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Research Paper

The Relationship between Perceived Social Support and Psychological Resilience with the Quality of Life of People with Physical Disabilities

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Physical-motor disability, perceived social support, psychological resiliency, quality of life.

ABSTRACT

Objective The aim of this study was to investigate the relationship between perceived social support and psychological resilience with quality of life in people with physical disabilities.

Methods The research method was descriptive-correlational and the statistical population included all people with any physical disabilities between the ages of 15 to 65 years in the cities of Golestan province, 100 of whom were selected using available and non-random sampling method. And after obtaining consent, completed the relevant questionnaires. Also, in order to collect data, Phillips Social Support Questionnaire, Klohnen Self- Efficacy Scale and WHO Quality of Life Questionnaire were used, and to analyze the data, version 24 of SPSS software, Pearson correlation coefficient and multiple regression were used.

Results Findings showed that there is a positive relationship between perceived social support and quality of life in people with physical disabilities. The higher the social support, the higher the quality of life, as well as between psychological resilience and quality.

Conclusion There is a significant relationship between people's lives and physical disabilities in that people who showed higher psychological resilience had a higher quality of life.

1. Introduction

All people who are deprived of a normal and normal social life due to the absence and dysfunction of one of their body parts and live differently fromi other people, are disabled. (Fadaei & Nikkhah, 2015). In the latest international classification of functioning, disability and health (ICF), disability is a pervasive term used for disorders, limitations in activities or barriers to participation (World Health Organization, 2001). The function that individuals perform in various walks of life and to play social roles includes functioning at three levels: anatomical and physiological, daily life activities, and social participation, and any limitations or lack or non functioning in any of the three This level leads to disability (World Health Organization, 2016).

Disability is: deprivation and inappropriate status of a person which results in disability and deficiency so that it prevents him from performing a role that is

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considered normal for a person according to age, sex, social and cultural conditions. Among these, physical disabilities have the highest prevalence among other disabilities (Karimi Dermani, 2006). Disability is a biosocial reality that all countries of the world face. People with physical disabilities are divided into two groups: people with disabilities who have been affected by various disabilities since the beginning of their lives due to various genetic issues and lack of minerals and vitamins in the mother's body, and the other group of people with disabilities who have They are afflicted with various environmental events, such as illness and accidents, and are doomed to live differently and have more difficult moments of their lives (Jalalvand, 2014). Disabilities are very diverse and occur for a variety of reasons, people may have congenital anomalies or acquire disability through accident or postpartum illness. Some are relatively mild and transient physical disabilities and some are severe and progressive that eventually lead to premature death. (Hossein Khanzadeh, 2019) Some people with physical disabilities need rehabilitation equipment and even environments to perform their daily tasks. In particular, physical barriers make it very difficult or impossible for people with disabilities to move and participate in the overall process of activities. There are more important barriers in the psycho-social environment of these people. Such as negative psychosocial attitudes, which affect the mental health of people with physical disabilities and cause them to have lower self-esteem and selfesteem than others. In sum, all these issues affect their quality of life (Moradi A, Kalantary, 2006). According to the United Nations and the World Health Organization (2011), by 2010, about 10 percent of the world's population had some form of disability, and in Iran, according to statistics, 200,726 people under the age of 19 have at least one type of disability. Iran, 2015).

Quality of life is one of the important outcomes in health studies and its role in evaluating patients and treatment outcomes is key (Crosby, Kolotkin & Williams, 2003) as well as many dimensions such as mental health, physical health, self- confidence, satisfaction and Includes life satisfaction (Kashefi, 2005). Quality of life is also relative and has a broad meaning with a formal nature and includes the assessment of injury, disability and disability at the same time (Van Straten, De Hann & Limburg, 2000). Karbala'i Noori, 1997; quoted by Bakhtiari et al., 2012 and improving the quality of life in the physically disabled were discussed as a goal for rehabilitation (Shahandeh, Wameghi, Hatamizadeh & Kazemnejad, 2004). Eisenberg and Salts (1991) in their study studied the quality of life of people with disabilities with spinal cord injuries and found that these people have lower mental health than people without disabilities.

