R.T.

YILDIZ TECHNICAL UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES
DEPARTMENT OF HUMANITIES AND SOCIAL SCIENCES
MA PROGRAM

MASTER THESIS

ANALYSIS OF SUICIDE TENDENCY OF THE PERSONS WITH PHYSICAL DISABILITIES IN THE CONTEXT OF DISCRIMINATION

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ABSTRACT

ANALYSIS OF SUICIDE TENDENCY OF THE PERSONS WITH PHYSICAL DISABILITIES IN THE CONTEXT OF DISCRIMINATION

Gizem Nalçakar

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The main purpose of this study is to understand the patterns of suicidal behaviors of the persons with disabilities within their life conditions. The problem statement relies on how "Enforcing Normalcy" constructs a social order and discriminate the "abnormal ones" from the society. In this study, the term of "abnormal ones" refers to disabled people who are defined as reverse of being able to perform normally. Therefore, this study grounds on the binary of normal and abnormal ones in the society and how the process of these binary oppositions creates a social exclusion and leads the tendency of suicide. The study also confirms that still there is social exclusion and discrimination of persons with physical disabilities in the society. The research methods used in this study include the literature about the disability, gathering of information from the randomly selected population, data collection, interview through "Perceived Discrimination Scale" and "Suicide Probability Scale", and the analysis of collected data. Interviews has been conducted with persons with disabilities who has been disabled by different causes. The results of the research reveal the positive relation of physical disability and suicide tendency, through the analysis of Perceived Discrimination Scale and Suicide Probability Scale points.

Keywords: Disability, Suicide, Normalcy, Discrimination, Social Exclusion, Ideal Body

ÖZ

FİZİKSEL ENGELLİ BİREYLERİN İNTİHAR EĞİLİMLERİNİN AYRIMCILIK BAKIMINDAN İNCELENMESİ
Gizem Nalçakar
Ocak, 2020

Bu çalışmanın öncelikli amacı, intihara eğilimli davranışlar gösteren fiziksel engelli bireylere yönelik davranış örüntülerini anlamlandırmaktır. Çalışmanın problemi, "Normalliği Dayatmak" olgusunun yarattığı sosyal düzen ile "Anormali Dışlamak" üzerine oluşturulan toplumlardır. Bu doğrultuda, çalışmada kullanılan "anormal" kavramı toplum nezdinde normal dışı davranışlar ve varoluş sergileyen engelli bireyleri yansıtmaktadır. Bu bağlamda söylenebilir ki; çalışma normal ve anormal kavramlarının yarattığı ikili çatışma ve bu çatışma sebebiyle dışlanılan bireylerin intihar eğiliminde görülen intihar eğimine yönelmektedir. Çalışma bu anlamda engelli bireylerin uğradığı sosyal dışlanma ve ayrımcılık kavramları üzerinde durmaktadır. Çalışmanın araştırma metodu, engelilik çalışmalarına odaklanan kaynak araştırması, fiziksel engelli popülasyon arasından rastgele seçilen katılımcılar ile "Algılanan Ayrımcılık Ölçeği" ve "İntihar Olasılığı Ölçeği" aracılığı ile yapılan görüşmeler ve bu görüşmelerden elde edilen verilerin analiz edilmesi olarak açıklanmaktadır. Görüşmeler, farklı sebepler ile "engelli" olarak tanımlanan bireylerle gerçekleştirilmiştir. Algılanan Ayrımcılık Ölçeği ve İntihar Olasılığı Ölçeği puanlarının incelenmesi sonucu, araştırma fiziksel engelilik durumu ile intihar eğilimi arasındaki anlamlı ve pozitif ilişki ortaya çıkarmıştır.

Anahtar Kelimeler: Engellilik, İntihar, Normallik, Sosyal Dışlanma, İdeal Beden

PREFACE

The purpose of this research is to provide a better knowledge for disability studies within the social sciences perspective. In doing so, my goal for conducting this study is to improve the social work practices in both Turkey and world for persons with disability. Since the world becomes a global sphere, it is my dream to find solutions for overcoming the barriers of future generations for the disadvantaged groups in society.

While doing that, I’d like to thank everyone who supports me through this journey, I could not have achieved my current level of success without this amazing support group. First of all, my supervisor Assoc. Prof. Dr. Şerif Esendemir who was always there to improve and challenge me for the best, then Assistant Professor Sena Öksüz, my supervisor for life. I also am thankful for my family; my father, mother and brother and dear friends, Şeyma Edizarslan – the best friend I could ever ask for, Emel Kısmet Aydınlı - more than just a co-worker and Haydar Köksal – an IT genius. You all kept supporting me with love and patience.

Thank you all for your unconditional support.

Istanbul; December, 2019 Gizem Nalçakar

1. INTRODUCTION

Disability regards a decrease or lose on a person's physical, mental or psychological abilities. This decrease or might affect the person's competence on the practices. It is a discourse which has been built through individualism from micro point, medicalization from macro point and enforcing normalcy from the mezzo point of view.

Nevertheless, there are multi definitions of disability and it is a concept which evolves trough time and space. Disability concept refers to people who have long-term physical, mental, intellectual or sensory impairments (UN, 2016). These impairments might have a negative impact on their inclusion in society on an equal level with others through stereotypes, biases and other forms of patriarchal behaviors (Rohwerder, 2015).

Therefore, participation is the most important element of the study of disability. Providing participation is a way of decreasing the effect of the impairments on activities via changes in the conditions. Participation is a whole process of getting involved, being involved and remaining involved. The social construction of children with disabilities may be a barrier to participation. They are often defined as being or having a problem, thereby focusing on what they cannot do rather than on what they can do. Impairments are often viewed as something that prevents children from participating. By viewing persons with disabilities as suffering, dependent, passive and vulnerable, 'protection' can become a barrier to participation (Goering, 2015).

When participation becomes a problem, anomie may emerge in the scenery which may lead one from exclusion to suicide. The simple definition of suicide is the destruction of oneself, self-killing or self-murder. It is generally agreed today that suicidal behavior is a process which starts with suicidal thoughts and ends with the action of self-harming or self-killing. In most of the cases of suicide, one intends to die, and death occurs in conclusion. Nevertheless, it usually is difficult to detect the real intention behind the suicidal behavior. To be able to understand the patterns of these

attempts, it's important to take a closer look to types of suicidal behavior. Here, it is also important to emphasize that according to many psychological researches, the persons who commit suicide, have both intention for living and dying at the same time. Following studies have mentioned that some of the suicide commitment's conclusions have been leaved to other's decision. For example, one may fail to stop himself/herself from dying or can be saved by other people unintentionally. (Maskill et al, 2005).

According to Durkheim's (1897) study, suicide is a symptom of insufficiency of social integration and social regulation. He claims that, suicide basically based on responsibility and individualism. Even though these elements are the most important aspects of modern world, they may lead a way to disengagement, weakening of bonding and cause to a form of social isolation. In that sense, according to Durkheim, suicide is the dark side of freedom. He claims that, individualism gives people a freedom which makes them free from all the chains of traditions. Such freedom that, makes the loss of one's identity and the loss of life's meaning. Thus, this loss is the crises of modern man. Since, the modern man becomes a stranger to the family, the institutions of society and the motherland; there has no goal or destination anymore. In this regard, one cannot succeed to live without acting according to his/her own wishes and principles, while he/she knows all of these actions will be nothing but a meaningless action because one is aware that there is no connection between him/her actions and society (Conderelli, 2016).

Durkheim discussed about suicide through four different types which can be classified as altruistic, anomic, egoistic and fatalistic suicide. Thorlindsson and Bjarnason (1998) further analyze Durkheim's studies and they focused on the social integration aspects in the sense of individuals. According to their analysis, if integration is less than expected, it may cause a solitude which may lead to egoistic suicide. If integration is more than an expected level, integrated group can take all the priorities one's life and it may cause the altruistic suicide as a consequence. On the on hand, under regulation may leads anomic suicides as a result of chaos; on the other hand, over regulation may causes fatalistic suicides. At this point, it is important to emphasize that both integration and regulation processes are required, but the balance of these aspects plays a significant role in terms of the health of individuals and societies (Jin, Lee, 2013)

According to Durkheim (1897), changes in economic, social, or political regulations causes the anomie or normlessness which lead individuals to a constant suffering in a chaotic universe. He claims that, as an expression of suffering, suicide rates keeps increasing as the result of anomie (Hodwi Frey, 2016). Here, understanding the concept of anomie is a must, in terms of understanding the suicidal behavior. Anomie basically can be described as the absence of norms, rules or laws. Since, it is a complex concept; it includes different kind of meanings as well. According to Durkheim, anomie arises from a certain looseness of social rules, from easing of religious practices, or chaotic society which exposed to constant change in norms. Therefore, Durkheim discussed that the reducing of anomie can be performed by only a successful social integration (Serpa, Ferraira, 2018).

The term of social integration here, refers to a process which different figures are combined in one society, while they keep their essence within. At this point, this process requires to understanding the view of other people in the society and take a stand for each other. In that sense, it is a key element for the defendence of human rights. Nevertheless, it also has a significant part of the people who are exposed to a level of social isolation at some point in their lives. When we look to the groups of disadvantaged people under the social isolation, persons with disabilities are at a higher risk of discrimination and the defending their right. The discrimination and loneliness that they get from society, may lead to anomic understanding of life. Since, anomie is one of the biggest reasons of suicidal behaviors, it becomes an important element of this study field. Therefore, in this study, I shall analyze the suicidal tendency of the persons with physical disabilities because, I claim that, suicide is an act of freedom and persons with disabilities who chose suicide, would like to prove their freedom with the act of suicide. Thus, I will investigate suicide aspect as a process through its stages and different types which shaped and effected by the understanding of “Enforcing Normalcy” within this matter (Jurgena, Mikanis, 2005).

1.1. Aims and Objectives of The Study

In order to understand the patterns of the suicidal tendency of persons with disabilities, this study will shed a light on a study field which needs to be improved. Since, suicide is a complex issue effected by different and several of factors becoming a whole problem at one point in the life of one. It is impossible to define one single predictor

of suicidal behavior in most of the cases. Thus, the main purpose of this research is to discover the risk factors, symptoms and triggers of suicidal behaviors of persons with disabilities. If we achieve to understand the combination these aspects, it would be possible to prevent the suicidal attempts and decrease the tendency of suicide. In doing so, I will be focusing the everyday life practices on disability and will try to analyze the effects of those practices on suicidal behavior (Monk, Samra, 2007).

1.2. Significance of Study

According to World Health Organization (2018), over one billion people of the world population experience have some model of disability. This rate includes the 15% of the population and it keeps increasing as well as the number of ageing people and their lifetime. As a matter of fact, aged people at high risk for disabilities, as an outcome of such diseases, like diabetes, cancer and heart disease. In that sense, disability becomes an important subject. Most of the persons disabilities have trouble in education, economic problems, crucial health issues, and participation to society, rather than the persons without disabilities. These problems are more palpable in low- and middle-income countries of the world. Therefore, from the last decade on, the concept of disability has been considering within the human rights framework. However, there is still need for an awareness on disability issues for both additional documentation and scientific information. It is a discourse that needs to be developed in policy, public health and international accounts. But the lack of evidence about disability, mostly in low- and middle-income countries of the world, is still obvious. In that sense, while putting an effort on the studies for disability it is important to create an awareness for equal rights of persons with disabilities (Restrepo, 2015).

Therefore, this study will be useful for the persons with physical disabilities in understanding their rights, freedom and equal opportunities in the Turkish society while they experience challenges (Hakeem, 2015). In doing so, the reflect of their impairments on the daily life and the quality of their lives and its effect on their suicidal behaviors will be investigated. Within this framework, the institutions, the social organizations and the entire population of Turkey will be the observation object of this study.

1.3. Research Questions

Researches have stated that the numbers of persons with disabilities keep decreasing every day and its effect on everyday life becomes a matter of social sciences and politics. In this regard, this issue should consider at micro level as in for individuals, mezzo level as in for smaller social groups such as families and macro level as in for societies. Hence, in our ableist societies, it seems inevitable for the persons with disabilities to get exposed discrimination at some level. Discrimination triggers social exclusion and it may lead suicide in conclusion.

The main purpose of this study is to establish a research for investigating the processes of suicidal behaviors of the persons with disabilities. Therefore, this research aims to answer the following research question:

What is the influence of discrimination on suicidal tendency of the persons with physical disability?

Based on the theoretical framework, this study focuses on the following sub-questions:

1. What are the elements of social construction of disability?
2. What is the relation of social construction and disability?
3. What are the types of discrimination towards persons with disabilities?
4. What are the trigger points of suicidal behaviors of persons with disabilities?
5. What are the amounts of the suicidal attempts of persons with disabilities?

According to the conclusion of the problems and trigger points on suicidal tendency of persons with disabilities, this study aims to provide solutions. This research claims that, we need to re-think and re-conceptualize the norms of our societies and transform it into a system which includes every disadvantaged persons and groups that under the expose of discrimination.

This research focuses on the types of discrimination towards persons with disability in the ableist societies and its influence on suicidal tendency within the framework of social exclusion. The process of suicidal behavior is regarded as two dimensions which are the effect of demographic risk factors and trigger events. Therefore, the result of the interviews of this study, gives a path to understand these aspects of discrimination and suicide on persons with disabilities. In order to contribute the future studies on

these discourses, a wide range of theoretical framework is conducted and enter sprit of related issues.

In this research, the aim is to establish a realistic framework which reflects the cause-effect relations of suicide and physical disability through induction.

2. LITERATURE REVIEW

This study puts forward "Disability", "Suicide Tendency" and "Discrimination" as the three fundamental notions of research. In order to understand the definition of disability, it is required to analysis its background. Definition of the disability concept is a must to discuss, to be able to understand the roots of it. Since, definitions shape the way in which non-disabled people's behaviors towards persons with disabilities; this mindset does not only effect individuals but organizations. These specific definitions directly affect the policies, procedures, and practice of both bureaucracy and everyday life in organizations and institutions. Since, the practices of these structured organizations have a constant relationship with the everyday life of individuals it is inevitable for persons with disabilities to get effected from the mindset of disability definitions.

2.1. Historical Background

> The hard reality is this. Society in every nation is still infected by the ancient assumption that people with disabilities are less than fully human and therefore, are not fully eligible for the opportunities which are available to other people as a matter of right (Dart, 1992, quoted in DEMOS, 2002).

Leonard Davis (1997) explains disability concept as a social construction. According to him, impairment concept is a physical incident, while disability is not a physical deficiency or loss of power and control. He claims, if a society does not organize itself accessible for everyone, impairment transforms into disability. While impairment is a widespread fact in societies through all the times in history, disability is a notion which emerges after eighteenth century. In my opinion, without understanding this distinction, it is not possible to establish a strong study in disability concept. That is why, I would like to discuss what happened in this process from ancient time until today chronologically. I would like to point out a difficult fact here, about establishing a disability study. Primary sources are not so common in this field that is why

secondary sources are more useful and easier to be found. Most of the primary sources ignore the perspective of disabled people and their relatives. They just focus on the professional treatment process (Davis, 1995).

In the ancient times, persons with physical impairments were a part of the society. There are anthropological evidences to proof this claim. On the one hand, there are some statements in the Old Testament towards persons with disabilities. In those statements we can see that persons with disabilities defined as a punishment which comes from God. Transcendental power caused this punishment with a furious attitude. Thus, person with disabilities defined as an unclear group such as prostitutes. On the other hand, first Cristian church defended that Christianity comes from hearing, therefore; deaf people be esteemed as heretic. They did not have enough treatment methods for disabilities. Low economy classes were even in worst condition that middle- or high-class members of society. In Spartan societies, children which have obvious physical impairments were killed. In Athens, there are some evidences for those children were tried to raise. Those children were a rage symbol of God. They were sacrificed for soothing the God. But it is not right to have a strict thought about disabilities in Ancient times because the period is large, and it is hard to combine all of aspects in a content. However, according to Bezmez et al. (2011) impairments were partially a part of life fluency during ancient times.

As for medieval ages, there are more reliable evidences for understanding the idea of societies, circumstances of lifestyles and statements about disability. According to sources, opinions about disability was complex. Rosen in the *Madness in Society* (1968) book says that, those opinions have both empirical and human-interest elements. During medieval ages, disabilities described as a part of demonology. According to societies, the main reason of it was seen either demon, witch or gin. That is why the only treatment for disability was related to religious or magical elements, during those times. Demand for executing the witches comes from this idea. It is a common fact to see Catholic churches gave orders to kill them. Those who were not killed mostly in jail or became homeless. They were outsider even in their own homeland. Especially mental patients had one's share from these statements and orders (Russell et al, 2009).

Despite negative attitudes, there are some positive approaches towards disability. According to Rosen (1968), in some cities for mental and epilepsy patients, there are treatments in far religious spaces. However, disability and poverty were mostly hand in hand. Lack of nourishment and contagious diseases were common in poor groups of societies. They cannot be a part of working life and they were a burden in their families. Therefore, they were outsized from their social milieu and even own families. This is how mendacity occurs and becomes related mostly with the disabilities. However, mendicants were not stigmatized, they became a part of the daily social life. We can see that, with the understanding of being saintliness, there are some charity activities. But as a disabled person, it was not easy to get a help from a charity. Based on these evidences, it is possible to say that the charities required some strict conditions to provide a help to them.

In Arab societies, there are boarding organizations for disabled people. They believe that disability comes from God, not from demon. In Europe, there are boarding organizations too, but mental patients were not included until 1403. They only provided treatments for the physical impairments until England opened St. Mary's of Bethlehem monastery. After that, this attitude widespread in the world (Bezmez et al, 2011).

As for renaissance ages, despite the scientific developments, there were bad attitudes towards persons with disabilities, especially for the mental patients. There evidences to proof that they were still trying to execute the witches (Russel, 1980). Treatments for mental patients included violence, such as hitting the head or make them eat hot gall a dead dog. They may seem cruel when we are looking from our perspective; on the other hand, we should realize that they change their understanding through a scientific approach. They want to solve their problem with a biologic perspective rather than transcendental activities (Bezmez et al, 2011).

