



→ Regular Research Paper – SS

Investigation of Loneliness Status in Individuals with Disabilities

Hanife AKGÜL

Çanakkale Onsekiz Mart University, Turkey

hanifeakgul@comu.edu.tr

hanifeakgul38@gmail.com

ABSTRACT: Introduction and Purpose: In developed countries, loneliness has emerged as an important issue. Individuals with disabilities deal with several problems in their daily lives as well as the feeling of loneliness due to the disabilities. Individuals have certainly experienced loneliness feeling in some period of their lives even if they are children or young adults, however; it has been considered that the individuals with disabilities in a society have suffered from this problem more than the others. In this study it is aimed to investigate the loneliness status of individuals with disabilities living in Kayseri province according to some variables.

Method: Research is a general survey model and descriptive research method was used in the study. The working group of the research consists of individuals with various disabilities who live in villages and towns in Kayseri province. In the study Personal Information form prepared by the researcher was used in order to determine the personal information, social demographic features of the individuals with disabilities and Gierveld Loneliness Scale was used again to measure the level of loneliness of the individuals with disabilities. Data were obtained by interviewers through face to face interviews in 2016. In this application, the data of 200 individuals were used for analyzing. Data were analyzed through SPSS 19.0 software package and gender variable was analyzed by t-test and age, marital status, education level, type of disability, disability level, employment status, income level and place where the individuals live were analyzed by ANOVA.

Findings and Result: According to the analysis results for the loneliness of individuals with disabilities living in Kayseri, There are significant differences in loneliness level between gender, type of disability and degree marital status and income level variables; there is not a significant difference between education level and place where the individuals live variables.

Keywords: Disabled, loneliness, loneliness in disabilities,





1. INTRODUCTION

Loneliness occurs in all individuals, young, old, disabled, healthy, unhealthy emotion that affects every individual. According to Sadler (1987) many of us today live on the edge of a lonely life in the world. Loneliness usually is derived from the dissatisfaction with the quality and quantity of social relations; sometimes short, sometimes long-term, sometimes temporary, but sometimes varying into a life-impairing experience (Peplau ve Perlman, 1982). Regardless of the dimensions or types of loneliness, loneliness causes various emotions and personality traits in individuals, or vice versa, personality characteristics cause loneliness. If we look at the personality traits associated with loneliness; Jones, Carpenter and Quinnata (1985) listed these characteristics as follows.

- ✓ Negative personality traits
- ✓ Inadequate social skills
- ✓ Emotional problems, depression, anxiety,
- ✓ Poor self-perception,
- ✓ Adverse, negative emotions (conducted by Kaplan, 2011)

Disability is defined as the decrease or loss of physical, mental, spiritual, sensory and social abilities compared to the non-disabled person due to the disability caused by the deterioration of health (Demir, 2015). According to the data of World Health Organization (WHO), approximately 10% of the world population constitutes people with disabilities and this rate is 14% in our country (Republic of Turkey Prime Ministry Disability Administration, 2006). Many reasons brought by the situation of disability prepare the ground for the feeling of loneliness; feeling of loneliness paves the way for many physical and mental health problems (Gamble, 2011; Kaya, 1999; İçli, 2002; Tufan, 2002; Aközer, Nuhurat, Say, 2011). Research reveals that loneliness has common and enervator effects. Loneliness is associated with many psychological variables and personality factors. Thus, loneliness is associated with many diseases and variables such as depression, suicide, hostility, alcoholism, psychosomatic diseases, low self-concept (Moore and Schultz, 1983; McWhirter, 1990; Jakson, Fritch, Nagasaka and Gunderson, 2002). There is a strong relationship between loneliness and depression (Kurt, Beyaztaş, Erkol, 2010; MacCourt, 2004; Öz, 2002; Thomas, 1992). Suicide attempts were significantly increased in individuals who live alone (İçli, 2002). According to the data obtained from international studies, the main factors leading to suicide are: Severe depressive diseases, chronic and painful diseases, regressions in physical functions, problems in human relations, isolation from society and loneliness (Gamble, 2011; Tufan, 2002).

People experience emotional distress and psychological difficulties in initiating and sustaining the relationship as they feel inadequately and qualitatively insufficient in their social relationships. People with disabilities, which are among the disadvantaged groups of the society, are individuals with increased likelihood of experiencing loneliness in many aspects. Individuals with disabilities, especially children and individuals with intellectual disabilities and learning disabilities are more prone to loneliness than non-disabled individuals. The research findings show that 10-16% of non-disabled students feel loneliness. The proportion of mentally handicapped students which experience the loneliness rises up to 25%. Although most of these studies are focused on people with intellectual disabilities and learning disabilities, other people with disabilities may be expected to experience similar levels of loneliness. People with disabilities may experience higher levels of loneliness because they have difficulty in recognizing and processing social cues and developing social relationships (Bakkaloğlu, 2008).