One of the influential components in the mental health of people with physical disabilities is social support, which includes resources provided by a network of individuals and social groups. Psychologically, social support can be very useful because it is effective in mentally assessing external stressors, choosing effective methods of adjustment, self-esteem, and increasing individual skills (Lepore, Evans & Schneider, 2009); On the other hand, perceived social support is the degree of access and the individual's perception of the availability of support from others, if help is needed (Moradi, Dehghani zadeh & Soleimani Khashab, 2015). Perceived social support is formed from an individual's cognitive assessment of the environment and his or her relationships with others. Perceived social support theorists state that not all relationships a person has with others are considered social support, unless the individual perceives it as an available or suitable source to meet their needs (Pour Agha et al., 2012). The results of a study showed that perceived social support is effective in coping with the disease (Helgeston and Cohen, 2004). Hosseini Kiasari and Basharpour (2014) also showed that there is a significant difference between the two groups of people with and without physical disabilities in terms of stress, anxiety, depression and social support. Melrose, Bran et al. (2015) also found that there is a significant relationship between perceived social support and psychological well-being when social support is needed. Another study variable that can protect these people from psychological damage and its absence causes confusion in the person is resilience. Resilience is defined as a person's positive adaptation in response to unpleasant situations such as injuries and threats (Waller, 2001). Of course, resilience does not only mean endurance in the face of injury and threatening conditions and a passive state in the face of high-risk situations, but also in the form of active and purposeful participation in the environment; If people have resilience, they will be able to solve the problem and it will be easier for them to deal with problems (Mashayekhi Dolatabadi and Mohammadi, 2014). Resilient people are very optimistic. Probably this trait gives them the power to adapt to It forgives problems

and also allows people to adapt better in unpleasant situations. (Khodabakhshi and Bahari, 2013). The World Health Organization considers quality of life as the perception of each individual of their position in the context of the culture and value system in which they live and in relation to their goals, expectations, standards and interests; Quality of life is a pervasive concept that is affected by physical health, personal development, psychological states, level of independence, social relations of the environment and depends on individual perception (Mirzaei, 2010).

Based on the above and the study of the theoretical basis, it is inferred that quality of life is related to social support and psychological resilience. On the other hand, research on the relationship between social support and psychological resilience with quality of life in people with physical disabilities Not observed, therefore the purpose of this study is to answer the question of whether there is a relationship between perceived social support and psychological resilience with the quality of life of people with physical disabilities or not?

Many people become mentally and physically disabled for a variety of reasons, such as hereditary factors, injuries resulting from childbirth, and diseases and accidents after birth. These disabilities sometimes remain with them at all ages and for the rest of their lives due to the lack of appropriate treatment solutions (Barbotte, Guillemin, Neurkasen & Lord Handicap Group –World Health Organization, 2001). Physical disability includes a wide range of types of disabilities and is divided according to the limitations in the movements and abilities of one part of the body such as different organs (Seif Naraghi and Naderi, 2002). Avolio (2013) in his research showed that demographic characteristics, social relationships and social support are among the factors affecting the quality of life of both groups of people with and without physical disabilities.

Cobb (1976) first defined social support as an awareness in which a person believes that being cared for and loved has value, credibility and respect, and that it is a network of connections and commitments. It belongs to one side (quoted by Tamnaeifar, Leith and Mansouri Nik, 2013). Social support is a multidimensional structure that reflects an individual's perception of being supported, loved, and valued (Cobb, 1976). Perceived social support is a concept that refers to individuals' mental assessments of supported relationships and behaviors (Sarason, Sarason, & Pierce, 1990). One of the most well-known theories of perceived social support is the multidimensional type proposed by Zimet, Dahlem, Zimat, and Farley (1988), which includes perceived support from family, friends, and important individuals (such as teachers and Classmates). Chi & Chou (2001) in a study examined the relationship between social support and depression in people with physical disabilities and concluded that there is a significant relationship between depression and all aspects of social support in these people.

In their study, Kleinberg et al. (2006) found that people with disabilities who received less general and family social support were more likely to develop chronic psychological problems than those who received more social support (quoted by Forouzan et al., 2014). The study of Mikaeli et al (2012) showed that there is a significant positive relationship between perceived social support and resilience with quality of life in patients with multiple sclerosis as a debilitating disease. Avolio (2013) examined the factors affecting the quality of life of people with disabilities and concluded that social relationships and social support are factors affecting the quality of life of these people. Grum & Senicar (2012) conducted research on students with physical disabilities and showed that self-confidence of students who have higher social support than students who receive less social support. Also, Khosravi, Raheb, Arshi and Eghlima (2014) in their research examined the relationship between social support and quality of life of people with physical disabilities and concluded that among the subscales of social support including social support of friends, family and others with components Psychological and social quality of life there is a positive and significant relationship, They also showed that there is a significant negative relationship between the types of social support and the dimension of anxiety and depression in quality of life, meaning that people with disabilities who receive more social support feel less anxiety and depression.

