu oynanır.
15. Bu oyunda katılımcılar halka şeklinde dizilerek sıraya geçerler ve sağ taraflarına dönerler. Her katılımcı önündeki katılımcının boynuna ve omzuna masaj yapar. Ardından katılımcılar sol tarafa dönerek bu sefer önündeki katılımcıya masaj yapar. Böylece grup üyelerinin birbirlerine teması artırılarak destek duygusu pekiştirilir.
16. Grup lideri günü özetleyerek oturumu tamamlar.

Ek.1

Kalbimdeki Çocuk Hikayesi

Buraya rahatlamaya geldik. Şimdi kalbinizin üzerine elinizi koyun. İyice küçülün. Kalbinize girin. Orada bir kapı var. O kapıdan içeri girin. Orada bir çocuk var, sakin, huzurlu ve kendine güvenen. Bir bakın bakalım, odası nasıl? Aydınlık mı? Karanlık mı? O çocuk sizi nasıl karşıladı? Kızgın mı? Dargın mı? Şimdi, gelecekte ne bekliyor, ona sorun. Diyin ki bundan sonra yanındayım. Ne istiyorsan, onu birlikte yapabiliriz. Belki daha fazla ilgiye ve sevgiye ihtiyacı var. Belki dinlenmeye ihtiyacı var. Uzun zamandır konuşmamıştınız. Sarılın, öpün ve ne istiyorsa odasına yerleştirin. Balonlar mı? Boyalar mı? Yoksa çok farklı bir oyuncak mı? Ne istiyorsa zamanımız var. Odayı onun istediği hale getirin.

Yüzündeki o mutlu ifadeyi görene kadar uğraşın. Ona tekrar geleceğinizi ve hep yanında olacağınızı söyleyin. İhtiyaçlarını duyacağınızı bilsin. Birbirinize karşı gülümseyin. Gülümsediğinizden emin olduğunuzda kucaklaşın.

Öpün yavaş yavaş. Orayı güvenli bir ortama çevirdiğinizi, sevgiyle doldurduğunuzu bilerek buraya dönmek üzere hazırlanın. Dönmeye hazır olduğunuzda, artık gözlerinizi açabilirsiniz.

IV. Oturum

Süre: 45 Dakika

Materyaller:

- Resim Kağıtları
- Boya Kalemleri
- Müzik
- Kartonlar
- Makaslar

Hedefler:

Bu oturumun sonunda grup üyeleri;

1. Farklı gelişen bir kişiyle empati kurarlar.
2. Farklı gelişen bireylerin yaşadığı güçlükler hakkında farkındalık sahibi olurlar.
3. Farklı engel türlerinden bilgiler elde ederler.
4. Katılımcılar farklılıklardan kaynaklı güçlüklere çözüm önerileri oluşturur.

Süreç:

1. Grup lideri katılımcıları karşılayarak katılımcıların önceden ayarlanmış olan sandalyelerde halka biçiminde oturmasını sağlar.
2. Grup lideri katılımcıları selamlar, geçen oturumdan bu yana geçen süreç boyunca katılımcıların nasıl hissettiklerini nasıl bir süreç yaşadıklarını sorar.
3. Grup lideri bu oturumun amacını ve içeriğini katılımcılara anlatır.
4. Grup lideri 1. Oturumda koyulan kuralları katılımcılara hatırlatır.
5. Kurallar hatırlatıldıktan sonra katılımcıların oturuma ısınmaları için bir ısınma oyunu oynanır.
6. Bu ısınma oyununda grup üyeleri el ele tutuşarak ikişerli olarak eşleşirler ve el ele tutuştuklarında ortalarına başka bir grup üyesi geçer. Böylece üç kişi bir grup oluşturmuş olur. Oyunun ismi “Ev Sahibi-Kiracı ve Bomba”dır. Liderin komutuyla kiracı dendiğinde sadece ortadaki grup üyeleri, bomba dendiğinde ise tüm grup üyeleri yer değiştirerek kendilerine yeni bir ev kurmalıdırlar. Süreç 10-12 kez tekrar ettikten sonra ortada kalan kişi bir sonraki oyunun ilk başlatıcısı olur.

