
A Comparison of Social Support among Adolescents With and Without Visual Impairments in Jordan: A Case Study from the Arab Region

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Structured abstract: *Introduction:* Research to date on social support for adolescents with visual impairments (that is, blindness or low vision) has been primarily carried out in developed countries, and very little is known about the social support systems that are available for such adolescents in developing countries such as those in the Arab world. In the present study, social support among adolescents with and without visual impairments was investigated in Jordan, which is considered a developing country. *Methods:* Study participants included 86 adolescents with visual impairments and 73 sighted adolescents. The instrument used to collect information in this study was an Arabic version of the Multidimensional Scale of Perceived Social Support (MSPSS). *Results:* The level of social support reported by adolescents with visual impairments was higher than that reported by sighted adolescents. In all three domains of the MSPSS (family, friends, and significant others), students with visual impairments reported receiving more social support than those without impairments. However, there was no statistically significant effect for gender. *Discussion:* The results of the study are not consistent with findings of previous studies, all of which were conducted in Western countries. The disparities in experiences of adolescents with visual impairments in developed and developing countries may be attributed to differences in cultural values as well as to the conceptualization of support by those involved. *Implications for practitioners:* Special education teachers need to be aware of the cultural backgrounds of their students and to develop and implement culturally appropriate programs for them.

Social support is one of the important factors that influences the well-being and

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quality of life of all people (Cutrona, Russell, & Rose, 1986; Hale, Hannum, & Espelage, 2005). Numerous studies in a wide range of fields (for instance, psychology, social work, health sciences) in the last two decades have indicated that

social support can be one of the most effective means by which individuals can adjust to difficult and stressful conditions such as disabilities or illnesses (Kim, Sherman, & Taylor, 2008; Seeman, 1996; Thoits, 1995). *Social support* generally refers to the various types of support that people receive from others, which lead them to believe that they are cared for, are esteemed and valued, and are part of a network of communication and mutual obligations (Kim et al., 2008; Seeman, 1996). Cohen and Wills (1985) divided *social support* into four categories: informative support (the provision of information, suggestions, and guidance), instrumental support (the provision of financial assistance or material aid), emotional support (the provision of empathy, affection, trust, acceptance, and care), and companionship support (the provision of a sense of social belonging).

Social and psychological research has revealed that social support is generally linked to many benefits for both mental (Khatib, Bhui, & Stansfeld, 2013; Taylor, 2011) and physical health (Uchino, 2009). Social support is associated with better adjustment and lifestyle behaviors (Bal, Crombez, Van Oost, & Debourdeaudhuij, 2003; Kelly, Melnyk, Jacobson, & O'Haver, 2010), and development of better coping strategies in dealing with life's challenges (Gunuc & Dogan, 2013).

The potential positive influences of social support for individuals in different age groups have been demonstrated by research in the last two decades (Sherbourne, Meredith, Rogers, & Ware, 1992; Uchino, Cacioppo, & Kiecolt-Glaser, 1996); however, social support may be particularly important for adolescents (Agbaria, Ronen, & Hamama, 2012). Adolescence is a period

characterized by rapid change in physical, cognitive, and emotional development (Agbaria et al., 2012; Feldman, 1998). It is a period of transition to independence and self-control, and social support can aid this transition (Sin, Kang, & Weaver, 2005). According to Boudreault-Bouchard, Hains, Vandermeerschen, Laberge, and Perron (2013), previous studies have revealed that levels of parental emotional support vary depending on the age and gender of the adolescent (younger adolescent boys perceive more support from both parents than do girls) and parents' gender (mothers are generally perceived as being more caring than fathers). Although parents are one of the main sources of social support during childhood, relationships with and social support from friends become increasingly important in adolescence (Gunuc & Dogan, 2013). Adolescents experience loneliness and a sense that they fail to belong without peer group support (Liat-Hamama & Ronen-Shenhav, 2012).

Social support from family members and friends is important for the well-being of adolescents both with and without impairments (Cimarolli & Wang, 2006; Kef & Dekovic, 2004). Research has demonstrated that adolescents and youths with disabilities may face many social difficulties, including stigma, unrealistic attitudes, and prejudice (Doyle, Moffat, & Corlett, 1994; Glover-Graf, Millington, & Marin, 2011; Groce, 2004; Lavigne & Faier-Routman, 1993; Schultz & Liptak, 1998).