Early theories of resilience considered it an inherent trait, and resilient individuals were considered vulnerable and unique; But the results of research in recent years have shown that resilience is not an inherent ability and is achievable and occurs in the individual when there are appropriate protective factors in spite of stressors in the lives of resilient people, Lotar (1991) Considers resilience as the ability to return to the original state and successful adaptation despite high stress and adverse conditions (Hashemi, Jokar, 2014).

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There are many factors that can predict resilience, one of which is social support, and research such as Chang and Yarnal (2018), Kang et al. (2018) and Wu et al. (2018) on the positive relationship between resilience and support. Social have been mentioned (quoted by Eskandari, Jalali, Mousavi and Akrami, 2019). Stewart and Yuen (2011) reviewed the psychological factors affecting resilience in patients with physical problems in a systematic study and concluded that empowerment, self- efficacy, optimism, self-esteem, hope, source of internal control and psychological toughness, Affects the resilience of these people.

Alriksson-Schmidt, Wallander & Biasini (2005) found in their research that resilience is a variable that increases the quality of life in adolescents with mobility disabilities and adolescents with high resilience have a higher quality of life. Quality of life is one of the most important issues in Health care is one of the biggest health goals to improve the health of people and in recent years is one of the most well-known factors in the life of every person (Zahmatkeshan et al., 2002). It is considered as one of the important goals of rehabilitation (Eftekhar, Nojoomi & Koohpayeh-Zadeh, 2009). Movahedi, Zandavian and Zarei Mahmoudabadi (2014) in a quasi-experimental and interventional study examined the effect of spiritual intelligence training on the quality of life of people with physical disabilities and concluded that the experimental group compared to the control group after receiving The intervention received a significantly higher score in terms of overall quality of life, general health, and social functioning, indicating that spiritual intelligence training can improve the quality of life and social functioning of these individuals.

2. Materials and Methods

1. The Social Support Appraisals Scale (SS-A): This questionnaire was developed by Vaux et al. In 1986 based on Kobe's definition of social support. It has 23 items and Ebrahimi Ghavam (1993) in his dissertation under the guidance of Delavar, changed the scoring system of this questionnaire to zero and one, due to the use of Cronbach's alpha; Then it was performed on 111 students and 211 students. The reliability of the test in the student sample in the whole scale was 91.1 and in the student sample was 71.1 and in the retest in students after six weeks was 81.1. Shahbakhsh (2010) calculated the internal reliability coefficients of this test in a group of 311 students of Allamah Tabatabaei University as 1.66 and in the research of Khabaz et al. (2012) the alpha coefficient calculated for this questionnaire was 74.1 (Torabi, 2014).

2. Klohnen Ego Resilience Scale: This scale was first adapted by Klohnen (1996) as a self-report report of resilience assessment from the California Psychological Questionnaire (CPI) and performed on a sample of California graduate couples. This questionnaire was correlated. Block and Kremen (1996) performed this scale as a longitudinal study on a group of subjects twice at the age of 18 and the second time at the age of 23. Contains 14 phrases that measure responses on a 4-point Likert scale from 1 to 4, and the sum of the scores from these 14 phrases shows a person's self- efficacy score. The alpha reliability coefficient of this test was 0.76, assuming that it measured only one major factor. Cronbach's alpha is also reported in the study of Letzring, Block and Funder (2005) equal to 0.72. Also, the correlation patterns between the scores of self-resilience scale and testing of personality traits show that people who get high scores in self-resilience are people with diverse and different interests who have no problem with ambiguity and complexity and have many positive characteristics.

