

THE EFFECT OF DISABILITY PERCEPTION
ON THE TEMPORAL DISTRIBUTION OF EMOTIONALLY CHARGED
AUTOBIOGRAPHICAL MEMORIES

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DECLARATION OF ORIGINALITY

I, Gamze Sofuoğlu, certify that

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ABSTRACT

The Effect of Disability Perception on the Temporal Distribution of Emotionally Charged Autobiographical Memories

One of the most common methods to investigate the relationship between autobiographical remembering and the self is to examine life span distribution of such memories. Numerous studies have observed an increase in the number of memories from one's youth when identity formation is said to occur. Studies have shown that significant external events result in development of a new identity; this identity creates a change in temporal distribution of ABMs. In the present study; temporal distribution, narrative and phenomenological qualities of ABMs were investigated by taking disability perception and period of disability identity formation into consideration. Both visually disabled (VD) and sighted participants were asked to recall most important, happiest and saddest memories from their lives. Disabled participants also completed some additional questions about their disability perceptions. The results have demonstrated that VD and sighted show similar memory distributions for their most important and saddest memories. However, for happiest memories, VD group recalled events from predominantly the age between 20-29; whereas sighteds remembered events from the age 30-39. When the age of disability identity formation was used as starting point of memory distribution, the most important memories of VD participants primarily came from the first decade after the disability identity formation. Additionally, most of the happiest memories were related to the concept of achievement for VD participants; for sighted

participants a similar relationship was observed in relationship related memories.

Finally, VD participants mostly gave lower visual imagery ratings and higher

auditory imagery and belief ratings for each type of memories.

ÖZET

Engellilik Algısının Duygu Yüklü Otobiyografik Anıların Yaşam Boyu Dağılımlarına Etkisi

Otobiyografik bellek ve benlik ilişkisini araştırmak için kullanılan en yaygın yöntemlerden biri, bu tip anıların yaşam boyu dağılımlarını incelemektir. Pek çok çalışma, bu tip anıların sayısının benlik ve kimlik oluşumunun gerçekleştiği gençlik dönemlerinde arttığını göstermiştir. Diğer taraftan, negatif dış faktörlerin yeni bir kimlik oluşumuna neden olduğu ve bu durumda, anıların hayat boyu dağılımlarını değiştirdiği görülmüştür. Bu çalışmada, anıların zamansal dağılımları, anlatımsal ve fenomenolojik özellikleri, engellilik algısı ve engellilik kimliğinin oluştuğu dönemler dikkate alınarak, bu tekrarlanan sonucun doğrudan benlikle bağlantılı bir bireysel farklılığa göre nasıl değiştiği incelendi. Görme engelli ve gören katılımcılardan hayatlarındaki en önemli, en mutlu ve en üzücü anılarını hatırlamaları istendi. Görme engelli katılımcılara engellilikleriyle alakalı bazı ek sorular da yöneltildi. Sonuçlar, görme engelli ve gören katılımcıların en önemli ve en üzücü anılarının yaşam boyu dağılımında herhangi bir fark olmadığını gösterdi. Fakat, en mutlu anılarda, görme engelli katılımcılar ağırlıklı olarak 20-29 yaş aralığından anı hatırlarken, gören katılımcıların 30-39 yaş aralığından anı hatırladıkları bulundu. Ayrıca, görme engelli katılımcıların engelli kimliklerinin oluştuğu yaş anı dağılımının başlangıç noktası olarak alındığında, bu katılımcıların önemli anılarının engelli kimliğinin oluşumundan sonraki ilk on yılda anı tümseği oluşturduğu gözlemlendi. Anlatımsal olarak ise, görme engelli katılımcıların mutlu anılarını çoğunlukla başarı içeren

olaylardan seerken; gren katılımcıların daha ok iliŐki baėlantılı olaylar hatırladıėı gzlemlenmiŐtir. Fenomenolojik olarak ise; grme engelli katılımcıların daha az grsel imgelem, daha ok iŐitsel imgelem ve anının hatırlandıėı Őekilde gerekleŐtiėine dair daha yksek oranda inanma raporladıkları bulunmuŐtur.

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CHAPTER 1

INTRODUCTION

Autobiographical memories (ABM) refer to personal memories that are related to self (Brewer, 1986). These memories represent a combination of life goals, emotions, and personal meanings (Conway & Rubin, 1993). It is also well-established that there is a reciprocal relationship between self and ABMs; self is formed by personal memories, and those memories are strongly influenced by self (Bluck, Alea, Habermas & Rubin, 2005; Conway, 2005).

One of the fundamental issues in autobiographical memory is the life-span retrieval distributions of these memories. This distribution is also important to address the link between self/identity and autobiographical remembering, given that consistent finding increases in the number of memories from one's youth when identity formation is said to occur (e.g. Conway, 2005; Fitzgerald, 1988; Habermas & Bluck, 2000). Numerous studies have reported that significant external negative events, such as immigrations and wars, result in development of a new self-identity; this new identity creates a change in temporal distribution of ABMs such as occurrence of a second bump or move of the place of the bump in a different age range (e.g. Conway & Haque, 1999; Schrauf & Rubin, 2001). Those results raise a significant question of how individual differences in experiences of a common factor influence the temporal distribution of ABMs together with narrative and phenomenological qualities of such memories.

Disability is a very appropriate concept to investigate this relationship. Each disabled individual conceptualizes disability differently, so the disability perception towards their own disabilities differs from one another and disability identity formation also shows a change among disabled individuals in terms of period of new identity creation related to disability. The present study specifically investigated to what extent disability perception and formation of disability identity has an impact on retrieval of personally significant autobiographical memories in terms of temporal distribution, narrative and phenomenological qualities.

1.1 Disability models

The concepts “impairment” and “disability” are frequently used as synonyms to describe a physical or mental limitation which restricts the mobility of an individual. Yet, this definition is more appropriate for the concept of impairment because the disability is a more comprehensive concept which includes the physical and mental conditions, and the conditions of the social environment (Oliver, 1996; WHO, 2015). Based on Oliver (1996)’s unequivocal characterization, impairment is a personal property related to the body and it is not the reason of disability; whereas disability is created by the society and it is a result of social barriers.

Apart from Oliver’s characterization, the frame of disability has been explained by three well recognized models which are Medical Model, Social Model and bio-psycho-social model.

According to the Medical Model, which was dominant until the 1970s, disability is considered a personal tragedy, a personal problem, and a physical or mental impairment which should be treated and fixed by professionals (Langtree, 2010). This approach views disability as an outcome of impairment (Shakespeare, 1996). This model has often been criticized since it does not take the impact of social barriers and environmental restrictions into consideration while discussing the concept disability (Marks, 1997; Yilmaz, 2015). Another significant point resulted in such criticisms is that this model assumes that there are certain standards for being a “normal” person and asserts that disabled people deviate from these standards (Shakespeare, 1996; Yilmaz, 2015). Therefore, this model basically aims to approximate the lives of people with disabilities to “normality” with rehabilitation services.

In 1970s, the dominance of the Medical Model has started to decline due to increasing dominance of disabled activists in academia (Beckett & Campbell, 2015; Shakespeare, 2006). The social model, which is a contradictory perspective to the medical model, views disability as a consequence of social barriers and inaccessible environmental conditions rather than a personal problem and individualistic tragedy (Marks, 1997; Shakespeare, 2006; UPIAS, 1976; Yilmaz 2015). This model discusses disability within the frame of human rights (Langtree, 2010). The social model mainly emphasizes the requirement of removing all social barriers by making all aspects of the environment completely accessible for the people with different types of disabilities; in this way, disability would be accepted as an ordinary difference rather than as a disadvantageous situation (Oliver, 1996). Social Model

has also been criticized for the reason that it views disability only as the result of social and environmental conditions, which is not sufficient to understand the whole disability issue (Shakespeare & Watson, 2001; Thomas, 2004).

Those criticisms resulted in creation of a new model named Bio-psychosocial model which claims disability is directly related to either body or social barriers. The Bio-psychosocial model sees disability as a synthesis of Medical and Social models. According to this model, the concept disability is related to both physical and social conditions; it is an outcome of the interaction between the body, environmental and social factors (WHO, 2011).

All these models have been criticized because they have overlooked self-perception and individual differences of people with disabilities towards their disabilities (Gable, 2014; Hughes & Paterson, 1997; Shakespeare & Watson, 2001; Yilmaz, 2015). Thus, a new perspective named Embodiment Approach, which emphasizes either individuals' own understanding about their physical and mental differences or environmental conditions has been important in order to describe disability. At this point, the concept "acceptance of disability" gains importance to deeply understand personal experiences of disabled individuals with a disability (Yilmaz, 2015).

1.2 Acceptance of disability

Acceptance of disability is one of the most significant components of psychological adaptation to disability (Elliott, Uswatte, Lewis, & Palmatier, 2000; Li & Moore, 1998) and highly related to personal growth, psychological well-being, and life-satisfaction (Schmitt & Elliott, 2004). According to Li and Moore (1998) and Snead and Davis (2002), the feeling of acceptance of disability increases the belief of disabled people regarding their ability to be completely included into the society. According to Livneh and Evans (1984), there are twelve linear stages that should be experienced by both congenital and acquired disabled people in order to access such acceptance level: shock, anxiety, bargaining, denial, mourning, depression, withdrawal, internalized anger, externalized aggression, acknowledgement, acceptance and adjustment/adaptation. Kendall and Buys (1998) proposed a continuous and ongoing model for acceptance of disability process. According to this cyclical model, disabled people need to repeatedly adjust and accept their disabilities for each new experience and environment.

Linkowski (1971) also suggested a continuum model which have four values in acceptance of disability process. The first one is "enlargement of the scope of values" which means awareness of many other values that are not in conflict with one's disability; The second one is "subordination of physique" which means understanding and putting less emphasis on appearance and physical ability; the third one is "containment of disability effects" which means not expanding and reflecting disability conditions to other functions and abilities; and the last one is "transformation from comparative values to asset values" which means not

comparing one's limitations with the others but emphasizing one's abilities and assets. With this categorization, Linkowski developed Acceptance of Disability Scale (ADS) in 1971.

There is a great number of factors that influence the degree of acceptance of disability such as disability conditions and psycho-social factors. The studies have demonstrated that onset of disability has a crucial impact on the level of acceptance of disability. People with congenital disabilities have a higher acceptance of disability level than the people having acquired disabilities (Li & Moore, 1998).

Additionally, studies have demonstrated that there are positive correlations between acceptance of disability and self-concept, self-esteem and satisfaction with social relationships (Li & Moore, 1998; Linkowski & Dunn, 1974; Starr & Heiserman, 1977). In addition to that, a positive correlation between acceptance of disability and resiliency was found (e.g. Berry, Elliott, & Rivera, 2007; Catalano, 2006). Moreover, there is a positive correlation between acceptance of disability and assertiveness (Joiner, Lovett & Goodwin, 1989; Morgan & Leung, 1980), and goal orientation (Elliott et al., 2000). There is a large number of studies to investigate the relationship between acceptance of disability and anxiety, and a negative correlation was found between these two terms (e.g. Attawong & Kovindha, 2005; McCracken & Zhao-O'Brien, 2010). In addition to these findings, Groomes and Leahy (2002) have shown that people with low acceptance of disability mostly tend to use emotion-focused and avoidance-focus coping strategies.

As it is clearly seen, the existing research suggests that disability perception has a strong impact on various aspects of self for disabled individuals. In addition to that, ABMs are defined as memory for information related to self; and a bidirectional relation between ABMs and the self has been repeatedly observed. Therefore, it is important to understand the effect of a same external factor that is directly related to the self, and differently perceived by the people experiencing it, on remembering personally significant ABMs in terms of temporal distribution, narrative and phenomenological qualities.

1.3 Temporal distribution of ABMs

One of the most central topics concerning ABM and the self is the temporal distribution of autobiographical memories (e.g., Janssen, Rubin & Jacques, 2011; Rubin & Schulkind, 1997). Studies looking at adults' life-span retrieval of ABMs consistently showed that three components emerge: childhood amnesia, recency effect, and reminiscence bump (Janssen, Chessa & Murre, 2005; Janssen & Murre, 2008; Rubin & Schulkind, 1997). Childhood amnesia is adults' inability to retrieve events from the first few years of their life. Recency effect refers to the finding that most memories come from the most recent few years of one's life. The reminiscence bump phenomenon is the tendency to retrieve more than expected number of memories from one's youth (i.e., ages from 15 to 30).

There are three dominant accounts addressing the bump. The cognitive account argues that novelty of experiences results in increasing the memorability of

these experiences, and the best time for people to experience novel events is during late adolescence and early adulthood (Rubin & Berntsen, 2003; Rubin, Rahhal & Poon, 1998).

The Narrative Identity Account claims that the identity shapes autobiographical memories through narratives, and adolescence is the most significant period to create a coherent and integrated life narrative (Habermas & Bluck, 2000). Since the ages between ten and thirty is also a crucial period of self and identity formation (Erikson, 1950) and the experiences related to the identity are remembered most, people have a strong tendency to retrieve the events from this period. Conway (2005) advocated that most of the self-defined memories come from adolescence and early adulthood, and these are vivid and emotional memories (Fitzgerald, 1988).

