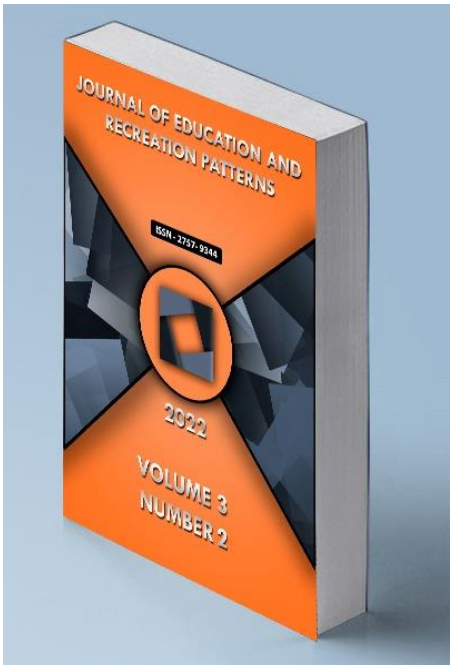

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Investigation of Subjective Well-Being Levels of Disabled Individuals Doing and Not Doing Sport

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ABSTRACT
This study offers a comparative analysis of the subjective well-being of disabled individuals according to whether they do sport or not. The study was designed as a quantitative research. It is seen in the positive psychology literature that research on quality of life accelerate research on subjective well-being. Subjective well-being affects almost all aspects of life, and therefore, the fact that children, adolescents, adults and disabled people lead a healthy life is directly related to their level of well-being. The aim of this study is to investigate the subjective well-being levels of visually disabled individuals doing sport and not doing sport and to evaluate the differences between the subjective well-being of disabled individuals who do sport and those who do not. A total of 100 visually disabled individuals voluntarily participated in the study, including disabled individuals doing sport and not doing sport.
The Turkish version of the PERMA measurement tool was used to evaluate the well-being of the participants. As a result of the research, disabled individuals who do sport had statistically significantly higher subjective well-being parameters compared to disabled individuals who do not do sport. The results showed that sport or physical activities have positive effects on the life quality of disabled individuals, in social life, in supporting psychological and social development and in maintaining a stable emotional life. Sustainable exercise or sportive social life is recommended for a healthier, dynamic and social life.

Keywords: Disabled İndividuals, Exercise, Physical Activity, Sport, Subjective Well-Being

INTRODUCTION

Sport is an educational and entertaining activity that is performed individually or as a team, has rules, is generally based on a competition system and provides physical and mental development. Sport is a cultural concept that develops the abilities obtained by transforming the natural environment of the individual into a human environment (surrounded by people), performed as a leisure activity or as a full-time occupation, and as a result, contributes to socialization, and integration and solidarity of the society (Kılcigil, 1998). Undoubtedly, sport, in its most comprehensive sense, is a set of events that have an important place in human life and in the health of society (Özbaydar, 1983).

A recent survey on 534 elderly adults from various communities in the United States showed that participation in the match and integration with the team had positive and significant effects on perceptions of emotional support compared to other elderly adult team supporters (Inoue et al., 2020).

Another study using experimental and control group examined the subjective well-being of individuals through enjoying communication and found that participants in the experimental group (n = 90) had higher levels of positive affect and lower levels of negative affect compared to the participants in the control group (n = 87) (Jiao et al., 2021).

Sport is among the most important elements that support the psychological and social development of the individual in social life (Baser, 1998).

Engaging in physical activities or doing sport is associated with higher levels of subjective well-being. In a study, active people, beginners and inactive people were divided into three groups according to their physical activity status. Participants took part in a survey on happiness, life satisfaction, self-esteem, and physical activity, and a strong relationship was found between subjective well-being and physical activity. It was reported that active people had higher happiness and self-esteem scores compared to beginners and inactive people, and that they had higher life satisfaction scores than inactive people. In addition, beginners were enrolled in a 4-week exercise program, and the results showed that the beginners had higher life satisfaction and happiness scores compared to the inactive ones. It is seen that even a short time such as 4 weeks can contribute to an increase in subjective well-being (Iwon et al., 2021).