3. World Health Organization Quality of Life-BREEF (WHOQOL-BREF): The World Health Organization Quality of Life Questionnaire was first translated by Nejat and Mortazavi in 2006 in Iran and its validity and reliability have been assessed on healthy and sick people; This questionnaire has been translated and standardized in more than 40 living languages of the world. It has 24 items that measure four areas of quality of life, including physical health, mental health, social relationships, and environmental health. (Each area has 7, 6, 3, and 8 questions, respectively.) The first two questions They also measure the state of health and quality of life in general. Therefore, the questionnaire has 26 items that answer each question with a Likert scale from 1 to 5 points and after the necessary calculations in each area, a score equal to (4-20) is obtained, which 4 indicates the worst and 20 indicates the best situation in the area. These scores can be converted to a range between (0-100) and the number obtained is the closer to 100 the higher the quality of life and the closer to zero the lower the quality of life Shows wet. The reliability of this scale in the field of physical health is 0.77, mental health is 0.77, social relations is 0.75

and finally in the field of environmental health is 0.84 (Nejat and Mortazavi, 2006).

Due to the observance of ethical and human standards in this study, before sampling, the type and purpose of the test was explained to the participants and their consent to participate in the study was obtained and this possibility was given to them, if desired. Lack of continued cooperation at any stage of the test can lead to withdrawal from the study. Descriptive statistics, Pearson correlation coefficient and multiple regression using SPSS software version 24 were used to analyze the data.

This descriptive study was a correlational study. The statistical population of this study included all people with a type of physical disability aged 15 to 60 years in the cities of Golestan province. 100 of these people were selected using available and non-random sampling. They completed the relevant questionnaires.

Inclusion and exclusion criteria: Inclusion criteria include the presence of any physical and motor disability, lack of consciousness and mental disorders, and conscious and voluntary satisfaction; Exclusion criteria also included visual or hearing impairment, age under 15 years and over 60 years.

3. Results

Descriptive indices of the variables of this study in the form of mean scores and standard deviation are given in Table 1.

Table 1. Descriptive indicators of research variables

Variables	Average	Standard deviation
Quality of Life	93.89	14.97
social support	48.26	13.68
Psychological resilience	43.46	16.50

Kolmogorov-Smirnov test confirmed the normality of the distribution of the studied variables and parametric tests were used to analyze the data. Also, using Pearson correlation confirmed a simple relationship between variables was investigated and then multiple regression was used. The initial assumption was based on the fact that the quality of life of people with physical disabilities can be predicted and explained based on social support scores and psychological resilience.

Table 2. Correlation of quality of life with social support and psychological resilience

Variables	1	2	3
Quality of Life	1		
social support	0.301**	1	
Psychological resilience	0.247**	0.157**	1

P<0.001**, P<0.05*

Examination of Table 2 shows that there is a relationship between quality of life and perceived social support (r = 0.301 and p <0.01). This means that the higher the perceived social support of people with physical disabilities, the higher the quality of life of these people. Also, there is a relationship between psychological resilience and quality of life (r =0.247 and p <0.01) so that with the increase of psychological resilience on the quality of life of people with physical disabilities - The movement goes higher.

4. Discussion and Conclusion:

The aim of this study was to investigate the relationship between perceived social support and psychological resilience with the quality of life of people with physical disabilities. The findings showed that there is a positive relationship between perceived social support and quality of life with physical disabilities. It exists in the sense that the higher the social support of individuals, the higher the quality of life. Consistent with the research of Khosravi et al. (2014), in their research they examined the relationship between social support and quality of life of people with physical disabilities and found that among the subscales of social support including social support of friends, family and others.

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There is a positive and significant relationship with psychological and social components of quality of life. People with disabilities who receive more social support also feel less anxious and depressed. Hosseini Kiasari and Basharpour (2014) also found that there is a significant difference between the two groups of people with and without physical disabilities in terms of stress, anxiety, depression and support of important people in their lives. Melrose et al. (2015) also found that there is a significant relationship between perceived social support and psychological well-being when social support is needed.

Another finding of the present study indicates that there is a significant relationship between psychological resilience and quality of life in people with physical disabilities, meaning that people with high psychological resilience have also shown a higher quality of life; As Alriksson-Schmidt, et al. (2005) have introduced resilience as a variable that increases the quality of life in adolescents with mobility disabilities, and adolescents with higher resilience have reported a higher quality of life that is consistent with the present study. Stewart and Yuen (2011) in a systematic study; Empowerment, self-efficacy, optimism, self-esteem, hope, source of internal control and psychological toughness have been introduced as factors affecting the resilience of these people. And in studies such as Chang and Yarnal (2018), Kang et al. (2018) and Wu et al. (2018) have confirmed the existence of a positive relationship between resilience and social support in the sense that social support is an important factor in advancing the nose is a psychological resilience in individuals. Also, the results of Sadri Demirchi et al. (2018) showed that resilience training can be effective in psychological well-being and anger control of students with impulsive behavior. Therefore, paying attention to the effectiveness of resilience training on variables related to psychological well-being and anger control in students with impulsive behavior is of particular importance. Bakhtiari et al. (2012) in an extensive study compared the quality of life of 500 people with physical disabilities in Tehran with 500 people without disabilities and concluded that except in the areas of physical health and independence, there is a significant difference between the quality of life of these two groups was not observed and this group needs to receive special services to reduce the distance with the group of people without these disabilities.