The life scripts account states that when people are asked to remember their most important personal experiences, they predominantly report positive events shaped by cultural norms which usually occur in adolescence and early adulthood, such as graduation, marriage, childbirth (Berntsen & Rubin, 2002; Rubin & Berntsen, 2003; Tekcan, Kaya-Kızıllöz & Odaman, 2012). However, a similar bump in adolescence and adulthood is not observed for negative personal events since there is not a cultural expectation for temporal distribution of negative events in lifespan (Berntsen & Rubin, 2002; Rubin & Berntsen, 2003).

Apart from such findings, a great number of studies has indicated that the location of the bump may change due to the method of retrieving events. Koppel and

Berntsen (2015) have stated that the reminiscence bump is located between the ages 10-20 for word-cued memories whereas the bump for important life events is observed between the age 21-30.

One of the most common methods for examining the temporal distribution of autobiographical memories is asking participants to remember their most important or emotionally charged memories. The main findings of such studies are that the reminiscence bump is usually observed for positive events but not negative events (e.g. Berntsen & Rubin, 2002; Collins, Pillemer, Ivcevic & Gooze, 2007; Rubin & Berntsen, 2003). For instance, Berntsen and Rubin (2002) have examined the temporal distribution of emotionally charged (happiest, saddest, most traumatic, and important) autobiographical memories with 1241 participants between 20 and 93 years old. They asked participants to report their age in their happiest, saddest, most traumatic, and most important memories. A clear bump in the 20's was observed for the happiest and most important memories in older participants, whereas such a bump was not found in saddest and most traumatic memories. The same tendency was also observed for happy involuntary autobiographical memories. Similar to (Berntsen & Rubin, 2002), Rubin and Berntsen (2003) expected the participants between 20 and 94 years old to report how old they had been when they had felt most in love, proudest, most afraid, most angry, and most jealous. All the participants were also asked to report how old they had been when they had experienced their most important event, and whether this experience had been positive or negative. In parallel with the previous studies, a bump was founded for positive but not negative events.

There are several studies demonstrating that the temporal distribution of personal events might change because of significant external influences that result in a change in self-identity such as immigrations, wars (e.g. Conway & Haque, 1999; Schrauf & Rubin, 2001). Schrauf and Rubin (2001) asked Hispanic participants who had immigrated to the United States at ages 20-22, 24-28, and 34-35 to narrate their life-stories. The findings demonstrated that the maximum number of memories came from the period when they had immigrated. However, the memories from the period of immigration did not differ from the memories from other periods of lifespan in terms of amount of details, emotional valence, status as transitional event, and backward/forward search strategy. Similar to (Schrauf & Rubin, 2001), Conway and Haque (1999) investigated both young and older Bangladeshi participants' temporal distribution of autobiographical memories to examine whether a bump would occur in the period of national conflict between Pakistan and Bangladesh. The participants were asked to recall and date autobiographical memories from any period of their lifespan. The findings have demonstrated that there is a bump between ten and thirty for young participants. In addition to these findings, older participants have a second bump between the ages thirty-five and fifty-five. This period corresponds to the national conflict. Conway and Haque have concluded that the events which result in developing a new self-identity may have changed the place of the reminiscence bump since self-related memories have heightened accessibility at retrieval.

To the best of our knowledge, there was only one study by Uzer and Brown (2015) investigated the temporal distribution of ABMs with disabled people. Thirteen participants with spinal cord injury (SCI) were expected to recall

autobiographical events cued by 22 words, and then asked to remember the date of those events. Finally, participants reported the degree of relationship of memories to their SCI. Consistent with the previous studies that used the word-cued method, a reminiscence bump was observed corresponding to the second decade of life. Moreover, a significant decline was observed in recalling events from the first three years after the injury. Researchers concluded that the reduction in the environmental stimulation and quality of life for people with spinal cord injuries also results in a decline for a great number of daily activities. The first three years after the injury may be a period which do not present sufficient opportunities for access events to be encoded. However, participants whose lives were more influenced by the SCI were using the SCI more frequently as a reference in order to recall events happened near the time of injury. Furthermore, participants reported that SCI events were the central part of their identity and life story.

In parallel with (Conway & Haque, 1999; Schrauf & Rubin, 2001), SCI, which should also be considered as a disability, was also evaluated as a negative external factor like immigration and war. However, sufficient information was not provided about individual differences in terms of the perspectives of the people with spinal cord injury towards their disabilities.

1.4 The present study

Up to now, the relationship between visual disability ¹and autobiographical remembering has been explored only through the effect of lack of visual input on encoding and retrieval of ABMs, because it was widely known that visual imagery is the integral component of autobiographical memories and it dominates other types of imagery like auditory, olfaction (Brewer, 1996; Conway, 2005; Conway & Pleydell-Pearce 2000; Greenberg & Rubin 2003; Ogden & Barker, 2001; Rubin & Kozin, 1984). Apart from ABM literature, disability perception which is a crucial influencer of self and identity has been often discussed based on its definition, consequences, relation with psychological factors such as anxiety, resilience, depression, and stress. Yet, there is no study that explores the impact of individual differences in disability perception and formation of disability identity on autobiographical memory which has a bidirectional relationship with self and identity. In the studies by Schrauf and Rubin (2001) and Conway and Haque (1999), it was found that external factors such as immigration and war caused changes in temporal distribution of autobiographical memories since these external factors led to developing a new self for participants. As predicted, in both studies, the participants considered these external factors as negative experiences. Apart from Conway and Haque (1999) and Schrauf and Rubin (2001), Uzer and Brown (2015) evaluated SCI as a disruptive experience from the

¹ In the present study, the term "visually disabled" is used instead of visual impaired and people with visual disabilities. The term "Impaired" emphasise only body condition; while the term "people with disabilities" separates disability and the individual who has it, and approaches disability only a personal property. However, since the present study is examining disability on the basis of identity formation, we prefer "visual disabled" which is more comprehensive term included social aspects as well. The term "blind" was also used in the present study while examining the effect of lack of visual input on phenomenological qualities of memories.

perspective of the Medical model and examined temporal distribution of word cued ABMs by using SCI as a landing point of lifespan. Nonetheless, disability is a concept that includes a wide range of individual differences in terms of perspective towards disability by disabled individuals.

Since the number of retrieving ABMs increases from the period of identity formation, it is important to investigate the effect of a similar external factor that is directly related to the self and differently perceived by the people experiencing it on the temporal distribution of ABMs. The aim of the present study is to specifically investigate to what extent disability perception and the period of formation of disability identity have an impact on retrieval of personally significant autobiographical memories in terms of temporal distribution and narrative together with phenomenological qualities.

1.5 Hypotheses

- Regardless of the time of onset of disability identity formation, there will be an effect of disability acceptance; participants low on disability acceptance will have more disability related content in their most important and saddest memories than the participants who are high on disability acceptance.
- An ordinary reminiscence bump will be observed in visually disabled participants with high acceptance of disability level and who have early disability identity formation age, and any significant difference will not be

found between sighted and these visually disabled participants even though they will have reported memories related to their disabilities.

- There will be an impact of onset of disability identity formation for late blind participants with high acceptance of disability score; the most important memories will be related to their disabilities; and there will be a second bump in the period of realization of having a disability and formation of a new identity related to their disabilities.
- In life stories, visually disabled participants mention their disabilities; and give detailed information about their disability degrees and histories regardless of their acceptance of disability level.
- In parallel with the previous studies which investigated lack of visual input on ABMs, visually disabled participants give high ratings to auditory imagery, belief and importance for personally significant memories.

CHAPTER 2

METHOD

2.1 Participants

Participants consisted of twenty visually disabled individuals (8 females, 12 males, Age: $M = 47.05$, $SD = 7.1$, range: 39-67) and twenty sighted individuals (13 females, 7 males, Age: $M = 46.2$, $SD = 7.08$, range: 40-65). Please examine the age distribution of participants in Table 1.

Table 1. Age Distribution of Groups

Number of participants	39	40-49	50-59	60-69
Visually disabled	3	12	4	1
Sighted	0	15	4	1

The visually disabled sample included thirteen congenital blinds, one early blind who had been blind before the age of four, and six late blind participants who became blind after the age of eight. Furthermore, the degree of visually disabled participants' vision loss was collected based on the percentages, which might be 40%-100%, indicated in their health reports. According to that information, it seems that all the visually disabled participants had no/low vision (percentage of vision loss: $M = 92.1$, $SD = 6.7$, range: 72-100). Those details were summarized in Table 2.

Table 2. Type and Degree of Blindness of Visually Disabled Group

Type of blindness	N	Degree of blindness	N
Congenital blind	13	100%	7
Early blind	1	95%	1
Late blind	6	90%	11
		-89%	1
Total	20	Total	20

Two sighted participants were excluded from all analyses since they reported that they also had physical disabilities. Two other sighted participants were recruited so that we could have 20 blind and 20 sighted participants.

Visually disabled participants were invited to the study through e-mail groups where they discuss various disability related issues. We tried to recruit sighted participants who matched blind participants on gender, age, and education with the help of the participants who had already completed our study. Only one participant from the visually disabled group was the elder sister of one of the sighted participants and cousin of another sighted participant.

2.2 Materials

2.2.1 Autobiographical memory questionnaire (AMQ)

AMQ (Rubin, Schrauf & Greenberg, 2003) was used to measure phenomenological properties of autobiographical memories such as imagery, reliving, importance, vividness, emotional valence, rehearsal, belief. Two imagery questions (tactile and emotional) were added to the questionnaire for the present study. Each item was rated on 7-point Likert scale. The Turkish version of the questionnaire is presented in Appendix A, and English version in Appendix B.

2.2.2 Centrality of events scale (CES)

CES (Berntsen & Rubin, 2006) measures the extent to which significant life events are considered as central to the life story and identity. The short version (7-items) of the scale was used in this study. For each specific personal memory, participants were expected to rate seven sentences such as “I feel that this event has become a central part of my life story”, “This event permanently changed my life”. Each sentence was rated on a 5-point scale (5: Strongly agree, 1: Strongly disagree). Turkish version of CES is presented in Appendix C, and the English version in Appendix D.

2.2.3 Acceptance of disability scale (ADS)

ADS (Linkowski, 1971) is used to assess disabled individuals' acceptance degree towards their disability. It contains statements such as "Because of my disability, I feel miserable much of the time", "No matter how hard I try or what I accomplish, I could never be as good as the person who does not have my disability", "I feel like an adequate person regardless of the limitation of my disability", "Good physical appearance and physical ability are the most important things in life". Items are rated on a 4-point Likert scale (4: Strongly agree, 1: Strongly disagree). The scores between 32 and 64 show low level, between 65 and 96 show medium level, and the scores higher than 96 show high level of acceptance of disability.

In this study, an extended Turkish version of ADS adapted by Şen (2015) was used. In this version, six additional questions referring to the perspective of Social Model were included in the original version of the questionnaire. Since the dominant model towards disability was the Medical Model in 1970s, the original version of the scale created in 1971 was constructed based on this perspective. Therefore, the extended revised version of the questionnaire was used in order to cover all disability models in the present study. The scale was presented in Appendix E, and English version in Appendix F.

On the basis of disability acceptance categorization system in the original version of the questionnaire, the scores between 38 and 76 were determined as low level, between 77 and 114 were determined as medium level, and the scores higher

than 114 were determined as high level of acceptance of disability in the present study.

2.2.4 Centrality of disability scale

To measure the importance of disability for the participants, we rephrased the questions in the CES (Berntsen & Rubin, 2006). The word “event” in all the questions in the scale was replaced with the word “disability”. Turkish version of this scale can be examined in Appendix G, and English version in Appendix H.

2.2.5 Satisfaction with life scale

This scale, developed by Diener, Emmons, Larsen and Griffin (1985) and adapted to Turkish by Durak, Senol-Durak and Gencoz (2010), is used to assess cognitive judgements of one’s life satisfaction. It contains five statements such as "In most ways my life is close to my ideal.", "If I could live my life over, I would change almost nothing.” with 7-point Likert scale for each item (7: Strongly agree, 1: Strongly disagree). Turkish version of this scale was presented in Appendix I, and English version in Appendix J.

2.2.6 Demographic questions

Demographic information such as age, gender, and years of education were collected from all the participants. Visually disabled participants were also asked additional open-ended questions about their current degree of visual impairment, blindness history, their definition of disability, and when and after which event they started to identify themselves as a disabled individual. The demographic forms used for the visually disabled participants is presented in Appendix K, English version in Appendix L; and short Turkish version for the sighted participants shown in Appendix M, and English version in Appendix N.

2.3 Procedure

At the beginning of the study, participants were informed in detail about the questionnaires and what would be expected of them during the study.

First of all, participants were informed that they were expected to write their life stories in detail based on important events in their lives (See Appendix O for Turkish instruction, and Appendix P for English instruction). Then, they were asked to recall the most important, the happiest and the saddest specific personal events in their lives. Right after each memory, all participants were expected to respectively complete the questionnaires AMQ and CES. Visually disabled participants also rated their degree of vision loss for the period in each memory on 4-point Likert question.