However, in 19th century people realized the differences between God and societies. This process leads a change in the attitudes and think rationally. They realized their power for being able to interference to nature. This process opened a path to develop treatments for disabilities and organize societies within a perfect way. A new education system established for deaf and blind people in Spain and France. For the first time in history, Sign language became a common usage in Ottoman Empire and Spain. Intuitional solutions became widespread during these times through charities, boarding centers and so ford. Therefore, nineteenth century can describe a century of intuitions and interventions. Schools and treatment centers became widespread in Europe and North America for both physical and mental patients. Medical model for describing disability were accepted in this period through some treatment models and education plans. Similar disability groups found a chance to represent their identities in the society. Therefore; deaf people established first political movement group for holding the control of sign language education and their own schools (Bezmez et al, 2011).

In the first period of twenty-first century, eugenic understanding became widespread. Society reformist groups tries to prevent the marriage of disabled people. Attitudes against them were getting bad, during those times, again. The numbers of decasualization of disabled people increased. In 1920, shock therapies developed as a treatment method. Defenders of mental patients refuse this method for applying barbaric attempts, but mental patients started to become experiment tools for the institutions. On the other hand, secular charities had an impact of rehabilitation activities. Work accident insurance came to emerge. During 1940, emergence of mental illness also became widespread. Persons with disabilities and their relatives organized for defending their rights. Therefore; Social Model for persons with disabilities started to be the essential understanding of societies. World Health Organization defined impairment, disability, and social disadvantages through human rights with their distinctions (Bezmez et al, 2011).

In conclusion, it is possible to see that the biggest problem is the understanding of societies. Being dogmatic leads people to think irrational ways. That is why they become isolated from their social milieu.

Also, it is possible to see that they still fight to get their rights to be equal with every "normal" being in the society. Therefore; they could establish a new perspective an inclusive model which grasp medical model, social model and impairment sociology at the end of twenty- first century. This model requires an extensive knowledge all the concepts such as disability, human rights, equality, life quality and so ford. This multidisciplinary approach needs a hard work, empirical observations, comparison and combinations. Dissemination of knowledge on human rights should become widespread and the numbers of support sources should increase. Organizing societies for being accessible for everyone should be essential understanding of methods.

2.2. Disability from Multi Perspective

According to World Report on Disability (2011), disability is a complex and multidimensional discourse. In the definition of disability by DDA, disability occurs when there is a physical or mental impairment which has a significant and long-term negative effect on someone's ability to perform the practices of everyday life. Briefly, according to this definition we can conclude that the disability is an activity limitation by impairment. At this point, it is important to understand the fact that activity restrictions like sitting, walking or bending is the definitions of disability, being not able to use public transports or cannot being able to use the stairs is not the result of a 'physical or a mental condition'. It is well documented that many disabled people cannot use public transportation because it is not designed to meet their needs either physically or organizationally. This kind of ignorance of authorities on the existence of disability makes persons with disabilities want to adapt themselves into a world which they do not fit in. Therefore, they might try to act according to structures or try to reduce the effects of their impairment on everyday activities (Oliver et al, 2004) Thus, a disability is sum of the interactions that appears in some situations which be a relation between a person and her/his environment. Their disability makes them the object of different treatments, forms of support. This will likely cause the disability researcher to wonder how this person defines her/himself (WHO, 2011).

It is not a matter of chance that different definitions occur. Different definitions have been devised to suit different purposes. Sometimes a new definition is created based on criticism of another definition. First, even if functional definitions are often criticized for not takin environmental aspect of disability into account.

There are certain affirmative purposes of this definition. One such area is rehabilitation, which demands definition of disability that takes the body as its point of departure. Requirements of specifying the needs and actions for restoration, make necessary the functional definition of disability. Thus, professions which involves rehabilitation, aids and statistics, might need definitions of disability that regards to the functional understanding of the concept. Second, as mentioned above, the purpose of the social model of disability was originally to move the gaze from the individual to the surroundings (WHO, 2011). The social model claims that disability is a property of the environment, not of the human being (Anastasiou, Kauffman, 2013). Thus, an analysis of the society, intended to detect inaccessibility and barriers, is dependent on a definition of disability that enables identification of such barriers. The purpose of the administrative definition is to solve the distributive problems of the welfare state. Defining some people as disabled and some as those who do not allow to distribute support but at the same time provides arguments for not giving support to others. Thus, two important agents of the administrative definition are politicians and welfare authorities. However, defining disability subjectively is not only a matter for research. Efforts are being made among disability activists and individuals to re-define disability to mean something positive. In this perspective, disability is considered as a positive aspect of a person's identity (WHO, 2011).

Here, I claim that, it is highly important to understand disability within all aspects through the roots and history of disability studies. It is a comprehensive field that includes so many different disciplines and as it is known, disability studies started to develop around 1970s and 1980s. From that moment on, this movement became a serious issue in both social fields and academic fields. We can see that these studies took a place as a substantial discipline which have been established through analytical and critical thinking. Now, it is a discipline that tries to point out for disability as a social-political notion which should takes place in humanities and social sciences. However, during 1990, disability studies was a part of scientific approach. After 2000, it started to get extend but it could never be a strong discourse such as gender, sexuality or race studies. The biggest reason of this problem is that the disability studies always seen as a medical issue. It was not a discourse that belongs to humanities and social sciences like it should be. Just a medical approach cannot solve the problems that people with disabilities deal.

There should be a social approach that includes all necessary disciplines, concepts and studies. To be able to understand this issue, I think it is important to define the notions of disability, discrimination, enforcing normalcy and power relations. In the first section of my study, I will try to focus on the concept of disability to analyze my social observation. My social observation will be in Istanbul, to see how individuals and organizations in the city act towards disabled people. For my study, actions and notions are the core features because I believe that both are opposing facts which affects each other. So that, I believe it is important to observe the everyday practices of individuals in society of Istanbul. Therefore, it will be possible to understand what kind of a mindset shapes the actions and organizations towards disabled people. At this point, I also would like to discuss the earlier practices of Istanbul citizens towards disabled people too, because I think, the mindsets of today shaped through the experiences of past. My basic argument will depend on creating an "us and them" dichotomy, is the main reason of discriminative attitudes. These discriminative approaches also cause abuses, neglect, alienation, isolation and even wrongful death claims. Here, I think it is also important that analyzing statistics about past accidents because of abusive and negligent behaviors towards disabled people. These cases happened through the everyday practices of the citizens shaped by experiences of discrimination. Therefore, in the conclusion section I will try to offer a solution for these problems that I mentioned above from the social work point of view.

First, I would like to have a short review of literature of disability studies. There is a fact that visibility of disability studies is not clear as much as studies about race, class or gender issues. On the on hand, the discriminative behavior towards disabled people comes from a marginality understanding approach. On the other hand, this abstainer mindset of individuals leads a marginalization approach towards disability studies. Ten years ago, only focus of the disability studies was finding definitions for central issues of disability. After this stage achieved, first wave of disability studies moved to the second wave section, which tries to find the "truths of the field". This field is a blurred area that is waiting for to be discovered which has contradictions and differences. While there is a desire to establish a wide approach of disabled studies, we cannot ignore the fact that there are some questions waiting to be answered. Discussion about this issue mainly gathers around the identity formation, the differences between impairments, the relation of theory and praxis, the role of the intellectuals and activists.

One of the biggest questions is here, how they will hold the right to claim represent and will be the leader of disability studies and movement.

I find quite significant to discuss about this issue, because the problem of disability studies seeing it as a physical discourse which cannot be discussed at humanities and social sciences realm. I, on the other hand, completely disagree with this way of thinking. Because for me, disability and impairment are different terms from each other, and this difference shows us the real dilemma. While impairment is a physical notion to be discussed in the hospital hallways, physical therapy sessions or remedial classrooms, disability is related with the social sciences discourse. In other words, there is an understanding that disability cannot be a representative fact of the human conditions such as race and gender discourses. However, I disagree with this idea and I claim that, to be able to decide about the belonging area of the discourse, it is important to understand who the person with disability is (Khazem et al, 2015).

Here, I suggest analyzing disability from the point of two different perspectives. One perspective is how world understand disability and the other and most important perspective is how persons with disabilities perceive themselves. Both perspectives have been shaped through social construction over the years. The power of social construction of disability is based on bodily differences-deviations from a society's conception of a 'normal' or acceptable body. Therefore, having a disability causes stigmatization and stereotyping with the influence of this social construction (Kaplan, 2000).

As it has been mentioned above earlier, disability creates some problems in performing a daily and ordinary activity which may include limitations basic motor skills, hearing or vision. These limitations have an important role for causing a perceived burdensomeness to persons with disabilities. The Notion of burdensomeness is an understanding of person with disability that he or she is a burden to others. This belief is one of the main reasons of the suicidal mindset by thinking that the others will benefit from his or her death (Khazem et al, 2015).

2.3. Construction of Disability

Social norms determine a several of cultural features which compose and forbid behaviors in such circumstances. According to economic approach, a norm is a behavioral authenticity which can be detected by the mean or median behavior within a reference group, such that the outcome of any divergence from the norm would be a distinguished cost. Even though this modality is functional, determining social norms through behavioral authenticities is still speculative. Because, the behaviors itself among the individuals of the reference group, produced by collective mindset and common environment. In that sense, we call norms as prescriptions that are expectations about ideal behaviors of a group member. Within this type of relationships of individuals, how social norms contracts body in ideal word effects the everyday life of every group member in a sense (EtilÈ, 2007).

Brain, functions with a continuous proceeding for the self-creation of each system. Thoughts which are regenerated from former thoughts producing new thoughts. The relationship and coordination of thoughts establishes the conscious. Without the existence of conscious, thought regeneration is not possible. It is not possible to transfer a thought to another conscious or let another thought into conscious from outside. It is a process of constant production. Therefore, it is also impossible to one go into someone else's mind and acknowledge the thoughts. What is possible is that an individual coordinate his/her thought with another individual's. The only way to coordinate two thoughts is coherence the operations through communication which establishes the system of society. Each communication generates a new one; either as a communication or an action. Actions are measurable an open to observations. Therefore, communications can be defined as an attempt to reconstruct the actions (Michailakis, 2003).

According to Lennard Davis (1997), "We live in a world of norms." Every human being wants to be normal through their actions and thoughts. We try to fit in a calculable system. In that sense, disabled people want to return into their normal body. He claims the reason of this impulse here, is not the person with disabilities, it is the construction of normalcy. We demand the "ideal" forms of concepts that leads us the hegemony of ideals. Objective culture of societies dominates our actions and thoughts before even we realize it. We think it is reasonable to segregate blind people to

different school. We believe that they cannot survive in a "normal" school that "normal" people go, but we always forget the fact that, society itself create that normalcy. If the institutions and social perceptions would not be organized with the normal desire, there would not be the need of segregations. The segregation refers to" not being able" to participate the social life; therefore, not being able to go to a place that they would like to see and even not being able to get their rights just because they do not want to stigmatized by society. The reason of the stigmatization, according to society is the "othering".

Persons with disabilities are a member of a disadvantaged group which gets disabled by the practices of society and become "an isolated, locked, observed, written about, operated on, instructed, implanted, regulated, treated, institutionalized, and controlled" person. These practices accepted by social norms and experienced by disability groups rather than any other minority group in society. While "normal" person would like to understand the conditions of "disabled" person, sympathy and pity plays an important role. The powerful one who is able do or reach anything are accepted normal beings in terms of the social norms. So that, powerful ones claim a right to society which rejects "the abnormal ones" and automatically organize it through their needs, actions and choices. According to this mindset, the abnormal ones should take care of themselves in a world which refers them as other and try to adapt themselves in it. In that sense, construction the normalcy creates a concept of norm in the society which assumes that the majority of the population needs to be a part of the norm. The body here, has an important role to construct the identity of individuals in society (Davis, 2006).

For example, even though fingerprinting is a practice to mark the physical differences of individuals which seen as directly related with the identity of the person. Therefore, deviancy from the social norms identified via fingerprints. That is why criminals hide their identities through hiding their fingerprints. Therefore; it is most likely possible to conclude that our representations of the body are really investigations of and defenses against the notion that the body is anything but a seamless whole, a complete, fragmented entity. In addition to the terms of race, class, gender, sexual preference and so on, all of them are factors in the social construction of the body the concept of disability adds a background of somatic concerns (Mitchell, Snyder, 1997). But disability is more than a background. It is in some sense the basis on which the

‘normal’ body is constructed: disability defines the negative space the body must not occupy; it is the Manichean binary in contention with normality. This dialectic shows that how enforcing the normalcy constructed by societies. Davis (1995), claims that, this kind of binary imposing is not natural; it is a hegemonic process that occurs through history. According to him, normalized bodies are hypothesis we practice by art, language, literature, and culture (Davis, 1995).

2.3.1. Body Idealization

Humankind have been curious and concerned about their bodies from the very beginning of life. Discovering the life and the earth starts and develops trough seeing, tasting, smelling, hearing and touching which directly occurs via body. In that sense, there has been so many studies about loss of limb, lacking a part of the body or health problems. However, body is not only a matter of health, it also determines the quality of life. Concordantly, several of studies have been developed for being able to understand the concept of body. The concept refers to more than a physical appearance; it is the projection of persons through manners towards to human beings and the life. It is becoming a whole social experience via the combination of thoughts, feelings and attitudes. Every part of society propounds a structured form of body which is ideal for family, friends, media, and cultural aspects to reach the “ideal”. Therefore, the goal for the bodies is to fit into this conception of ideals (Yumurtacı, 2012)

Scientists defines body as a text where the “letters” are foundation, the “words” are genes and the “book” is the complete genome. According to Donna Haraway, this analogy is a way to structure the body via standardization. In this light, any kind of change in the “written-structured” book will cause to the corruption of the text. Within this concept, disability is the reason of corruption, and it needs to be deleted and corrected by the editors of society (Wilson, 2002).

Body idealization is a process based on Human Genome Project for the elimination of “genetic defects.” The idea is reach to platonic human genome that is without errors or mistakes. If we consider body as a sacred text, it is possible to accept the errors of transcription have spoiled the perfection of the text. The problem of this error comes from exegesis and amanuensis. Therefore, in order to make the body flawless again, the human genome needs to be fixed. If so, people who have disease are in danger of death and their illnesses need to be healed. If there is no cure for these diseases, it

seems logical to eliminate the defected ones for the sake of protect the perfection. This idea is the basic argument of Nazis' use of "negative eugenics," which refers to elimination of "defective ones" from the humanities (Davis, 1988).

Therefore, the concept of ability and disability regards a social control, through the enforcing normalcy which Michel Foucault (1978) in *Security, Land, Population* calls "security regimes". It is a transition from normal/abnormal conceptualization; from separated forms of punishment (the prison, the mental hospital, the school) to primitive regimes of securitization; from authenticity to capacity; from subject to body.

The idealization of body starts with ignoring the fact of differences on bodies from person to person by color, function, movements, range and habits. When we idealize a body, we demand a full control on our bodies by dreaming for strength, health and power. This idealization is a barrier between loving your own body as it is and gives people a purpose to have a body which is "close enough" to ideal version. When able ones glorify fitness, physical strength and beauty; disabled ones experience a form of alienation from their own bodies. They consider their bodies as a torture to themselves and made them realize the luxury of having an abled body. When able ones praise the strength and beauty of their bodies, disabled ones are tend to hate from their weakness and force themselves to hide and even get rid of it (Wendell, 1989).

According to Leder (1990), we regard our bodies as they perform through our demands. We only realize its existence when they are hurt or suffer from a disease, injury or illness. Nevertheless, Toombs (1992) claims that, from the point of sick person's views, bodies becomes diseased which is separated and alienated from the self. According to Foucault, persons with disabilities are not "subjects"; they are labeled as unrestrainable objects by the ideological forces of society. On the one hand, Judith Butler claims that, under the norms of society, disabled bodies are the reflection for the act of resistance towards subjection. On the other hand, Rosemarie Garland Thomson defines disabled bodies as a freak show which reject to normal, ordinary or homogenized (Siebers, 2001).

While constructing normalcy aims to reach human perfectibility, the concept of the ideal body leads the idea of deviance or a "deviant" body which is the opposite of perfect. Thus, it becomes inevitable the elimination of abnormal ones through the unequal distribution of resources, status and power. It is a system which interprets

body and build a relationship between body and its environment by establishing the practices of able and disable one's. This system defines able ones as beautiful and healthy; and distinct the disabled ones as the other. Therefore; while normal ones get the status and power, disabled ones do not even have a right to claim it (Garland-Thomson, 2002).

2.3.2. Disability and Language

Language accepted as a tool for the establishment of communication. But it is also a concept related with the politics, hegemony and power. On the other hand, power and hegemony are about the relations of differences and their effects to social structures. Therefore, language emphasis and reveals the power, especially if there is a challenge against it (Fairclough, 2001).

According to Foucault, how we speak about the world and our perception about it are related with the names we give to things, establishes our perception of them and our perception of things which effects how we name them. Here, language becomes the foundation of a certain discourse via power that keeps reproducing. Therefore, language is not only a semantic phenomenon, it is also directly related with phenomenon of politics at the macro-level (Foucault cited in Oliver, 1994).

Most of the parts of culture of disability established trough language, just as anyother elements of culture. In this regard, the use of language and words describing people with disabilities has changed over time (Network, Advocates, 2006). While the term itself has a medical approach, it has assumed as a marker of identity. Once someone marked as a deviant, they tend to become a target of discrimination under the power of language. Therefore; I would like to analyze the construction of the terms ableist and ableism. These terms have been used for organizing ideas about the centering and domination of the nondisabled experience and perspective (Davis, 2018). Ableism, defined as "discrimination in favor of the able-bodied." Which refers the idea that a person's abilities or characteristics are limited whereby disability (Linton, 1998). While language has been constructed through the binary oppositions of normal and abnormal; our everyday lives are re-constructed through the language.