In the last two decades, numerous studies have investigated the perceptions of adolescents with visual impairments (that is, blindness or low vision) regarding the social support they receive (see, for example, Chang & Schaller, 2000; Huurre, 2000; Huurre & Aro, 1998; Huurre &

Komulainen, 1999; Kef, 1997, 2002; Kef & Dekovic, 2004; Kef, Hox, & Habekothe, 2000; McIlvane & Reinhardt, 2001; Reinhardt, 1996; Rosenblum, 2000; Sacks, Wolffe, & Tierney, 1998; Smedema & McKenzie, 2010). Most studies indicated that adolescents with visual impairments generally obtain less support, especially in their relationships with peers (Kef & Dekovic, 2004). Some studies found that adolescents with visual impairments had more problems with peer group socialization than did their sighted peers (Huurre & Aro, 1998; Piquart & Pfeiffer, 2011). A study by Sacks et al. (1998) reported that, compared to sighted adolescents, adolescents with visual impairments participated significantly less often in social activities with their friends after school, were involved in fewer activities, and had fewer friends than did their sighted peers. The findings of a study conducted by Kef (2002) indicated that social support, especially the support of peers, is important to adolescents with visual impairments. A study of American adolescents with visual impairments (Sacks & Wolffe, 2006) found that they spent significantly more time alone than the sighted group did. Rosenblum (2000) reported that the sighted group had more best friends than the group with visual impairments, and girls had more best friends than did boys. Another study, by Huurre and Aro (1998), found that the average size of the personal networks of adolescents with visual impairments was similar to that of sighted adolescents, but that adolescents with visual impairments had fewer friends and fewer dating experiences compared to the sighted group. Furthermore, no difference between these two groups was found in the amount of parental support provided. Huurre (2000) also found that the size of the social-relation

networks of adolescents with visual impairments did not differ from those held by sighted adolescents. Adolescents with visual impairments, however, received less support from friends than did sighted adolescents. A study by Kef (1997) found that the size of personal networks of adolescents with visual impairments was smaller than that of sighted adolescents. Girls with visual impairments perceived less peer support than sighted girls, whereas no differences among boys were found in this regard (Huurre, 2000; Huurre & Komulainen, 1999). A qualitative study of parental support by Chang and Schaller (2000) found that adolescents with visual impairments were satisfied with the amount and kind of support they received from their parents.

Most studies of social support and visual impairment have been carried out in Western countries, and relatively few studies have examined social support in other cultures (Kim et al., 2008). Yet, according to the World Health Organization (WHO, 2012), 90% of the 285 million persons with visual impairments in the world live in developing countries. The total number of visually impaired individuals living in the Arab region (Arabic-speaking countries and populations in the Middle East and North Africa) is not known. However, studies in the last decade reported that the prevalence of blindness in these countries ranged from 0.6% to 1.5% (Tabbara, 2001). Given that the total population of Arab countries in 2010 was about 357 million (Mirkin, 2013), it can be speculated that the number of persons with visual impairments in these countries far exceeds 2 million. Providing an accurate description of services and programs offered to children and youths with visual impairments in Arab countries is

difficult because of the lack of reliable and updated data. However, students with visual impairments in these countries typically attend residential or special day schools, and only few have access to mainstream schools (Hadidi, 1998). Yet students with visual impairments, more than any other group with impairments, are generally regarded as having the potential to learn.

Recently, it has been estimated that there are 49,510 persons with visual impairments in Jordan (Health Grades, 2013). Schools for students who are visually impaired in Jordan are overseen by the Ministry of Education. When this study was conducted, there were two schools for blind students in Jordan: Abdullah ben Maktoom School and the Abdoon High School for the Blind. Both are located in Amman, the capital city. The first school serves children in the 1st to 6th grades, and the second serves students in the 7th through 12th grades. Recently, these two schools merged into one bigger school called the Royal Academy for the Blind. This school has a good quality of infrastructure and is well equipped. Currently, it serves 310 students (1st–12th grades), and provides a boarding facility for children (1st–6th grades) from outside Amman. Other service providers for persons with visual impairments in Jordan include the Friendship Association of the Blind, the Saudi Center for the Rehabilitation of Blind Girls and Women, and the Addiyah Society for Educating Young Children with Visual Impairments, among others. In schools for students with visual impairments, students are given braille books to help them learn the general curriculum of the Ministry of Education. After completing 9th grade, students can attend public high school to study with sighted peers.