1: I had no sight, 2. I had only light perception, 3. I could see only main details like size, color, 4. I could see many details like shape, color, movement.

Later on writing memories and rating memory related questions, visually disabled participants respectively filled out Acceptance of Disability Scale, Centrality of Disability Scale, Satisfaction with Life Scale and demographic form whereas sighted participants were only presented Satisfaction with Life Scale and demographic form except disability related questions.

Participants completed each step of the study individually. All participants wrote their memories and filled out the questionnaires in the same order via an online platform. Each session lasted for approximately an hour.

2.4 Coding

All memories were coded in terms of specificity, integrity and event type. The memories of visually disabled people were also coded whether the main events in memories were directly related to disability or not. In addition, the mention of being disabled, the order of this mention in the life story and disability definitions were coded as well.

2.4.1 Specificity

The classification System and Scoring Manual for Self-Defining Autobiographical Memories by Singer and Blagov (2000-2001) was used to determine specificity of

each memory. Accordingly, specificity is addressed through three separate categories which are specific (type 1, type 2 and type 3), and episodic and generic concerning non-specific memories.

Type 1 Specific memories are composed of one related single-event happening in one day or two consecutive days. In type 2 Specific memories, there is one single event or several related single events happening in one particular day, together with expression of strong emotion, declaration of the importance of the event, imagistic detail or speech or dialogue in narrative. Type 3 Specific memories are a combination of several events from various specificity categories such as Type 1 and Type 2, two specific memories of Type 1 or type 2 and one episodic or generic memory. Episodic memories contain a general event spreading over time or happening for an unclear duration, whereas generic memories are similar or repetitive events containing the same characters, settings, happenings, and emotions, which continue occurring over time.

In the present study, memories with Type 1, 2 and 3 were coded as “specific”, while both episodic and generic memories were coded as non-specific memories.

All memories were coded by three independent raters who are psychology students at Bogazici University. Fleiss Kappa was .64 for specificity coding.

2.4.2 Integration

Two categories, which are integrative and non-integrative explained in the manual by (Singer & Blagov, 2000-2001) were used in coding integrity of the memories.

Integrative memories contain an expression about a personal importance or meaning made as a result of experiencing the event, whereas non-integrative memories do not contain such kind of importance or meaning in participants' life stories. All memories were coded by the same three raters in terms of integrity. Fleiss Kappa was .79.

2.4.3 Event type

The contents of the memories were coded in accordance with the Manual for Coding Events in Self-Defining Memories by (Thorne & McLean, 2001) in order to determine the central event of the memories. The manual consists of seven separate categories regarding the main event in memory. Those categories are: life-threatening event (death or injury of someone else, sexual assault), exploration/recreation (fun activities), relationship (interpersonal relationships), achievement/mastery (goal attainment or failure), guilt/shame (doing right versus wrong), drug/alcohol/tobacco use (memories focusing on such use) and event not classifiable. All the memories were coded by the same raters. Fleiss Kappa was .83.

2.4.4 Disability content in memories

All the memories from visually disabled participants were coded and they contained events directly related to disability such as the period of being disabled, discrimination and other disability related experiences. There were only two categories for this coding (related to disability and unrelated to disability). Please see examples for each category in Appendix Q.

2.4.5 Mention order of disability in life story

The expression of being disabled in the life story was also coded in order to understand how being disabled would take place in the extent of an entire life. First of all, we checked whether participants had mentioned their disabilities in their life stories (e.g. I was born in İstanbul in 1970. I am blind/visually disabled from birth.” In addition to that, the order of the disability related sentence in the life story was also coded.

2.4.6 Definition of disability

To understand disability perceptions of visually disabled participants in more details in addition to their acceptance of disability level, we asked participants to define disability in their own words, and on the basis of the definitions which we grouped as to the view of disability they seemed to have adopted (e.g., Medical, Social, Mixed (medical & social) and Not classifiable). The emphasis on social barriers and

inaccessible environment in defining disability referred to Social, whereas the emphasis on impairment and loss of body functions referred to Medical categories. The combination of these two categories referred to the category Mixed. Examples are provided in Appendix R. This coding was conducted by three independent raters who studied disability. Fleiss Kappa was .61.

CHAPTER 3

RESULTS

The present study addressed two questions: The first was how life-span retrieval of the most important, happiest and saddest ABMs would be influenced by disability perception and the formation of disability identity. The second question was whether and how blindness and disability perception affected the narrative characteristics (e.g., specificity, meaning making) of both memories and life stories; and phenomenological qualities (e.g., imagery, belief, importance) of ABMs.

3.1 Acceptance of disability

Considering that scores ranging from 38 to 152 were possible in the Turkish and extended version of Acceptance of Disability Scale, it has been seen that all visually disabled participants have high acceptance scores ($M = 138.05$, $SD = 9.05$, range: 119-150). To understand whether six additional questions referring social model have resulted in an increase in the scores, the scores were examined again with the questions in original version of Acceptance of Disability Scale by excluding additional questions. Considering that scores ranging from 32 to 128 were possible in the original version of Acceptance of Disability Scale, it has been seen that all visually disabled participants have high acceptance scores ($M = 117.05$, $SD = 7.113$, range: 102-127). In addition to that, no correlation between Acceptance of Disability and Centrality of Disability scores could be found ($r(20) = -.285$, $p = .223$).

However, there is a significant relationship between Acceptance of Disability scores and disability definitions coded as medical, social, mixed and not classifiable. Bonferroni post-hoc test indicated that people who defined disability in the perspective of the Social Model have higher Acceptance of Disability scores in comparison to the people defined disability in the perspective of the medical model ($F(2, 766) = 6.435, MSE = 318, p = .01$). Once the same analysis was done by excluding the six questions referring the social model, results indicated similar difference between social and medical models in acceptance of disability levels ($F(2, 766) = 5.644, MSE = 188, p = .01$).

3.2 Temporal distribution of ABMs

We first looked at whether the mean ages of the most important, happiest and saddest memories would distribute to different age ranges between visually disabled and sighted participants. According to this comparison, the two groups did not differ for the most important ($t(36) = -0.587, p = .561$), the happiest ($t(38) = .892, p = .652$) or the saddest memories ($t(36) = -0.587, p = .378$). In addition to that, to examine the interaction between groups and types of memories in based on mean age at events, 2 x 3 ANOVA was carried out. The results have demonstrated that the most important memories of both group were recalled from earlier ages than other two types of memories ($F(2, 74) = 7.752, MSE = 637, p = .01$). Means and standard deviations can be examined in Figure 1.

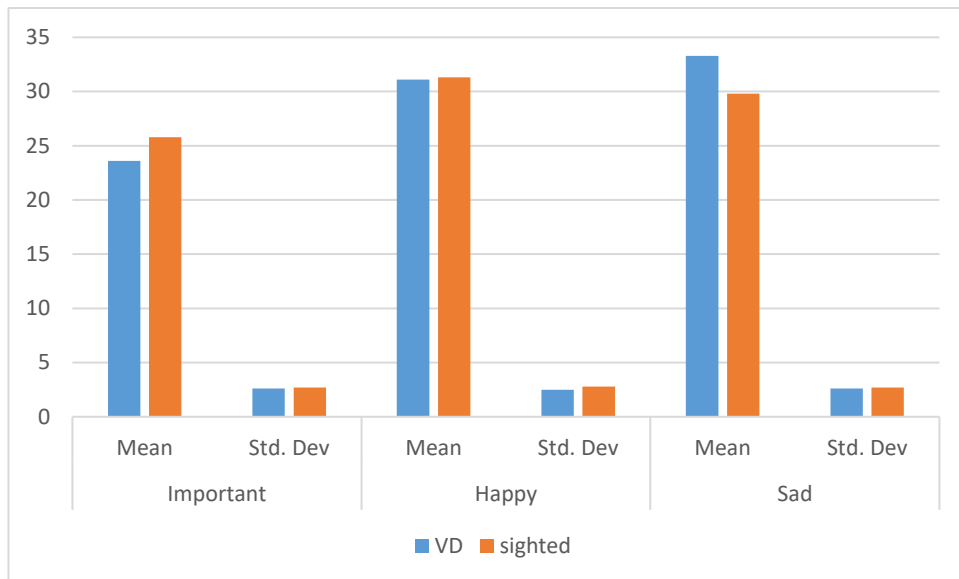


Figure 1. Mean and standard deviations of memories

Distribution of the most important memories

The majority of the most important memories were recalled between the ages ten to thirty in parallel with the previous studies' findings. 65% of the most important memories from the visually disabled group and 59% of the memories from the sighted group corresponded to this period. In addition to that, Chi Square test showed that there was not a significant difference between groups in the distribution of the most important memories ($\chi^2(4, N = 37) = 2.638, p = .620$). Please find the important memory distribution in Figure 2.

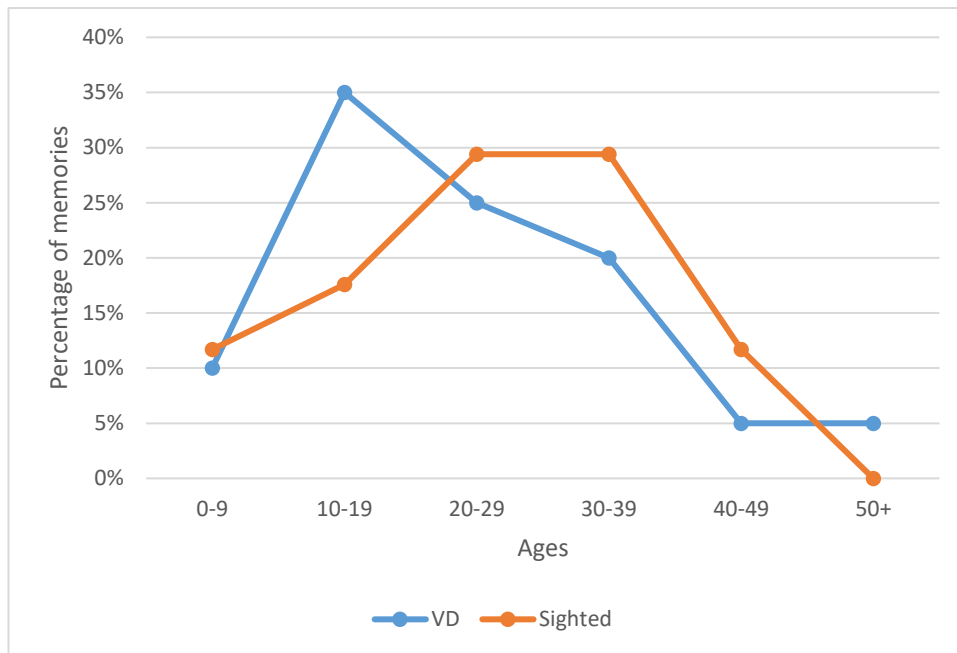


Figure 2. Temporal distribution of the most important memories

Distribution of the happiest memories

The majority of the age in happiest memories (60%) for the visually disabled group also remembered events from the ages 10 to 30. However, for the sighted group, the number of memories from the ages between 10 to 30 and 31-40 were almost equal (40%). The Chi Square test has demonstrated a significant difference between groups in the distribution of the happiest memories ($\chi^2(4, N = 39) = 10.643, p < .031$). The distribution of the happiest memories is examined in Figure 3. On the other hand, Visually disabled participants predominantly reported events related to finding an employment and passing an important exam for their happiest memories in the ages between 20-29 in which the bump was located; where as sighted participants recalled

events related to having a child and marriage for their happiest memories in the ages between 30-39 in which bump was located.

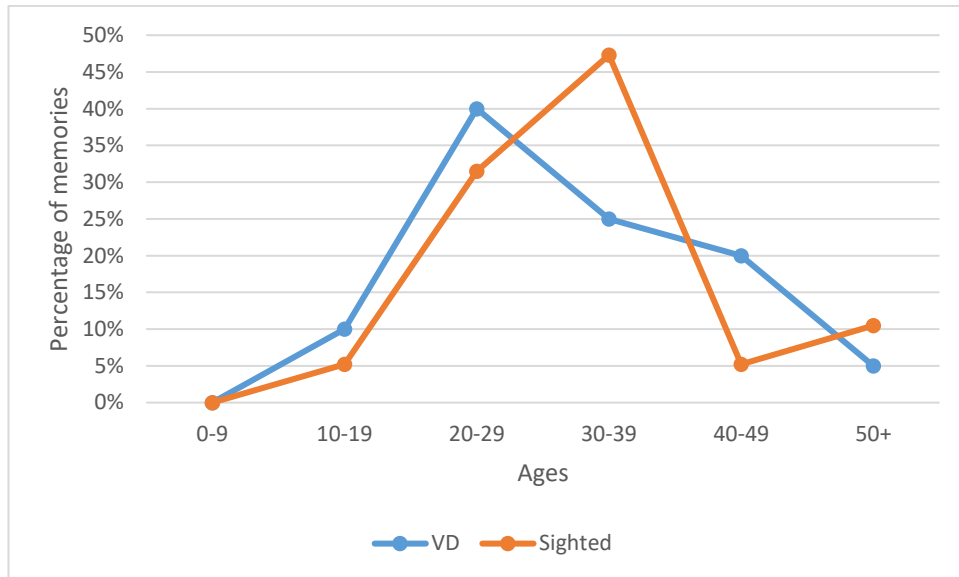


Figure 3. Temporal distribution of the happiest memories

Distribution of the saddest memories

Lastly, the distribution of the saddest memories in the life span was examined by comparing the two groups. In parallel with the previous studies, visually disabled participants recalled almost an equal number of memories between the ages 10-30, 31-40 and 41-50. Please examine Fig 5. 45% of saddest memories was retrieved from the ages 31-40; and 30% of them was from the period of 10-30 for the sighted sample. According to the Chi Square test, there was not a significant difference between groups in the distribution of the saddest memories ($\chi^2(4, N = 40) = 1.626, p = .804$). The distribution was presented in Figure 4.