The benefits of physical activity or sport are universal for all individuals, including disabled people. Considering that disabled individuals tend to spend less time outside their comfort zone, in parallel, subjective well-being levels raise doubts (Ralph et al., 2022). The functionality of social services shows that disabled people do not have exactly the same opportunities to achieve subjective well-being as non-disabled people (Hadjar & Kotitschle, 2021). In general, it is known that disabled people have worse health conditions than non-disabled people (WHO, 2011). Engaging in physical activities suitable for the individuals increases muscle strength and reduces the risk of chronic diseases (Durstine et al., 2013; Çağrı et al., 2015; Akil et al., 2016; Top & Akil, 2018) and enables to improve the quality of life (De Hollander & Proper 2018; Kosowan et al., 2019). However, almost half of disabled individuals are physically inactive and probably have a chronic disease (Carroll et al., 2014). Participation of disabled people in sport and recreational activities encourages the masses, minimizes deconditioning, optimizes physical functioning and increases general well-being (Murphy et al., 2008).

Regular physical activities have become essential for health (Janssen, 2007). It is widely accepted that the health benefits of sport are not limited to physical health, but also include mental components (DHHS), so it can be associated with subjective well-being. In addition,

individuals with a high level of subjective well-being seem to have a good quality of life in controlling their emotions and coping with problems. On the other hand, people with low subjective well-being tend to lead an unhappy life with negative emotions and thoughts that can cause anxiety, anger and depression (Lyubomirsky, 2013). Most studies on subjective well-being have generally been conducted in schools and have, therefore, focused on children and adolescents. Half of the studies have been conducted to compare health status between the members of sport clubs, individuals who do sport and participate in other combined sport activities, or those who do not do any sport (Linver et al., 2009; Valois et al., 2008; Michael et al., 2006; Hansen et al., 2003; Ferron et al., 1999).

It has been reported that there are no great differences between the findings obtained in the studies, and that there are similar relationships between participation in sport and psychological and social well-being. Holt et al. (2011) conducted a more comprehensive research and a qualitative study by interviewing parents and children, and as a result, they noted that participation in sport or physical activities provides social benefits as well as personal benefits.

In the literature, there are many studies that make comparisons between those doing sport and not doing sports and individual or team sports, and most of them are carried out on students, while there is no research based on whether the subjective well-being of disabled individuals can be achieved through sports, or whether disabled individuals can be brought to a more prosperous level of health in this way.

The literature includes many studies on subjective well-being, but there are few studies from a comparative perspective, especially about how it differs from sport. Subjective well-being can be explained as a state of enjoying life, contentment or well-being (Kolsallayan, 2017). Feeling positive and being away from negative thoughts also explains well-being (Dilmaç & Özkan, 2019). The concepts close to well-being such as happiness, quality of life and life satisfaction can sometimes be used interchangeably (Telef, 2013). In this respect, when the concept of well-being is examined in terms of meaning, it is seen that it has a multidimensional and complex structure (Bergman & Scott, 2001). The concept of well-being is categorized as subjective well-being (hedonistic) and psychological well-being (Ryan & Deci, 2001).

Some social scientists have begun to question what kind of interaction there can be between the progress of societies and their happiness levels, and they have argued that we need not only objective measures but also subjective measures to know the life quality of a society (Bericat, 2019). In our study, we evaluated the relationship of sport with happiness and well-being by examining the data on the subjective well-being of disabled individuals who do sport and those who do not.

Subjective well-being has been shown to be associated with a number of positive outcomes, including academic achievement (Bücker et al. 2018; Datu & King 2018), physical health (Shaffer-Hudkins et al., 2010), and greater ability to cope with challenges (Coyle & Vera, 2013).

In their study, Rasciute and Downward (2010) examined the relationship of cycling, walking and participation in any of the 67 sports with happiness, and received positive feedback about the recreational dimension and benefits of walking activity in the subjective evaluation results. Similarly, cycling was also evaluated as a useful recreational activity and sportive participation, and positive effects of sport were observed on health, happiness and subjective well-being of individuals.

Rasciute and Downward (2010), who stated that participation in sport is a variable that measures happiness, used the Participation Survey to analyze its different effects on subjective well-being. As a result, they suggested that partner sport, such as team sport and racquet sport, are more effective in increasing subjective well-being.

Lee and Park (2010) included six different types of physical disabilities in their study conducted for the Korean Sport Association to examine the effects of physical activities on the subjective well-being of disabled people and found that participation in sport resulted in higher subjective well-being.