While we express ourselves, we also reveal the perceptions of society according to the norms of it. It becomes the most effective way of self-expression via using the words, grammars and sayings that are by society.

For example, comedy is one of the most used items of language and its relationship with disability is complicated and quite paradoxical. While jokes about disability seems unethical due to representation of person with disabilities as dependent and in need of help individuals. However, it also can be a method for empowering of persons with disabilities as an alternative disability discourse. At first, disability humor refers to person with disabilities as freaks who are constantly laughed at and making fun of. This kind of destructive humor still exist today as an outcome of constructed defense. In such moments, disability becomes a fear as an inevitable possibility for non-disabled ones. These behaviors based on the understanding of the medical models on disability (Cauchi, 2017).

Table 1: Words to Describe Different Disabilities

Disability	Out-Dated Language	Respectful Language
Blind/Visual Impairment	Dumb, Invalid	Blind/Visually Impaired,
Deaf or Hearing Impairment	Invalid, Deaf-and-Dumb, Deaf-Mute	Deaf, Hard-of-hearing, Person who is deaf or hard of hearing
Communication Disability	Dumb, “One who talks bad"	Person with a speech / communication disability
Learning Disability	Retarded, Brain Damaged	Learning disability
Mental Health Disability	Hyper-sensitive, Psycho, Crazy, Insane	Person with a psychiatric disability, Person with a mental health disability
Mobility/Physical Disability	Handicapped, Physically Challenged, Cripple	Wheelchair user, Person with a mobility or physical disability
Cognitive Disability	Retard, Mentally retarded	Person with a cognitive disability
Health Conditions	Victim, “stricken with” a disability	Survivor, someone living with cancer or AIDS

National Youth Leadership Network, Adapted from page 3, **Respectful Disability Language:** Kids as Self Advocates, 2006

On the table above, a list has given to analyze the common terms in the discourse of disability. This list clears the distinctions and the definitions, the common usage which are accepted as an insult and preferred terms which are accepted as respectful. When we analyze the table by column to column, we can realize that all the sections are the exact structures of society. While, first columns on definitions refers to explanations

of the conditions on disease it is obvious to see the effects of medical model. However, in the outdated language column, we see the effects of either discrimination or stigma or pity which becomes the reflection of the structure of society. Therefore, the respectful language section is still debatable for being over-sensitive and over-political. However, if we would like to have better life conditions, we should keep in mind that we can only achieve it via better policies and practices. In this regard, it is important to realize the role of change in language.

2.3.3. Disability, Culture and Art

Culture is a term to describe 'the best that has been thought and said' in a specific society and age. Therefore, it includes the greatest work of arts in literature, painting, sculpture, music and philosophy. Highly prized and appreciated ones accepted as a part of high culture. On the other hand, popular culture refers the more widely distributed artefacts of everyday life such as TV shows, pop music, pulp fiction, art design, fashion, leisure activities and lifestyle. Therefore, while high culture accepted as the good side of culture, popular culture accepted as bad for being the consumption of mass. At this point, disability culture refers the subordinated culture of a minority to represent the moral and values of persons with disabilities, their activists, supporters and allies. The art of disability, therefore, is a mean of communication for a common concern. Since culture and identity goes hand in hand, it becomes the representation of disability (Barnes, 2003).

It is not possible for individuals to live in the complete isolation; so that the opinions of individuals effect the others to establish a whole for being able to reduce the risk of isolation. Therefore, culture is the standardized values of the community, mediates the experience of individuals. It gives an order for ideas and values according to its authority. While the perceptions of life is variable, the perception of society is stricter. Within this concept, society has been looking for the answers for any kind contradiction and disability is one of them. It appears that hybrid communities react these contradictions by blessing the ideologies, moral justifications for the rejection of the abnormal. In that case, most of the societies has accepted disability as a danger. The idea of normality lies in our conscious through the perception of fitness, health and beauty. Whence we can understand that, perceptions of disability affected by the fear of unrecognized, the unpredictable and the abnormal. Therefore, we would like to

get rid of any kind of threat to norms we internalize. According to Mary Douglas (1966), societies has developed some techniques to overcome abnormalities such as ignoring their existence and excluding them; or embracing the abnormality to re-construct a new kind of reality.

In that sense, in literature and media emerges as the everyday cultural meanings for disability. However, these means of communications are often criticized for spreading a negative message about disability and referring it as an abnormality. Therefore, seeing disability in these aspects is quite rare and when it's included stereotypes and stigma is quite often. This attitude leads viewers who have no personal contact with persons with disabilities in their daily lives that might motivate them against its convincing effect (Müller et al, 2012)

The representation of disabled human body in culturedefines the concept of disability in relation to ideas of normality, hybridity, and/or anomaly. Within this ideology, artist use the bodies to urge the limits of normal. Therefore, the body in culture is a tool to reveal the differences, articulations and demonstrations in the concept of disability as a cultural construction. In that sense, art of disability is a way to comprehend the changing role of images of the body in in society. Throughout history, persons with disabilities have been an object of the art and culture, rather than as active participants and creators. Most of the time, the representation of persons with disabilities have been defined as an evil and/or miserable object. However, even then, they cannot claim a right on their representation (Watson, 2015).

In this regard, looking into art for representation of disabled people can helps us to understand the mindsets of societies about this issue. Neither television shows nor novels do not have leading roles for disabled people in Turkey. Roles for disabled people have only secondary places at highly level and these roles usually draw a weak, locked up and miserable character schemas. Pity and mercy are an important code in these stories and there is always someone good who "helps" the person with disability and get all the sympathy. However, it is likely to see that, the person with disability will get better with the help of lead character and he/she will get rid of the physical impairment at the end of the story. After he or she gets better, there can be a love interest between the lead character and him/her. This story line claims a happy ending, where bad ones get punished, good ones be happy and impaired ones get fixed.

Therefore, it is important to note that, normalcy continues its hegemony even in the progressive field of life which is culture.

2.4. Discrimination towards Disability

The definition of discrimination indicates to the positive or negative attitudes against a specific group and its members of society. A behavior which includes discriminative intention toward a group refers a positive discrimination for others. Discriminative intention involves at some level of prejudice, stereotyping and social classification. Prejudice is the trigger power for discriminative behaviors; it leads people to enhance the feeling of being superior on others by oppressing them (Laki, 2014).

People are enforced by the willpower of capitalism to be wealthy, talented, brilliant, strong and beautiful under the unequal conditions. This process starts with the family to shape the children's behavior according to certain wishes. Afterwards, governments enforce them to get the school education for a standardized institutional order. After that, a person raised by the order of state forwarded to the labor market for the sake of state profits. Meantime, the persons who do not seems able to raise amount of profit, will be exposed to discriminative attitudes by the institutionalized society. These behaviors mostly aimed at disadvantaged groups of society; such as elderly people, children, women, convicted people and persons with disabilities since they seem out of the market (Willmore, 1997).

Disability is a lifelong condition which may occur anytime or anyplace through an acute disease, an accident or/and congenital illnesses. The reaction of society towards these conditions can be variant from acceptance to stigmatization and from harmony to rejection. Therefore, it is inevitable for persons with disabilities to experience disadvantages at some point, both by their circumstances and community. However, while discrimination is an important concept in the discourses on race, religion and gender, there has not been that much attention about disability. Persons with disabilities find themselves to be the victims of society due to their disability mostly in political and economic realm. It has been claimed that, the othering of persons with disabilities emerges through the biases and a lack of awareness rather than from an inefficacy of the resources only. This way of thinking has been established and developed by widespread of illiteracy and an insist on stereotypes. This may lead to

discrimination in society at macro level and in suicide, in particular (Marumoagae, 2012).

2.4.1. Discrimination in Education

According to the national and international laws, every child has a right to education, and it is requirement that for the governments to provide citizens an equal education. However, within the reality, there is a gap between policies and practices. A significant number of persons with disabilities' right to access quality education is frequently has been ignored just like the other social aspects of life. Therefore, most of the children with disabilities chose to get the education at home with family members to be able to avoid discrimination and negative attitudes toward their "disability" (UNICEF, 2011).

There have been different kind of methods on education for persons with disabilities. One of them is basically based on segregation that students are separated regarding to their impairments and needs integration, which persons with disabilities accepted in the mass education regulation in different classes. Whereas, inclusion provides equal education to each student, despite the possible differences for achieving their full potential (UNICEF, 2011).

In appearance, most of the institutions commits themselves to equity in the large extend. Nevertheless, this commitment melts down when it gets the closer to the individual. Most of these institutions do not have the capacity for coping the number of persons with disabilities. Therefore, discrimination in educational system blames the families of persons with disabilities for trying to involve their children to mainstream education regulation (Jackson et al, 1999).

In the higher education, the debates on discrimination getting messier for accessibility to resources, accommodation, restrooms and parking lots on campus. Therefore, it most likely to possible to conclude that, not only their right to education has been violated, but also the right to the campus. Furthermore, the communication barriers with students and staff should considered. Implicitly, their ability to attend the public events, club activities, alumni gatherings have been affected negatively. There have been some steps for achieving these matters by additional testing time, letting guide animals in campus accessible web pages and technological materials. Although, these

solutions require high level of budget and there is no standard use of them. Therefore, they seem temporary and quite rare (Rothstein, 2018).

Disability Discrimination Act Standards Project (1997) which concluded in Australia, out of 1689 people, 1307 stated that the participants feel alienated from mainstream education system and have experienced discrimination based on their disabilities Most of the families mentioned that, registration process is difficult and even when they achieved to register to schools, discrimination continuous through the lack of support and physical access. The ones who have succeed to graduate exposed to “special” graduation ceremonies for themselves. In this sense, the fear of potential public stigma of being “disabled” make persons with disabilities to hide their condition and getting support becomes more impossible. This process leads them to drop out the school in the end (Jackson et al, 1999)

Education is a system which needs to be establish via based on human rights. This right-based system should be developed through legislation, policy and practices in terms of the approaches of inclusive education. In order to achieve the right to education, universal and non-discriminative approach is a requirement which should be applied by inclusion and empowerment. Respect the right to education for individual schools, for children and families is the only way to protect the right the education for the whole society. However, in order to fulfill the inclusive education, an action is needed, not only by national governments, but also with the support of stakeholders at each level (UNICEF, 2011).

2.4.2. Discrimination in Employment

Employment refers to the commitment to professional identity and fellowship with others. Human being tends to perceive that they are preferred by others and find a meaning for their action in both their own perspective and others. For persons with disabilities, these features might be even more significant, for being marginalized in career life. Their work capacities have been described as low and its reason is mostly beyond their disability; such as given aspects like age, gender and ethnicity, education residential region and a lastly the impairment (Draper et al, 2011)

According to the researches, the numbers of unemployed persons with disabilities are higher than the non-disabled ones. The reason of these rates is that the employers consider persons with disabilities as incapable, in nee d of supervision and increased

health insurance procedures. However, discrimination is not ending here, it gets deeper within the sub-groups of persons with disabilities by separating those regards to their disability. If the impairment is visible, it is more expected to get rejected for a disabled applicant. Therefore, the employers often chose to work with the ones who have intellectual impairment rather than the ones who have physical disabilities (Alfasi, 2009).

Families of persons with disabilities have much more economic problems rather than others. Even when they are included into working life, there is a possibility for them to lose the welfare payments from states. The salary of persons with disabilities usually earn lower than their fellows; women with disabilities earn even lower. It is also difficult for them to get promotion. Some persons with disabilities do not have any expectation for being employed, so that they do not even try to find a job. In that sense, it is possible to say that, they forbid themselves from getting in contact with society, especially with the close ones and professionals who can be a support regarding these problems (WHO, 2011).

2.4.3. Discrimination in Social Milieu

Society organize the means of classification of its members just like the fulfillment of qualifications of these categories to achieve the "ordinary". In this regard, when we encounter with a stranger, first impressions lead us to predict his/her category and qualifications, in other words, social identity which involves pure honesty rather than the social status like vocational. We rely on these predictions that we get, transform them into standardized expectations and requests. If we perceive his/her qualifications as different or unwanted, we classify him/her extreme, bad, dangerous or weak. Therefore, in our minds, he/she becomes a defected outcome which is the very explanation of stigma. This process establishes a divergence between fictitious and actual social identity (Goffman, 1963).

Stigmatization process appears different spheres of society, including micro, psychological and sociocultural factors at the individual level; mezzo, social network or organizational factors; and macro, society-wide factors. It can be found in power struggle which involves labeling, stereotyping, status loss, and discrimination (Draper

et al, 2011). Therefore, stigma is a tool to designate to the opportunities and potentials of individuals in both negative and positive aspects.

It is highly possible for children with disabilities to be abandoned by their fathers to the care of mother only. Most of them under the risk of violence, rather than their peers. Traditional beliefs lead caretaker to the idea of "violent cures" and they may try to get rid of the "evil" inside of the persons with disability by the practices of violent. Some families stigmatize them, in order to protect them from stigma by segregating them from the society. Consequently, they may never leave their homes and rooms, or they are sent away to care institutions for not being able to realize by the members of the society (Rohwerder, 2018).

Because of the inaccessible transportation systems, persons with disabilities at a huge risk of social exclusion. This case gets more serious for the employed persons with disabilities; since they experience more to accessibility problems in workplaces and social services. It make them discouraged to search for a job, go for a social service or even go out to get some fresh air. Despite these facts, most of the countries there are no requirements for the accessible design for an inclusive environment. As the ageing populations are rising, accessibility needs to be a priority in public policy as well as the everyday life practices to make real the right to the city for everyone (RTPI, 2015).

2.5. Suicide

Suicide has been an issue through the history that still needs to get analyzed. Since, it is a multi-dimensional discourse, its definition requires to be based on scientific approaches. First, we need to understand that is not only the act of self-killing, but also it is the process of killing by the idealization. It starts with thinking about killing the self, develops by planning it and if there cannot be find a solution for the problem of that person who consider killing himself/herself, it ends with self-destruction.

Some people struggle with this problem quietly, but some of them give specific signs by saying "I'm scared that I might do something to myself,", "I'm scared of loneliness,", "I'm scared of killing myself" to their close ones. These declarations are important signs of the "suicide" which is process of self-killing. Therefore, the person who gives a sign for the suicide danger needs to get a professional intervention plan.

Here, it is important to understand the suicide behavior as a process from the start till the end. The process of suicide usually concludes with death. However, sometimes an attempt for suicide may not end with death due to different reasons. Either way, it starts with the suicidal idealization by planning the self-destruction. Since suicide has a large extend and multiple dimensions, it is important to understand suicide within an inclusionary premise that requires three basic principles; suicide intention, action and motive. Within this light, researchers try to shed a light on suicide.

According to Emile Durkheim (1912), suicide is killing the self via using a tool by knowing the consequence of this action. Edwin Shneidman, claims that, the action of suicide has an explanation and logic for everyone. According to him, it is a result of a major depression as a remedy.

According to Delmas (1932), suicide is a result of moral oppression even though there are other options rather than suicide. Therefore, it is a self-determinist and a mental process that end with self-destruction. Although, according to Littre; even killing the self by accident is an incident of suicide while Odağ (1990) claims it is impossible to define suicide due to its multi-dimensions.

2.5.1. Historical Background of Suicide

Suicide has been a reality of societies for a long time; therefore, each society has its own perception and explanation about it. In some societies, people sacrifice themselves for their Gods or for ending the wars and famines. In addition to these, in some societies, if a woman kill herself after her husband's death, it makes her loyal to her husband. According to Sati Ceremony in India, it was important to burn the alive wife with the death husband until 19th century.

The oldest documentary about suicide belongs to Egypt that appears on papyrus papers. The text is a compose of dialogs between soul and self that is called as "An Argument on Suicide". This dialog refers the freedom and social responsibilities of individuals. These dialogs search for an answer the following question; "Does an individual have a right to end his/her own life?" While soul claims that there would be some bad results of suicide such as grief and separation, self focuses claims that death would be a vocation and treatment. In Ancient Times, Romans have both positive and impartial perceptions on suicide. According to ancient Greeks, under some conditions, suicide regarded as reasonable. With the rise of monotheistic religions Judaism, Christianity

and Islam, suicide becomes a sin and no longer an acceptable behavior in societies because, according to monotheistic religions, body is a temple for God, therefore, individuals do not have an authority on their bodies.

2.5.2. Classification of Suicide

Each person who commits suicide has their own reasons and motives. While these are mostly unknown, all of them are horrifying for them to cope with (Jamison, 1999). According to some researchers, suicide is result of the control of society over individuals. When society achieves this control, individuals feels a failure and starts to idealize suicide. Most of these studies has been affected by Durkheim and his classification of suicide. This study of Durkheim on suicide is also the first statistical study in social sciences. Therefore, it is important to analyze his classification on suicide.

2.5.2.1. Classification of Durkheim

Durkheim refers "Egoistic Suicides" for being able to explain the suicide action of person who cannot engage with society. At this point; family, religion or friends/relatives are not a protective power over individual. Therefore, the individual becomes alone with his/her problems while he/she needs an attachment with society. On the other hand, "Altruistic Suicide" refers a strong engagement with society. An individual commits suicide for the sake of society as a duty. Nevertheless, due to the rise of individualism, we do not see altruistic suicide that much nowadays. He also mentions "Anomic Suicide" as a regard to being lost in the normlessness of society.

2.5.2.2. Classification of Beachler

According to French sociologist Jeon Beachler (1979), suicide is a solution towards a problem. He focuses on the concept of suicidal behavior in his studies. He claims that, suicide has four different types and these types might differ from each other through the social conditions of one.

"Escape Suicide" occurs when there is a problem that seems unsolvable to a person, such as a death of a close one, a disease, a failure or a shameful incident. The people who commits escape suicide, would like to die in order to get rid of a certain event, pain of a grief process or a false sentence.

"Aggression Suicide" is a result of an emotion toward other than then self. In that case, it refers to revenge, blackmail, cry for help and murder. In "Oblative Suicide", a person may kill himself/herself for phrase someone else or themselves. "Ludic Suicides" refers to risky behaviors for proving their stamina.