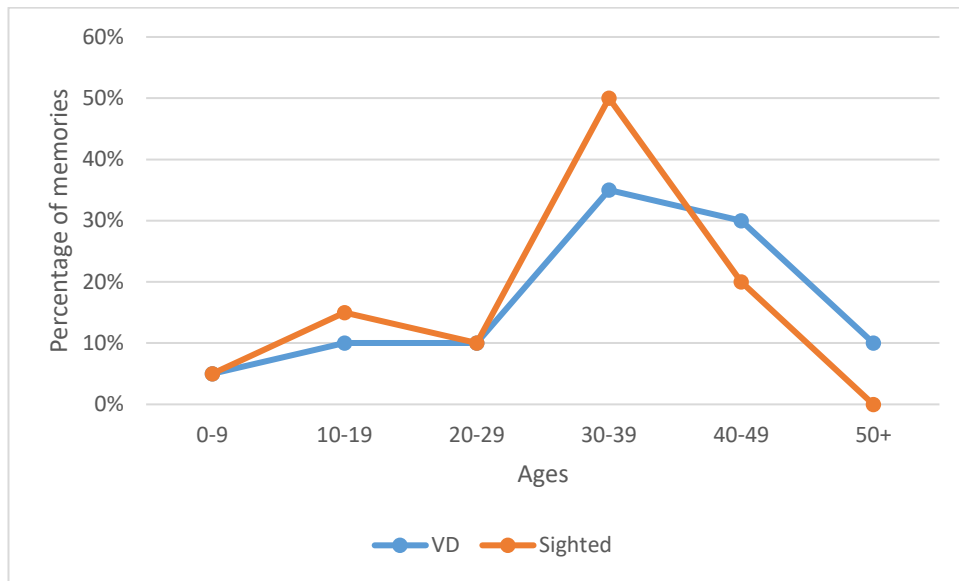


Figure 4. Temporal distribution of the saddest memories

The effect of disability identity on the life span retrieval of memories

Based on the answers for the question “When and after which event do you define your self as a disabled individual?” in demographic form, the distribution of the most important, happiest and saddest memories was also examined by taking the age disability identity formation as the reference point in distribution since it is expected that disability identity formation results in creation of a new identity. When the age of the disability identity formation became the starting point of distribution, it was observed that 60% of the important memories had been recalled in one decade after the disability identity formation ($\chi^2 (3, N = 20) = 14, p < .003$). However, it was observed that the age of disability identity formation did not influence temporal distribution of the happiest memories ($\chi^2 (4, N = 20) = 4.5, p = .333$). Interestingly, it

was found that 45% of the saddest memories have been remembered in the fourth decade after the disability identity formation ($\chi^2 (5, N = 20) = 12.5, p < .03$). please see Figure 5 for the distribution of all types of memories according to the age of disability identity formation; see Figure 6 to examine the same distribution in decades; and see Figure 7 to examine the same distribution in half decades.

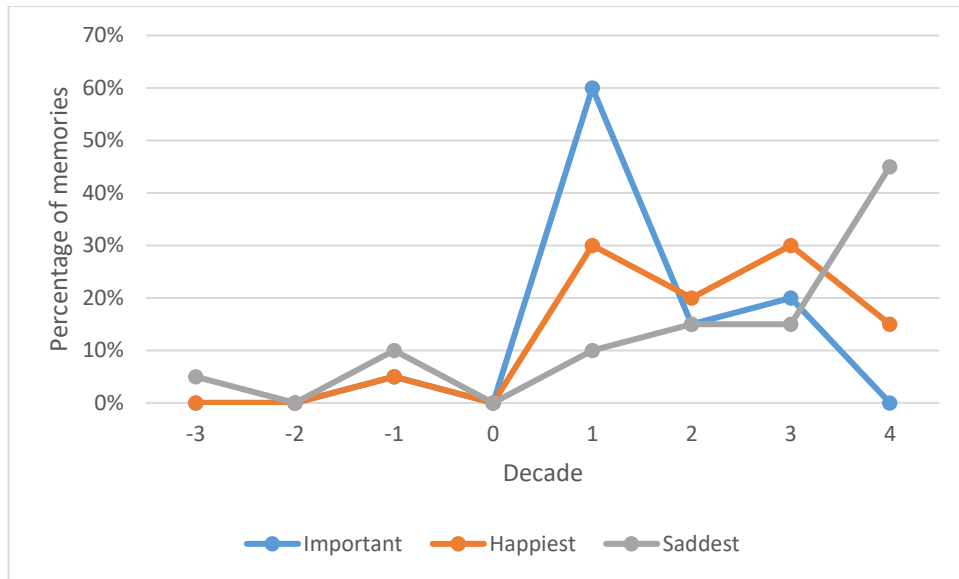


Figure 5. Distribution of memories related to disability identity formation

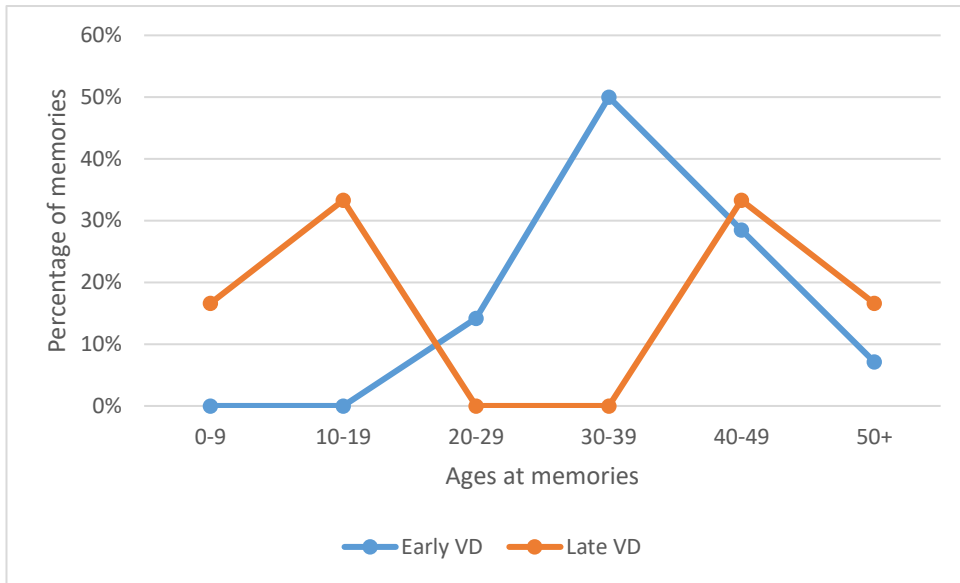


Figure 6. Distribution of saddest memories between early and late VD group

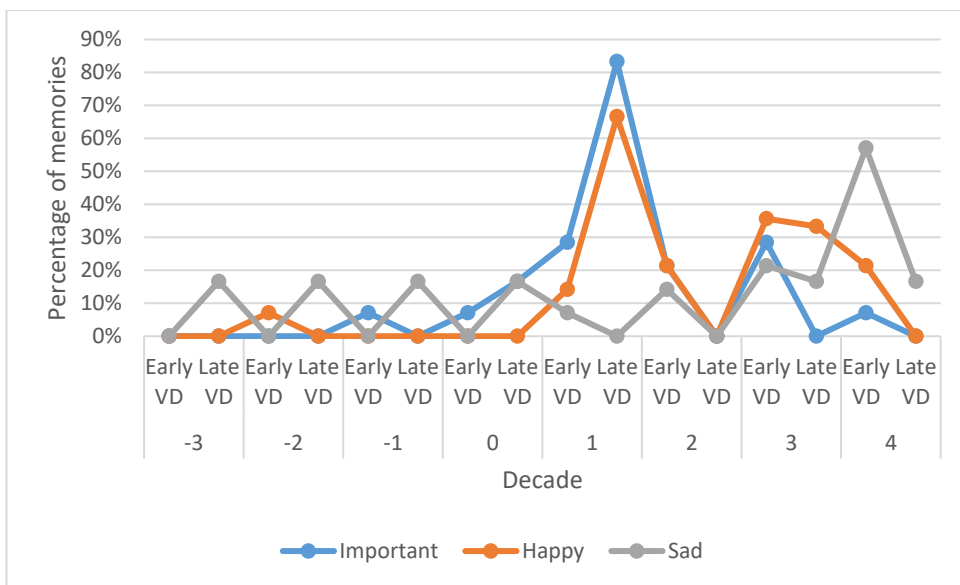


Figure 7. Distribution of memories in half decades

3.3 Narrative characteristics of memories

Specificity and Integration

The majority of all the memories were specific (76.7%); and 78.3% of the most important, 76.9% of the happiest and 80% of the saddest memories were specific. No significant difference for each memory type was found between groups $p = .428$ for the most important memories, $p = .075$ for the happiest memories and $p = .695$ for the saddest memories. Additionally, a great number of memories were non-integrative (94.8%); and 83.7% of the most important, 89.7% of the happiest and 87.5% of the saddest memories were non-integrative. Similar to specificity, there was not a significant difference between the two groups in terms of integrity, $p = .587$ for the most important memories; $p = .698$ for the happiest memories and $p = .5$ for the saddest memories.

The relationship between specificity and integration was also observed in the groups in order to determine whether specificity of a memory influenced the integrity of the memory or vice versa. According to the findings, there was not a significant relationship between specificity and integration for each type of memory. Within the visually disabled group, $p = .596$ for the most important, $p = .411$ for the happiest and $p = .447$ for the saddest memories. Within the sighted group, $p = .191$ for the most important, $p = .795$ for the happiest and $p = .444$ for the saddest memories.

In all the specificity and integration analysis, the values from Fisher's Exact Test were used since the number of the observations in minimum one cells was always less than 5 in the present study.

Event Content

Event types of the memories were also compared between groups in order to examine whether the contents of the memories differed based on the type of the memories between groups. There were seven event categories which are life-threatening, exploration/recreation, relationship, achievement/mastery, guilt/shame, drug/alcohol/tobacco use and not classifiable.

The Chi Square test has shown that there is no significant difference between groups in the most important memories ($\chi^2(6, N = 37) = 10.256, p = .114$). Visually disabled participants recalled memories from each event type categories, whereas sighted participants only remembered events from the categories which were life-threatening, exploration/recreation, relationship and achievement/mastery. The data belonging to three sighted participants were excluded from the analysis, because two participants did not report any important memories and one of them reported his dream rather than a memory. The distribution of the most important memories is shown in Fig 8.

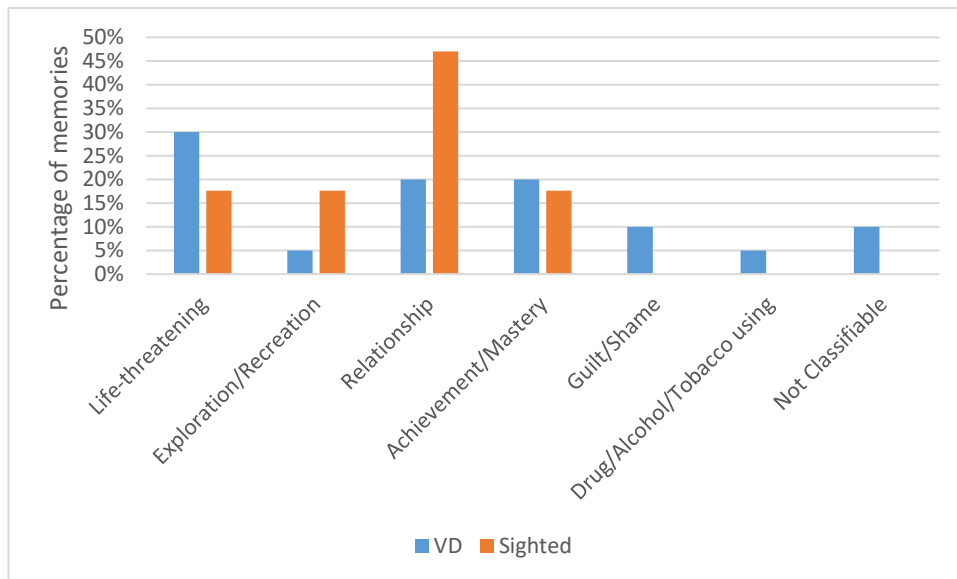


Figure 8. Event types of the most important memories

For the happiest memories, a significant difference was found between visually disabled and sighted groups ($\chi^2(3, N = 39) = 101.260, p < .01$). According to the Chi Square test, visually disabled participants were most likely to recall achievement related events (65%), while sighted participants had a tendency to remember relationship related events (52,6%). The aforementioned sighted participant who reported his dream instead of a memory was excluded from this analysis because of the reason above. The distribution of the happiest memories is presented in Fig 9.