The aim of this study was to determine the level of loneliness of individuals with disabilities and their relationship with various variables.





2. METHOD

The aim of this study was to evaluate the loneliness of individuals with disabilities living in Kayseri. In accordance with this purpose, the question ‘is there a meaningful relationship between various variables of the disabled and sense of loneliness?’ will try to be answered.

Research Model

In this study, the relationship between the variables of gender, age, type and degree of disability, marital status, education level, living place, income level and working status of the disabled were examined. In this study, as the present situation is wanted to be described, the relational scanning model which is one of the general screening model types was used. Relational screening models are research models aiming to determine the existence and degree of co-change between two or more variables. General survey model was used in the research (Büyüköztürk, 2012). In this study, the relational screening model was used because the variables were investigated together.

Population and Sample

The population of the study consists of individuals with disabilities living in central and districts of Kayseri. The sample of the study was accessible individuals with disabilities. Because all the elements in the universe do not have equal chance to be selected, disproportionate element sampling (simple random sampling) is preferred (Karasar, 2003). The sample of the study consists of 200 (M = 114 F = 86) disabled selected by random sampling method. Demographic information about the disabled people constituting the sample is presented in Table 1.

	Number (n=200)	%
Gender		
Female	86	43
Male	114	57
Age		
18-28 age range	92	46
29-48 age range	57	28.5
49 years and older	51	25.5
Disability type		
Visually handicapped	45	22.5
Hearing impaired	58	29
Spastic disability	97	48.5
Marital status		
Married	47	23.5
Single	133	66.5
Devorced	11	5.5
Widow	9	4.5
Employment Status		
Employed	85	42.5
Non-employed	33	16.5
Student	82	41
Monthly income level		
No	11	5.5
0-999 TL	36	18
1000-1999 TL	43	21.5
2000-2999 TL	58	28
3000 TL and above	52	26
Educational Status		
Not literate	3	1.5
Primary school	13	6.5
Middle school	32	16
Highschool	110	55
Undergraduate	38	19
Graduate	4	2

Table 1: Demographic Distributions of the Sampling Group

The demographic characteristics of the disabled people participated in the study are seen in Table 1, it is seen that 43% of the group is female and 57% is male. It was seen that 22.5% of the group were sighted, 29% were hearing, 48.5% were spastic disabled, 42.5% were working, 16.5% were not working and 41% were students.





Data Collection Tools

Personal information form and Gierveld Loneliness Scale were used as data collection tools.

Personal Information Form

Personal information was prepared by the researcher in order to determine the personal information about the demographic characteristics of the disabled individuals.

Gierveld Loneliness Scale

It was developed by Gierveld & Kamphuis (1985) to measure loneliness and it was revised in 1999 and 2006 (de Jong Gierveld and Van Tilburg, 2006). The scale, which has a total of 11 items, consists of two sub-dimensions: six items of the scale (2, 3, 5, 6, 9, 10) were negative items measuring emotional loneliness; five items (1, 4, 7, 8, 11) are positive items that measure social loneliness. To calculate total loneliness; emotional loneliness results and social loneliness results should addition. The sum of these two dimensions gives the overall loneliness score (de Jong Gierveld, & van Tilburg, 2011). The lowest score to be taken from the scale is 0 and the highest score is 22. Increased scores indicate that loneliness is more intense. In order to test the criterion validity of the loneliness scale, two separate studies with the UCLA loneliness scale showed a correlation of .66 and .81 (de Jong Gierveld & Kamphuis, 1985; Jong Gierveld, & van Tilburg, 2011). In two separate reliability researchs (de Jong Gierveld, & van Tilburg, 2011; Leeuw 1992), the internal consistency coefficient of the scale was found to be .97 and .84.

The adaptation of the Gierveld Loneliness Scale to Turkish culture was conducted by Akgül and Yeşilyaprak (2015). As a result of exploratory and confirmatory factor analyzes conducted to test the construct validity of the scale, it was seen that all items, like the original one, were collected in two factors with greater than one factor, and the scale had a two-factor structure as in the original. The total variance explained for the two factors is 63.88%. In order to test the criterion validity, the correlation between the scores obtained from the Geriatric Depression Scale and the WHOQOL-OLD: Proximity Subscale of the World Health Organization Quality of Life Module for the Elderly and the scores obtained from the Gierveld Loneliness Scale were analyzed and the total score was $r = .69$ with $r = .69$. $r = .65$; DY $r = .65$ to $r = .51$; SY $r = .55$ to $r = .63$; correlations were determined. Cronbach Alpha coefficient was used to examine the internal consistency of the scale; in order to examine the reliability of the scale against time, the test-retest continuity coefficient calculated was used. Internal consistency coefficients of the scale were found to be .79 for emotional loneliness, .81 for social loneliness and .85 in total. Test-retest continuity coefficient of the scale; For DY size. 90 for SY size. 93, .93 for the total score.