However, parents of visually impaired students can choose to send their children to their neighborhood public school at any age. Unfortunately, there are no reliable data on the numbers of students with visual impairments attending public schools in Jordan.

Although educational provisions have been available to children and youths with visual impairments in most Arab countries for more than three decades, they remain the least studied group with disabilities (Hadidi & Alkhateeb, 2013). Alkhateeb (2009) recently reviewed research on special education in Arab countries published in the last decade and found that only five percent of the studies published were related to visual impairment. Only one Arabic study that focused on the social support of students with visual impairments could be found. This study, conducted by Shawareb (2005), studied the relationship between social support and other variables related to self-esteem among students with visual impairments in Jordan. Participants were 104 students with visual impairments and 412 sighted students. The results showed that the social support network for sighted students was larger than that for students with visual impairments. The results also showed significant differences in self-esteem due to social support, with higher levels of self-esteem associated with higher levels of social support. This positive relationship between self-esteem and social support was true for both sighted students and students with visual impairments, as there were no significant differences attributable to the interaction between the level of support and visual status. More recently, Hadidi and Alkhateeb (2012) investigated loneliness among 90 students with visual

impairments and 79 sighted students in Jordan. The results indicated that visually impaired students reported significantly higher degrees of loneliness than sighted students did; however, no significant differences were attributable to gender or the interaction between visual status and gender.

Cross-cultural studies on social support are important in that they can provide implications for culturally appropriate counseling and special education practices that may help individuals with visual impairments achieve better psychosocial adjustment. Therefore, the current study extends the literature on the social support of adolescents with visual impairments to developing countries by studying a sample of adolescents with visual impairments in Jordan. The researchers also aimed to explore whether results of the current study support the findings previously reached by Shawareb (2005). The primary purpose was to explore the social support experienced by adolescents with visual impairments and sighted adolescents. The study sought to gain an understanding of the differences and similarities in support between the two groups. The study also investigated differences in social support according to gender. Specifically, this study sought to answer the following two research questions:

1. Are there statistically significant differences in perceived social support among Jordanian adolescents with and without visual impairments?
2. Are there statistically significant differences in perceived social support among Jordanian adolescents with and without visual impairments according to gender?

Definition of terms

SOCIAL SUPPORT

Social support is a multidimensional concept that has been conceptualized and defined in different ways. Williams, Barclay, and Schmied (2004) observed that there is a lack of consensus about the definition, which has resulted in a lack of consistency and comparability among studies. However, a commonly cited definition of *social support* is that offered by Sarason, Sarason, and Pierce (1990) as “knowing that one is loved and that others will do all they can when a problem arises” (p. 119). An important aspect of social support, according to Sarason et al. (1990), is perceived social support, or the belief that help has been offered or would be offered during times of need. In this study, social support was operationally defined as participants’ responses to the 12 items in the Arabic version of the Multidimensional Scale of Perceived Social Support (MSPSS) to measure perceived social support from family (items 3, 4, 8, 11), friends (items 6, 7, 9, 12), and significant others (items 1, 2, 5, 10).

ADOLESCENTS WITH VISUAL IMPAIRMENTS

The term *adolescents with visual impairments* in this study refers to 7th- to 12th-grade students enrolled in the only special day school for students with visual impairments in Jordan serving this age group, Abdoon High School for the Blind. This term also included seventh- to twelfth-grade students diagnosed by medical authorities as being visually impaired but who were attending mainstream public schools. These students’ medical records, as well as the records of the Friendship

Table 1
Distribution of the study participants according to visual status and gender.