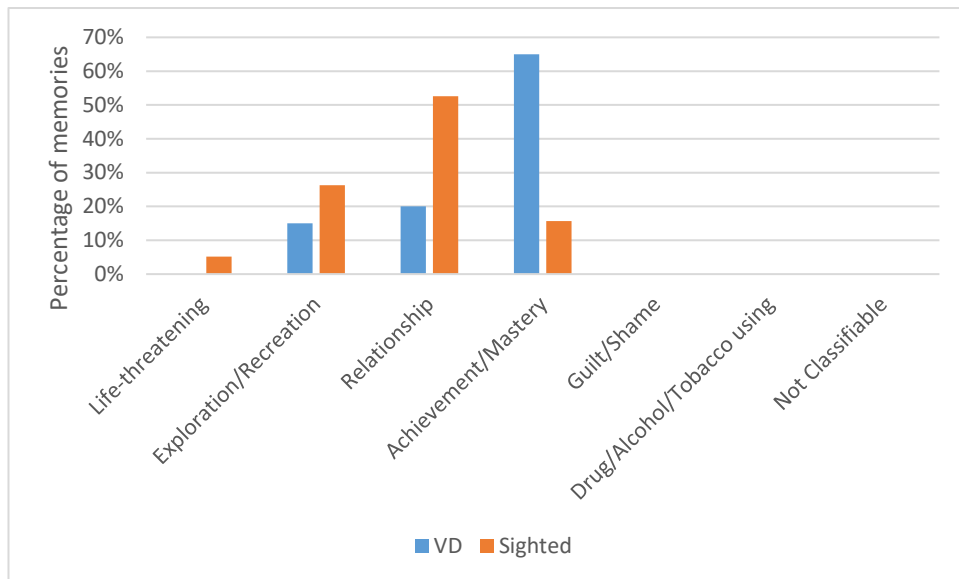


Figure 9. Event types of the happiest memories

Lastly, the Chi Square test has not shown significant difference between groups in terms of the event types of the saddest memories ($\chi^2 (2, N = 40) = 1.420, p = .491$). Visually disabled participants reported their saddest memories from life-threatening, relationship and guilt/shame categories, and sighted participants recalled memories from the categories which were life-threatening and relationship. 70% of the memories from the visually disabled group and 75% of the memories from the sighted groups was related to life-threatening events. Detailed distribution shown in Fig 10.

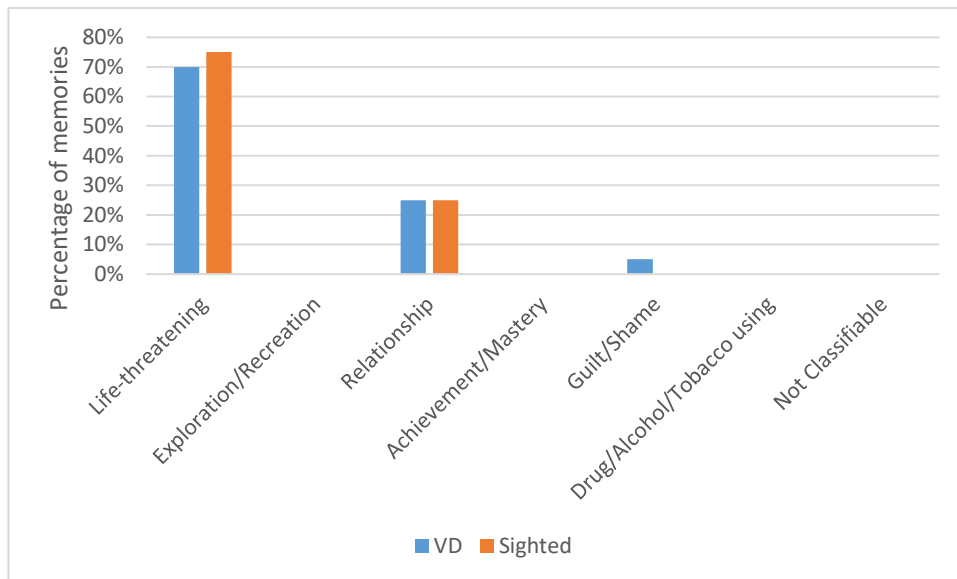


Figure 10. Event types of the saddest memories

Narrative length

Memory length was another detail to examine narratives. Word count of life stories and each type of memory were compared between groups. Results have shown no significant difference between neither word count of life stories nor each type of memories. for life story ($t(31) = -.240, p = .812$); for the most important memory ($t(37) = -.492, p = .625$); for happiest memory ($t(33) = -1.650, p = .108$); and for saddest ($t(38) = 1.021, p = .314$).

Additionally, the relationship between narrative length and Acceptance of Disability scores was also explored to investigate whether disability perception has an impact on narrative of memories. However, results have not demonstrated a significant difference between Acceptance of Disability scores and word count of life

stories ($r(19) = .165, p = .488$), the most important ($r(19) = -.041, p = .864$), happiest ($r(19) = -.379, p = .099$), and saddest memories ($r(19) = .007, p = .976$).

Disability related contents in memories

Apart from specificity, integrity and event type of memories, whether the main event in memories was related to disability has been also investigated. The majority of memories were not directly related to disability. 80% of the most important memories, 90% of the happiest memories and 80% of the saddest memories did not include disability related events in the visually disabled group. On the other hand, 75% of the most important, 10% of the happiest and 15% of the saddest memories contained disability related details. Most important memories had disability related details from all categories created in the procedure of coding (e.g. blind school, tools (cane, Braille Alphabet), positive or negative impact of disability, achievement and period of vision loss; whereas happiest memories only included details about tools and achievement; and all saddest memories which involved disability related contents were relevant to period of vision loss. Content distribution of each type of memories were presented in Figure 11.

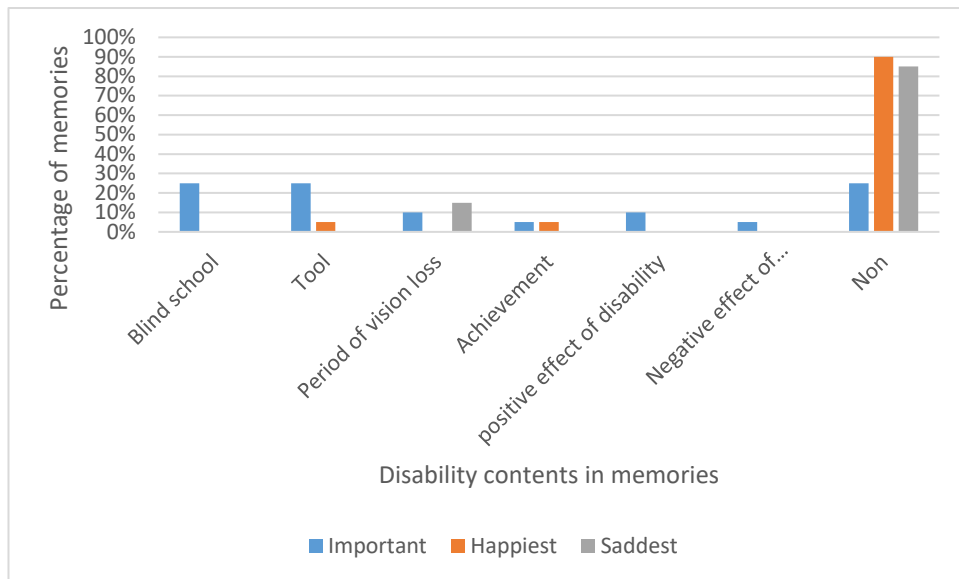


Figure 11. Disability contents in memories

3.4 Phenomenological qualities of ABMs

First of all, the relationship between Acceptance of Disability Scale and AMQ items especially importance, emotional intensity, valence and centrality of events for each type of memory was also investigated. There was a significant negative correlation only between Acceptance of Disability and valence of the saddest memories; visually disabled participants with higher acceptance of disability scores tended to remember their saddest memories with more negative emotions ($r(20) = -.503, p = .024$). There was no correlation between acceptance of disability scores and importance, emotional intensity, valence and CES as well as other items of AMQ such as all types of imagery, belief and reliving. For details, please see Table 3.

Table 3. The Relationship Between ADS and AMQ

AMQ item	Memory type	Pearson Correlation	Sig. (2-tailed)
Importance	Important	.167	.482
	Happy	-.006	.979
	Sad	-.097	.684
Intensity	Important	.132	.579
	Happy	-.217	.358
	Sad	.301	.198
Valence	Important	-.004	.987
	Happy	.157	.508
	Sad	-.503	.024
CES	Important	.162	.495
	Happy	.302	.196
	Sad	.265	.260

The present study also investigated whether visual disability altered phenomenological qualities (e.g. imagery, reliving, vividness, belief, importance) of ABMs in terms of the effect of lack of visual input in recollection experiences of personally significant memories. All items in AMQ were compared with 2 x 3 ANOVA. However, there was no significant difference between types of memories and group/memory interactions.

First of all, results have shown that visually disabled participants gave lower visual imagery for their memories than sighted group did ($F(1, 37) = 12.722$, $MSE =$

102, $p = .01$). Even though ANOVA shown no significant difference in auditory imagery between groups, Independent T Test revealed significant difference between groups for most important memories, ($t(29) = 2.484, p < .01$); for happiest memories, ($t(38) = 2.226, p < .032$). Interestingly, sighted group had higher olfaction ratings for their memories than visually disabled did ($F(1, 37) = 6.186, MSE = 52, p = .01$). Moreover, results have demonstrated that visually disabled participants shown higher belief about their memories than sighteds did ($F(1, 37) = 5.754, MSE = 2, p = .02$). Finally, a group difference was observed in AMQ item “valence”. Visually disabled group were tend to recall events with more positive emotions than sighted group ($F(1, 37) = 7.644, MSE = 27, p = .009$).

CHAPTER 4

GENERAL DISCUSSION

The main objective of the present study was to investigate the effect of age of disability identity formation on temporal distribution of ABMs; and the impact of disability perception and blindness on narrative characteristics (specificity, integration and event type) and phenomenological qualities (imagery types, reliving, importance, belief) of personally significant autobiographical memories.

4.1 Temporal distribution of ABMs

Results have shown that there is a significant difference between visually disabled and sighted groups. Most of the happiest memories of visually disabled group were recalled from the age between 20-29 as parallel with the previous studies; whereas sighted participants remembered most of happiest memories from the age 30-39. It can be argued that, as mentioned in the Results section, majority of happiest memories of sighted participants reported relationship related events such as marriage and having a baby which they experienced mostly the age between 30-39.

Apart from the distribution of happiest memories, both group shown similar distributions for their the most important and the saddest memories in lifespan.

In parallel with the previous studies (e.g. Conway, 2005; Fitzgerald, 1988; Habermas & Bluck, 2000), the majority of the memories are located in the ages

between ten to thirty when identity formation occurs. Interestingly, once the distribution was examined by taking the age of disability identity formation as the starting point of lifespan, the most important memories of visually disabled participants were seen to be originating from the first decade after the age of disability identity formation. In parallel with the findings of the study by (Uzer & Brown, 2015), even though memories are not directly associated with disability itself, disability identity formation can be accepted as a transitional event used as a landmark by disabled individuals to recall events which occurred near in time to disability identity formation. Additionally, as consistent with the findings (Rathbone, Moulin & Conway; 2008), it can be concluded that times of identity formation are central to reminiscence bump formation for the most important memories; and most of important memories were recalled from years after disability identity formation than before. Interestingly, the majority of the disabled participants reported that their disability identity formations were shaped in primary school where they had met many visually disabled children although this period is a very young age to emerge a new identity. Therefore, this significant difference should be further investigated by research in detail to better understand whether the main effect of such distribution for the most important memories is the period of disability identity formation or closeness of the age of this formation to the starting age of the reminiscence bump.

4.2 Narrative characteristics of ABMs

In order to compare narrative characteristics of memories between visually disabled and sighted participants, specificity, integrity and event types of memories were examined. In parallel with the previous studies (e.g. Singer & Moffitt, 1991-1992; Singer & Blagov, 2000), a majority of all types of memories were specific (76.7%) and non-integrative (94.8%). No significant difference between visually disabled and sighted participants could be found in terms of specificity and integration in all types of memories. One might argue that non-significant results in specificity were contrary to the findings of the study by Eardley and Pring (2006). By using the word cued method, they have shown that sighted individuals provide more specific autobiographical memories with 6 given cue words than blind individuals do. However, there is not any research to examine the specificity of personally significant memories in the blind group. It can be concluded that blind people report more specific events when they are asked to recall personally significant memories.