2.6. Suicide and Disability

At this point, it is important to point out the relation of suicide and disability through the data of previous studies. According to a research in Melbourne University, disability should be considered as a high-risk group for suicide tendency. The results of the study indicate that; persons with disabilities are shows much more suicidal behavior compared than the "normal" ones. It is also important to note that, these participants report high level of anomie via problems with connection and accessibility. According to a study in Journal of Public Health, 10 per cent of persons with a disability have suicidal behavior compared to the persons without disability. Research also implies that, disability is in the relation with the obstacles of unemployment, physical & mental health problems and other social elements (Milner, Bollier, & Kavanagh, 2019). Another study by University of Toronto (2017) on suicide rates, shows that suicide attempts is higher among both men and women who have a form of disability compared to ones who have not. According to a research in United Kingdom, there has been 1000 extra suicide deaths and 40,000 suicide attempts in relation with disability between 2008 – 2010. Research emphasizes that in the countries where there are less problems with unemployment, workplaces, education and accessibility; there relation of suicide and disability is weaker (Barr et al, 2015).

2.6.1. Statistical Data of Turkey

About 15% of the world population (The World Bank, 2019), and 6,9% of the population in Turkey (Family and Social Policies Ministry of Turkey, 2017) are disabled. However, there is not a broad range of studies on the relationship between suicide and disability in Turkey. On the other hand, a study by Hacettepe University in Turkey, shows that a focus group that involves 9 students of university indicates a spesific suicide tendency. The main result of this study is that physical disability increases the one's isolation and social exclusion; consequently shapes and dominates the suicidal behavior (Burcu, 2014).

3. THEORATICAL FRAMEWORK

In this section, the theories that has been a base for this study will be provided. First, the theories which has been developed around the disability studies will be investigated chronologically. Then, theories on suicide will be investigated according to scholars of them.

3.1. Theory of Disability Studies

The analysis of this chapter of the study is to discuss and critique the disability models, definitions and theories. Identification of these models and theories includes their standpoints within the field of disability studies through social and political movements on the subject. The dialogue between them; and their potential contribution to mainstream public health research and policy. This chapter identifies four broad models in the disability literature (Berghs et al, 2016).

3.1.1. Moral / Religious Model

The moral/religious model of disability is the oldest one which take its roots from religious traditions. According to this model, disability is a punishment from God for a specific sin or sins that may have been committed by the person with disability. It also can be a result of lack of obeying to social norms and religious orders. Therefore, according to this model, disability is an outcome of the punishment from powerful existences. Sometimes the sins committed by parent or an ancestor may even cause the disability. In that sense, not only the person with disability but also the entire family will be punished. Also, within this model, disability might be a test of faith to God and a way to prove their endurance. Therefore, persons with disabilities can consider themselves as blessed because they get the chance for learning such significant life lessons which "normal/healthy" people could not (Retief, Letšosa, 2017).

Sometimes the moral and/or religious model of disability regards to metaphysical blessing. This understanding claims that, the senses of a person are impaired inevitably decreases the functions of other senses of that person. In that sense, it is accepted as

they have special abilities given by God for a special purpose. After 1800, due to improvement of medical science, moral model started to leave its important to medical approach. Even though moral approach towards disability does not occur in modern times, it still effects the behaviors of people towards any kind of illness (Retief, Letšosa, 2017).

3.1.2. Medical / Biomedical Model

Medical understanding of disability is a way to see the disability as an unfortunate incident that should be repaired. This model focuses on the things that people cannot do, such as not being 'able' to hear since you are a deaf person. Therefore, this situation needs to be fixed through surgeons and therapies. Of course, I do not claim that providing people a treatment is a negative solution. It is one of the important elements of disability, but not the only one. Especially before 1960, it was the only way to deal with disability. Unfortunately, this was a huge factor to discriminations towards people with disabilities. In the biomedical model, the concept of normal and abnormal is used to understand disability and its aspects. It is about the impaired patients which claims that disabled people are abnormal part of the society. According to this theory, any kind of deviance in text is mistake. In the biomedical model, the concept of normal and abnormal is used to understand disability and its aspects. So, impairment seen as an abnormality as an evidence of illness which should be fixed (Berghs et al, 2016). Therefore, disability and impairment are a tragedy and it is something to cope with. According to this solution, the impaired people must change themselves to adapt to the society.

Here, it is important to mention that; sayings such as 'invalid', 'crippled', 'spastic', 'handicapped' and 'retarded' are all emerged with the medical model. This understanding distinct a strict difference between 'able' ones and 'disabled' ones (Creamer, 2009). This dualism cause to a categorization of able-one as more transcendent. Therefore, it becomes normal to see 'disabled' ones as a problem to be solved and ignoring the person's life. Practically, this way of thinking causes elimination the contributions of the other conditions that leads people to be in the position of disabled.

Since, according to this approach, persons with disabilities are defined as 'sick people'; I would like to give a light on this term. Parsons (1951) claims that, medical approach

compels people to act a ‘sick role’ in the social realm through a few specific behaviors. It leads to a freedom from perform the everyday practices and responsibilities for both social and state realm. While it seems logical it means being in the need for help. Therefore, according to medical model, sick role should keep going if there is a need for help and support. Here, it is important to mention that most of the persons with disability, do not consider themselves as sick. In that sense, the ‘sick role’ understanding loses its control over disability aspects because of the distinction between impairment and sickness.

Science of Medicine is focused on the treatment of sickness, without considering the social contexts and preconceptions. It aims to investigate the body of the patient as a machine by separating it from the self. In other meaning, it is a process to find the essence through only observation. However, the ‘‘clinical gaze’’ of the doctor is also established through the aspects of social definitions, identifications and biases. This gaze is a lens which helps us to comprehend the others and the world. Here, it is important to analyze the role of perception in the constitution of identity and difference, normalcy and pathology. The way we see, the way we perceive, other bodies is not simply a result of our vision, but of the sedimented knowledges we embody, and body forth. Perception is a learned process in and through which seeing and knowing are intimately interwoven in historically and culturally specific ways. Alcoff (2001) presents us, then, with the concept of tacit body knowledges. Tacit body knowledges are intracorporeal ways of knowing and ordering the meanings of our various ways of being and our interactions: they are constitutive of our bodily being- in-the-world. When we perceive a body, we structure it according to bodily knowledges we have been keeping in our mind and experiences. Therefore; even though we do not speak about our ways of perceiving, it is always there. They are expressed through indirect ways without making any decisions. In other words, we respond to others on a visceral level: we know their bodies implicitly, and what they mean to us. We see a disabled person, and we know him/her as incapable, weak of inferior intelligence. We can call her more or less normally, we can smile at him/her, we can drink some tea with him/her, or work with him/her, these knowledges of what his/her ‘‘disability’’ means to us are stirred and brought to the surface in unconscious ways (Murray, 2007).

3.1.3. The Rehabilitation Model

Rehabilitation model has some specific similarities with biomedical model. It refers to persons with disabilities as in need of a rehabilitation to compensate for the inefficacy occurred by the disability. This approach takes its roots from the times of World War II when disabled veterans comes back to society. This model accepts that many disabilities and chronic medical conditions is not possible to be cured. Therefore, the most important thing for the persons with disabilities is to discover their potential and capabilities for the participation in society. According to this approach, the sick role is not acceptable (Kaplan, 2000).

3.1.4. Social Model

Mainly, social models come to emerge to resist medical model. This model claims that society creates the disabilities not their impairments. It is a consequence of the barriers enforced on them by social, cultural, economic, and environmental limitations. Therefore, it is not about health conditions or pathology. It comes from discrimination, segregation and social exclusion. According to this model, the most important thing to do is removing the social barriers through human rights (Albert, 2004). Negative attitudes towards people with disabilities, leads them to reduced participation in social life. That is why knowledge and behaviors are important for environmental factors. They affect all aspects of service procuration and social life. Negative attitudes such as stereotyping, and stigmatization affect people with disabilities around the world in a bad way. On that account, they may afraid going out, they change their lifestyle or even move from their homes to get rid of the stigmatizations. On the one hand, in the social model, raising awareness and challenging negative behaviors is the reasonable solution. On the other hand, this model realizes, how even the solutions segregate them, with some residential institutions and special schools through history. Therefore, not only the understandings of people, institutions and organizations should change too (World Report on Disabilities, 2011).

Social model claims that disability is a personal experience often caused by the understanding of society. According to this approach, society fails to provide the needs of people with disabilities. These problematics lead discrimination in the end. They are going to be excluded from social milieu just because of the society itself rather

than their impairments. For instance; a person cannot read a newspaper because of the lack of alternative regulations.

According to these discussions, both the medical and the social approach have a dichotomous concept. Nowadays, it is important to understand that the disability is neither as purely medical nor as purely social. Persons with disabilities experience problems through their health condition or social milieu. It is not right to ignore one epoch and expecting the other. A balanced approach is needed. At this point, giving a required substance to the different aspects of disability is also essential. This concept can be defined as the Disability and Impairment Sociology Approach (World Report on Disabilities, 2011).

The search for a good model for persons with disabilities, opened a path for the social movements. As we know, social movements bring three elements together which are identity, standing, and program claims. Its emphasis the importance of democracy through these elements. In that sense, social movement defends the right of ordinary people to take the power and limit the actions of dominant masses. To be able to raise a voice for this matter, a well organization, have a common point of society via the inclusion of persons with disabilities. That means, the persons with disabilities are not going to be segregated from the society and they will create their own movement for their rights. Therefore, it requires self-determination and decision making, which is not given to disabled people in Turkey. The aim of this movement is basically to end the discrimination towards disabled people and establishing disability rights as visible as race and gender-based civil rights via both local and national actions (Fleischer , Zames, 2001).

3.2. Theory of Suicide Stories

Suicide emerges through the death drive that is a concept which refers the opposite side of life instincts. This death drive has been existed in societies through the history. Therefore, there have been different studies by researchers on suicide.

3.2.1. Suicide from Psychological Perspective

In the ableist society, even most of the professionals rely on that life with a disability is not worth to live. This approach of professionals may turn deadly when they "have to" provide prevention or/and intervention for the suicidal behavior of the persons with

disability. In this regard, there are two option for them; either they will get discriminated and stigmatized and trapped in an institution or reject the treatment and die. Being institutionalized basically mean dehumanization which make them lose the meaning of life and seek for immediate death rather than waiting for "slow death" to occur. Hence, there should be a choice for them to be in the society with the right of self-determination (Rights, 2015).

The concept of bodily capacity, precocity, ability and disability refer to process of slow death where suicide becomes an escape. Slow death is not a part of the process of suicide; it is a field of temporality of continuation, tolerating and moving on. Therefore, slow death is not based on the death drive, it is about the sustainment of living, the "ordinary work of living on". In the context of slow death, it is common to see "it gets better," and "you get stronger" understanding. David Mitchell's moving invocation of disability "not as exception, but the basis upon which a decent and just social order is founded," hinges on a society that acknowledges, accepts, and even anticipates disability. This anticipatory disability is the dominant temporal frame of both disability rights activism (you are able-bodied only until you are disabled) as well as disability studies. "Health itself can then be seen as a side effect of successful normativity". Therefore, to honor the complexity of these suicides, they must be placed within the broader context of neoliberal demands for bodily capacity as well as the profitability of debility, both functioning as central routes through which finance capital seeks to sustain itself. This revaluing of excess/debility is potent because, simply put, debility —slow death—is profitable for capitalism. Debility is profitable to capitalism, but so is the demand to "recover" from or overcome it (Puar, 2012).

Disability described as a health problem which can lead suicide directly. However, according to researches, diseases and disability are mostly correlated with depression which has an indirect effect on suicidal behavior. The scale of oppression of maintaining the everyday activities and the stress it causes make them feel as a constant burden to others which operates the depression and the risk of suicidal tendency. Stigma of disability and depression might be the trigger of suicide attempts. Since, persons with physical disabilities exposed more discriminative attitudes and stigmatization; they risk of suicidal attempts of them is higher than the ones who have psychiatric disability. Among the persons with physical disabilities; elderly women mostly tend to suicide because of social exclusion (Meltzer et al, 2012).

Sooner or later, every terminally ill person, will be a person with a disability who cannot perform the everyday activities such as eating, walking or even drinking. Therefore, assisted suicide is only provided for the person with disabilities, which is the very definition of discrimination. While persons with disabilities have fight a right to live equally, our ableist society prefers to force them to use the “right” to end their lives. Equal rights require equal suicide prevention, not the biased “mercy” of suicide assistance. Assisted suicide is not about reducing the suffer of the death; it is a representation of the most toxic and deadly form of ableism. It eliminates the worth of life of persons with disabilities (Rights, 2015).

In a general social context, the term ‘quality of life’ refers the comfort, status and tranquility. Likewise, in medicine, the term ‘quality of life’ has positive meanings such as rehabilitation, treatments and palliative care. However, in end-of-life discussion, by the supporters of euthanasia refers quality of life in a negative way rather than improving the one’s life but to end it. According to them, the ‘quality of life’ claims the closure of life which is designated by one’s personal life circumstances and decisions. Only the patient call it his/her life “meaningless” and decide to end it; when it’s the case no one should demand to prolong the life (Raphael, 2015). We may think it’s the person’s decision to die for not find a meaning in life at first sight, however, the life instinct is such a strong tendency and ableist society enforce to transform it to death drive before even we realize it.

3.2.2. Psychodynamic Theory

While Durkheim and Beachler focus on the sociological perspective of suicide, Sigmund Freud and Karl Menninger makes their psychoanalytic standpoints on the subject. According to Freud (1994), the mindset of human beings has three layers; id, ego and superego. A healthy person shows a balance between these three elements by the control of ego that restrain id (desires) and supports superego (norms). If there is a divergence between these elements, it might cause some mental problems. While one would like surrender to desires of id, it struggles the conscience of superego. When this contradiction appears, it might cause the neurosis and self-chose to protect himself/herself via the escaping the danger. Here, based on the individual, escape

might mean either confrontation or withdrawing. This contradiction trigs the attack impulse that might be either extraverted or introverted. At this point, suicide behavior becomes the result of an introverted attack impulse. One tries to oppose to danger, if he/she cannot achieve this opposition, he/she may choose the escape from it. This escape may refer turning into an object that is inorganic and insensitive through the death impulse.

Although according to Menninger, death impulse is a complicated formation and it includes three elements that includes wish of killing by an attack, accusation, extermination; wish of getting killed by the obedience, masochism and blaming the self; wish of dying through hopelessness, fear and tiredness. Menninger claims that each of these aspects are related with each other within a complicated way. It is a settlement attempt for the pains and dangers that one has. Therefore, it is concern of society just as a murder or a rape incident, and a concern of scientist just as a tuberculosis and cancer.

According to Alfred Adler (1937), suicide is a result of the divergence of a person towards society. If someone is not engaged enough with society, a problem might lead that person to commit suicide due to complex of inferiority. On the other hand, Carl Gustov Jun (1973), stresses that suicide is process of ego leaving the outside world by focusing the inner self. Therefore, attack impulses project its direction to the self rather than outside world by doubting on self, blaming the self and killing the self.

3.2.3. Escape Theory

According to Baumeister, suicide is an escape that can be explained as a process. At first, one thinks the existing conditions do not answer the need of neither himself/herself nor society. Then one convinced that he/she is not enough for the life conditions. In this regard, one blames himself/herself for not being “able” to realize his/her high expectations that decreases his/her self-esteem. At this point one sees himself/herself as an insufficient person that may turn into a destruction through the depression. The result of this destruction might lead suicide, that is the definite explanation of self-destruction via loss of control mechanism, feeling desperate, senselessness and irrationalism (Baumeister, 1990).

3.2.4. Hopelessness Theory

Hope gives a goal for future and for going further. In the case of losing hope, one might lose the meaning of life. Also, it is one of the biggest reason of depression which may lead people to suicide. Beck Hopelessness Scale (1974), refers the relationship of “depression” and “hopelessness” at people who attempts suicide

3.2.5. Shneidman Theory

According to Sheneidman, suicide is a complex matter of fact and it is a solution of people who struggles with big problems and pains. At this point, he claims that, each suicidal behavior has its own rational system. One might be caused by mental health problems, disappointments in relationships or loneliness. He also mentions some common points in every suicide, these are search for a solution, constant pain, hopelessness-desperate, ambivalence, wish of escaping, physiological needs, depression and stating a suicide intention (Leenaars, 2010).

4. METHODOLOGICAL FRAMEWORK

This chapter asserts the research design of this study by explaining the used methods and taken decisions through the conduction of thesis. Then, the research approach will be explained through sample, participant and ethical consideration sections.

The research model refers to the aspects of suicidal tendency of the person with disabilities in the framework of discrimination caused by construction of disability. The process of suicidal behavior in this context is based on two dimensions which are the effects of risk factors and the trigger events. In this section, based on the theoretical elaboration which has been established in the sections above, it will be discussed about the connection between the suicide and disability within the concept of "discrimination". Then, due to the interviews it has been made with the persons with disabilities, the correlation between theory and results will be evaluated.

4.1. Research Methodology

This research seeks to analyze the participant's behaviors on the specific aspect of study. According to the subject of research, the study is conducted in Turkey with 50 persons who have physical disabilities, in 2019-2020. The focus group of the research is limited with persons with physical disability who live in Istanbul.

It is accepted that the participants of this research reflect the reality of their conditions on the data collection tool through their answers.

Data collection tool of this research is Suicide Probability Scale (SPS) as dependent variable while the Perceived Discrimination Scale (PDS) is independent variable.

4.1.1. Research Assumptions

This research looks for answer to following question; "What is the influence of discrimination on suicidal tendency of the persons with physical disability?"

According to this question, the research aims to find the relations of the discrimination towards persons with disability and suicide. At this point, it has been accepted that the participants understood the given questions of scales, and the answers have given with honest responds by participants.

4.1.2. Population and Sample

Research has been conducted with the participants who have physical disabilities in Turkey. It is a research to analyze the relations the tendency of suicide and discrimination of person with disabilities. The participants have been chosen for the interviews through snowballing sampling method. This method leads the researcher to the participants who know each other, and let the researcher get in contact with them.