Data Analysis

Personal Information Form and Gierveld Loneliness Scale were applied to the disabled individuals who could be reached during the study and volunteered to participate in the study. The data obtained from the sample were entered into the computer and SPSS 19.00 package program was used and data were analyzed as t test and ANOVA.





3. FINDINGS

Independent samples t-test and one-way analysis of variance (ANOVA) were performed to determine whether the scores obtained from the loneliness scale differed statistically according to demographic variables.

Table 2 shows the results of the t test to determine whether the loneliness scale scores of the disabled individuals differ by gender.

Table 2: Results of t-test of Loneliness Scale by Gender

Gender	N	X	ss	sh	t test		
					t	sd	p
Female	86	1.6	,20	0,1	3,61	198	,002
Male	114	1.1	,25	0,1			

As it is seen in Table 2, there was a statistically significant difference between the gender of the disabled and the loneliness scale scores as a result of unrelated t test (t = 3.61; p <.01).

The results of the Anova test to determine whether the loneliness scale scores of disabled individuals differ according to age are given in Table 3.

Table 3: ANOVA Results showing whether loneliness differs according to age

	SS	df	MS	F	P
Intergroup	28,660	2	14,380	53,674	,000
In-group	255,937	197	,268		
Total	244,688	199			

Age Level						
18-28 Age		29-49 Age		50 Age and Older		
N	X	N	X	N	X	
92	1.83	57	0.74	51	1.36	

As shown in Table 3, the differences between the mean scores of the groups were found to be significant at .001 levels as a result of ANOVA test to determine whether loneliness scores differ according to their age. The individuals with the highest level of loneliness were individuals in the 18-28 age group (1.83), followed by individuals 50 years and older (1.36), and the group with the lowest sense of loneliness was in the 29-49 age group (0.74).

The results of the ANOVA test to determine whether the loneliness scale scores of the disabled individuals differ according to the type of disability are given in Table 4.

Table 4: ANOVA Results showing whether loneliness differs according to the obstacle type variable

	SS	df	MS	F	P
Intergroup	37,265	2	11,303	53,674	,008
In-group	255,939	197	,268		
Total	244,693	199			

Disability Type						
Visually handicapped		Hearing impaired		Spastic Disability		
N	X	N	X	N	X	
45	1.89	58	1.77	97	1.53	





As seen in Table 4, the differences between the averages of the groups were significant at .001 level. The individuals with the highest loneliness level; visually impaired individuals (1.89), hearing impaired individuals (1.77) and spastic disabilities (1.53).

Table 5 shows the results of ANOVA test to determine whether the loneliness scale scores of disabled individuals differ according to marital status.

Table 5: ANOVA results showing whether loneliness is differentiated according to the marital status variable

	SS	df	MS	F	P
Intergroup	30,459	3	5,292	23,643	,000
In-group	211,241	196	,243		
Total	235,679	199			

Marital Status							
Married		Single		Divorced		Widow	
N	X	N	X	N	X	N	X
47	0.47	133	1.56	11	1.74	9	1.80

As seen in Table 5, the differences between the averages of the groups were significant at .001 level. The individuals with the highest loneliness level; widows (1.80), divorced (1.74) and singles (1.56). The group with the lowest sense of loneliness is currently married individuals (.47).

The results of the ANOVA test to determine whether the loneliness scale scores of the disabled individuals differ according to the income level are given in Table 6.

Table 6: ANOVA Results showing whether loneliness is differentiated according to monthly income level variable

	SS	df	MS	F	P
Intergroup	11,34	4	2,836	9,772	,000
In-group	233,354	195	,290		
Total	244,699	199			

Monthly Income Level									
Non		0-999TL		1000-1999TL		2000-2999TL		3000TL and Above	
N	X	N	X	N	X	N	X	N	X
11	1.8	36	1.5	43	.83	58	.79	52	.51

As seen in Table 6, the differences between the mean scores of the groups were found to be significant at the level of .001 as a result of the ANOVA test to determine whether loneliness scores differ according to income levels. . The individuals with the highest level of loneliness had no income (1.8), followed by the group with 0-999 TL (1.5), followed by 1000-1999 (.83), while the group with the lowest loneliness had the highest income group (3000). TL and above are individuals with disabilities (.51).