Another important narrative characteristic compared between visually disabled and sighted groups was the event type of each type of memories. Even though the two groups showed similar event types distribution for the most important and saddest memories, interestingly, when the happiest memories were examined in terms of the types of events, the visually disabled group and sighted group significantly differed. The visually disabled participants were more likely to report achievement related events, whereas the sighted group had a strong tendency to recall relationship related events. Feeling isolated and socially excluded, especially in a non-disabled peer group is one of the most problematic issues faced by disabled

people (Mpofu, 2003; Zambo, 2010). Most of the disabled people from different ages usually need to use achievement related strategies such as academic or professional achievement, skills of any kind, or blind related abilities in order to feel more accepted by people, especially their peers (Yılmaz, 2015). Since achievement seems one of the most useful ways for being acceptable for them, achievement related events rather than relationship related events might be much more accessible for disabled people to recall.

4.3 Disability contents in memories and life stories

Although only 15% of all memories were directly related to disability, 33% of them included some references to disability such as school for the blind, disability related achievements, positive or negative effects of being disabled, and disability related tools. A majority of those references involved the most important memories (75%) which had a bump after the first decade of the age of disability identity formation.

Additionally, 80% of the disabled people mentioned their disabilities in the life stories and 72% of those same participants mentioned their disabilities in the first three sentences of the life stories. Disabled people might use their disabilities as a reference point of their entire lifespan which consisted of significant autobiographical memories. In parallel with the findings of (Uzer & Brown; 2015), and (Rathbone, Moulin & Conway; 2008) it can be concluded that disability is the central part of disabled individuals' identity and life story.

4.4 Phenomenological qualities of memories

The present study was the first study that investigated phenomenological qualities of personally significant ABMs in terms of lack of visual input in phenomenological qualities. Consistent with the previous studies, visually disabled participants have given significantly lower visual and higher auditory ratings for their personally significant memories. A limited number of studies have revealed that for the lack of visual input, a compensation mechanism may be at work for blind people in that other types of imagery like auditory and tactile may be more involved in forming and retrieving memories (Ogden & Barker, 2001; Tekcan et al., 2014). In addition to that, visually disabled participants also had a stronger belief for their memories as consistent with the findings of the study by (Tekcan et al., 2014). Tekcan et al. (2014) have demonstrated that blind participants give higher ratings for the importance of memories as well as a stronger belief for those memories elicited by cue words. Researches have concluded that important memories might also involve a stronger belief about the accuracy of those important memories. Even though visually disabled and sighted participants have not exhibited a significant difference in the importance level of memories, the most important, happiest and saddest memories are personally significant memories in both cases. Thus, it can be concluded that personally significant memories also have a stronger belief about the accuracy of the event.

There are two anomalies that need further studies to better understand the main reason of such differences. The first one is that the sighted group reported a

significantly higher olfaction imagery for their memories and gave more negative emotions for their memories only than visually disabled did.

4.5 Limitations and future directions

The present study has two potential limitations. First of all, although the number of participants was higher compared to most of the previous studies focused on such a special sample, the sample size of the present study for the visually disabled group was not completely sufficient to examine the effect of disability perception in terms of acceptance of disability on temporal distribution and narrative characteristics of personally significant memories. Due to the small sample size, the distribution and event type of memories could not be investigated based on the disability definition, which are medical, social and mixed instead of acceptance of disability scores.

Secondly, data were collected from only visually disabled individuals. To deeply understand the effect of disability perception of temporal distribution, narrative and phenomenological qualities of ABMs, disability perceptions of disabled people with different types of disabilities should also be explored.

4.6 Conclusion

In summary, all these findings suggest that the age of disability identity formation effects temporal distribution of only the most important memories which include most of the disability related details when this age is used as a reference point in the

life story. Even though there was not a significant difference in narrative characteristics (specificity and integration) between the groups, the majority of the happiest memories of visually disabled participants came from achievement related events, whereas the sighted group mostly recalled relationship related events for their happiest memories. Finally, in parallel with previous studies, visually disabled people recalled their personally significant memories with the dominance of auditory imagery rather than visual imagery.

The present study proposes a new perspective to investigate disability in terms of individual differences for autobiographical memory literature. This is the first study to accept disability, which is viewed as a disadvantageous quality by most of the people, as an individual difference rather than a shared negative experience.

APPENDIX A

AUTOBIOGRAPHICAL MEMORY QUESTIONNAIRE IN TURKISH

Şimdi de sizden, geçmişte yaşadığınız ve hayatınızın en önemli/en mutlu/en üzücü olayı olarak değerlendirdiğiniz bir anıyı ayrıntılı bir şekilde yazmanız bekleniyor. Bu anı net bir biçimde hatırladığınız, belli bir zaman içerisinde gerçekleşmiş, başı ve sonu belli olan olaylara dair olmalıdır.

1. Olayı hatırladığımda, olayı yeniden yaşıyormuş gibi hissediyorum.

Hiç 1 2 3 4 5 6 7 Olay şu anda oluyormuş gibi

2. Olayı hatırladığımda zihnimde görüntüler canlanıyor.

Hiç 1 2 3 4 5 6 7 Olay şu anda oluyormuş gibi

3. Olayı hatırladığımda zihnimde sesler canlanıyor.

Hiç 1 2 3 4 5 6 7 Olay şu anda oluyormuş gibi

4. Olayı hatırladığımda zihnimde kokular canlanıyor.

Hiç 1 2 3 4 5 6 7 Olay şu anda oluyormuş gibi

5. Olayı hatırladığımda zihnimde tatlar canlanıyor.

Hiç 1 2 3 4 5 6 7 Olay şu anda oluyormuş gibi

6. Olayı hatırladığımda zihnimde dokunma hissi canlanıyor.

Hiç 1 2 3 4 5 6 7 Olay şu anda oluyormuş gibi

7. Olayı hatırladığımda o zaman hissettiğim duyguları şimdi de hissedebiliyorum.

Hiç 1 2 3 4 5 6 7 Olay şu anda oluyormuş gibi

8. Olayı hatırladığımda olayın geçtiği mekanın neresi olduğunu hatırlayabiliyorum.

Hiç 1 2 3 4 5 6 7 Olay şu anda oluyormuş gibi

9. Olayı hatırladığımda olayın geçtiği mekanda kimin/neyin nerede durduğunu hatırlayabiliyorum.

Hiç 1 2 3 4 5 6 7 Olay şu anda oluyormuş gibi

10. Bu anı, canlı bir anıdır.

Hiç 1 2 3 4 5 6 7 Son derece canlı

11. Bu olayı hatırladığımda hissettiğim duygular

Son derece olumsuz -3 -2 -1 0 +1 +2 +3 Son derece olumlu

12. Bu anıyı hatırladığımda yoğun duygular hissediyorum.

Hiç 1 2 3 4 5 6 7 Son derece yoğun

13. Bazı anılarımızı hatırladığımızda olayı doğrudan kendi perspektifimizden zihnimizde canlandırırken, bazı anılarımızı kendimizi de dışarıdan görebilecek şekilde gözlemci perspektifinden canlandırırız. Bu olaya dair anınız zihninizde hangi perspektiften canlanıyor?

1 Kendi perspektifimden 2 Gözlemci gibi 3 Her ikisi de

14. Bu anı, hayatımda önemli bir yere sahiptir.

Hiç 1 2 3 4 5 6 7 Son derece önemli

15. Bu olay gerekleřtiđinden beri olay hakkında dūřundūm.

Hi 1 2 3 4 5 6 7 ok sık

16. Bu olay gerekleřtiđinden beri, olay hakkında konuřtum.

Hi 1 2 3 4 5 6 7 ok sık

17. Bu olayın gerekten hatırladıđım řekliyle gerekleřtiđine inanıyorum.

Hi 1 2 3 4 5 6 7 Tamamen

18. Bu anıyı hatırlayabilmeniz sizin iin ne kadar zor oldu?

Hi zor olmadı 1 2 3 4 5 6 7 Son derece zor oldu

19. Bu olay, siz onu hatırlamaya alıřmadıđınız halde, aniden ve istemsizce zihninizde belirdi mi?

Hi 1 2 3 4 5 6 7 ok sık

20. Bu anıyı hatırlamak...

ok kolaydı 1 2 3 4 5 6 7 ok zordu

21. Anının gerekleŖtiđi zamandan bu yana tahminen ne kadar sre geti?

Bir gnden az

Bir haftadan az

Bir aydan az

Bir yıldan az

BeŖ yıldan az

BeŖ yıldan fazla

22. Ltfen hatırladıđınız anıyı yaŖadıđınız zamanki grme dzeyinize en ok uyan ifadeyi seiniz.

1. Hi grmyordum.

2. Sadece ıŖıđı ve cisimlerin karartısını grebiliyordum.

3. Cisimlerin ok genel detaylarını (renk, byklk kklk) ayırdedebilecek kadar grebiliyordum.

4. Renklerle birlikte cisimlerdeki birok detayı da ayırdedebilecek kadar grebiliyordum.

APPENDIX B

AUTOBIOGRAPHICAL MEMORY QUESTIONNAIRE IN ENGLISH

Please answer questions below according to your memory.

1. While remembering the event, I feel as though I am reliving/experiencing it:
(1= not at all, 7= completely)
2. My memory/representation for this event involves visual details: (1= none,
7= a lot)
3. My memory/representation for this event involves sounds: (1= none, 7= a lot)
4. My memory/representation for this event involves smells/tastes: (1= none, 7=
a lot)
5. Average of location, spatial arrangement of objects, and spatial arrangement
of people
6. My memory/representation for the location where the event takes place is:
(1= not at all clear, 7= very clear)
7. Relative spatial arrangement of objects in my memory/representation for the
event is: (1= not at all clear, 7= very clear)
8. Relative spatial arrangement of people in my memory/representation for the
event is: (1= not at all clear, 7= very clear)
9. While remembering the event, I feel the emotions I felt when the event
occurred/would feel if the event occurred: (1= not at all, 7= completely)

10. When/if this event happened, my emotions were/would be: (-3= very negative, 0= neutral, +3= very positive)
11. This event is important to me (it involves an important theme or episode in my life: (1= not at all important, 7= very important)
12. While remembering the event, it comes to me as a coherent story and not as an isolated scene: (1= not at all, 7= completely)
13. How old were you when the remembered event took place? (age estimated in years).
14. This memory is vivid (1= not at all, 7= to a very high degree).
15. When I recall the event, I primarily see what happened from a perspective as seen through (1= my own eyes, 7= an observer's eyes).
16. The emotions I have when I recall the episode are (-3= extremely negative, 3= extremely positive).
17. The emotions I have when I recall the episode are intense (1= not at all, 7= to a very high degree).
18. Since it happened, I have thought and talked a lot about this episode (1= not at all, 7= very often).
19. The remembered event is important to my life (1= not at all, 7= to a very high degree).
20. I feel this event has become part of my identity (1= totally disagree, 5= totally agree).
21. I feel that this event has become a central part of my life story (1= totally disagree, 5= totally agree).

22. What was your vision degree in the period in this event? (1= i could see nothing, 2= i had only light perception, 3= i could see some details about objects like shape, 4= i could see most of the details about objects like color, movement, form)

APPENDIX C

CENTRALITY OF EVENT SCALE IN TURKISH

Aşağıdaki 7 soruyu, 1 ile 5 arasında size en uygun gelen rakamı işaretleyerek cevaplayınız.

1. Bu olayın kimliğimin bir parçası haline geldiğini hissediyorum.
Hiç katılmıyorum 1 2 3 4 5 Tamamen katılıyorum
2. Bu olay, kendimi ve dünyayı anlamamda bir referans noktası haline geldi.
Hiç katılmıyorum 1 2 3 4 5 Tamamen katılıyorum
3. Bu olayın hayat hikayemin merkezi bir parçası haline geldiğini hissediyorum.
Hiç katılmıyorum 1 2 3 4 5 Tamamen katılıyorum
4. Bu olay, diğer deneyimlerimle ilgili duygu ve düşüncelerimi etkiledi.
Hiç katılmıyorum 1 2 3 4 5 Tamamen katılıyorum
5. Bu olay, hayatımı kalıcı bir biçimde değiştirdi.
Hiç katılmıyorum 1 2 3 4 5 Tamamen katılıyorum

6. Sık sık Bu olayın geleceğim üzerindeki etkileri hakkında düşünürüm.

Hiç katılmıyorum 1 2 3 4 5 Tamamen katılıyorum

7. Bu olay, hayatımda bir dönüm noktası oldu.

Hiç katılmıyorum 1 2 3 4 5 Tamamen katılıyorum

APPENDIX D

CENTRALITY OF EVENT SCALE IN ENGLISH

Please answer the following questions by circling a number from 1 to 5.