It is seen that subjective well-being makes people satisfied with their private life, professional life or other areas, at the cognitive level (Diener, 1994; Samsari et al., 2019). In addition, the sum of positive emotions such as feelig hopeful, cheerful, full of life and proud and negative emotions such as feeling angry, jealous, and guilty also explains subjective well-being (Myers et al., 1995). It is known that sport activities have many positive effects on quality life in terms of health and subjective well-being (Taylor et al., 2015). During the sport activity, the stress level of the individual decreases as the serotonin hormone is secreted in the human body. As a result, symptoms of anxiety and depression decrease and individuals feel happy and peaceful. The fact that sport reduces the feeling of tension and makes the person feel good psychologically has caused it to be included as a treatment method in rehabilitation programs (Bayar, 2004).

While it is seen that the studies primarily focus on the effects of personal factors (such as age, gender, health and education) and external factors (such as political, economic) on the well-being of individuals, it is noteworthy that there are a few studies on the relationship between sport and the subjective well-being of disabled individuals. Although there is evidence that participation in sport increases subjective well-being, more supportive research is needed (Rasciute & Downward, 2010).

As a result, the subjective well-being parameters of the disabled people who do sport were evaluated in terms of age, gender, marital status, income and occupation, and it was determined that they were higher than those of the disabled people who do not do sport.

This study aims to provide valuable contributions to the existing literature by investigating the effects of participation in sport on subjective well-being, emphasizing sport activities that will increase the life quality of disabled individuals and contribute to their subjective well-being.

METHOD

The population and the Sample Group of the Study

Quantitative research methods and techniques were used in the study conducted to examine the subjective well-being levels of visually impaired individuals who do and do not do sports. While the population of the research consists of disabled individuals, the sample group consists of visually impaired individuals between the ages of 18-47 who do or do not do sports.

Data Collection Tools

The "Personal Information Form" prepared by the researcher and the Turkish version of the "PERMA" scale (Demirci et al., 2017) developed by Butler and Kern (2016) were used to collect the data. The scale, which was developed by Butler and Kern (2016) and aims to

measure conceptualization, consists of six sub-dimensions of psychological well-being: positive emotions, attachment, positive relationships, meaning, success and health.

Data Collection and Statistical Analysis

Microsoft Excel and SPSS 25.00 computer program were used in the analysis of the data, t-test and one-way analysis of variance test were applied to test the hypotheses.

FINDINGS

In this section, statistical evaluation of the data was made and the results of the evaluation were shown in tables.

Table 1. Subjective Well-Being Sub-Dimension Evaluations by Gender Factor

Dimensions	Gender	n	x	Sd	t	p
Positive emotions	Female	35	7,6095	1,39440	0.241	0.810
	Male	65	7,5282	1,70975		
Attachment	Female	35	7,2476	1,69648	-0.171	0.865
	Male	60	7,3111	1,77752		
Positive Relationships	Female	34	7,2549	1,65564	0.212	0.832
	Male	61	7,1803	1,63364		
Meaning	Female	34	7,5294	1,72156	-0.085	0.832
	Male	61	7,5628	1,89399		
Success	Female	34	7,6569	1,64016	0.005	0.996
	Male	58	7,6552	1,45761		
Health	Female	34	7,9020	1,91315	-0.828	0.410
	Male	61	8,2240	1,76354		

Table 1 shows the effects of gender on subjective well-being values in disabled individuals doing sport and not doing sport. There is no difference in terms of gender in sub-dimensions of Positive emotions ($t=0.24;p>0.05$), attachment ($t=-0.171;p>0.05$), positive relationships ($t=0.212;p>0.05$), meaning ($t=-0.085;p>0.05$), success ($t=0.005;p>0.05$) and health ($t=-0.828;p>0.05$).

Table 2. Subjective Well-Being Sub-Dimension Evaluations By Marital Status Factor

	Marital Status	n	x	Sd	t	p
Positive emotions	Single	61	7,7158	1,56801	1.248	0.215
	Married	39	7,3077	1,63726		
Attachment	Single	59	7,5424	1,70631	1.850	0.067
	Married	36	6,8704	1,73531		
Positive Relationships	Single	60	7,1444	1,71881	-0.487	0.627
	Married	35	7,3143	1,49278		
Meaning	Single	59	7,6497	1,92824	0.674	0.502
	Married	36	7,3889	1,65520		
Success	Single	58	7,7414	1,53712	0.704	0.483
	Married	34	7,5098	1,49800		
Health	Single	59	8,5367	1,56961	2.902	0.005**
	Married	36	7,4074	1,98744		

***p<.05**

As seen in Table 2, positive emotions (t=1.248;p>0.05), attachment (t=1.850;p>0.05), positive relationships (t=-0.487;p>0.05), meaning (t=0.674;p) >0.05) and success (t=0.704;p>0.05) sub-dimensions do not show any difference in terms of marital status, while single participants have higher values than married ones in health (t=2.902;p<0.05) sub-dimension.