This study faced limitations. First, due to the deadly disease of Covid 19 and global quarantine, which led to limited access to the competent government office, researchers were forced to use the available sampling method to calculate the possibility of Statistical power was taken away from the researchers, so it is suggested that this research be done in a larger statistical community with other psychological variables on this group of people using other statistical methods and tools. Among people with physical disabilities, more research is needed, so it is suggested that this variable be measured on a larger statistical group and other statistical communities of people with physical disabilities, and it seems necessary to use this variable. Perceived social support should also be used in interventions as a source to increase the quality of life of people with physical disabilities. Finally, it is suggested that future researchers use social support subscales with subscales of quality of life in people with to the disabled Examine the physical-motor by type and cause of the disease.

Finally, special thanks are due to all the esteemed participants and their families for their cooperation.

5. Ethical Considerations

Compliance with ethical guidelines

All ethical principles are considered in this article. The participants were informed about the purpose of the research and its implementation stages. They were also assured about the confidentiality of their information and were free to leave the study whenever they wished, and if desired, the research results would be available to them.

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Authors' contributions

All authors have participated in the design, implementation and writing of all sections of the present study.

Conflicts of interest

The authors declared no conflict of interest.

References:

Avolio, M. (2013) Factors influencing quality of life for disabled and nondisabled elderly population: the results of a multiple correspondence analysis. *Hindawi*. 2013; 33(12):2 Doi: 10.1155/2013/258274

Alriksson-Schmidt, A, I., Wallander, J. & Biasini, F. (2005). Quality of life and resilience in adolescents with a mobility disability. *Journal of Pediatric Psychology*, 32(3), 370-379. Doi: 10.1093/jpepsy/jsl002

Bakhtiari, M., Salehi, M., Zayeri, F.. Yavari, P., Del pisheh, A., Mobasheri, F., & Karimlo, M. (2012). Comparison of quality of life of the physically-physically disabled with healthy individuals using From the questionnaire WHOQOL 100. Iranian Journal of Epidemiology, 8(2): 65-72. http://irje.tums.ac.ir/article-1-10-fa.html

Barbotte, E., Guillemin, F., Neurkasen & Lord Handicap Group -World Health Organization (2001). Bulletin of world Health organization, 79(11), 1047–55.

Chi, I., Chou, K., (2001) Social Support and Depression among elderly Chinese People in Hong Kong. *The International Journal of Aging and Human Development*; 3(52):231-252 Doi: 10.2190/v5k8-cnmg-g2up-37qv

Crosby R, D., Kolotkin R, L., Williams G, R. (2003) Defining clinically meaningful change in health-related quality of life. *J Clin Epidemiol*; 56:395-407. Doi: 10.1016/s0895-4356(03)00044-1

Cobb, S. (1976). Social Support as a moderator of life stress. Psychosomatic Medicine;38(5): 300-14. Doi: 10.1097/00006842-197609000-00003

Eisenberg, M, G., Salts, C, C. (1991). Quality of life among aging spinal cord injured Persons: long term rehabilitation outcomes, paraplegia. 1991; 29: 514-20. Doi: 10.1038/sc.1991.74

Eftekhar, H., Nojoomi, M., Koohpayeh-Zadeh, J. A. (2002). Comparison of the Quality of Life Among Blind Students and Their Sighted Counterparts. *Iranian Psychiatry and Clinical Psychology*, 7(4):49-55. [Persian]
https://www.sid.ir/fa/Journal/ViewPaper.aspx?id=9861

Eskandari, A., Jalali, A. Mousavi, M., & Akrami, N. (2019). Predicting psychological resilience based on social support and attachment style mediated by self-efficacy and meaning in life. *Positive Psychology Research*, 5(2):18. Doi: 10.22108/ppls.2019.116694.1721