1. I feel that this event has become part of my identity.

Totally agree 1 2 3 4 5 Totally disagree

2. This event has become a reference point for the way I understand myself and the world.

Totally agree 1 2 3 4 5 Totally disagree

3. I feel that this event has become a central part of my life story.

Totally agree 1 2 3 4 5 Totally disagree

4. This event has colored the way I think and feel about other experiences.

Totally agree 1 2 3 4 5 Totally disagree

5. This event permanently changed my life..

Totally agree 1 2 3 4 5 Totally disagree

6. I often think about the effects this event will have on my future.

Totally agree 1 2 3 4 5 Totally disagree

7. This event was a turning point in my life.

Totally agree 1 2 3 4 5 Totally disagree

APPENDIX E

ACCEPTANCE OF DISABILITY SCALE IN TURKISH

Lütfen aşağıdaki soruları, size en uygun seçeneği işaretleyerek cevaplayınız.

	Hiç	Kısmen	Katlıyorum	Tamamıyla
1. Engelimden dolayı hayatımın her alanı büyük ölçüde etkileniyor.	1	2	3	4
2. İşlerimi engeli olmayan bireylerin yaptıkları gibi yapamıyorum.	1	2	3	4
3. Engelli ya da engelsiz, hayatta iyi şeyler yapacağım.	1	2	3	4
4. Engelimden dolayı başka insanlar için yapabileceğim sınırlı kalıyor.	1	2	3	4
5. Aynı işi engeli olmayan birine göre farklı yöntemlerle yapabilirim.	1	2	3	4
6. Fiziksel görünüş ve beceriler hayattaki en önemli şeylerdir.	1	2	3	4
7. Engelli bireyler belirli alanlarda kısıtlılık yaşasalar da hala yapabilecekleri çok şey vardır.	1	2	3	4
8. Ne kadar uğraşsam da engeli olmayan biri kadar başarılı olamam.	1	2	3	4

9. Engeli olmayan bireylerin benim yapamadıklarımı yapabiliyor olması kendimi kötü hissettiriyor	1	2	3	4
10. Fiziksel becerilere sahip olmak dünyadaki en önemli şeydir.	1	2	3	4
11. Bazı yaşam alanlarına erişemememin sebebinin engelimden çok oradaki eksik düzenlemelerdir.	1	2	3	4
12. Engellilik durumum hayatımı anlamsız kılıyor.	1	2	3	4
13. Engelimden dolayı çoğu zaman kendimi kötü hissediyorum.	1	2	3	4
14. Engelim olmasına rağmen hayatım dolu dolu geçiyor.	1	2	3	4
15. Engelsiz insanlarla mukayese edildiğinde nasıl bir insan olduğum ve hayattaki başarılarım	1	2	3	4
16. Fiziksel becerilerim ve dış görünüşüm benim için bir mutsuzluk kaynağı değil.	1	2	3	4
17. Fiziksel bir engel kişinin zihinsel becerilerini de etkiler.	1	2	3	4
18. Engellilik durumum yapmaya çalıştıklarım mani olduğu için zihnimi meşgul eder.	1	2	3	4
19. Benim gibi engeli olan bireylerin yapabileceği çok şey var.	1	2	3	4
20. Beni en çok etkileyen özelliğim engellilik durumum.	1	2	3	4

21. Hayatta fiziksel beceri ve dış görünüşten daha önemli şeyler vardır.	1	2	3	4
22. Engelimın yaşamın her alanını bana kapattığını düşünüyorum.	1	2	3	4
23. Engellilik durumum, kendi kendime yetebilmeme engel değildir.	1	2	3	4
24. Engelim, beni neredeyse yapmak istediğim her şeyi yapmaktan ve olmak istediğim gibi bir birey	1	2	3	4
25. Engelimın koyduğu kısıtlar ne olursa olsun, kendi kendime yetebilen bir birey gibi	1	2	3	4
26. Çoğu zaman kötü hissetmemin sebebi engelimın kendisi değil insanların takındığı	1	2	3	4
27. Engelim, hayatın en önem verdiği yönlerini etkiliyor.	1	2	3	4
28. Bir insanın başına gelebilecek en kötü şey benim gibi engelli olmasıdır.	1	2	3	4
29. Sağlam kafa sağlam vücutta bulunur.	1	2	3	4
30. Engelimı tamamen unuttuğum zamanlar oluyor.	1	2	3	4
31. Engelim olmasaydı, daha iyi bir birey olurdu.	1	2	3	4
32. Engelimı düşündüğüm zaman o kadar üzülüyor	1	2	3	4
33. Engeli olan insanlar birçok şeyi başarılı bir	1	2	3	4
34. Engelim beni fazla rahatsız etmiyor.	1	2	3	4

35. Hayatta yapabildiklerimden memnunum.	1	2	3	4
36. Engelim, neredeyse her konuda beni o kadar	1	2	3	4
37. Çevresel bariyerler olmasa, fiziksel farklılığım	1	2	3	4
38. İnsanı kendisi yapan fiziksel bütünlüğü ve görünümüdür.	1	2	3	4

APPENDIX F

ACCEPTANCE OF DISABILITY SCALE IN ENGLISH

Read each statement below and circle the number that indicates to what extent agree or disagree with the statement.

1= Totally disagree

2= Disagree

3= Agree

4= Totally agree

1. With my disability, all areas of my life are affected in some major way.
2. Having my disability, I am unable to do things like people without disabilities do.
3. Disability or not, I am going to make good in life.
4. Because of my disability, I have little to offer other people.
5. Good physical appearance and physical ability are the most important things in life.
6. A person with a disability is restricted in certain ways, but there is still much s/he is able to do.
7. No matter how hard I try or what I accomplish, I could never be as good as the person Who does not have my disability.
8. It makes me feel very bad to see 1 all the things that people without disabilities can do that I cannot.
9. The most important thing in this world is to be physically capable.
10. Because of my disability, other people's lives have more meaning than my own.

11. Because of my disability, I feel miserable much of the time.
12. Though I have a disability, my life is full.
13. The kind of person I am and my accomplishments in life are less important than those of persons without disabilities.
14. A physical disability affects a person's mental ability.
15. Since my disability interferes with just about everything I try to do, it is foremost in my mind practically all of the time.
16. There are many things a person with my disability is able to do.
17. My disability in itself affects me more than any other characteristic about me.
18. There are many more important things in life than physical ability and appearance.
19. Almost every area of life is closed to me.
20. My disability prevents me from doing just about everything I really want to do and from becoming the kind of person I want to be.
21. I feel like an adequate person regardless of the limitation of my disability.
22. My disability affects those aspects of life that I care most about.
23. A disability such as mine is the worst possible thing that can happen to a person.
24. You need a good and whole body to have a good mind.
25. There are times that I completely forget that I have a disability.
26. If I didn't have my disability, I think I would be a much better person.
27. When I think of my disability, it makes me so sad and upset that I am unable to do anything else.
28. People with disabilities are able to do well in many ways.
29. I feel satisfied with my abilities and my disability does not bother me too much.

30. In just about everything, my 1 disability is annoying to me so that I can't enjoy anything.

31. Physical wholeness and 1 appearance make a person who s/he is.

32. I know what I can't do because of my disability, and I feel that I can live a full life.

APPENDIX G

CENTRALITY OF DISABILITY SCALE IN TURKISH

Aşağıdaki 7 soruyu, 1 ile 5 arasında size en uygun gelen rakamı işaretleyerek cevaplayınız.

- 1 Engelli bir birey oluşumun kimliğimin bir parçası haline geldiğini hissediyorum.

Hiç katılmıyorum 1 2 3 4 5 Tamamen katılıyorum

- 2 Engelli oluşum, kendimi ve dünyayı anlamamda bir referans noktası haline geldi.

Hiç katılmıyorum 1 2 3 4 5 Tamamen katılıyorum

- 3 Engelli oluşumun hayat hikayemin merkezi bir parçası haline geldiğini hissediyorum.

Hiç katılmıyorum 1 2 3 4 5 Tamamen katılıyorum

- 4 Engelli oluşum, diğer deneyimlerimle ilgili duygu ve düşüncelerimi etkiledi.

Hiç katılmıyorum 1 2 3 4 5 Tamamen katılıyorum

- 5 Engelli oluşum, hayatımı kalıcı bir biçimde değiştirdi.

Hiç katılmıyorum 1 2 3 4 5 Tamamen katılıyorum

6. Sık sık engelli oluşumun geleceğim üzerindeki etkileri hakkında düşünürüm.

Hiç katılmıyorum 1 2 3 4 5 Tamamen katılıyorum

7. Engelliliğim, hayatımda bir dönüm noktası oldu.

Hiç katılmıyorum 1 2 3 4 5 Tamamen katılıyorum

APPENDIX H

CENTRALITY OF DISABILITY SCALE IN ENGLISH

Please answer the following questions by circling a number from 1 to 5.

1. I feel that being disabled has become part of my identity.

Totally agree 1 2 3 4 5 Totally disagree

2. Being disabled has become a reference point for the way I understand myself and the world.

Totally agree 1 2 3 4 5 Totally disagree

3. I feel that disability has become a central part of my life story.

Totally agree 1 2 3 4 5 Totally disagree

4. (Being disabled has colored the way I think and feel about other experiences.

Totally agree 1 2 3 4 5 Totally disagree

5. Being disabled permanently changed my life..

Totally agree 1 2 3 4 5 Totally disagree

6. I often think about the effects of my disability will have on my future.

Totally agree 1 2 3 4 5 Totally disagree

7. Being disabled was a turning point in my life.

Totally agree 1 2 3 4 5 Totally disagree

APPENDIX I

SATISFACTION WITH LIFE SCALE IN TURKISH

Aşağıdaki ifadelere katılıp katılmadığınızı görüşünüzü yansıtan rakamı maddenin başındaki boşluğu işaretleyerek belirtiniz. Doğru ya da yanlış cevap yoktur. Sizin durumunuzu yansıttığını düşündüğünüz rakam bizim için en doğru yanıttır. Lütfen, açık ve dürüst şekilde yanıtlayınız.

7 = Kesinlikle katılıyorum

6 = Katılıyorum

5 = Çok az katılıyorum

4 = Ne katılıyorum ne de katılmıyorum

3 = Biraz katılmıyorum

2 = Katılmıyorum

1 = Kesinlikle katılmıyorum

_____ Pek çok açıdan ideallerime yakın bir yaşamım var

_____ Yaşam koşullarım mükemmeldir

_____ Yaşamım beni tatmin ediyor

_____ Şimdiye kadar, yaşamda istediğim önemli şeyleri elde ettim

_____ Hayatımı bir daha yaşama şansım olsaydı, hemen hemen hiçbir şeyi değiştirmezdim

APPENDIX J

SATISFACTION WITH LIFE SCALE IN ENGLISH

Instructions: Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

- 7 - Strongly agree
- 6 - Agree
- 5 - Slightly agree
- 4 - Neither agree nor disagree
- 3 - Slightly disagree
- 2 - Disagree
- 1 - Strongly disagree

___ In most ways my life is close to my ideal.

___ The conditions of my life are excellent.

___ I am satisfied with my life.

___ So far I have gotten the important things I want in life.

___ If I could live my life over, I would change almost nothing.

APPENDIX K

DEMOGRAPHIC FORM FOR VISUALLY DISABLED GROUP IN TURKISH

Aşağıda, sizinle alakalı bazı sorular soruyoruz. Lütfen bu soruları eksiksiz cevaplandırınız.

1. Cinsiyetiniz:

2. Yaşınız:

3. En son mezun olduğunuz okul:

* Hiç okula gitmedim

*Okur/yazarım

*İlkokul

*Ortaokul

*Lise

*Üniversite

*Master/doktora

4. Yaşamınızın büyük çoğunluğu aşağıdakilerden hangisinde geçti?

*Metropol

*Küçük şehir

*Kasaba

*Köy

5. Kiminle yaşıyorsunuz?

*Ebeveynlerim ve varsa kardeşlerim

*Eşim ve varsa çocuklarım

*Arkadaşlarım

*Yalnız

6. Çalışıyor musunuz? Çalışıyorsanız kaç senedir çalışıyorsunuz?

7. Göz, kulak gibi duyu organlarınızda ya da kol, bacak gibi fiziksel uzuvlarınızda herhangi bir duyu ya da fonksiyon kaybı var mı? Varsa oluşum sürecini ve şu anki durumunuzu ayrıntılı bir şekilde anlatınız.

8. Bu duyu ya da fiziksel durumunuzla alakalı herhangi bir sağlık raporunuz var mı? Varsa kaybınız yüzde kaç olarak belirtiliyor?

9. Sizce engelli olmak ne demek? Engelli olmayı nasıl tanımlarsınız?

10. Kendinizi ne zaman ve hangi olaydan sonra engelli bir birey kimliğine sahip olarak görmeye başladınız? Lütfen detaylı bir şekilde anlatınız.

APPENDIX L

DEMOGRAPHIC FORM FOR VISUALLY DISABLED GROUP IN ENGLISH

Below, There are some questions about you. Please complete all of them.

1. Gender:

2. Age:

3. What is the highest level of school you have completed?

* I have never gone to school.