Gender	Visually impaired <i>n</i> (%)	Sighted <i>n</i> (%)	Total <i>N</i> (%)
Male	42 (49)	34 (48)	76 (48)
Female	44 (51)	39 (52)	83 (52)
Total	86 (100)	73 (100)	159 (100)

Association of the Blind, confirmed that those students had severe visual impairments or blindness. All of the adolescents with visual impairments who participated in this study were braille readers.

ADOLESCENTS WITHOUT VISUAL IMPAIRMENTS

In this study, the term “adolescents without visual impairments” refers to seventh- to twelfth-grade students in the mainstream public schools attended by students with visual impairments who reported having no visual problems. Also, these students’ teachers reported that these students had no indication they had any visual problems.

Methods

STUDY PARTICIPANTS

A purposefully selected sample of 86 adolescents with visual impairments (42 males and 44 females) and 73 sighted adolescents (34 males and 39 females) participated in this study (see Table 1). Adolescents with visual impairments were recruited from Abdoon High School for the Blind, which was providing educational services to 120 male and female students (7th to 12th grades). Thirty students from this school (43%) agreed to participate in the study. Further, an accessible sample of 16 students with visual impairments attending 15 public schools also participated in the study. Medical records re-

vealed that 57 of those adolescents were legally blind and 29 had low vision. All participants with visual impairments were braille users. Adolescents without visual impairments were selected from those mainstream schools attended by students with visual impairments. For the purpose of this study, the adolescents without visual impairments were selected to match the sample of adolescents with impairments with respect to age. The age of the students ranged from 12 to 17 years (mean = 13.5, standard deviation = 1.5).

INSTRUMENT

Perceived social support was measured in this study by an Arabic version of the Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet, Dahlem, Simet, and Farley (1988). This scale is a self-report measure of subjectively assessed social support that has been translated into many languages (Ng, Siddiq, Aida, Zainal, & Koh, 2010). It is composed of 12 items that measure the social support received by the adolescent from the family, friends, and significant others. The scale was translated into Arabic, and the accuracy of the translation as well as its appropriateness to the Arabic culture were assessed by a panel of four bilingual (Arabic and English) special education faculty members at the University of Jordan. The panel approved the translation and suggested no changes in the number or content of the items. This procedure was considered sufficient for establishing the face validity of the Arabic version of the scale. Using Cronbach’s alpha, the reliability of the Arabic version of the scale was 0.80. Students were asked to rate themselves on a numerical scale from one (strongly disagree) to four

(strongly agree). A score was obtained by adding all responses together, with higher scores indicating a higher degree of perceived social support.

PROCEDURE

First, the scientific research council at the Deanship of Academic Research, the University of Jordan, reviewed and approved the research proposal for the present study. Then, the researchers obtained permission from the Ministry of Education in Jordan to administer the MSPSS to study participants. The researchers visited the school and explained the study objectives to the principal, who collaborated by encouraging students to participate in the study and obtaining parents' permission. In a cover letter that was sent to parents, the purpose of the study was explained and informed consent was sought, and they were assured of the confidentiality of their children's personal information. They were informed that their children's participation was voluntary and that they had the right to decline participation in the study. The first author and a research assistant with a doctorate in educational and psychological measurement collected the data from the students using written instruments. MSPSS was administered individually to students attending the Abdoon High School. The interviewers read the questions, and the participants provided answers that were written down by the interviewers. No braille or magnification was used in collecting the data.

The researchers realized the Ministry had no database on public schools attended by students with visual impairments. Thus, they sought the assistance of the Friendship Association of the Blind (which extends its support services such

as textbooks and equipment, a resource center, and orientation and mobility training to 27,000 individuals with visual impairments in Jordan) to reach out to students with visual impairments attending public schools. The Association facilitated the implementation of this study by giving researchers names and locations of schools attended by students with visual impairments in Amman. The Association also communicated with target schools and encouraged principals' and teachers' facilitation of the study. MSPSS was administered to these students using the same method as at the Abdoon High School. MSPSS was also administered to a purposefully selected sample of 73 normally sighted adolescents from the same grades attended by students with visual impairments. MSPSS was administered to sighted adolescents in small groups. All participants completed the questionnaires during school hours.