Forouzan, A., Mahmoodi, A., Jorjoran Shushtari, Z., Salimi, Y., & Sajjadi H. (2013). Perceived social support among people with physical disability. *Iranian Red Crescent Medical Journal*.; 15(8):663-7.
Doi: 10.5812%2Fircmj.12500

Seničar, M., & Grum, D. K. (2012). Self-concept and social support among adolescents with disabilities attending special and mainstream schools. *Hrvatska Revija Za Rehabilitacijska Istraživanja, 48*(1), 73–83.
https://psycnet.apa.org/record/2012-13710-007

Hashemi, Z., Jokar, B. (2014). Predicting academic and emotional resilience based on psychological, family and social factors: A comparison of predicting the dimensions of emotional and academic resilience. Psychological Studies, Faculty of Educational Sciences and Psychology, Al-Zahra University, 10(4): 137-162.

Helgeston, V, S.. Cohen, S. (2004). Social support and adjustment to cancer: reconciling descriptive, corelational and intervention research. Health Psychol, 15(2), 135-148.Doi: 10.1037//0278-6133.15.2.135

Hossein Khanzadeh, A, A. (2019). Psychology, education and rehabilitation of people with special needs (with a complete review. Tehran; Avay Noor

Jalalvand, A. (2014). How children with disabilities are born, *Jam Jam newspaper*, Code: A24279

Karbala'i Noori, A. (1997). Needs and quality of life in chronic schizophrenic patients for outpatient services based at the psychiatric center, Shaheed Ismaili community in Tehran. Psychiatric occupational therapy master's thesis. IUMS: 26.

Karimi Dermani, H. (2006). Rehabilitation of certain groups with an emphasis on social service. Tehran: Gostareh; pp: 54-59.
https://www.adinehbook.com/gp/product/9642802739

Kashefi, B. (2005). Quality of life for children with mental and physical disabilities. Master Thesis in Occupational Therapy, IUMS، 32.

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Human Relations Studies
(2022) Vol. 2, No. 4

Khodabakhshi, J., Bahari, S. (2013). The relationship between resilience and life satisfaction. *Educational Psychology*, 5(3): 83-94. https://www.sid.ir/en/journal/ViewPaper.aspx?id=265847

Khosravi, N., Raheb, G. H., Arshi, M., & Eghlima, M. (2014). Investigating the relationship between social support and quality of life of physical disability in Raad educational centers. *Journal of Rehabilitation*, 16(2). http://rehabilitationj.uswr.ac.ir/article-1-1524-fa.html

Lepore, S, J., Evans, G, W., Schneider, M. L. (2009). Dynamic role of social support in the link between chronic stress and psychological distress. J. PersSocPsychol, 61(6), 899-909. Doi: 10.1037//0022-3514.61.6.899

Mashayekhi Dolatabadi, M, R., Mohammadi, M. (2014). Flexibility and prediction of spiritual intelligence as academic self-efficacy in urban and rural students. *Journal of School Psychology*, 3(2): 225-205. https://www.magiran.com/paper/1307514?lang=en

Melrose, K. L., Brown, G., & Wood, A. (2015). When is received social support related to perceived support and well-being? When it is needed. Personality and Individual Differences, 77, 97- 115. Doi: 10.1016/J.PAID.2014.12.047

Mikaeli, N., Mokhtarpour Habashi, A., & Mismi, S. (2012). The role of perceived social support, coping strategies and resilience in predicting of the quality of life in patients with multiple sclerosis. *JOURNAL OF SOCIAL PSYCHOLOGY (NEW FINDINGS IN PSYCHOLOGY)*, 7 (23): 5-17. https://www.sid.ir/en/journal/ViewPaper.aspx?id=308049

Mirzaei, N. (2010). Study of the effect of group social work development with emphasis on teaching life skills on improvement of quality of life and public health among elderly of elderly community center in Tehran. Thesis for MA in social work. University of social welfare and rehabilitation sciences, pp: 55. http://salmandj.uswr.ac.ir/article-1-198-fa.html

Moradi, A., Kalantary, M. (2006). Impact of life skills education on mental profile of women with physical disabilities- mobility. *Journal of Exceptional Children*, 56(12):34-44. http://dorl.net/dor/20.1001.1.16826612.1385.6.1.4.7

Moradi, M., Dehghani Zadeh, M, H., & Soleimani Khashab, A, A. (2015). Perceived social support and academic vitality: The mediating role of academic self-efficacy beliefs, 7(1):1-24. Doi: 10.22099/jsli.2015.3093

Movahedi, L., Zandavian, A., Zarei Mahmoudabadi, N. (2014). The effect of spiritual intelligence training on improving the quality of life of the physically disabled in Meybod. *Journal of Yazd School of Health*,15(5).