*Literate

*Primary school

*Secondary school

*High school

*University

*Master/Doctorate

4. Place where you lived the longest?

*City

*Town

*Village

*Metropolitan

5. With whom are you living?

*Parents and sisters/brothers

*Wife/husband my child

*Friends

*Alone

6. Are you working? If yes, for how many years?

7. Do you have any physical or mental disability? If yes, please give more details about formation process and your current situation.

8. Do you have medical report about your disability? If yes, what is the percentage of your disability?

9. What does disability mean for you? How do you define disability?

10. When and after which event do you define yourself as a disabled individual?

APPENDIX M

DEMOGRAPHIC FORM FOR SIGHTED GROUP IN TURKISH

Aşağıda, sizinle alakalı bazı sorular soruyoruz. Lütfen bu soruları eksiksiz cevaplandırınız.

1. Cinsiyetiniz:

2. Yaşınız:

3. En son mezun olduğunuz okul:

* Hiç okula gitmedim

*Okur/yazarım

*İlkokul

*Ortaokul

*Lise

*Üniversite

*Master/doktora

4. Yaşamınızın büyük çoğunluğu aşağıdakilerden hangisinde geçti?

*Metropol

*Küçük şehir

*Kasaba

*Köy

5. Kiminle yaşıyorsunuz?

*Ebeveynlerim ve varsa kardeşlerim

*Eşim ve varsa çocuklarım

*Arkadaşlarım

*Yalnız

6. Çalışıyor musunuz? Çalışıyorsanız kaç senedir çalışıyorsunuz?

7. Göz, kulak gibi duyu organlarınızda ya da kol, bacak gibi fiziksel uzuvlarınızda herhangi bir duyu ya da fonksiyon kaybı var mı? Varsa oluşum sürecini ve şu anki durumunuzu ayrıntılı bir şekilde anlatınız.

8. Bu duyu ya da fiziksel durumunuzla alakalı herhangi bir sağlık raporunuz var mı? Varsa kaybınız yüzde kaç olarak belirtiliyor?

APPENDIX N

DEMOGRAPHIC FORM FOR SIGHTED GROUP IN ENGLISH

Below, There are some questions about you. Please complete all of them.

1. Gender:

2. Age:

3. What is the highest level of school you have completed?

* I have never gone to school.

*Literate

*Primary school

*Secondary school

*High school

*University

*Master/Doctorate

4. Place where you lived the longest?

*City

*Town

*Village

*Metropolitan

5. With whom are you living?

*Parents and sisters/brothers

*Wife/husband my child

*Friends

*Alone

6. Are you working? If yes, for how many years?

7. Do you have any physical or mental disability? If yes, please give more details about formation process and your current situation.

8. Do you have a medical report about your disability? If yes, what is the percentage of your disability?

APPENDIX O

LIFE STORY TASK IN TURKISH

Değerli katılımcı, bu çalışma önemli anıların hatırlanma süreçlerine ilişkindir. İleriki sayfalarda sizden, sizin için önem taşıyan anılarınızı hatırlamanız istenecektir. Lütfen her sayfadaki yönergeyi dikkatlice okuyunuz, yazdığınız anıların belirgin olmasına dikkat ediniz. Bir anının belirgin nitelikte olması demek, anlatılan olayın belli bir yerde ve zamanda gerçekleşmiş ve süresinin bir tam günü (24 saati) aşmamış/aşmayacak bir olay olması anlamına gelmektedir. Lütfen size sorulan anıları mümkün olduğunca detaylı olarak yazınız. Her birini yazmayı bitirdikten sonra, bu anılarla ilgili bazı soruları yanıtlamanız istenecektir. Tüm cevaplarınız gizli tutulacaktır. Dikkatiniz ve zaman ayırdığınız için teşekkür ederiz.

Ayrıntılı bilgi için Gamze Sofuoğlu'na sofuoglugamze@gmail.com elektronik posta ile ulaşabilirsiniz.

sizlerden ilk olarak, yaşam hikayenizi, hayatınızda önemli olduğunu düşündüğünüz olayları baz alarak detaylı bir şekilde anlatmanızı istiyoruz. Burada, önemli olduğunu düşündüğünüz tüm deneyimlerinizi mümkün olduğunca ayrıntılı yazmanız çok önemli.

APPENDIX P

LIFE STORY TASK IN ENGLISH

Dear participant, the present study is examining the process of recalling important memories. In the next pages, you will be asked to recall important personal memories from your life. Please, read the instructions in each page carefully. Additionally please reported your memories in details as much as possible. After each mempry, you will be asked to answer some questions about your memory. Thank you for your time and attention.

First of all, you will be expected to write your life story based on the important events in your life span. It is so important thawriting in each details about the important events.

APPENDIX Q

CATEGORIZATION OF MEMORIES ACCORDING TO THEIR DISABILITY RELATED CONTENT

1. Blind school (Unrelated)

1981 yılında okula ilk başladığım gün. babam dayım ve amcam tarafından körler okuluna yatılı bırakılmak üzere götürülmüştüm. en net hatırladığım yanımda bir kadının olmayışındı. babam ve dayım yatağımı düzeltip dolabımı yerleştirdiler. sonra babam bana ben artık gidiyorum dedi ve bendeki tepki direkt olarak bağırma ağlama şeklinde gelişti o günden aklıma sürekli gelen ben ağlarken sürekli bana kızılması ve tartaklanışımdır. çok uzun bir gündü ve büyük çoğunluğu ağlamakla geçmişti.

2. Tool (Related)

Rehabilitasyon merkezlerinin olduğunu bununda ücretinin sosyal hizmetler tarafından karşılanacağını daha önceden tanışıklığımız olan şube müdürü arkadaşın uyarısıyla müracaat ettim. İstanbuldaki ismi lazım olmıyan bir merkez yazım yazılmasına rağmen o yazıyı iç etti. Ben kendi kendime sesli olarak bilgisayar kullanacağımı söyledim. Görürken bilgisayar kullanıyordum bu bana avantaj sağladı. 2007 ekim ayı içinde görme engelli camiasından bir arkadaş XXX (ekran okuyucu program) anlatan yazıyı AA'nın XX kullanımını anlatan cd yi isteyeceğim adresi gönderdi Onparmak yazıyı bilmediğimi zannediyordum ama iki saat içinfe tüm harflerin yerlerini biliyordum. Daha sonra Sayın BB'nin braille teknikte yaptığı anlatımlar ve türkçe XX bana en güzel .gönderdi mutluluğu yaşattı. kasım ayı

ortalarına kadar burada günü tam bilmiyorum Sesli kitap ve taranmış kitaplar bana çok sevdiğim kitapları yeniden kazandırdı. Çok sevinçliydim hatta ileriki zamanlarda keşke önceden kör olsaydım istediğim kaynağa kolayca ulaşıyorum diyebilirdim.

3. Period of vision loss (Related)

2001 yılı aralık ayında sol gözümde sinekler uçmaya başladı. Önceden muayene için gittiğim doktorum gözünde sinek ucarsa beklemeyip hemen bana geleceksin demişti. Ben onu bildiğim için hemen Ankara'ya gidip muayene olmak istedim ama kurban bayramı tatili uzundu gitsemde doktorumu bulamayacaktım. İlk fırsatta gittim çünkü sağ gözümün görmediğini lise sıralarında kazandığım bursu alabilmem için gerekli sağlık kurulu raporu sonucunda sağ gözümün görmediğini fark etmiştim. Rapor alamıyacağım diye çok korkmuştum ama muayene eden göz müteassısı rapor vermişti. O gün muayene için gittiğim doktorlar tembel göz dediler bir gözümü kapatıp alıştırma yapmamı söylediler. Üniversitede okurken retina dekolmanı olduğum anlaşıldı. Ameliyat olmuşum ama tıp çok geri idi ameliyat yöntemi bile farklı idi. Ameliyat oldum ama sadece mevcut görmeyi koruyacaktı oda başarılı olmadı. Tek gözlü olduğum için çokta dikkatliydim muayene sonucu hemen ameliyat oldum. Sonuç başarılı oldu. İlk ameliyatımda gaz koyulmuştu iki şubatta tekrar yırtıldı be ameliyat sonrasında silikon konuldu. Şimdi göz işlevini koruyor ama görme yok ameliyatla konulan silikon görmemi engelliyor. yeni bir hayat başladı tarih 3 şubat 2002 tarihinde yeni bir yaşam yeni bir güzergah ama yaşamak çok güzel yeter ki sevmeyi bilelim.

4. Negative effect (Unrelated)

bence hayatımın en önemli olayı evlilik sürecimdir. 1995 yılında aynı zamanda sekreterim olan eşimle tanıştık. bu tanışıklığımız mayıs ayında oldu. haziran gibi çıkmaya başladık. ona bir belediye otobüsünün en ön koltuğunda yolculuk yaparken evlilik teklif ettim. daha sonra işin içine aileler dahil olunca onun ailesi beni görmediğim için kabul etmedi. biz de 15/02/1996 tarihinde onun ailesinin haberinin olmadığı bir nikahla evlendik. ancak 03/03/1996 tarihinde yaptığımız düğüne ailesi geldi.

5. Positive effect (Unrelated)

11 mayıs 2009 tarihinde ikiz bebek bekliyorduk. ancak ikizlerimizden birinin kalbi durduğunu hastaneye gidince görendik gittiğimizde akşam saati diye sağlam olan oğlum anne karnında ölen ikiziyle beklettiler. önce kakasını yuttu falan dediler. neyse sabah doğuğm gerçekleşti ancak sağlam beklediğimiz oğlum s.p hastası oldu zira orada sanırım oksijen yetmezliği yada zehirlenmesi tam bilemiyorum. olmuş hala aynı oğlumuzla yaşam mücadelesi veriyoruz. ancak onun en büyük avantajı benim engelli oğlarak yaşamımı sürdürmem. zira en azından engellilikteki başlangıç süreçlerini daha kolay atlattık.

6. Achievement (Related)

Gören öğrencilerin arasında tek görmeyen öğrenci olarak küçük bir ilçe olan Beyşehir Lisesi'nde can-hıraş bir çalışmayla bölüm birincisi olarak mezun olmuşum. Ancak bu benim oradan çıkmam anlamına gelmiyordu; çünkü lise mezunlarının

önceki yıllardaki performansı üniversitede çok iyi yerlere girmeyi olağanüstü durumlar dışında pek mümkün kılmıyordu.

Ankara'da özel bir salonda diğer 33 adayla birlikte ve herkesi birer okuyucusuyla çıkardığı onca gürültüye rağmen, sanki birkaç saat hipnotize olmuşçasına girdiğim sınav sonucu üniversitede iyi bir bölüm kazandığımı belirten mektup yaz sonunda bir gün kasabadaki adresime ulaşınca üzerimden sanki büyük bir yük kalkmış oldu.

Yaşamımın yepyeni bir dönemine başlayacağımın sinyali olan bu mektubu alışım çok güzel oldu.

APPENDIX R

EXAMPLES FOR DISABILITY DEFINITIONS

1. Medical Model

* Herhangi bir fiziksel ya da duyuşal organlardan birinin tamamen veya kısmen çalışmayışı sonucunda engelli birey oluşuyor.

* hayatta hep birilerine bağımlısınız yani hep yardıma muhtaçsınız.

2. Social Model

* İnsanın fiziksel ya da ruhsal farklılıklar nedeniyle, toplum ve buna bağılı çevresel etkenlerle engellenmesi hali...

* Toplum tarafından konulan bariyerlerden dolayı yetilerinizi etkili kullanamamamız.

3. Bio-Psycho-Social Model

* Engelli olmak kişinin kısmen yada hiç çalışmayan duyu organlarının yada bedensel fonksiyonlarının oluşturduğu yetersizliğin sonucunda toplumdaki diğer bireylerle o toplumun tüm biyo psiko sosyal kaynakların eşit olarak erişememesine engellilik diyorum.

* Uzuvarından herhangi birini kullanamama durumu olarak tanımlarım. çevresel düzenlemelerin tek bir duyuya göre düzenlenmesi durumunu engellenmişlik olarak tanımlıyorum.

4. Unclassified

* Yaşamı ve çevreyi sebince hiçbirşey engel olmaz

APPENDIX S

ETHICS COMMITTEE APPROVAL

T.C.
BOĞAZIÇI ÜNİVERSİTESİ
Sosyal ve Beşeri Bilimler Yüksek Lisans ve Doktora Tezleri Etik İnceleme Komisyonu

Sayı: 2019-56

30 Mayıs 2019

Gamze Sofuoğlu
Psikoloji

Sayın Araştırmacı,

"The Role of Disability Perception Intemporal Distribution of Personally Significant Autobiographical Memories" başlıklı projeniz ile ilgili olarak yaptığımız SBB-EAK 2019/49 sayılı başvuru komisyonumuz tarafından 30 Mayıs 2019 tarihli toplantıda incelenmiş ve uygun bulunmuştur.



Dr. Öğr. Üyesi İnci Ayhan

İZİMLİ.....

Prof. Dr. Feyza Çorapçı



Doc. Dr. Mehmet Yiğit Gürdal

İMZELİ.....

Doç. Dr. Ebru Kaya



Dr. Öğr. Üyesi Şebnem Yalçın

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