7. Isınma oyununun ardından grup lideri katılımcılara karton-makas ve vb. materyaller dağıtır ve ana oyuna geçiş yapılır.
8. Ana oyun esnasında katılımcılar 2 şerli grup olarak kartondan bir karakter tasarlamalılardır. Fakat bu karakterin bir mesleği, bir ailesi ve bir engeli bulunmalıdır. Katılımcılar karakterlerine isim vermelidir.
9. Grup lideri katılımcılara gerekli materyalleri dağıttıktan sonra 15 dakika süre verir.
10. 15 dakika tamamlandıktan sonra katılımcılardan kendi karakterlerini anlatmaları ve onlara bir yaşam öyküsü oluşturmaları istenir.
11. Katılımcıların anlattığı hikayeler üzerinden grup içinde soru-cevap yapılarak karakterlerin yaşadığı zorluklar ve bunlara karşı çözüm önerileri geliştirilir.
12. Ardından etkinlik sonlandırılır.
13. Kapanıştan öce grup lideri grup üyelerinin hislerini toplar ve katılımcılar gruptan hangi hisle eve döndüklerini grupla paylaşır.
14. Grup lideri oturumu sonlandırır.

V. Oturum

Süre: 45 Dakika

Materyaller:

- Kağıt
- Kalem
- Önceden Hazırlanmış İletişim İçinde Yer Alan Olumlu ve Olumsuz Davranışların Yer Aldığı Form

Hedefler:

Bu oturumun sonunda grup üyeleri;

1. Duyguları ve davranışları anlayabilirler.
2. Olumsuz duyguların iletişime zarar vereceğini öğrenirler.
3. Duygu, düşünce ve davranış arasındaki farklılıkları anlayabilirler.

Süreç:

1. Grup lideri katılımcıları karşılayarak katılımcıların önceden ayarlanmış olan sandalyelerde halka biçiminde oturmasını sağlar.
2. Grup lideri katılımcıları selamlar, son oturumdan bu yana geçen süreç boyunca katılımcıların nasıl hissettiklerini nasıl bir süreç yaşadıklarını sorar.
3. Grup lideri bu oturumun amacını ve içeriğini katılımcılara anlatır.
4. Katılımcılarla yapılan paylaşımların ardından grup uyumunu geliştirecek ritim oyunu oynanır.
5. Bu oyunda katılımcılar halka şekline geçerek sözel olarak ritmik bir şekilde bir, iki, üç, dört şeklinde dörde kadar saymaya başlarlar. Sözel olarak 2 kez dörde kadar sayıldıktan sonra 2. Turda 1 rakamı yerine bir hareket eklenir. Örneğin, el çırpma. Bu aşamadan sonra katılımcılar 2 kez sözel olarak daha sonra 2 kez 1 rakamı yerine el çırpıp adından sözel olarak rakamları ritmik bir şekilde saymaya devam eder. Son rakamın yerine bir hareket belirlenene kadar süreç bu şekilde devam eder.
6. Bu oyunun amacı ritim becerileri ve ekip uyumunu geliştirmektir. Oyun tamamlandıktan sonra grup lideri ekip uyumu ve grup olmak üzerine bir konuşma yapar.
7. Liderin konuşması bittikten sonra katılımcılara düşünceleri sorulur ve düşünceler paylaşılır.

8. Ardından diğer etkinliğe geçilir. Etkinlikten önce çevremizdeki insanlarla iletişim kurarken nelere dikkat ediyoruz, neler bizi iyi hissettiriyor tarzında ısındırıcı sorular sorularak grup üyelerine tartışma ortamı hazırlanır.
9. Tartışmadan sonra katılımcılara üzerinde iletişimde cesaret verici davranışlar ve ifadeler ve cesaret kırıcı davranışlar ve ifadelerin olduğu formlar dağıtılır. Katılımcılardan her birinin bu davranışlardan ikisini farklı bir grup üyesiyle canlandırması istenir.
10. Tüm katılımcılar canlandırmaları gerçekleştirdikten sonra Adler Terapi'nin "Kendini Yakalama" tekniği kullanılarak katılımcıların hangi iletişim kurarken hangi davranışları kaçınmak için kullandığı konusunda sorular yöneltilir ve katılımcıların kendi süreçlerini gözlemlemesi istenir.
11. Kısa bir süre düşünmenin ardından grup lideri katılımcılara neler düşündüklerini ve fikirlerini sorarak kendileri ile ilgili farkındalıklarını toplar.
12. Tüm katılımcıların paylaşımları ardından bir kapanış etkinliği yapılır.
13. Bu etkinlikte katılımcılar halka şekline geçerek merkeze doğru adım atarlar. Katılımcıların daha fazla sıkışması mümkün olmadığında katılımcılara grup ile ilgili olumlu düşüncelerini ifade etmeleri söylenir.
14. Paylaşım yapmak isteyen katılımcılar paylaşımlarını tamamladıktan sonra oturum sonlandırılır.