Table 3. Subjective Well-Being Sub-Dimension Evaluations by Age Factor

	Age	n	x	Sd	t	p
Positive Emotions	18-23	32	7,9375	1,34254	1.300	0.275
	24-29	26	7,2436	1,60432		
	30-35	16	7,1667	2,11170		
	36-41	17	7,9020	1,26801		
	42-47	9	7,1481	1,84926		
Attachment	18-23	31	7,7742	1,57853	1.790	0.138
	24-29	25	6,6400	2,00905		
	30-35	14	7,5714	1,27721		
	36-41	16	6,9792	1,86773		
	42-47	9	7,5185	1,51025		
Positive Relationships	18-23	32	7,2500	1,49551	0.753	0.559
	24-29	25	7,0000	2,16239		
	30-35	14	6,8095	1,47175		
	36-41	16	7,7500	1,15149		
	42-47	8	7,2917	1,36204		
Meaning	18-23	31	7,8280	1,83358	0.522	0.720
	24-29	26	7,1410	2,13161		
	30-35	13	7,6154	1,73657		
	36-41	17	7,6667	1,41912		
	42-47	8	7,4583	1,81648		
Success	18-23	32	7,5313	1,71408	0.664	0.619
	24-29	24	7,4028	1,51635		
	30-35	11	7,6667	1,42205		
	36-41	16	8,1250	1,46502		
	42-47	9	7,9259	,95420		
Health	18-23	32	8,5313	1,84500	1.347	0.259
	24-29	25	7,7867	1,78699		
	30-35	12	8,5000	2,09617		
	36-41	17	7,9804	1,50218		
	42-47	9	7,2222	1,78730		

In Table 3, no difference was found between disabled individuals doing sport and not doing sport according to the age factor in the sub-dimensions of positive emotions (f=1.300;p>0.05), attachment (f=1.790;p>0.05), positive relationships (f=0.753;p>0.05), meaning (f=0.522;p>0.05), success (f=0.664;p>0.05) and health (f=1.347;p>0.05).

Table 4. Subjective Well-Being Sub-Dimension Evaluations by Income Factor

	Income Status	n	x	Sd	t	p
Positive Emotions	1500-3000	30	7,7111	1,73919	1.027	0.397
	3001-4500	11	6,9091	2,11393		
	4501-6000	14	7,1190	1,28507		

	6501-8000	27	7,6667	1,29099			
	8001 and above	17	7,9216	1,68131			
Attachment	1500-3000	28	7,7024	2,09514	1.072	0.375	
	3001-4500	11	7,7576	1,14592			
	4501-6000	14	6,7857	1,93752			
	6501-8000	26	7,0000	1,28236			
	8001 and above	15	7,2667	1,81353			
Positive Relationships	1500-3000	30	7,0222	1,93165	1.443	0.226	
	3001-4500	11	8,0000	1,22927			
	4501-6000	13	6,9487	1,28989			
	6501-8000	25	6,9333	1,67774			
	8001 and above	15	7,7556	1,28771			
Meaning	1500-3000	28	7,5952	2,22658	0.943	0.443	
	3001-4500	10	7,9667	2,19680			
	4501-6000	14	6,9762	1,90126			
	6501-8000	25	7,3333	1,34371			
	8001 and above	17	8,0980	1,39824			
Success	1500-3000	29	7,6322	1,81778	0.773	0.546	
	3001-4500	10	7,7667	1,44914			
	4501-6000	13	7,2821	1,72587			
	6501-8000	26	7,5769	1,07727			
	8001 and above	13	8,2821	1,40664			
Health	1500-3000[a]	29	8,8966	1,46413	2.705	0.035*	a>d
	3001-4500[b]	11	8,2121	1,80907			
	4501-6000[c]	14	7,3810	1,99939			
	6501-8000[d]	25	7,5600	1,91418			
	8001 and above[e]	15	8,2222	1,70278			

***p<.05**

When Table 4 is examined, it is seen that there is no difference between the values according to income factor in the sub-dimensions of positive emotions (f=1.027;p>0.05), attachment (f=1.072;p>0.05), positive relationships (f=1.443;p>0.05), meaning (f=0.943;p>0.05) and success (f=0.773;p>0.05). However, the scores of the participants with an income of 1500-3000 TL are higher than those with an income of 6501-8000 TL in the sub-dimension of health (f=2.705;p<0.05).