Table 7 shows the results of ANOVA test to determine whether the loneliness scale scores of disabled individuals differ according to educational level





Table 7: ANOVA Results showing whether loneliness differs according to education level

			SS	df	MS	F	P				
Intergroup			11,036	5	2,613	8,077	,000				
In-group			241,581	194	,288						
Total			254,966	199							
Education Status											
Illiterate		Literate or Primary School		Middle School		Highschool		Undergradua te		Graduate	
N	X	N	X	N	X	N	X	N	X	N	X
3	1.91	13	.96	32	.89	110	.78	38	1,76	4	1,84

As seen in Table 7, the differences between the means of the groups were significant at the level of .001 as a result of the ANOVA test to determine whether the loneliness scores differed according to the educational status of the disabled. The individuals with the highest level of loneliness were the group of illiterate disabled people (1.91) and the group with the lowest loneliness was high school graduates (1,78).

The results of the ANOVA test to determine whether the loneliness scale scores of the disabled individuals differ according to the working status are given in Table 8.

Table 8: ANOVA results showing whether loneliness is differentiated according to working status

			SS	df	MS	F	P	
Intergroup			5,053	2	1,684	5,658	,001	
In-group			239,645	805	,298			
Total			244,699	808				
Employment Status								
Employed			Non-employed			Student		
N	X		N	X		N	X	
85	.57		33	1,79		82	.86	

As can be seen in Table 8, the highest level of loneliness was observed in non-working individuals (1.79); the lowest loneliness level belongs to the working group (.57).

4. CONCLUSION

In the study conducted to examine the loneliness of disabled individuals, was found significant differences between variables such as gender, age, type of disability, marital status, income level, education level, and working status.

As it is seen in Table 2, statistically significant difference was found in the feelings of loneliness according to the gender of the disabled individuals (p <.01). Women experience more loneliness than men. In the researches;

As seen in Table 3, there was a significant difference in loneliness feelings related to the age of the individuals (p <.01). Individuals living the least feeling of loneliness are individuals between the ages of 29-49. The individuals with the highest level of loneliness are young disabled people in the 18-28 age range. In the studies;





Loneliness also differs significantly ($p < .01$) in terms of the causes of disability in disabled individuals (Look Table 4). Visually impaired individuals had the highest sense of loneliness; the group with the lowest sense of loneliness is the spastic disabled. When the literature on visual impairment and mental health is examined, it is seen that visual loss is associated with depression (Bazargan and Hamm-Baugh, 1995). In addition, visual impairment increases the risk of depression (Waern and al., 2002). Depression and loneliness are closely related. Socioeconomic problems faced by visually impaired people adversely affect their thinking about the future and create similar problem areas.

In other words, for the future; being alone, not being able to work, not getting married, continuing education, and being in need of others negatively affect them (Demir, 2015).

As seen in Table 5, there was a significant difference in loneliness feelings according to marital status of individuals ($p < .01$). The most intense individuals who experience loneliness are the disabled people who lost their spouses, then the divorced group and the singles follow them. Individuals with the least sense of loneliness are currently married people with disabilities. Pinguart (2003) conducted a study called “Loneliness in Married, Widowed, Divorced and Never Married Individuals” with 4130 elderly subjects in Germany. Loneliness scale developed by de Jong Gierveld and Kamphuis (1985) was used as data collection tool. As a result of the research; it was found that the level of loneliness was higher in the unmarried elderly people than the married elderly, and the married elderly developed more intense and strong relations with children, friends, neighbors and other people and therefore the level of loneliness was lower. The level of loneliness was found to be lower in the married and spoused elderly compared to the widowed and divorced elderly. The results of his study confirm the results of our study.

As can be seen in Table 6, there was a significant difference in loneliness feelings according to the income level of the individuals ($p < .01$). It is seen that the disabled people who have no income have more feeling of loneliness and the least lonely individuals have the highest income. Considering that the opportunities of individuals increase at the same rate as the income level increases, it is natural that the feeling of loneliness is felt less than the individuals with low income level. According to this result, the sense of loneliness is inversely proportional to income.

As seen in Table 7, there was a significant difference in loneliness feelings according to the educational level of the individuals ($p < .01$). The group with the highest level of loneliness is illiterate people and the group with the lowest level of loneliness is the group which graduated from highschool. As the level of education increases after high school, either the level of loneliness increases too. While the loneliness level of undergraduate and graduate people is higher than high school graduates, the loneliness level of the higher language group is higher than the undergraduate group.

As can be seen in Table 8, there was a significant difference in loneliness feelings according to the employment status of the individuals ($p < .01$). The group who experienced the feeling of loneliness the most was disabled while not working; working individuals have the least sense of loneliness.

In conclusion, in this study, the relationship between loneliness experienced by disabled individuals and different variables was investigated and it was found that feeling of loneliness differs according to gender, age, disability situation, marital status, income level, education level and working status. Psychological problems may be seen more frequently in individuals with high level sense of loneliness. For this reason, it is necessary to increase and accelerate the efforts to improve the social welfare, education level and social opportunities of disabled individuals in the society.



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