Ek.1

Cesaret Verici Davranışlar

- Gülümseme
- Dikaktlice dinleme
- Öner doğru eğilme
- Teşekkür etme
- Yüz ifadeleri ile onaylama
- Kendinizi tanıtma
- Sıralı şekilde konuşma
- Espri yapma

Cesaret Verici İfadeler

- Bana bu konuyu anlat.
- Seni özledik.
- Bu fikri sevdim.
- Bunu başardığına sevindim.
- Senin bunun üstesinden geleceğini biliyorum.
- Yardım edebilir miyim?
- Döndüğüne sevindim.

Cesaret Kırıcı Davranışlar

- Rahatsız etme
- Randevu verip gitmeme
- Bir hata yaptığı zaman gülme
- Yalan söyleme
- Birini itme veya ona vurma
- Biri konuşurken başka tarafa bakma

Cesaret Kırıcı İfadeler

- İlgilenmiyorum.
- Bu berbat bir fikir.
- Bu şekilde hissetmen çok saçma.
- Ee ne olmuş yani?

VI. Oturum

Süre: 45 Dakika

Materyaller:

- Renkli Kartonlar
- Müzik
- Renkli Kalemler

Hedefler:

Bu oturumun sonunda grup üyeleri;

1. Önceki oturumların tümünü gözden geçirirler.
2. Genel değerlendirme yapabilirler.
3. Grupla ilişkileri sonlandırabilirler.
4. Grup ve süreç hakkında düşüncelerini ifade edebilirler.

Süreç:

1. Grup lideri katılımcıları karşılayarak katılımcıların önceden ayarlanmış olan sandalyelerde halka biçiminde oturmasını sağlar.
2. Grup lideri katılımcıları selamlar, ilk oturumdan bu yana geçen süreç boyunca katılımcıların nasıl hissettiklerini nasıl bir süreç yaşadıklarını sorar.
3. Grup lideri bu oturumun amacını ve içeriğini katılımcılara anlatır.
4. Grup lideri bu seansın son seans olduğunu bu yüzden bugün farklı etkinlikler yaparak gruba veda edileceğini söyler.
5. Gereken konuşmalar yapıldıktan sonra katılımcılar ile ilk geri bildirim oyununa geçiş yapılır.
6. Bu oyunda oturma düzeninin ortasına dönen bir sandalye konulur. Katılımcılardan birinin ilk gönüllü olarak ortaya geçmesi istenir. Katılımcı ortaya oturduktan sonra grup üyeleri karışık bir biçimde katılımcıya katılımcıyla ilgili pozitif düşüncelerini söylerler. Bu oyunun ismi “Sevgi Bombardımanı” olarak geçer. Tüm katılımcılar aynı şekilde süreci tamamladıktan sonra oyun bitirilir. Oyun esnasında dikkat edilmesi gereken nokta pozitif geri bildirim verilmesi ve yorum yapılmamasıdır.

7. Oyunun tamamlanmasının ardından katılımcılar yerlerine geri dönerler ve grup üyeleri etkinlikle ilgili hisleri ve düşünceleri konuşmak üzere katılımcılarla paylaşımda bulunmaya başlar.
8. Paylaşımlar tamamlandıktan sonra ikinci kapanış oyununa geçilir.
9. Bu oyunda katılımcılar karışık şekilde grup odasında dolaşmaya başlarlar. Liderin komutuyla beraber bazı davranışları yapmaları gerekir. Lider önce katılımcılardan basit hareketler ister. Örneğin birbirinizle el çakışın, birbirinizin omzuna dokunun vb. birkaç davranıştan sonra vedalaşma hareketleri devreye sokulur. Lider katılımcılardan birbirlerine sarılmalarını ya da tokalaşmalarını, ardından hoşça kal demelerini son olarak da el sallamalarını ister.
10. Etkinlik tamamlandıktan sonra katılımcılar yerlerine oturur. Lider grupla vedalaşmanın önemi hakkında bir konuşma yapar.
11. Konuşma bittikten sonra katılımcılara konu hakkındaki düşünceleri sorulur.
12. Düşünceler ve fikir alış verişleri tamamlandıktan sonra lider katılım sağladıkları için grup üyelerine tek tek teşekkür eder. Gizlilik kuralı son kez hatırlatılır.
13. Grup oturumu sonlandırılır.