Table 5. Subjective Well-Being Sub-Dimension Evaluations by the Factor of Visual Disability Level

Disability Level		**n**	**x**	**Sd**	**t**	**p**
Positive Emotions	B1	57	7,9064[a]	1,38122	3.598	0.031*
	B2	25	6,9467[b]	1,64057		
	B3	18	7,2963	1,94664		
Attachment	B1	54	7,6049	1,55551	2.194	0.117
	B2	24	6,7917	2,17987		
	B3	17	6,9804	1,45521		
Positive Relationships	B1	55	7,5333[a]	1,46228	3.500	0.034*
	B2	23	6,4928[b]	2,11982		
	B3	17	7,1176	1,07975		
Meaning	B1	54	8,0185[a]	1,48425	4.895	0.010*
	B2	24	7,1528	2,29256		

	B3	17	6,6275[b]	1,68277		
Success	B1	53	7,9560[a]	1,31727	3.008	0.054
	B2	23	7,0580[b]	1,65954		
	B3	16	7,5208	1,74682		
Health	B1	54	8,5062[a]	1,64035	3.274	0.042*
	B2	23	7,7101	1,72710		
	B3	18	7,4259[b]	2,18074		

***p<.05**

In Table 5, there is no difference in terms of visual disability levels in the sub-dimensions of attachment (f=2.194; p>0.05) in visually disabled individuals doing sport and not doing sport. However, in the positive emotions (f=3.598;p<0.05) sub-dimension, significant results were obtained in favor of the B2 visually disabled participants compared to the B1 visually disabled participants. In the positive relationships (f=3.500; p<0.05) sub-dimension, significant results were obtained in favor of B2 visually disabled participants compared to B1 visually disabled participants. In the meaning (f=4.895;p<0.05) sub-dimension, significant results were obtained in favor of the B3 visually disabled participants compared to the B1 visually disabled participants. In the success (f=3.008;p>0.05) sub-dimension, statistically significant results were obtained against B2 visually disabled participants compared to B1 visually disabled participants. In the health (f=3.274;p<0.05) sub-dimension, statistically significant results were obtained against the B2 visually disabled participants compared to the B1 visually disabled participants.

Table 6. Subjective Well-Being Sub-Dimension Evaluations by the Occupation Factor

Occupation		n	x	Sd	t	p
Positive Emotions	Student	32	7,7708	1,50611	2.273	0.108
	Civil Servant	44	7,7273	1,41654		
	Other	24	6,9583	1,92696		
Attachment	Student	31	7,4624	2,05061	1.280	0.283
	Civil Servant	42	6,9762	1,52378		
	Other	22	7,6364	1,62295		
Positive Relationships	Student	31	7,2151	1,91785	0.080	0.923
	Civil Servant	40	7,2667	1,63160		
	Other	24	7,0972	1,25294		
Meaning	Student	31	7,5484	2,22203	0.161	0.851
	Civil Servant	43	7,6434	1,52127		
	Other	21	7,3651	1,82545		
Success	Student	32	7,3854	1,66583	0.777	0.463
	Civil Servant	39	7,8120	1,23968		
	Other	21	7,7778	1,75858		
Health	Student[A]	32	8,7708	1,58496	3.481	0.035*
	Civil Servant [b]	41	7,6992	1,79630		
	Other	22	7,9091	1,96310		

***p<.05**

When Table 6 was examined, while no significant difference was found in the sub-dimensions of positive emotions (f=2.273;p>0.05), attachment (f=1.280;p>0.05), positive relationships (f=0.080;p>0.05), meaning (f=0.161;p>0.05) and success (f=0.777;p>0.05), statistically significant results were obtained for the sub-dimension of health (f=3.481;p<0.05) against the participants who were civil servants compared to those who were students.