4.1.3. Research Tools

In this research, there are three tools used which are Demographic Information Form, Suicide Probability Scale (SPS) and Perceived Discrimination Scale (PDS).

4.1.3.1. Demographic Information Form

In the first section of questionnaire; demographic information form has been used that includes ten questions which refers to demographic condition of participant for gender, age, education level, occupation, salary level, marital status, number of children, number of the persons that the participants take care of and; status of their disability.

4.1.3.2. Perceived Discrimination Scale

In the second section of questionnaire; Perceived Discrimination Scale has been used that has The Lifetime Discrimination Scale (11 items) and the Daily Discrimination Scale (9 items). In this scale; there are 20 questions that has foursome Likert scale (1: never, 4: always). This scale found by Williams, Jackson and Anderson (1997) and tested for Turkish adaptation by.

The 11 items of scale (i1-i11) refers to Lifetime Discrimination Scale, 9 items (i12-i20) refers to Everyday Discrimination Scale. In this scale, refers coding has been used for 5 items (i1, i2, i4, i6, i10); therefore, high scores refers high discrimination results. Higher scores on these scales refers more experiences of both lifetime and daily discrimination. Lifetime Discrimination and Daily Discrimination subscales mostly

get used together, but they can also be used separately. The Cronbach Alpha parameter of this scale has been determined as 0,71 in this study.

4.1.3.3. Suicide Probability Scale

This scale has been by J. G. Cull and W. S. Gill (1988), for detecting the suicide possibility of teenagers and adults. It can be applied with person who are elder than 14. It includes 36 item which refers subscales of “Hopelessness”, “Suicidal Ideation”, “Negative Self-Evaluation” and “Hostility”. High results of the scale address the high possibility for suicide. The total scale for Test–retest reliability of coefficients is .98 while the subscales are Hopelessness .84, Negative Self Evaluation .42, Suicide Ideation .70 and Hostility .70

In this regard, The Subscale of Hopelessness refers one of the biggest reasons of suicide. According to Beck’s Cognitive Model, being hopeless leads people to depression through the negative self-evaluation. Therefore, Suicide Probability Scale has 12 items (i5, i12, i14, i15, i17, i19, i23, i28, i29, i31, i33, i36) that is established via the relation of suicidal behavior and the emotion of hopelessness. The gap of scores calculated as 0-36.

Negative Self Evaluation Subscale: According to Escape Theory of Suicide, Negative Self Evaluation is the second step that leads people to suicide. This theory claims that, negative self-evaluation process starts with not being able to feed the high expectation. The person who is in the negative self-evaluation process blames himself/herself for not being able to feed the expectations and loses the self-respect. Hence, suicide behavior becomes a result of losing the self-respect. In this regard, Suicide Probability Scale has 9 items (i2, i6, i10, i11, i18, i22, i26, i27, i35) that established via Negative Self Evaluation theory. The gap of scores calculated as 0-27.

Hostility Subscale: According to psychoanalytic theory of Freud, suicidal behavior occurs through aggression which is a reason of losing the object of love. This is a way of defense against the hostile impulses that are the results of being abandoned. If the hostile behaviors is high of a person, hostility subscale should be concluded with a high result, so does his/her behaviors on suicide. This subscale has 7 items (i1, i3, i8, i9, i13, i16, i34) and the gap of its scores calculated as 0-21.

Suicidal Ideation: Suicide process starts with thinking. Persons who commits suicide, first starts to plan it. The Subscale of Suicide Probability focuses on the relationship suicide and ideation via suicide ideation subscale with its 8 items (i4, i7, i20, i21, i24, i25, i30, i32). The gap of its scores calculated as 0-24.

This scale firstly translated into Turkish by Mehmet Eskin in 2009 that has been used for this research. According to Eskin, the reliability parameter of test-retest of this scale is .95 while its internal consistency is .89. However, The Cronbach Alpha parameter of this scale has been determined as 0, 86 in this study.

According to handbook of scale (1990), it specified how to analysis the results of the scale within a specific framework (0-24). This range shows a normal outcome or a suicide risk that has no clinical level. If the range of the result is 25-40, it refers a depression without a suicide risk. Therefore, for a successful intervention plan, a clinical interview must be provided. If the result of the scale is 50-74, it refers medium but serious risk for suicide. Therefore, an observation from professionals or close relatives of patient is a requirement. If the result of scale is 75-100, it refers a high risk for suicide. Therefore, a hospital care needs to be provided.

4.1.4. Data Analysis

The findings on this research have been evaluated through SPSS 21.0 (Statistical Package for the Social Sciences). The demographic information of persons with physical disabilities has been presented by frequency and percentage tables; points for scale and sub-dimension has been presented via average, standard deviation, coefficient of skewness. When the values for coefficient of skewness is stable limited in ±1; the points do not refer significant deviation rather than regular pattern (Büyüköztürk, 2011). In this study, the points show regular pattern during the test for normality.

Therefore; *independent two sample t test* has been used for the comparison of the following variables; gender, marital status, current vacancy, salary, the ones the participant's responsibility to take care of, while ANOVA (one-way analysis of variance) has been used for the comparison of the following variables; age groups, level of education, number of children, status of disability.

When there is a significant difference in ANOVA test, LSD post hoc test has been used to detect the groups that cause the difference. The Pearson correlation analysis has been used in the relation of Perceived Discrimination and Suicide Probability points. In order to detect the effect.

of perceived discrimination towards suicide probability; regression analysis has been used. The reliability of the analysis is %95 (the level of meaningfulness 0,05 $p<0,05$.

5. FINDINGS AND DISCUSSION

In this section, the data of the research is analyzed through the variables that could be found on tables below.

5.1. Descriptive Findings

In Table 2, it has been showed the distribution of persons with physical disabilities according to demographic features.

Table 2: Distribution of Persons with Physical Disabilities According to Demographic Features

Demographic Feature	Groups	N	%
Gender	Woman	26	52,0
	Man	24	48,0
Age	15-30	12	24,0
	31-40	15	30,0
	41+	23	46,0
Merital Status	Married	27	54,0
	Single	23	46,0
Education Level	Primary School	22	44,0
	High School	16	32,0
	University	12	24,0
Current Occupation	Yes	25	50,0
	No	25	50,0
Salary	Low	22	44,0
	Middle	28	56,0
Children	None	32	64,0
	1-2	10	20,0

Table 2 - continuation

	3+	8	16,0
Number of the person they need to take care of	Yes	16	32,0
	No	34	68,0
Status of Disability	%0-%60	11	22,0
	%61-%90	25	50,0
	%91+	14	28,0

As it has shown in the table above, out %52 of 50 participants of the research are women and %48 are men. These percentages represent the 26 women and 24 men participants. The ages of participants with physical disabilities are recorded as; %24 at age of 30 and below refer 12 numbers of the participants while %46 at age of 31-40 as 15 number participants and %46 are at the age of 41 and above as 23 number participants. %54 of participants are married while the %46 are single, that also equals 27 married participants and 23 single participants. The education level of %44 participants is primary school, %32 is high school and %24 is university. %50 of participant have no current occupation. In this case, 22 persons within the participants have primary school, 16 of them have high school and 12 of them have university education. The income level of participants has been reported as %44 have a low and %56 have a middle income.

Therefore, the 22 persons with disabilities that are the participants of this research have low income and 28 of them have middle income. 25 participants (%50 of them) with physical disabilities are currently employed and the as the other 25 persons with disabilities as the other half of the participants are currently unemployed. %64 of participants have no children, %20 have one or two children and %16 have more than three children. These percentages regard 32 participants who have no children, 10 participant who have one or two children and 8 participants who have more than three children. Additionally, %32 of participants have no responsibility to take care of someone rather than their children. 16 number of the participant have responsibility to take care of someone while 24 of them have to. The status of the disability of %22 participants is at %60 and below, %50 of them are at %61-90, and %28 of them at %91 and above. These percentage equals 11 numbers of participant for %61-90, 25 numbers of participants for %28 and 14 participants for %91 and above.

In this case, it is possible to conclude that most of the participants of this research are women without outlining a big difference with numbers of men participants. The persons with physical disabilities who participated to this study are lessly at young adults phases as indicating their age range between 15-30. However, they are mostly adult who are between 31-40 ages and elderly phases of their life as for the ones who are 41 years old and older. Most of the participants have primary school education and left to school since no one encourage them to continue their education. The 16 participants who have high school/secondary school education relative had more support and continued to their education until some point. Nevertheless, since 12 of them have an university/college education, it is possible to say that only %24 of participant had the enough support and conditions for getting a high degree.

On the other hands, we look at the income status of the participants, it is obvious that little and middle-income level of them mostly are at the same level. The resources of these income are not signified; therefore, it is not possible to have conclusion if they have achieved these incomes through their own occupation, or aid from association/government or a support from their families. Lastly, almost half of the participants are married, and the other half is single. This might be either their own choicer or someone else's. Most of the participant have no children while a little part of the participant has one or two. children and a few of them have more than three.

In Table 3, descriptive statistics of the scales of the research has been reported according to their sub-groups

Table 3: Descriptive Statistics of the Scales According to Their Sub-Groups

Scale and Sub-Group	**N**	$\bar{X}$	**SS**	**Skewness**
Lifelong Discrimination Perception	50	3,05	0,38	-0,88
Everyday Discrimination Perception	50	2,64	0,42	-0,53

Table 3- continuation

PERCEIVED DISCRIMINATION	50	2,86	0,33	-0,82
Hopelessness'	50	2,70	0,40	0,34
Negative Self Evaluation[1]	50	2,59	0,38	0,14
Hostility	50	2,09	0,45	0,52
Suicidal Thinking	50	2,14	0,39	0,41
SUICIDE PROBABILITY	50	2,38	0,33	0,89

[1]: Positive statements in "Negative Self Evaluation" sub-group has been reverse coded.

According to the results of Table 3, it has been reported that; the lifelong discrimination perception of participants is (3,05±0,38), everyday discrimination perception of participants is (2,64±0,42) and perceived discrimination is (2,86±0,33) while their points are at the level of "sometimes" (The highest point is 4, the lowest point is 1: 4-1=3; 3/4=0,75; 1,0-1,75: never; 1,76-2,50: rarely; 2,51-3,25: sometimes; 3,26-4,00: always).

According to the results of Table 3 it has been reported that; hopelessness of participants is (2,70±0,40), negative self-evaluation of the them is (2,64±0,42) while their perception points are at level of "sometimes"; hostility (2,09±0,45), suicidal thinking (2,14±0,39) and suicide probability scale (2,38±0,33) points are at the level of "rarely" (Highest point is 4, lowest point is 1: 4-1=3; 3/4=0,75; 1,0-1,75: never; 1,76-2,50: rarely; 2,51-3,25: sometimes; 3,26-4,00: always). This result present that the participants "sometimes" feel discriminated on the everyday basis and they "sometimes" perceive a significant discrimination in their lives. However, they rarely feel tend to commit suicide in a day.

5.2. Findings for Comparison of the Perceived Discrimination Points According to Demographic Features

As shown in table 4, perceived discrimination points have been compared with the genders of the participants according to independent two variables t test.

Table 4: Comparison of the Genders of Participants with Perceived Discrimination Points

Sub Groups	Gender	n	$\bar{X}$	SS	t	P
Lifelong Discrimination Perception	Women	26	3,03	0,41	-0,27	0,787
	Men	24	3,06	0,34		
Everyday Discrimination Perception	Women	26	2,50	0,44	-2,62	**0,012**
	Men	24	2,79	0,33		
PERCEIVED DISCRIMINATION	Women	26	2,79	0,35	-1,60	0,115
	Men	24	2,94	0,30		

It has been determined that; Lifelong Discrimination Perception; sub-groups and perceived discrimination scale point has no significant difference ($p>0,05$).

Everyday discrimination scale has significant difference according to gender ($t=-2,62$; $p<0,05$). This result refers that men participants of the study with physical disabilities have higher everyday discrimination points than women with physical disabilities.

Discrimination against men with disabilities mostly becomes visible at the process of employment. This discrimination also impacts the vages, the opportunities at everyday life and therefore, the life conditions of the men with disabilities (Baldwin, Johnson, 1994). From this point of view, it is possible to conclude that since men with disabilities the mostly perceive themselves as discriminated compared to women participant of the study, the most specific reason of this perception could be the inequality in employment.

In table 5 below; perceived discrimination points have been compared with the age of the participants according to one-way variants analysis (ANOVA).

Table 5: Comparison the Ages of Participants according to Perceived Discrimination Points

Sub-Groups	Age Group	n	$\bar{X}$	SS	F	p
Life Long Discrimination	30 -	12	2,94	0,42	1,48	0,238
	31-40	15	3,18	0,26		
	41 +	23	3,02	0,41		
Everyday Discriminition	30	12	2,71	0,46	0,34	0,711
	31-40	15	2,58	0,43		
	41 +	23	2,64	0,40		
PERCEIVED DISCRIMINATION	30 -	12	2,84	0,40	0,19	0,831
	31-40	15	2,91	0,25		
	41 +	23	2,85	0,34		

These results indicate that there is no significant difference (p>0,05) according to age groups; between perceived discrimination scale and its sub-groups. In other words, there is no relationship between the ages of participant and their perception on discrimination.

In table 6; perceived discrimination points has been compared with the marital status of the participants according to two samples t test.

Table 6: Comparison of Marital Status of Participants according to Perceived Discrimination Points

Sub Group	Marital Status	n	$\bar{X}$	SS	T	p
Lifelong Discrimination Perception	Married	27	3,02	0,39	-0,58	0,565
	Single	23	3,08	0,36		
Everyday Discrimination Perception	Married	27	2,55	0,42	-1,66	0,104
	Single	23	2,74	0,40		
PERCEIVED DISCRIMINATION	Married	27	2,81	0,34	-1,30	0,199
	Single	23	2,93	0,32		

According to the marital status of participants, there is no significant difference (p>0,05) between perceived discrimination scale and its sub-groups. In other words, there is no relationship between marital status of the participants and their perceived discrimination.

There is no reason mentioned for their marital status, therefore it is not possible conclude their perspective on being single and being married in the perspective of discrimination against persons with physical disabilities.

Still, even though there is no direct relationship found between marital status of participants and perceived discrimination, its results have a significant role to shape the participants' life conditions. These conditions include both economic and emotional support for participants, feeling loved and preferred and idea of belonging.

In table 7; perceived discrimination points have been compared with the marital status of the participants according to two samples t test.

Table 7: Comparison of Education Status of Participants According to Perceived Discrimination Points

Sub Groups	Education Status	n	$\bar{X}$	SS	F	p
Lifelong Discrimination Perception	A-Primary	22	3,07	0,35	0,58	0,564
	B-High Sc.	16	2,97	0,49		
	C-University	12	3,11	0,22		
Everyday Discrimination Perception	A-Primary	22	2,55	0,37	2,27	0,114
	B-High S.	16	2,61	0,37		
	C-University	12	2,85	0,51		
PERCEIVED DISCRIMINATION	A- Primary	22	2,83	0,30	1,33	0,275
	B- High S.	16	2,81	0,42		
	C-University	12	3,00	0,22		

According to the education status of participants, there is no significant difference (p>0,05) between perceived discrimination scale and its sub-groups. In other words, there is no relationship between education status of the participants and their perception on discrimination.

In table 8; perceived discrimination points has been compared with the occupational status of the participants according to two samples t test.

Table 8: Comparison of Occupation Status of Participants According to Perceived Discrimination Points

Sub Group	Occupation	n	$\bar{X}$	SS	T	P
Lifelong Discrimination Perception	Yes	25	3,07	0,32	0,44	0,661
	No	25	3,02	0,43		
Everyday Discrimination Perception	Yes	25	2,73	0,39	1,53	0,132
	No	25	2,55	0,43		
PERCEIVED DISCRIMINATION	Yes	25	2,92	0,28	1,14	0,260
	No	25	2,81	0,37		

According to the current occupation status of participants, there is no significant difference (p>0,05) between perceived discrimination scale and its sub-groups. In other words, there is no relationship between occupation status of the participants and perception on discrimination. However, this result does not indicate the fact that occupation status of the participants has no any effect on perceived discrimination. Even though there could not find a direct relation of occupation status of persons with physical disabilities, it is possible to conclude a indirect relation with them. Since occupation is related with the economic status of a persons and his/her family, it also shapes his/her social conditions and life quality. From this point of view if we accept that social conditions and life qualities has a relation with the perception of discrimination it refers an indirect cause-effect circle. Nevertheless, there is no direct relationship has been found within these aspects of this study's participants.

In table 9; perceived discrimination points have been compared with the income status of the participants according to two samples t test.

Table 9: Comparison of Income Status of Participants According to Perceived Discrimination Points

Sub Groups	Income	n	$\bar{X}$	SS	t	p
Lifelong Discrimination Perception	Low	22	2,98	0,41	-1,11	0,274
	Middle	28	3,10	0,34		
Everyday Discrimination Perception	Low	22	2,47	0,39	-2,73	**0,009**
	Middle	28	2,77	0,39		
PERCEIVED DISCRIMINATION	Low	22	2,75	0,33	-2,23	**0,030**
	Middle	28	2,95	0,31		

According to the income status of participants, there is a significant difference (p>0,05) in life long discrimination scale (t=-2,23; p<0,05) according to the points of income status of participants. Participants who have middle incomes refers higher points on perceived discrimination scale, rather than participant who have lower income. In this regard, it is possible to say that participant who have middle income are more open to get exposed discriminative behaviors according to their life conditions.

Since most of the participants who have middle income are working, they face to discriminative behaviors everyday within the workplace, on the way their home via using transportations, health problems and engagement within their social milieu. Similar situations might be seen within the school.

Since middle income participants more tend to continue their education, they face more challenges within the everyday life practice compared to participants who have lower income status. Nevertheless, this result does not indicate that participants who have lower income status do not get exposed to discrimination. It only refers that more social engagement leads more discrimination for the persons with disabilities.

In table 10, perceived discrimination points have been compared with the numbers of children of the participants according to one-way variants (ANOVA) analysis.