Nejat, S., Mortazavi, A. (2006). Standard questionnaire of the World Health Organization Quality of Life Psychometrics Iran. *Journal of Public Health*, 4(2):1-12. http://sjsph.tums.ac.ir/article-1-187-fa.html

Nikkhah, H., Fadaei, S. (2015). Investigating the economic, socio-cultural and psychological needs of the disabled (Case study of the disabled under the supervision of Bandar Abbas Welfare). *Hormozgan Cultural Research Journal*, two scientific extension quarterly (10). https://www.magiran.com/paper/1560450?lang=en

Pour-Agha, B. F., Kaffi, S, M., Rezaei, S. (2012). The Relationship between Nostalgia and Perceived Social Support with Mental Health of New Students, Clinical PsychologyPersonality, Shahed University Bi-Quarterly, Volume 19, Number 6

Sadri Damirchi, E., Bashorpoor, S., Ramezani, S., Karimanpour, G. (2018). Effectiveness of resilience training on anger control and psychological well-being in impulsive students. *Journal of School Psychology*, 6(4), 120-139. Doi: 10.22098/jsp.2018.607

Sarason, B. R., Sarason, I, G., Pierce, G, R. (Eds.). (1990). Social support: An interactional view. New York: John Wiley & Sons. https://psycnet.apa.org/record/1990-97699-000

Seif Naraghi, M., Naderi, A. (2002). Stress and parents of children with disabilities. *Journal of Exceptional Education*, 10(11):2-19

Shahandeh, H., Wameghi, R., Hatamizadeh, N., Kazemnejad, A. (2004). Quality of life among people with spinal cord injuries. *Journal of School of Public Health And Institute of Public Health Researches*; 3: 1-8. https://www.sid.ir/en/journal/ViewPaper.aspx?id=46229

Statistics Center of Iran. (2015). *Statistical Journal of Iran*, Tehran

Tamnaeifar, M, R., Leith, H., & Mansouri Nik, A. (2013). The relationship between perceived social support and self-efficacy in students. *Journal of Social Psychology*, 8(28): 31-39. https://www.sid.ir/fa/journal/ViewPaper.aspx?id=221027

Torabi, Z. (2012). Investigating the relationship between social support and academic burnout in students of Payame Noor Abarkooh University. Bachelor's thesis, Payame Noor University, Abarkooh Branch. https://hamyaryiran.ir/showthread.php?t=6968

Vaux, A., Phillips, J., Holly, L., Thomson, B., Williams, D. (1986) The social support appraisals (SS-A) Scale: Studies of reliability and validity. *American Journal of Community Psychology*. 1986; 14(5):195-219. Doi: 10.1007/BF00911821

Van Straten, R. J., de Hann, Limburg, M. (2000) Clinical meaning of the stroke-adapted sickness impact profile-30 and the sickness impact profile-136. Stroke 2000; 31: 2610. Doi: 10.1161/01.str.31.11.2610

Waller, M. A. (2001). Resilience in ecosystemic context: Evolution of the child. *American Journal of Orthopsychiatry*, 71, 290-297. Doi: 10.1037/0002-9432.71.3.290

World Health Organization. International classification of functioning, disability and Health ICF. (2001) Geneva: World Health Organization.

World Health Organization. International classification of function, disability and Health (Statistics, Persian trans.) Tehran: Statistics Center of Iran Publication;2016.

World Health Organization. (2011). World report on disability. Geneva: World Health Organization.

Zahmatkeshan, N., BagherZadeh, R., Akbaryan, S., Yazdankhahfard, M. R., Mirzaei, K. Yazdanpanah, S. et al. (2012). Assessing Quality of Life and Related Factors in Bushehr's Elderly People. *Journal of Fasa University & Medical Sciences*; 2(1):53-8. http://dorl.net/dor/20.1001.1.22285105.2012.2.1.1.5

Zimet, G, D., Dahlem, N. W., Zimet, S. G., Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 52, 30–41 Doi: 10.1207/s15327752jpa5201_2

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