Table 7. Subjective Well-Being Sub-Dimension Evaluations by the Factor of Doing Sports or Not

	Doing Sport	n	x	Sd	t	p
Positive Emotions	Yes	79	7,7426	1,53492	2.303	0.023*
	No	21	6,8571	1,68184		
Attachment	Yes	74	7,4369	1,61134	1.582	0.117
	No	21	6,7619	2,09004		
Positive Relationships	Yes	75	7,2356	1,59746	0.328	0.743
	No	20	7,1000	1,80026		
Meaning	Yes	76	7,7588	1,72098	2.269	0.026*
	No	19	6,7193	2,03447		
Success	Yes	72	7,8102	1,44359	1.876	0.064
	No	20	7,1000	1,68620		
Health	Yes	75	8,4889	1,43250	3.258	0.003**
	No	20	6,6833	2,36563		

***p<.05**

In Table 7, it is seen that there is no difference in the sub-dimensions of attachment (t=1.582;p>0.05), positive relationships (t=0.328;p>0.05) and success (t=1.876;p>0.05) in visually disabled individuals doing sport and not doing sport according to the status of doing sport. The scores of the participants who do sport are higher than those of the participants who do not do sport in the sub-dimensions of positive emotions (t=2.303;p<0.05), meaning (t=2.269;p<0.05) and health (t=3.258;p<0.05).

Table 8. Subjective Well-Being Sub-Dimension Evaluations by the Factor of Frequency of Doing Sport

	Frequency of Doing Sport	n	x	Sd	t	p	
Positive Emotions	Does not do Any Sport[a]	17	6,6863	1,81992	2.711	0.035*	d>a
	1 or 2 Times a Week[b]	28	7,8095	1,46124			
	3 or 4 Times a Week[c]	31	7,8817	1,35414			
	4 or 5 Times a Week[d]	12	8,0278	1,46652			
	1 or 2 Times a Month[e]	12	6,8889	1,86045			
Attachment	Does not do Any Sport	17	6,4706	2,12805	1.735	0.149	
	1 or 2 Times a Week	26	7,0769	2,09403			
	3 or 4 Times a Week	30	7,5667	1,21343			
	4 or 5 Times a Week	12	7,8056	1,40316			
	1 or 2 Times a Month	10	7,7667	1,39709			
Positive Relationships	Does not do Any Sport	16	6,9375	1,86674	1.128	0.349	
	1 or 2 Times a Week	27	7,2222	1,95680			
	3 or 4 Times a Week	30	7,6556	1,16948			
	4 or 5 Times a Week	11	6,9394	1,05217			
	1 or 2 Times a Month	11	6,6061	1,90215			
Meaning	Does not do Any Sport[a]	15	6,5111	2,15608	2.509	0.047*	c>a
	1 or 2 Times a Week[b]	28	7,5833	1,90219			
	3 or 4 Times a Week[c]	29	8,1724	1,39904			
	4 or 5 Times a Week[d]	12	7,7778	1,59756			
	1 or 2 Times a Month[e]	11	7,0000	1,89737			
Success	Does not do Any Sport	16	6,8958	1,70715	1.999	0.102	

	1 or 2 Times a Week	27	7,7160	1,60049			
	3 or 4 Times a Week	26	7,7821	1,24344			
	4 or 5 Times a Week	12	8,4444	1,21716			
	1 or 2 Times a Month	11	7,4545	1,64163			
	Does not do Any Sport[a]	16	6,4792	2,40668			
	1 or 2 Times a Week[b]	27	8,7284	,96979			
Health	3 or 4 Times a Week[c]	29	8,7011	1,39257	6.934	0.00**	b-c-d>a
	4 or 5 Times a Week[d]	12	8,3056	1,77217			
	1 or 2 Times a Month[e]	11	7,1818	1,91116			

***p<.05**

According to Table 8, while no change was observed in the sub-dimensions of attachment (f=1.735;p>0.05), positive relationships (f=1.128;p>0.05) and success (f=1.999;p>. 0.05) in visually disabled individuals doing sport and not doing sport according to the factor of frequency of doing sport, statistically significant results were obtained in the sub-dimensions of positive emotions (f=2.711;p<0.05) and meaning (f=2.509;p<0.05) in favor of the participants who do not do any sport compared to the participants who do sport 3 or 4 times a week, and statistically significant results were obtained in the health (f=6,934). ;p<0.05) sub-dimension against the participants who do not do any sport compared to the participants who do sport once or twice a week, 3 or 4 times a week, 4 or 5 times a week. Sport is an important factor affecting health.