Table 10: Comparison of Children Numbers of Participants According to Perceived Discrimination Points

Sub Group	Children	n	$\bar{X}$	SS	F	p	Difference
Lifelong Discrimination Perception	A-None	32	3,01	0,41	0,58	0,563	
	B-1-2	10	3,08	0,37			
	C-3+	8	3,16	0,20			
Everyday Discrimination Perception	A-None	32	2,55	0,45	3,37	**0,043**	**B>A**
	B-1-2	10	2,92	0,25			
	C-3	8	2,65	0,32			
PERCEIVED DISCRIMINATION	A-None	32	2,80	0,37	1,81	0,175	
	B-1-2	10	3,01	0,24			
	C-3+	8	2,93	0,15			

According to the numbers of children of participants, there is not a significant difference (p>0,05) of perception of lifelong discrimination sub-group. In other saying, there is no relationship between the numbers of participants andperception on long life discrimination.

However, points of everyday discrimination perception have a significant difference (F=3,37; p<0,05) with the numbers of children. In order to define the differences between groups, LSD post hoc test has been conducted. According to this test, participants who have 1-2 children have higher discrimination perception points than the ones who do not have any children. In other words, the participants who have children perceives a significant discrimination rather than the ones who do not have children. The understanding of eugenics that has dominated the society throughout the last century, keep disseminating the idea of “unfit to procreate” for persons with disabilities. This clearly means denying the right of parenthood to persons with disabilities. Despite the existence of eugenic understanding, the numbers of persons with disabilities who decide to be parents are increasing every day.

In this case, they usually being referred to child welfare and social services by speculation when there is not an actual harm towards children. At this point, it is important to accept that being a parent is already a challenge and it gets harder for the persons with disabilities through the design of an inaccessible world (What It’s Like to Be a Disabled Parent in an Inaccessible World, 2019).

In this study, according to the numbers of children of the participants, there is not a significant difference of perception of lifelong discrimination sub-group. However, the results of perceived discrimination scale show and approve the fact that the participants who have children perceives a significant discrimination rather than the ones who do not have children.

This result indicates that parents with physical disabilities face more challenges in their everyday life compared to who are not parent. These everyday challenges might occur within each aspect of social life such as education, employment, transportation and engagement with social milieu. They might be exposed to either due to their disability or deciding to be a parent even though they are disabled.

They could be judged for their decisions due to the understanding of "enforcing normalcy". Because, from the point of society, persons with disabilities are not normal so it is impossible for them to behave like a normal parent. Therefore, it also becomes impossible for them to their children according to the rules of normal world. They won't be able to be a proper for their children, in order to teach them how to organize the society through normalcy and how to be a part of it without breaking or spoiling it.

In table 11; perceived discrimination points have been compared with the numbers of people that participants take care of except for their children through the two samples variance t test.

Table 11: Comparison of the Numbers of That Participants Take Care

Sub Groups	Except Children	n	$\bar{X}$	SS	t	p
Lifelong Discrimination Perception	Yes	16	3,10	0,35	0,73	0,469
	No	34	3,02	0,39		
Everyday Discrimination Perception	Yes	16	2,59	0,46	-0,58	0,568
	No	34	2,66	0,40		
PERCEIVED DISCRIMINATION	Yes	16	2,87	0,32	0,13	0,898
	No	34	2,86	0,34		

According to the numbers of people who participants take care of except for their children, there is no significant difference (p>0,05) between perceived discrimination scale and its sub-groups. In other words, there is no relation of perceived discrimination points with the numbers of the people who participant take care of.

In table 12; perceived discrimination points have been compared with the disability status of participants through the two samples varians t test.

Table 12: Comparison of Disability Status of Participants According to Perceived Discrimination Points

Sub Groups	Status of Disability	N	$\bar{X}$	SS	F	P	Difference
Lifelong Discrimination Perception	%0-60	11	3,13	0,25	0,75	0,47	
	%61-90	25	2,98	0,41			
	%91+	14	3,09	0,39			
Everyday Discrimination Perception	%0-60	11	2,73	0,49	0,74	0,48	
	%61-90	25	2,57	0,39			
	%91+	14	2,70	0,41			
PERCEIVED DISCRIMINATION	%0-60	11	2,95	0,21	1,07	0,35	
	%61-90	25	2,80	0,37			
	%91+	14	2,91	0,33			

According to the numbers of disability status, there is no significant difference (p>0,05) with perceived discrimination scale and its sub-groups. United Nation handbook *From Exclusion to Equality: Realizing the Rights of Persons with Disabilities* (2007), reports that the 20% of poorest people in the world are persons with disabilities, 98% of children with disabilities do not have a school education and around a third of the world’s street children have disability without any distinction in the status of their disability.

Therefore, each person with disabilities experience some form of discrimination and it is possible to conclude that disability status does not make a significant difference for perceived discrimination of the persons with disabilities. However, even though it is not clear in this research, it might be an indirect relation of the rate of disability status and perceived discrimination of the persons with disabilities.

5.3. Findings for Comparison Points of the Suicide Probability According to Demographic Features

In table 13; suicide probability scale points has been compared with genders of participants through independent two samples t test.

Table 13: Comparison of Suicide Probability Points According to Genders of Participants

Sub Groups	Gender	n	$\bar{X}$	SS	t	p
Hopelessness	Women	26	2,78	0,38	1,49	0,142
	Men	24	2,61	0,41		
Negative Self Evaluation	Women	26	2,59	0,38	0,01	0,990
	Men	24	2,59	0,39		
Hostility	Women	26	2,21	0,44	2,05	**0,046**
	Men	24	1,96	0,42		
Suicidal Thinking	Women	26	2,19	0,41	0,89	0,379
	Men	24	2,09	0,38		
SUICIDE PROBABILITY	Women	26	2,44	0,33	1,41	0,164
	Men	24	2,31	0,32		

There is not a significant difference (p>0,05) of suicide probability scale and its subgroups hopelessness, negative self-evaluation and suicidal thinking with the genders of participants. However, points of hostility subscale show a significant difference (t=2,05; p<0,05) with the genders of participants. Women participants with physical disabilities have higher hospitality points than men participants.

Death numbers in Europe per year that happened by suicide has reached to 58,000 people. Within this number, males have been found to far too much higher suicide rates when it is compared with the women suicide rate (Freeman et. Al. 2017). Since, in this study; everyday discrimination points refer a higher suicide rate for men

participants of the study with physical disabilities compared to women, it is possible to conclude that the result indicates a part of the whole picture. Within this perspective, it is also possible to see that the perception on discrimination directly affects the tendency of suicide. When the perception of discrimination indicates higher points, suicide probability scale points gets higher as well.

In table 14; comparison of suicide probability points according to age groups of participants through one-way variance analysis (ANOVA).

Table 14: Comparison of Suicide Probability Points According to Age Groups

Sub Groups	Age Groups	n	$\bar{X}$	SS	F	P
Hopelessness	30 -	12	2,70	0,52	0,04	0,958
	31-40	15	2,68	0,32		
	41+	23	2,72	0,40		
Negative Self Evaluation	30 -	12	2,69	0,37	2,31	0,111
	31-40	15	2,42	0,28		
	41+	23	2,65	0,42		
Hostility	30 -	12	2,32	0,60	2,31	0,111
	31-40	15	1,99	0,31		
	41+	23	2,03	0,40		
Suicidal Thinking	30 -	12	2,27	0,56	1,33	0,274
	31-40	15	2,03	0,20		
	41 +	23	2,15	0,38		
SUICIDE PROBABILITY	30 -	12	2,50	0,45	1,52	0,229
	31-40	15	2,28	0,17		
	41 +	23	2,39	0,32		

As shown in table 14; there is no significant difference with suicide probability scale and its sub-groups according to the age of participants. Therefore, it is possible to say that the age notion does not influences suicide tendency of the participants. Since, disability might occur at the any level of a life span, (either congenital or because of diseases/accident) it also might affect a person without making a distinction in age groups.

In this case, it is possible to say that while it affect children from the perspective of education, transportation, discrimination, health condition and social inclusion, it also might affect an aged person within the perspective of economy, education and more serious health conditions. Children face problems within their social milieu as in they just start to engage with new social groups such as classmates, friend and using transportation while that try to adapt their health conditions in a world that is organized for “normal ones”. On the other hand, young adults experience some form discrimination within everyday life as a parent, a worker, a relative, a neighbor, a transportation user. Additionally, while elderly population struggle within these problems they also face to difficulties their bodies new health problems which raises according to their age.

In table 15; comparison of suicide probability points has been calculated accordingto the age groups of participants through one-way variance analysis.

Table 15: Comparison of Suicide Probability Points According to Education Level

Sub Groups	**Education Level**	**n**	$\bar{X}$	**SS**	**F**	**P**	**Difference**
	A-Primary	22	2,84	0,36			
Hopelesness	B-High S.	16	2,61	0,47	2,75	0,074	
	C-University	12	2,56	0,30			
	A- Primary	22	2,66	0,40			
Negative Self Evaluation	B- High S.	16	2,61	0,32	1,29	0,285	
	C-University	12	2,44	0,40			
	A- Primary	22	2,18	0,42			
Hostility	B- High S.	16	2,13	0,51	2,29	0,112	
	C-University	12	1,86	0,34			
	A- Primary	22	2,23	0,43			
Suicidal Thinking	B- High S.	16	2,17	0,39	2,31	0,110	
	C-University	12	1,94	0,26			
	A- Primary	22	2,48	0,34			**A,B>C**
SUICIDE PROBABILITY	B- High S.	16	2,38	0,34	3,28	**0,047**	
	C-University	12	2,20	0,23			

As shown in table 15; hopelessness, negative self-evaluation, hostility and suicidal thinking sub-groups have no significant difference ($p>0,05$) with education status of participants.

On the other hand, suicide probability scale shows a significant difference ($F=3,28$; $p<0,05$) according to education level of participants. According to the result of LSD post hoc test; participants who had a primary school and high school education shows higher suicide probability points rather than the ones who got university education. To put in different way; participants with primary and secondary school education get exposed to high level of discrimination rather than the ones who have higher education.

According to Universal Declaration of Human Rights (1948), everyone has a right to education without any exception. Even though this statement has been internationally accepted, persons with disabilities experiencing some form of difficult and discrimination to claim their right to education. While their access to mainstream education has been reduced, the lack of reasonable adjustments cannot be ignored (UNESCO, 2015).

As shown in the table above, even though there is no direct relation between suicide and discrimination of persons with disabilities, participants with primary and secondary school education get exposed to high level of discrimination compared to ones who have higher education. At this point, it is important to emphasize that a successful education is a key to a successful career. Since a significant number of young persons with disabilities stay behind from their peers at the early stage of their lives, it is inevitable for them to get exposed to discrimination.

In table 16; comparison of suicide probability scale points according to the current occupation of participants through independent two samples t test.

Table 16: Comparison of Suicide Probability Scale Points According To the Current Occupation

Sub Groups	Occupation	n	$\bar{X}$	SS	t	p
Hopelessness	Yes	25	2,60	0,41	-1,77	0,083
	No	25	2,80	0,38		
Negative Self Evaluation	Yes	25	2,44	0,27	-3,07	**0,004**
	No	25	2,75	0,42		
Hostility	Yes	25	1,95	0,40	-2,32	**0,025**
	No	25	2,23	0,45		
Suicidal Thinking	Yes	25	2,02	0,26	-2,35	**0,023**
	No	25	2,27	0,46		
SUICIDE PROBABILITY	Yes	25	2,25	0,23	-3,01	**0,004**
	No	25	2,51	0,36		

Hopelessness sub-group shows no significant difference ($p>0,05$) with current occupation of participants. On the other hand, sub-groups of negative self-evaluation ($t=-3,07$; $p<0,05$), hostility ($t=-2,32$; $p<0,05$), suicidal thinking ($t=-2,35$; $p<0,05$) and suicide probability scale points ($t=-3,01$; $p<0,05$) show a significant difference with the current occupation of participants. The participants who currently are not working indicates higher points in negative self-evaluation, hostility, suicidal thinking and suicide probability scale compared to ones who are employed. This result explains that unemployed participants have more suicide tendency compared to the ones who are currently employed.

Persons with disabilities are keen to be unemployed two and a half times more compared to abled ones. A small group of employed persons with disability can enjoy their occupancy. Only a small number of employers have employees with a disability and most of them avoid making the workplace accessible for them. Additionally, most of the employers are not aware of their right to accessible employment (NDA, 2005). Hopelessness sub-group shows no significant difference with current occupation of participants. On the other hand, the participants who currently are not working indicates higher points in negative self-evaluation, hostility, suicidal thinking and suicide probability scale compared to ones who are employed. This result explains that unemployed participants have more suicide tendency compared to the ones who are currently employed.

In table 17; comparison of suicide probability scale points according to the income status of participants through independent two samples t test.

Table 17: Comparison of Suicide Probability Scale Points According To the Income Status

Sub Groups	Income	n	$\bar{X}$	SS	t	p
Hopelessness	Low	22	2,88	0,37	2,98	**0,005**
	Middle	28	2,56	0,38		
Negative Self Evaluation	Low	22	2,60	0,43	0,12	0,901
	Middle	28	2,59	0,35		
Hostility	Low	22	2,29	0,42	3,10	**0,003**
	Middle	28	1,93	0,40		
Suicidal Thinking	Low	22	2,28	0,38	2,31	**0,026**
	Middle	28	2,03	0,37		
SUICIDE PROBABILITY	Low	22	2,51	0,32	2,68	**0,010**
	Middle	28	2,28	0,30		

Negative self-evaluation shows no significant difference ($p>0,05$) with the income status of participants.

Hopelessness ($t=2,98$; $p<0,05$), hostility ($t=3,10$; $p<0,05$), suicidal thinking ($t=2,31$; $p<0,05$) subgroups and suicide probability scale points ($t=2,68$; $p<0,05$) show a significant difference according to income status of participants. The hopelessness, hostility, suicidal thinking and suicide probability points of the participants who have low income status are higher than the participant who have higher income status.

Besides the employment, income status is another significant point in relation with the suicide of persons with disability. Since their earning capacity is seriously reduced by the obstacles of society, they are at high risk of living in poverty. It is also important to note that, despite these facts they also need to afford the extra costs related with their circumstances (NDA, 2005). According to results of perceived discrimination points, participants who have middle incomes refers higher points rather than participant who have low income status.

This result is directly related with working conditions of the employed minority of the persons with disability. Since they must encounter with the society more within the working places that are not “accessible”, they feel more neglected compared to ones who have low income. Even though negative self-evaluation does not present a relation with the income status, the hopelessness, hostility, suicidal thinking and suicide probability points of the participants who have low income status are higher than the participant who have higher income status.

Also, as shown in the table above; when there are some persons that participants have to take care, the points indicate lower scores. In other words, suicidal thinking decreases when the participants have to take care of someone which might be related with the idea of responsibility to others.

Since, persons with disabilities feel like they no longer have a control on their own life, a responsibility to others give them a power to control. As it has mentioned earlier, suicidal thinking for the persons with disabilities derived by the idea of taking the control of their own life back, responsibility can fulfill the need of power. Additionally, researches claim that persons with disabilities usually lose the meaning of their life which also leads them to commit suicide. Being responsible for them to take care someone, might give them a purpose and a meaning for them to feel more attached to life and avoid the suicidal behaviors.

In Table 18; suicide probability scale points have been compared with the number of children of participants.

Table 18: Comparison of Suicide Probability Scale Points According to the Number of Children

Sub Group	Children	n	$\bar{X}$	SS	F	p
Hopelessness	A-None	32	2,73	0,43	0,85	0,433
	B-1-2	10	2,56	0,36		
	C-3+	8	2,78	0,29		
Negative Self Evaluation	A-None	32	2,56	0,39	0,48	0,619
	B-1-2	10	2,69	0,38		
	C-3+	8	2,63	0,37		
Hostility	A-None	32	2,14	0,49	0,67	0,515
	B-1-2	10	1,97	0,36		
	C-3+	8	2,02	0,35		
Suicidal Thinking	A-None	32	2,18	0,43	0,64	0,531
	B-1-2	10	2,10	0,32		
	C-3+	8	2,02	0,33		
SUICIDE PROBABILITY	A-None	32	2,40	0,36	0,20	0,820
	B-1-2	10	2,33	0,28		
	C-3+	8	2,36	0,24		

Suicide probability scale and its subgroups show no significant difference (p>0,05) with the children number of participants. In other words, suicide probability has no relation with the children number of participants. The significant difference here is for suicide probability of the participants it to have children without making a distinction the numbers of the children they have.

Since, being responsible of someone decreases the effect of suicidal thinking; having children has a significant role on suicide probability of the participants. However, the number of the children does not indicate a difference for suicidal behavior of participants since it does not directly affect the responsibility idea.

In table 19; suicide probability scale has been compared with the numbers of persons that needs to be taken care by participants through the independent two samples t test.

Table 19: Comparison of the Suicide Probability Scale Points According to Numbers of Persons That Needs To Be Taken Care by Participants

Sub Groups	**Except Children**	**N**	$\bar{X}$	**SS**	**t**	**p**
Hopelesness	Yes	16	2,71	0,36	0,14	0,888
	No	34	2,70	0,42		
Negative Self Evaluation	Yes	16	2,43	0,45	-2,14	**0,038**
	No	34	2,67	0,33		
Hostility	Yes	16	1,96	0,35	-1,36	0,179
	No	34	2,15	0,48		
Suicidal Thinking	Yes	16	2,09	0,20	-0,66	0,510
	No	34	2,17	0,46		
SUICIDE PROBABILITY	Yes	16	2,30	0,24	-1,23	0,226
	No	34	2,42	0,36		

As shown in table 19; hopelessness, hostility, suicidal thinking subgroups and suicide probability scale has no significant difference (p>0,05) with numbers of persons that needs to be taken care by participants.