ANALYSIS

Analyses were performed with SPSS 14 (Norusis, 2006). The differences in the age means were examined by two-way analysis of variance (ANOVA), and the correlation between age and the total scores of perceived social support was calculated. A 2×2 ANOVA was used to examine the impact of vision status and gender on the dependent variable (scores on the MSPSS). Both statistical significance and effect size were calculated.

Results

The results showed no significant differences in the mean age according to gender ($F[1, 158] = 1.93, p = 0.17$) or group ($F[1, 158] = 0.03, p = 0.87$). Additionally, the correlation between age and the

Table 2
Perceived social support by participants with visual impairment and sighted participants.

Item		Vision status					
		Sighted			Visually impaired		
		Male	Female	Total	Male	Female	Total
1. There is a special person who is around when I am in need	\bar{x}	1.62	1.51	1.56	1.98	2.05	2.01
	<i>SD</i>	0.49	0.51	0.50	0.92	0.94	0.93
2. There is a special person with whom I can share my joys and sorrows	\bar{x}	1.53	1.56	1.55	1.71	1.95	1.84
	<i>SD</i>	0.75	0.64	0.69	0.77	0.96	0.88
3. My family really tries to help me	\bar{x}	1.32	1.33	1.33	1.57	1.45	1.51
	<i>SD</i>	0.64	0.58	0.60	0.70	0.66	0.68
4. I get the emotional help and support I need from my family	\bar{x}	1.56	1.56	1.56	1.86	1.66	1.76
	<i>SD</i>	0.70	0.79	0.75	1.03	0.75	0.89
5. I have a special person who is a real source of comfort to me	\bar{x}	1.76	1.64	1.70	1.95	1.91	1.93
	<i>SD</i>	0.55	0.78	0.68	0.91	0.98	0.94
6. My friends really try to help me	\bar{x}	2.15	1.74	1.93	2.29	2.00	2.14
	<i>SD</i>	0.96	0.68	0.84	1.13	0.94	1.04
7. I can count on my friends when things go wrong	\bar{x}	2.32	2.21	2.26	2.19	1.89	2.03
	<i>SD</i>	0.88	0.80	0.83	1.06	0.78	0.94
8. I can talk about my problems with my family	\bar{x}	1.88	2.03	1.96	2.38	2.23	2.30
	<i>SD</i>	0.98	0.90	0.93	1.06	0.86	0.96
9. I have friends with whom I can share my joys and sorrows	\bar{x}	2.03	1.67	1.84	2.10	1.75	1.92
	<i>SD</i>	0.87	0.62	0.76	1.03	0.75	0.91
10. There is a special person in my life who cares about my feelings	\bar{x}	1.97	1.56	1.75	1.90	1.98	1.94
	<i>SD</i>	0.97	0.75	0.88	0.93	0.85	0.89
11. My family is willing to help me make decisions	\bar{x}	1.65	1.56	1.60	1.93	1.73	1.83
	<i>SD</i>	0.81	0.82	0.81	0.95	0.85	0.90
12. I can talk about my problems with my friends	\bar{x}	2.15	2.05	2.10	2.48	2.05	2.26
	<i>SD</i>	0.99	0.69	0.84	1.02	1.01	1.03
Total	\bar{x}	1.83	1.70	1.76	2.03	1.89	1.96
	<i>SD</i>	0.38	0.43	0.41	0.56	0.56	0.56

total scores of perceived social support was calculated, and no significant correlations were found ($p = 0.24$).

Table 2 shows the means and standard deviations of social support perceived by adolescents in relation to vision status and gender. The data revealed that the level of social support reported by adolescents with visual impairments ($\bar{x} = 1.96$, $SD = 0.56$) was higher than that reported by sighted ($\bar{x} = 1.76$, $SD = 0.41$). In all three domains of the scale of perceived social support (family, friends, and significant others), students with visual impairments

reported receiving more social support than did sighted students. In descending order, the support these students received came from friends ($\bar{x} = 2.09$), significant others ($\bar{x} = 1.93$), and family ($\bar{x} = 1.85$). Friends provided more social support for both groups of students. However, compared to students with visual impairments who reported receiving more support from significant others ($\bar{x} = 1.93$) than from family ($\bar{x} = 1.85$), sighted students received more social support from family ($\bar{x} = 1.82$) than from significant others ($\bar{x} = 1.64$).