DISCUSSION AND CONCLUSION

When the results in Table 1 are examined, it is observed that there is no statistically significant difference in the sub-dimensions of positive emotions, attachment, positive relationships, meaning, success and health in visually disabled individuals doing sport and not doing sport according to the gender variable. There are studies in parallel with the result we reached, revealing that there is no difference between the levels of well-being according to the gender variable (Çelik et al., 2020; Fuller et al., 2010; Kermen et al., 2016; Özen & Gülaçtı, 2012). Dikmen (2019) examined the relationship between psychological well-being and social problem-solving skills of university students and found that there was no difference between gender variable and psychological well-being. Since individuals with different characteristics have different lifestyles and expectations from life, it is possible that there are individual and psychological differences between gender and well-being (Özen & Gülaçtı, 2012).

In Table 2, while no significant difference was found in the sub-dimension of positive emotions, attachment, positive relationships, meaning and success in the analysis of the visually disabled people doing sport and not doing sport according to the marital status variable, significant results were obtained in favor of single participants in the sub-dimension of health. Accordingly, it was thought that the single participants' ability to devote more time to themselves than the married ones could lead to significant results in the health dimension. There are studies in which the rate of participation in leisure activities of single people is higher than that of married people (Türker et al., 2016). These studies support our conclusion.

In Table 3, no statistically significant results were obtained in the sub-dimensions of positive emotions, attachment, positive relationships, meaning and success in the analysis of visually disabled people doing sport and not doing sport according to the age variable. There are studies that support the results we found. In his study conducted in 2018, Acun analyzed subjective well-being in terms of age groups and did not reach a significant difference.

In Table 4, when the results according to the income variable are examined, no significant difference was found in terms of positive emotions, attachment, positive relationships, meaning and success, while statistically significant results were achieved in favor

of the participants with an income of 1500-3000 TL compared to the participants with an income of 6501-8000 TL in the health sub-dimension. The studies with similar results can be reached when the literature is reviewed. Özkan (2019) examined the psychological well-being levels of individuals who play football according to different variables, and determined that there was a statistically significant difference between the monthly income variable and psychological well-being in favor of the participants whose income was 0-500 TL compared to the participants whose income was 1001 TL or more. According to the research findings, the fact that people's financial levels do not have an effect on life satisfaction refutes the opinion that money brings happiness, which is known as the general judgment by the society. It can be said that the reason for this is that people build their life satisfaction on psychological foundations and that the importance given to material goods is not much contrary to what is believed.

In Table 5, when the results according to the visual disability variable were examined, there was no statistically significant difference in attachment sub-dimensions, while significant results were obtained in the positive emotions sub-dimension in favor of the B2 visually disabled participants compared to the B1 visually disabled participants. According to this result, it was concluded that individuals with high vision have more positive emotions, establish more positive relationships and lead a more meaningful life than individuals with low vision. The reason for this is that as the disability rate increases, the state of restriction and dependence on others increases and this reduces positive emotions and positive relationships in these individuals. Karlsson's (1998) study with the visually disabled individuals showed that individuals with low vision have higher levels of loneliness, abandonment and anxiety than individuals with higher vision. In the light of the results we have reached and the studies in parallel with this, it is thought that as the vision loss increases, it becomes more difficult to perform daily activities and, since social withdrawal behavior may increase in parallel, establishing positive relationships and feeling positive and meaningful emotions are negatively affected.

In the success and health sub-dimensions of our analysis result, statistically significant results were obtained against the B2 visually disabled participants compared to the B1 visually disabled participants. The fact that individuals with a higher level of vision have motives such as self-acceptance and proving themselves is important in terms of participation in life and existence in social life. In many studies in the literature, it is stated that the quality of life deteriorates as the visual level decreases (Chadha & Subramanian, 2011). In order to rehabilitate this, it is important to ensure that disabled people participate in daily activities as much as possible as the level of vision decreases. Therefore, it can be assumed that the need for social and sport activities increases as the disability rate increases, and as a natural result, an increase in health and success is observed.