The negative self-evaluation subgroups points show a significant difference (t=--2,14; p<0,05) with the numbers of persons that needs to be taken care by participants. When there are some persons that participants must take care, the points indicate lower scores. In other words, suicidal thinking decreases when the participants must take care of someone. As it has been mentioned earlier, responsibility can fulfill the need for power of the persons with disabilities and it might directly decrease the effect of suicidal thinking.

In table 20; suicide probability points scale has been compared with the disability status of participants.

Table 20: Comparison of Suicide Probability Points According to Disability Status

Sub Groups	**Disability Status**	**n**	$\bar{x}$	**SS**	**F**	**p**
Hopelessness	%0-60	11	2,67	0,38	0,12	0,887
	%61-90	25	2,73	0,45		
	%91+	14	2,67	0,34		
Negative Self Evaluation	%0-60	11	2,47	0,37	1,79	0,179
	%61-90	25	2,69	0,44		
	%91+	14	2,51	0,22		
Hostility	%0-60	11	1,94	0,37	2,42	0,100
	%61-90	25	2,22	0,49		
	%91+	14	1,97	0,36		
Suicidal Thinking	%0-60	11	1,92	0,21	3,08	0,055
	%61-90	25	2,26	0,48		
	%91+	14	2,11	0,21		
SUICIDE PROBABILITY	%0-60	11	2,25	0,24	2,31	0,110
	%61-90	25	2,48	0,41		
	%91+	14	2,31	0,14		

Suicide probability points does not indicate a significant difference according to the disability status of participants. Even though suicide and disability have a relation, the level of disability status does not indicate a direct relation. In other words, disability status (the level of the disability) does not have a direct effect on suicide tendency for the participants of research.

5.4. Findings on Relation of Perceived Discrimination and Suicide Probability

In table 21, the relation of perceived discrimination and suicide probability has been conducted according to Pearson correlation analysis.

Table 21: Relation of Perceived Discrimination and Suicide Probability

Scale and Sub Group	2	3	4	5	6	7	8
1-Lifelong Discrimination	0,37**	0,82**	0,40**	0,14	0,48**	0,47**	0,44**
2-Everyday Discrimination	1	0,83**	0,49**	0,13	0,41**	0,44**	0,45**
3-PERCEIVED DISCRIMINATION		1	0,53**	0,17	0,54**	0,54**	0,54**
4-Hopelesness			1	0,31*	0,52**	0,59**	0,75**
5-Negative Self Evaluation				1	0,47**	0,57**	0,72**
6-Hostility					1	0,72**	0,85**
7-Suicidal Thinking						1	0,88**
8-SUICIDAL PROBABILITY							1

It has been concluded that, there is a positive relation and significant difference between everyday discrimination points and hopelessness (r=0,49; p<0,05), hostility (r=0,41; p<0,05), suicidal thinking (r=0,44; p<0,05), suicide probability (r=0,45; p<0,05). In other saying, the participant who refer high level of everyday discrimination points, also refer high level points of hopelessness, hostility, negative self-evaluation, suicidal thinking and suicide probability.

It has been concluded that, there is a positive relation and significant difference between perceived discrimination points and hopelessness (r=0,53; p<0,05), hostility (r=0,54; p<0,05), suicidal thinking (r=0,54; p<0,05), suicide probability (r=0,54; p<0,05). To put another way, hopelessness, hostility and suicide probability has a positive relationship with perceived discrimination of participants.

In table 22; the effect of perceived discrimination scale on suicide probability of the participants with physical disabilities has been analyzed through multiple regression.

Table 22: Multiple Regression Analysis for the Effect of Perceived Discrimination Scale on Suicide Probability

Independent Variebles	**B**	**SH_B**	**β**	**t**	**p**
Stable	1,095	0,065		16,808	**0,000**
Lifelong Discrimination	0,240	0,100	0,319	2,400	**0,020**
Everyday Discrimination	0,045	0,018	0,327	2,460	**0,018**
R=0,534 R^2=0,285 ΔR^2=0,255					
$F_{(2;47)}$=9,383 p=0,000					

The model that shows the relation of perceived discrimination and suicide probability ($F_{(2;47)}$=9,38; p<0,05) explains %26 of the change of perceived discrimination subgroups in suicide probability (ΔR^2=0,255).
According to the results of t test for regression coefficients and meaningfulness of coefficients; lifelong discrimination perception (β=0,32; t=2,40; p<0,05) and everyday discrimination perception scale (β=0,33; t=2,46; p<0,05) has a positive and significant difference on suicide probability scale. In other words, the high level of discrimination perception of the persons with disabilities increases the suicide probability of them.

5.5. Discussion

The target group of this study has been exposed to different variations of discrimination throughout the history. Therefore, they have not benefitted the same rights and services with the persons with "able bodied" as an outcome of social exclusion. Studies have found that, adults those with physical disabilities are more prone to suicide than those without. In this perspective, while studying on the aspect of suicide within the disabilities, it has been decided that focusing on the aspect of "discrimination" and its relation wth suicide tendency becomes a requirement (Nagraj, Omar, 2015).

At this point, it is important to emphasize that, the notion of discrimination includes various of factors such as education, employment, health conditions and social environments. Social environment that shapes the conditions for discrimination against persons with disabilities also divided into such groups starting from family members, relatives expands to neighbors, classmates until it reaches to institutions and social norms of the society. All these aspects engaged with each other and they cannot be consider separated from each other. When someone or some group or an institute behaves through the separation understanding, it directly causes a discrimination which leads discriminated people to suicide. The biggest problem here is enforcing normalcy into society by avoiding the fact that there is no such thing as normal. Normal is the construction of the accepted behaviors of majorities that avoids the existence of minorities. At this point, it becomes important to understand what normalcy is. Horwitz (2008) claims that, there are there approach to normalcy which are statistical, cultural/normative and evolutionary point of views.

In this regard, statistical perspective of normalcy constitutes an average and therefore deviant behavior. This constriction gives normative values a meaning according to different conditions such as autonomy vs. conformity in a miliarial sphere. He also explains normalcy occurs in the processes of evaluation as an outcome or natural selection.

Warner (1999), on the other hand, focuses on the aspect of normalcy as a search of societies to find the norms, to be normal, and defining the deviant behaviors as the opposite of ideal. His writing and views imply that he believes that all points are good or to embrace our differences and not relate them to the masses. He claims that, human being aims to be accepted through the evolutionary approach by achieving "the goal". The goal is to be healthy, to be strong and to be beautiful for being able to eliminate the week one and keep surviving. According to him, the idea of a biological norm is, actually, some form an expression of social norms.

Therefore, solution relies on the removal of the binary opposition within the society. The first step would be accepting the fact that persons with disabilities are not required to adapt themselves into "normal" world that gives priority to healthy and powerful ones. The world should organize itself according to all the possible conditions in the society it needs keep updated constantly. In this light, families should avoid hiding the person with disability in houses, encourage them to go out and discover their own potential while whole layers of society are supporting them via its resources of health, security, transportation, insurance and education.

At this point, social work plays an important role to manage these factors. Since social work is an applied science, its method includes both theory and practice which is the most significant key for this problem. While its theory would be focusing on the social sciences approach of problems, its practices would be dealing with the action for solutions. The actions for the solutions is to provide necessary knowledge on disability and discrimination for whole society, improving the available resources via working with governments, providing the knowledge for the persons with disabilities for improved available sources and how to keep them updated.

According to the studies of Russell, Turner and Joiner (2009), persons with physical disabilities tend to suicide with a high risk. On the other hand the research of Giannini, Bergmark, Kreshover (2010) states that the greatest suicide risk with physical disability related with the following diseases; multiple sclerosis and spinal cord injury. Chan, Liu, Chau and Chang (2011), revealed the strong positive relation between suicidal behavior and disability among Taiwanese adults who experience some form of difficulties in everyday activities. According to conclusion of Meltzer, Brugha, Dennis and others (2012), persons with disabilities tend to commit suicide four times more rather than the abled/normal ones. In this regard, the purpose of this research is to discover the effect of discrimination on suicide tendency of persons with physical disabilities in Turkey through the perspective of social sciences.

The study has been conducted as five chapters. In the first chapter, the definition of disability and suicide has been provided briefly as an introduction. Aims and objectives of the study, significance and questions of the research has been defined. In the second chapter, the literature with the related subject has been reviewed.

In this review, a historical background of disability has given for following periods. Ancient times has been indicated as an approach where persons with disabilities defined as a punishment which comes from God. During medieval times, disabilities described as a part of demonology where they are killed by the power of high authorities. In Renaissance ages, even though it has been proved that the treatments for persons with disabilities was a combination of violence and execution, it’s been also revealed that there was an increase for biological approach. During the 19th century, medical model takes the lead and shapes the attitudes of society some treatment models and education plans. In 21st century, eugenic ideology became the leading approach for disability through barbaric behaviors. Therefore; Social Model for persons with disabilities started to get spread. In the last section of historical background, the structure of today’s approach towards disability has been evaluated.

In the second section of this chapter of study, the models which explain the behaviors towards persons with disability that has been occurred throughout the history from different points of views, has been emphasized. According to the moral/religious model, disability is a result of the punishment that comes from an absolute power. Medical understanding refers disability as an incident that should be repairedwhereas

the rehabilitation model claims that disability needs rehabilitation for fixing the damage of the impairment. On the other hand, social model is a resistance against medical model to claims that disability is a result of the mindset of society

In the third section of second chapter, construction of disability has been explained through the understanding of enforcing normalcy based on the perspective of Lennard Davis (1997). This perspective refers that, “enforcing normalcy” into each aspect of social life, shapes society and its members behaviors towards “the normal and abnormal ones”. It’s been emphasized that, this construction has been conducted through the concepts of body idealization, language, culture and art via practices in everyday life.

Body idealization is the construction that mentions the perception of the behaviors about the size and shape of body. Since this constitution is the exact composition of the way we gaze the body size, shape, weight, physical features, strength and movement. In this regard, the attributes towards our bodies affect our action in return. As consequence, body dissatisfaction becomes inevitable for human being to criticize their bodies and conclude that their bodies are behind the “ideal version”, no matter the objective being of it. Put it differently, it is not only the social imposition but also ours; both of these aspects are related with each other.

This approach towards body, leads people to behave in unhealthy way, in the case of a deviance with the body. Sometimes this deviance is to be deaf, sometimes it is to be fat, extremely thin, dwarf or a wheelchair user. These deviances with both might lead eating disorders, chronic dieting, depression and suicide (Mills et al, 2007). Therefore, dissatisfaction of body is important not just for medical but also, social studies.

On the other hand, language is a notion which changes constantly throughout the history. Since it is accepted a tool of power and politics in most the scientist approach, it becomes a binary opposition within the disability studies as well. The langue on disability, mostly dominates the persons with disability as freaks, weirdos and dumbs. It is possible to experience that, an abled one usually refers an unsuccessful attempt of someone as either “idiotic, imbecilic, crippled or retarded”. In return, people laugh at it, and it expected for them to take it as a joke. Therefore, looking from this perspective drives a schema for the language perspective on disability and its relationship with normalcy. Being derived out from normal aspect might make one to be an object of the jokes which results with depression and discrimination, and finally suicide.

Additionally, since culture is a way of living it possible to say that it is consumption of the perception of individuals, groups and societies. It also shapes the behaviors of them through the structured way of living without considering to be inclusive for abnormal ones. Within this perspective, art becomes one of the most common usage for the dissemination of the structured way of living via mostly mess media. Television, movies, internet, online series and social media help to dissemination of these popular media sources into societies and make them reach to everyone in the world. Therefore, the image of a week character with physical or mental disability in a television series seems acceptable in society and it becomes “normal” in the mindsets. When one thinks seeing a person with disability week and approach him or her towards through this mindset make them swear at them, dominate them, using them an object of jokes, therefore discriminating them intentionally or unintentionally. Again, looking this notion from the perspective of relation between suicide and discrimination; it is not possible to avoid this link as a result.

In the fourth section of second chapter, discrimination towards disability has been evaluated. First, the concept of discrimination has been defined. Then its relations with disability has been provided within the practices of it in education, employment and social milieu**.**

In the fifth section of second chapter, suicide has been explained through itsconcepts. First, the historical background of it has been provided. Then, it classifications has given from the perspective of Durkheim and Beachler. Following that, psychological perspective of suicide has been evaluated through psychodynamic theory where psychoanalysis emphasized, escape theory where it has been explained as an escape, hopelessness theory where it has been explained as losing the meaning of life, and Shneidman theory where it’s been explained as a rational system.

In the end of this chapter, the relation of between suicide and disability has been analyzed. Through this analysis, this relation has been indicated as a health problem that might cause suicide directly or indirectly with correlation with depression. In this regard, since persons with physical disabilities get exposed more discriminative attitudes and stigmatization; the risk of suicidal behavior of them gets higher.

In the third chapter, the theoretical framework this study has been defined. 50 different people who have physical disability have been identified as participants.

Through this research; as it has been indicated in research methodology section, "Demographic Information Forms" have been applied to specify the personal feature of the participants, "Perceived Discrimination Scale" has been applied to discover the discrimination perception of the participant and "Suicide Probability Scale" has been applied to evaluate the suicide tendency of the participants. The sample of the study has been chosen via snowballing sampling method. It's been assumed that the result of the both scales will be correlated as if the results of PDS is high, the results of SPS would be equivalently high.

In the fourth chapter, the results of the analysis have been provided. According to this study, it has been concluded that the %52 of participants are women while %48 of them are men. The ages of participants with physical disabilities are recorded as; %24 at age of 30 and below, %46 at age of 31-40, %46 are at the age of 41 and above. %54 of participants are married and the %46 are single. The education level of %44 participants is at primary school level, %32 is high school level and %24 is university level. %50 of participants are currently unemployed while %50 of them are employed for various of different occupations. %44 of the participants indicates a low level of income while %56 of them have middle income.

Most of the participants (%64) have no children, %20 of them have one or two children and %16 of them have more than three children. %32 of participants have no responsibility to take care of someone rather than their children. The status of the disability of %22 participant is at %60 and below, %50 of them are between %61-90, and %28 of them at %91 and above. In this case, it is possible to conclude that most of the participants of the research are women.

The persons with physical disabilities who participated to this study are lessly at young adults' phases and mostly adult and elderly phases of their life. Most of the students have primary school education, then secondary school education and then university/college education. Participants have little and middle income mostly at the same level. Almost half of the participants are married, and the other half is single. Most of the participants have no children while a little part of the participants have 1-2 children. According to the results of Perceived Discrimination Scale, it has been concluded that the level of discrimination perception of participants is at the level of "sometimes" through the lifelong discrimination, everyday discrimination and perceived discrimination subgroups.

6. CONCLUSION

In the fifth chapter of study, the conclusion of the study will be provided according to the results of the analysis which has been evaluated above. The conclusion will be depending on the results of the inventory (Perceived Discrimination Scale and Suicide Probability Scale) of the study.

According to the results of Suicide Probability Scale, it has been concluded that the level of suicide probability of participant is at the level of "sometimes" through the hopelessness, negative self-evaluation, hostility and suicidal thinking subgroups. When we take a closer look to the statistics of descriptive analysis for subgroups of "Suicide Probability Scale"; hopelessness and negative self-evaluation subgroups indicates an average level for suicide, hostility and suicidal thinking subgroups indicates a result under the average with a little difference. In this regard, it has been concluded that the participants have a tendency for self-devaluation, negative self-evaluation and hopelessness. According to the escape theory, this result refers to suicide tendency and depression which has been conducted through the percepting the self as inadequate and low level of self-respect.

According to the handbook of scale (1990), it has been identified how to interpret the results of the suicide probability: (0-24) range accepted as normal and refers to a suicide probability that is not at the clinical level. (24- 40) range accepted as low and refers to a depression that probably might going to conclude with a suicide. At this point, it is a requirement to arrange a clinical interview for the appropriate intervention. (50–74) range accepted as middle level risk for suicide; therefore, one must be observed by the health care professionals and his/her environment. (75–100) range accepted as a high risk for suicide. In this case, one must go to hospital urgently and should be followed by health care professionals. In this study, the suicide probability points has been calculated as 85,68 (2,38x36) which refers a high risk for suicide tendency. This scale which has been used in this study translated into

Turkish by Mehmet Eskin (2009) for the first time. According to reliability study of Eskin (1993) which has been done with university students, this scale indicates test-retest reliability parameter as .95 and internal consistency as .89.

In this regard, this research focuses on the investigation of the problems the participations have encountered through their observations and experiences. Within the perspective of the participants, it has been concluded that, the socialization level of persons with disabilities, their description through concepts on suicide and discrimination has not been researched enough from the point of social sciences and has been left to analysis of positive sciences. However, since "the social order of the society" affects each of the member of that group, it is an issue that needs to be investigated within the angle of social work. In this case, the life quality of the disadvantaged persons, who are disadvantaged by the order of society, would be analyzed and understood through their definitions, problems, perceptions and how they are perceived. Since perception is one of the most important items that shapes the mindset of society, it is the most important notion in this study to conquer this analysis within the perspective of social sciences.

The prior purpose of this study is to evaluate the effect of discrimination on suicide tendency of the persons with physical disabilities. Persons with disabilities have been excluded from the society throughout history. Sometimes they referred as the punishment of God, as which that needs to be vanished or a defect that is waiting to be fixed. Since they seen as an object which is totally excluded from society, they were only belong to medical sciences. That approach kept going until the rise of social method on disability subject. However, this object was avoiding the medical approach for the treatment of the specific diseases. Therefore, a multidisciplinary approach for "disability studies" is a requirement. At this point, the second purpose of this study to lead further studies to focus disability as a social work subject from a multidisciplinary approach which investigate the related subject within micro, mezzo and macro fields.

From the micro perspective, persons with disabilities experience some form of difficulty for applying the everyday activities. Therefore, it gets more difficult for them to take a shower, using the toilet, shopping, getting on a bus or crossing the street. In this regard, they mostly are not "able" to leave their room which makes them feel isolated and depressed.