A 2×2 ANOVA was conducted with perceived social support as the dependent variable and vision status and gender as independent variables. The data showed that vision status had a significant effect ($F[1, 158] = 5.87, p = 0.02$) with a small effect size, calculated using *eta* squared, at 0.012. However, there was no statistically significant effect for gender ($F[1, 158] = 2.85, p = 0.09$) or the interaction between vision status and gender ($F[1, 158] = 0.01, p = 0.92$).

Discussion

This study attempted to extend research on social support to adolescents with visual impairments to Arab countries, where this subject has rarely been addressed so far. Previous international research comparing perceived social support among adolescents with visual impairments and sighted adolescents indicated that adolescents with visual impairments have fewer friends and smaller social networks than those without impairments (for instance, Bruce, Harrow, & Obolenskaya, 2007; Freeman, Goetz, Richards, & Groenveld, 1991; Huurre, 2000; Huurre & Aro, 1998; Kef & Dekovic, 2004; Rosenblum, 2000). However, although adolescents with visual impairments tended to have a smaller network of family and friends compared to sighted adolescents, they were satisfied and believed they were receiving enough support from parents and peers (Huurre, 2000; Kef, 2002; Schinazi, 2007). The current study found that adolescents with visual impairments in Jordan perceived more support from all three sources assessed than did sighted adolescents, a result that is inconsistent with previous research, including the study conducted in

Jordan by Shawareb (2005). Thus, further research is needed on the social support of students with visual impairments in Jordan and other Arab countries.

The disparities in experiences of adolescents with visual impairments in developed and developing countries may be attributed to differences in cultural values as well as the conceptualization of support. Varnum, Gossman, Kitayama, and Nisbett (2009) noted that cultures differ in their social orientation; they may be independence oriented or interdependence oriented. *Independently oriented cultures* emphasize autonomy and view the self as separated from social others, whereas *interdependently oriented cultures* emphasize relatedness and connection and view the self as interconnected with social others (Varnum et al., 2010). According to these researchers' conceptualization of cultures, the Arab culture is more interdependent. In this culture, even nondisabled adult children may continue to live with their parents after marriage and defer to parents or elders for major decision making.

Furthermore, the current study found that girls, compared to boys, received less social support. However, the differences were small and lacked statistical significance. This finding is consistent with the results of many previous studies like those conducted by Oppedal, Roysamb, and Sam (2004) and Undheim and Sund (2005), which did not reveal significant gender differences in the amount of social support experienced by adolescents with visual impairments. In cross-cultural research, the differences in perceptions of support have been directly tied to culture (Kim et al., 2008; Mortenson, Lui, Bursleson, & Lui, 2006). Although gradually

changing, Arab societies in general are still patriarchal; thus, there are significant differences between how males and females are raised. In such societies, females have traditionally been assigned a subordinate status (Abudabbeh, 2005).

With its focus on general social support and on comparing adolescents with and without visual impairments, this study leaves some research questions unanswered. Future research on social support among adolescents with visual impairments in Arab countries may attempt to answer questions like: Are there differences in the perception of social support between adolescents with blindness and those with visual impairments? Do adolescents with visual impairments attending mainstream schools receive different types and levels of social support than those attending special education schools? What types and sources of social support are most available and helpful to adolescents with visual impairments?

LIMITATIONS

The present study has several limitations that need to be taken into account when considering its findings. One major limitation was that the sample was a purposefully selected sample. In addition, the sample size was relatively small. Given this, caution should be exercised in interpreting the results and making generalizations about adolescents in Jordan. Another limitation was that the dimensions of social support that were measured in this study were limited to those covered in the scale used. Therefore, the results are limited to the domains measured by this tool only. A third limitation is that this study surveyed perceptions of social support among adolescents with visual im-

pairments in only one Arab country, Jordan. Yet, there are 22 Arab countries that are quite varied in terms of history, religion, economics, politics, and traditions, which limits the generalization of the findings of this study. This variability reflects on the conditions of persons with disabilities in these countries. Thus, there is a clear need for further research on this subject in other Arab countries. The fourth limitation is that it relied on a self-report questionnaire to collect information from participants. Self-reports have several disadvantages, among which credibility (self-reports are subject to various sources of inaccuracy) is the most important (Robins & John, 1997).