In Table 6, when the analysis results of visually disabled individuals doing sport and not doing sport according to the occupational variable were examined, no significant difference was found in the sub-dimensions of positive emotions, attachment, positive relationships, meaning and success, while statistically significant results were obtained in the sub-dimensions of health against the participants who are civil servants compared to the participants who are students. It can be said that students make a significant difference compared to civil servants in terms of sportive activities and active lifestyle. Because, if we consider that being a civil servant is less active, routine, binding and responsibility-loading than being a student, and that students may feel freer and younger than civil servants, we can conclude that students may be healthier than civil servants. In his study supporting our result, Ceviz (2008) concluded that public employees generally face body composition changes, obesity problems and blood pressure problems due to irregular eating habits and sedentary lifestyle, and that these changes in body composition pose a risk for many diseases.

In Table 7, when the analysis results according to the variable of doing or not doing sport were examined, no significant difference was found in the sub-dimensions of attachment, positive relationships and success, while statistically significant results were obtained against the participants who do not do sport compared to the participants who do sport in the sub-dimensions of positive emotions, meaning and health. We can say that the most basic component of protecting and improving our physical and psychological health is an active lifestyle. We can think that those who do not do sport make a negative difference compared to those who do sport in the variable of positive emotions, meaning and health due to the effect of sport activities on improving people's health and reducing the stress of daily life. It is thought that people's adaptation to the society they live in depends on their spiritual, mental and physical health. İnal (2003) concluded in his study that physical education and sport contribute to personality development and are effective in establishing strong bonds. In his study, Atılgan (2020) concluded that the happiness levels of the athletes who did traditional archery in terms of the branch variable were significantly higher. Studies like this one in the literature are in line with the findings of analysis we have reached.

In Table 8, when the results of the variables discussed according to the frequency of doing sport were examined, no significant difference was found in the sub-dimensions of attachment, positive relationships, success while significant differences were obtained in the sub-dimensions of positive emotions and meaning in favor of the participants who do not do any sport compared to the participants who do sport 3 or 4 times a week. Individuals engaged in sport actively can set difficult goals that they can achieve in order to achieve success, and they can make serious psychological and physiological efforts to achieve these goals. Therefore, it is thought that since the individual may feel worn out and dissatisfied, negative affect may occur in the individual and it may have negative effects on positive emotions and attachment variables. In the health sub-dimensions of the frequency of doing sport of our analysis, statistically significant results were obtained against the participants not doing any sport compared to the participants doing sport 1 or 2 times a week, 3 or 4 times a week, 4 or 5 times a week. The health benefits of sport have been proven in many studies. One of the studies that best supports our findings is Baumann's (1994) study, which states that regular physical activity makes the muscles, joints and bones, cardiovascular system and its functions work much better.

Individuals who do sport make physically and emotionally healthier and more positive impression than those who do not. Even though doing sport intensely and actively affects positive affect negatively compared to not doing it, it has been observed that conscious and regular physical activities have a positive effect on health. On the other hand, it has been concluded that the people with low vision (B2, B3) experience the positive feeling effect of sport more compared to the people who have no vision (B1) since sport activities have the effect of improving health and psychology on the visually disabled.

As a result, when compared to individuals with low vision, individuals with no vision cannot sufficiently benefit from the contribution of sport to subjective well-being. This especially gives rise to the assumption that there are some obstacles in the participation of individuals with no vision in sport. Therefore, it is necessary to conduct new research and to study on solutions regarding the barriers of visually impaired individuals to participation in sport. Limitations in the social experiences of disabled individuals, which affect or prevent them from engaging in physical activities and doing sport, negatively affect their socialization and well-being levels and distinguish them from other non-disabled groups.

Special programs and studies should be carried out for disabled individuals, and they should be provided with coaches trained on this field. The participation of the disabled in sport and social life should be arranged by training the coaches who will prepare special programs. In addition, specialization should be ensured on the Sport for the Disabled courses included in the education programs of universities. Seminars and trainings will increase the awareness of

students in this field. Field-specific postgraduate programs should be opened in universities. Furthermore, sport facilities should be designed in such a way that the disabled can easily access and do sport, and there should be trainers who are experts in this field. Through sport, it can be ensured that disabled people are more active and accepted in the society.

Participation in sport should be regarded as a necessity for individuals from all walks of life, as it not only improves physical health such as weight crisis, but also eliminates psychological and social health problems, and more research should be conducted on the psychosocial well-being that can be achieved through participation in sport.

Limitations and Recommendations

The fact that the sample group was chosen especially from visually impaired individuals created problems in reaching, applying and returning the questionnaire to individuals. Particularly at the point of applying the scale, the inability of individuals to practice alone constitutes the limitations of the research.

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