From the mezzo perspective, individuals with disabilities experiences some form of discriminations and social exclusions in their close social groups (such as family, neighbors, classmates and co-workers) as well. These experiences may occur as not be included conversations, a pity look, not to be equal with the "able-bodied" candidates for job opportunities, not being invited to school trips. The process of discrimination gets bigger when the picture widens as macro level; at this level, it is possible to see that persons with disabilities do not have the right to city, right to education, right to socialization and therefore, right to life.

In order to achieve a micro, mezzo and macro analysis in this study, it has been asked from the participants that to evaluate their discrimination perception on both everyday life and long-life levels. While doing that, the effect of their perception on discrimination for suicide tendency has been evaluated. According to these evaluations, there is not a significant difference of suicide probability scale and its subgroups hopelessness, negative self-evaluation and suicidal thinking with the genders of participants.

However, points of hostility subscale show a significant difference with the genders of participants. Hostility is a behavior of anger which is affected by physiological and cognitive factors. According to the previous researches, it is possible to see that persons with disabilities indicate higher rates of anger control problems. These hostile behaviors might be seen towards accessibility problems, rates of unemployment, social exclusion and problems with well-being. (Koçer et al, 2011).

In this study, since hostility accepted as a behavior of expressing the anger; it is possible to see that participants present the relation of disability and hostility. The results also show that women participants with physical disabilities have higher hostility points compared to men participants.

According to these evaluations, it has been concluded that, there is a positive relation and significant difference between lifelong and everyday discrimination and suicide tendency. It has been also concluded that, there is a positive relation and significant difference between perceived discrimination points and suicide tendency. In other words, the high level of discrimination perception of the persons with disabilities increases the suicide probability of them.

The person who consider to kill herself/himself whether he/she is a person with disability or not, believes that suicide is the only solution for their problems. According to this mindset, the only way to end both physical and emotional pain is to destruct the self. At this point, it is important to realize that there is always another way.

In this regard, the person who struggles with suicidal ideation shouldn't be leaved alone, because it is possible to fight against this mindset. Suicidal mindset desires to end the pains which cannot be coped by the person who struggles with it. This destructive power that is pointed to self by the one is a way of escape. In that sense, it is possible to conclude that the one decides to jump into danger who thinks it is impossible to end the pain and avoid the danger. However, suicidal thinking is usually is a temporary situation. The problems can be stopped by the proper intervention of professionals (professional health care, social workers, phycologist etc.). It is important to notice that, ending the life is not the same thing with ending the pain.

Therefore, it is important to address the behaviors which rises the risk for suicide, in this vulnerable and often neglected population. Since, this research suggests an increased risk of suicide for the persons with disabilities, its purpose to provide solutions. At this point, it has been concluded that the need for innovative diagnostic and prevention strategies needs to be researched (Nagraj, Omar, 2015).

However, while "mercy" and "pity" plays an important role in the societies, it seems impossible to achieve a successful change for the issues which have been mentioned above. The right to life and right to city of the persons with disabilities, is taking over by the control of the power relations in the society. At this point, I would like to add my social observation which has been held in Istanbul, to see how individuals and organizations in the city act towards disabled people through the control of power relations. For my study, actions and notions are the core features because I believe that both of them are opposing facts which affects each other. So that, I believe it is important to observe the everyday practices of individuals in society of Istanbul, as a part of the conclusion of the study. Therefore, it will be possible to understand what kind of a mindset shapes the actions and organizations towards disabled people.

At this point, I also would like to discuss the earlier practices of Istanbul citizens towards disabled people too, because I think, mindsets of today shaped through the experiences of past. In this neutral observation study of mine, besides sharing the each

practice of citizens, I will add some photos to have visual evidences about the case. These photos will help me to support my statement about how enforcing a normalcy shapes our everyday practices. My basic argument will depend on creating an “us and them” dichotomy, is the main reason of discriminative attitudes. These discriminative approaches also causes abuses, neglect, alienation, isolation and even wrongful death claims. Here, I think it is also important that analyzing statistics about past accidents because of abusive and negligent behaviors towards disabled people. These cases happened through the everyday practices of the citizens shaped by experiences of enforcing the normalcy. Therefore, as a conclusion, I will try to offer a solution for these problems that I mentioned above from the social work point of view.

According to this observation, it has been realized that the persons with disabilities experiences some form challenges in the everyday life due to organization of city. They are not “able” to use the pedestrian ways, elevators, public transportations just like the “able ones” in the city. Therefore, it is possible to say that persons with physical disabilities not only discriminated by the behaviors in their social environment but also in their own city/country for the point of view by life conditions. The life conditions in the social environment for the persons with disabilities are linked to each aspect of social life. A person who does not feel safe to go out alone will either be dependent on someone else’s assistance or will take the risk to get wounded or die on the way to go to school, hospital and work. If she or he is not “able” to find an assistant or to gut to take the risk, then she/he must stay at the house excluded.
For example, the yellow that have been designed to be a guide for blind persons to find their way, is usually blocked by some obstacles. These obstacles are sometimes bikes, sometimes cars, a trash bin or even a three. Therefore, the blind persons who follow these yellow lines through their walking stick, they tend lose their way or crash with these obstacles and get wounded.

The transportation is another problem in Istanbul. Nowadays, 12 million 939 thousand people are using public transportation for the metro, metrobus and buses. Even though there are so many different options on public transportations for the citizens of Istanbul, the situation is not the same for the persons with physical disabilities. The problem mostly occurs in the bus/metrobus stops. Since Istanbul is one of the most crowded cities in the world, the usage of public transportations is equally complicated. The waiting stops for public transportations are located to more isolated spots in the city, and it is possible to arrive these stops via using stairs or elevators.

However, in most of the stops, the persons with disabilities haven't been included the construction plans. Even when the numbers of public transportations are increasing, it becomes more difficult for person with disabilities to adapt themselves in the system. The stairs are high, the elevators usually become dysfunctional from overuse and wheelchair ramps are highly upright. In this regard, the persons with disabilities usually need "help" from someone to carry them upstairs/downstairs, wait someone to let them use the elevator or support them through the pass the wheelchair ramp.

For example, even a person with a disability is "able" to get on the overpass; it might be impossible for him/her to get off the overpass and reach the public transportation. Because, they are not included to city planning; and therefore, either there is no way in or her out to overpasses or the elevators are not working which should have been in the constant service for public use. It is an obvious result of unplanned city construction which excludes the "abnormal" ones. Therefore, she or he must wait for someone's mercy to perform his/her everyday activity.

The similar situation also occurs with the entrance of buildings. Even though there is a rule for each building to have a wheelchair ramp, it does not seem like a priority for the instruction plans. When there is someone with a disability, who lives in the apartment; it becomes a requirement to have a ramp in the building. However, the ramps which has been built for the use of wheelchairs are very upright and very narrow. Therefore, it is impossible for persons with disabilities to use them.

It also important to put an emphasis on that, the death number of persons with disabilities by lack of organization the city cannot be ignored. Since, it becomes a struggle to move on the pavement and across the street from the, persons with disabilities must use road as a pavement. As a conclusion, when it is too late for a car to notice them on the road, the accidents become inevitable.

Another example could be given for the pedestrian ways and pavements in Istanbul. When we observe the structures of the pedestrian ways; even the passages from pavements to pedestrian ways is not constructed according to the use of persons with disabilities. A blind person might not be aware of the step and wheelchair users might not be “able” to cross through the steps.

There is a fact that visibility of disability studies is not clear as much as studies about race, class or gender issues. On the one hand, the discriminative behavior towards disabled people comes from a marginality understanding approach. On the other hand, this abstainer mindset of individuals leads a marginalization approach towards disability studies. Ten years ago, only focus of the disability studies was finding definitions for central issues of disability. After this stage achieved the first wave of disability studies moved to the second wave section, which tries to find the “truths of the field”. This field is a blurred area that is waiting for to be discovered which has contradictions and differences. While there is a desire to establish a wide approach of disabled studies, we cannot ignore the fact that there are some questions waiting to be answered.

Discussion about this issue mainly gathers around the identity formation, the differences between impairments, the relation of theory to praxis, and the role of the intellectuals and activists. One of the biggest questions is who will hold the right to claim represent and will be the leader of disability studies and movement. The answer of this is to include everyone for the provide solution to problems which has been mentioned above from the multidisciplinary approach; both the experts of theory and praxis.

The findings lend support for the necessity of interventions that could be tailored to the specific needs of adolescents with specific disabilities. Such interventions may include early identification of risk factors in these persons with disabilities. Studies on prevention and intervention should be developed in such a way to appeal precisely to

these adolescents and be based on their developmental needs. Interventions are also needed to assess for and address suicidal ideation in pediatric settings. Such interventions would require that pediatric health care providers be trained in the use of evidence based suicidal ideas identification approaches for adolescents with special needs (Nagraj, Omar, 2015).

Therefore, the big part of the responsibility relies on the politicians and the way they direct the members of the societies. When a politician "helps" a person with disability, he/she should avoid making this a big news to prove how good and kind he/she is. He/she shouldn't be making applauded himself/herself for regulations that he/she is making. He or she should avoid using the following words "they need help", "mercy", "pity", "sister and brothers". They should avoid making them commercials and an object of companies. Instead, they should renew the policies, and audit the practices of the policies in each system of society. Even though the intention here is to provide an inclusion, it makes no change within the mindset of the society; since it still depends on the fact of power.

The powerful therefore the able ones, control the society and organize through their needs. However, in order to survive, disabled ones must adapt themselves within this system. The ones who survive somehow accept the low level of life quality, by "not being able" go the places they would like to see, getting decent education, having the carrier they imagine, getting married and having children without getting criticized and othered. On the other hand, the ones who couldn't find the chance for surviving has been derived to die by society either by an "accident" or "commit to suicide" if they have been beaten up, abused and consequently killed.

Therefore, the key point of the solution is to accept that, none of these works and studies are for help. The definition of the concept of "help" is occurs in the case of the situations where one is strong and the other one is week. It is phrasing the behavior of help by dominating the one who have no other choice rather than accepting the help. Therefore, behaviors such as giving some money to persons with disabilities by the condition of getting photo together and sharing it through media cannot be consider as help. It would be another way of abusing the person by using his/her condition as a way of campaign. The only purpose here, should be to stop the binary oppositions in the society and give people back their right to city and most importantly, right to life.

6.1. Suggestions

In order to achieve a successful regulation for the prevention of suicide of the persons with physical disabilities, it is a requirement to determine the problems. Once the problems of persons with disabilities are determined by the professionals, it would be easier to provide "to the point" solutions for the specific matters. Practices for both determining the problems and providing the solutions, the most important key for the success is to involve whole actor who are responsible of this matter. Therefore, not only the person with the disability but also his/her family members and social environment should be a part of this process.

However, to be able to achieve a successful regulation to overcome the structured normalcy system of the society, there should be radical change with the system. This change should be based on a reconstruction in the mindset of societies. Through this reconstruction, the practices on both political and social spheres in everyday life would be more visible and effective. Through a multi-disciplinary approach, the solutions might include an understanding of "social services" which revers the cooperation of the related departments via social workers. The actor of this cooperation could be the whole institutions of societies such as schools, hospitals, municipalities and non-governmental organizations that work on the specific prevention and intervention plans for the wellbeing of the disadvantaged people that also includes persons with disabilities. Therefore, it is a necessity for this actor to be in collaboration with social workers, psychologist, teachers, families, doctors and policy makers. Policy makers of "Practices towards Disability" should be formed of also social workers, doctors, lawyers and psychologists. Enforcements on the policies should be structured and intimidating. The practices towards disability should be auditing regularly by the responsible departments. The auditing should be more realistic and fuller of discipline. Enforcements and penalties should be for everyone and each institution. However, it is important to note that, these suggestions are not the exact the exact solutions that will end suicide attempts directly. It is accepted that, when there is a change within the system that works through enforcing normalcy, the suicidal behaviors of persons with physical disabilities that occurs in relation with anomie will be decreased. Of course, in order to achieve this decrease, it is important to make these solutions permanent.

6.1.1. Suggestions for Further Studies

Suicide studies and disability studies should be considered as a social sciences subject. Disability studies should be included in the course program of the social sciences departments and the related studies should be increased. In order to discover the different point of views towards this subject, different inventory materials can be used for a future work. It could be efficient to use a qualitative method, to get a deep understanding of the subject. While doing that, it is important to give more attention for suicide prevention and provide the dissemination of Suicide Prevention Trainings. There should be more attention to disability as a reason for suicide and therefore, there should be more focus for suicide prevention of persons with disabilities.

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APENDIX

Appendix 1: Demographic Information Form

Demografik Bilgi Formu

Yaş :

Cinsiyet : Kadın Erkek

Eğitim durumu: İlkokul Ortaokul Lise Üniversite Yüksek lisans/Doktora

Çalışıyor musunuz? Evet Hayır

Meslek:

Gelir Düzeyi: Düşük Orta Yüksek

Medeni durum: Evli Bekar Boşanmış Dul

Çocuğunuz var mı? Evet Hayır

Evet ise kaç tane?

Çocuklarınız dışında evde bakmakla yükümlü olduğunuz başka biri var mı?

Engel Durumunuz:

Engellilik Oranınız:

Appandix 2: Perceived Discrimination Scale
Algılanan Ayrımcılık Ölçeği

Sorular	Asla	Nadiren	Bazen	Sık
1. Eğitim hayatımda yeterli desteği almadım.				
2. Burs başvurum kabul edilmedi.				
3. İş başvurum reddedildi.				
4. Mesleğimde terfi almadım.				
5. Mesleğimden kovuldum.				
6. Yerleşmek istediğim eve kabul edilmedim.				
7. Yaşadığım yerde gördüğüm muamele sebebi ile taşınmak zorunda kaldım.				
8. Devlet Memuru tarafından rahatsız edildim.				
9. Banka kredi başvurum reddedildi.				
10. Evde bakım hizmeti alamamaktayım.				
11. Teknik / Temizlik servis taleplerim, ilgili elemanlar tarafınca reddedildi.				
12. Diğer insanlara nazaran daha az nezaket görüyorum.				
13. Diğer insanlara nazaran daha az saygı görüyorum.				
14. Mağaza / Lokanta gibi mekanlarda, diğer insanlara nazaran daha az ilgi görürüm.				

15. İnsanlar akıllı olmadığımı düşünür.				
16. İnsanlar benden korkar.				
17. İnsanlar benim iki yüzlü olduğumu düşünür.				
18. İnsanlar bana, onlar kadar iyi olmadığımı hissettirir.				
19. İnsanlar bana lakap takar, hakaret eder.				
20. İnsanlar tarafından taciz ve tehdit edilirim.				

Appendix 3: Suicide Probabality Scale

İntihar Olasılığı Ölçeği

Aşağıdaki her cümleyi dikkatle okuduktan sonra, her ifadenin yanındaki kutulardan size uygun olan birinin içine (x) işareti koyunuz. Lütfen sadece bir seçeneği işaretleyiniz ve bütün soruları cevaplayınız.

	Sorular	Asla	Nadiren	Bazen	Sık sık
1.	Tepem atınca bir şeyler fırlatırım				
2.	Benimle candan ilgili pek çok kişi olduğuna inanırım				
3.	Düşüncesizce hareket etmeye eğilimli olduğumu sanırım				
4.	Başkalarına anlatılmayacak kadar kötü şeyler düşünürüm				

5.	Çok fazla sorumluluğumun olduğunu düşünürüm				
6.	Yapabileceğim faydalı pek çok şey olduğuna inanırım				
7.	Başkalarını cezalandırmak için intiharı düşünürüm				
8.	Başkalarına karşı düşmanca duygular duyarım				
9.	Kendimi insanlardan soyutlanmış hissederim				
10.	İnsanların bana olduğum gibi değer verdiklerini hissederim				
11.	Ölürsem pek çok kişinin üzüleceğine inanırım				
12.	Kendimi dayanılmayacak kadar yalnız hissederim				
13.	İnsanların bana karşı düşmanca duygular içinde olduğunu hissederim				
14.	Yeni baştan başlayabilsem, hayatımda pek çok değişiklikler yaparım				
15.	Pek çok şeyi iyi yapmadığımı sanırım				
16.	Sevdiğim bir işi bulmakta ve sürdürmekte güçlük				

	çekerim				
17.	Ölürsem hiç kimsenin beni özleyeceğini sanmam				
18.	İşlerim yolunda gidiyora benzemekte				
19.	İnsanların benden çok şey beklediklerini hissederim				
20.	Yaptığım,düşündüğüm şeyler için cezalandırılmam gerektiğini düşünürüm				
21.	Dünyanın yaşamaya değer bir yer olmadığını düşünürüm				
22.	Geleceğim hakkında çok dikkatli bir şekilde plan yaparım				
23.	Güvenebileceğim pek fazla arkadaşım olmadığını hissederim				
24.	Ölsem insanların daha iyi olacağını hissederim				
25.	Böyle yaşamaktansa ölmenin daha az acı verici olduğunu düşünürüm				
26.	Kendimi anneme yakın hissederim/hissederdim				
27.	Kendimi arkadaşlarıma yakın hissederim				
28.	Bir şeylerin iyi olacağı konusunda umutsuzum				

29.	İnsanların beni ve yaptıklarımı onaylamadıklarını hissederim				
30.	Kendimi nasıl öldüreceğimi düşünürüm				
31.	Para konusu beni endişelendirir				
32.	İntihar etmeyi düşünürüm				
33.	Kendimi yorgun ve kayıtsız hissederim				
34.	Kızınca bir şeyler kırarım				
35.	Kendimi babama yakın hissederim/hissederdim				
36.	Nerede olursam olayım mutlu olamayacağımı sanırım				

RESUME

GİZEM NALÇAKAR

Gizem Nalçakar was born in Istanbul, Turkey in 2nd of July, 1995. She had her primary education in Nezahat Ahmet Keloşoğlu Primary School and high school education in Çamlıca Kız Anadolu High School. She studied social work for bachelor degree in İstanbul Sabahattin Zaim University in 2017 and started to Master Degree Education at the Humanities and Social Sciences Department of Yıldız Technical University. She currently works in Altınbaş University in Health, Culture and Sports Department as a social worker.