Finally, it should be noted that the current study used a quantitative approach to investigate the perceptions of social support. Future researchers can use other research methodologies (for instance, qualitative research) to study the social support adolescents with visual impairments receive either from their parents or peers or others. In such research, several tools can be used (such as in-depth interviews, informal observation, and case studies) to reflect the experiences and stories of adolescents with visual impairments.

Conclusion

This study showed that the sample of adolescents with visual impairments studied reported higher levels of perceived social support than did the sample of sighted adolescents. It was also found that girls reported less social support than boys; however, that difference was small and lacked statistical significance. These results are generally inconsistent with the findings of previous studies, nearly all of

which were conducted in Western countries. Thus, more research is needed on social support in Arab countries. More cross-cultural research is also needed on this issue.

References

- Abudabbeh, N. (2005). Arab families: An overview. In M. McGoldrick, J. Giordano, & N. Garcia-Preto (Eds.), *Ethnicity and family therapy* (3rd ed.), pp. 423–436. New York: The Guilford Press.
- Agbaria, Q., Ronen, T., & Hamama, L. (2012). The link between developmental components (age and gender), need to belong and resources of self-control and feelings of happiness, and frequency of symptoms among Arab adolescents in Israel. *Children and Youth Services Review, 34*, 2018–2027.
- Alkhateeb, J. (2009). *Special education research in Arab countries (1998–2007). An analysis of trends, quality, and relationship with educational practices* (unpublished report, in Arabic). Amman: The University of Jordan.
- Bal, S., Crombez, G., Van Oost, P., & Debourdeaudhuij, I. (2003). The role of social support in well-being and coping with self-reported stressful events in adolescents. *Child Abuse & Neglect, 27*, 1377–1395.
- Boudreault-Bouchard, A., Hains, J., Vandermeersch, J., Laberge, L., & Perron, M. (2013). Impact of parental emotional support and coercive control on adolescents' self-esteem and psychological distress: Results of a four-year longitudinal study. *Journal of Adolescence, 36*, 695–704.
- Bruce, I., Harrow, J., & Obolenskaya, P. (2007). Blind and partially sighted people's perceptions of their inclusion by family and friends. *British Journal of Visual Impairment, 25*(1), 68–85.
- Chang, S. C.-H., & Schaller, J. (2000). Perspectives of adolescents with visual impairments on social support from their parents. *Journal of Visual Impairment & Blindness, 94*(2), 69–84.
- Cimarolli, V. R., Reinhardt, J. P., & Horowitz, A. (2006). Perceived overprotection: Support gone bad? *Journal of Gerontology: Social Sciences, 61*, S18–S23.
- Cimarolli, V. R., & Wang, S. (2006). Differences in social support among employed and unemployed adults who are visually impaired. *Journal of Visual Impairment & Blindness, 100*, 545–556.
- Cohen, S., & Wills, T. A. (1985). Stress, social support and the buffering hypothesis. *Psychological Bulletin, 98*, 310–357.
- Cutrona, C., Russell, D., & Rose, J. (1986). Social support and adaptation to stress by the elderly. *Psychology and Aging, 1*, 47–54.
- Doyle, Y., Moffat, P., & Corlett, S. (1994). Coping with disabilities: The perspective of young adults from different ethnic backgrounds in inner London. *Social Science and Medicine, 38*, 1491–1498.
- Feldman, R. S. (1998). *Child development*. Upper Saddle River, NJ: Prentice Hall.
- Freeman, R. D., Goetz, E., Richards, D. P., & Groenveld, M. (1991). Defiers of negative predictors: A 14-year follow-up study of legally blind children. *Journal of Visual Impairment & Blindness, 85*, 365–370.
- Glover-Graf, N. M., Millington, M., & Marin, I. (2011). *Psychosocial aspects of disability: Insider perspectives and strategies for counselors*. New York: Springer.
- Groce, N. E. (2004). Adolescents and youth with disability: Issues and challenges. *Asia Pacific Disability Rehabilitation Journal, 15*(2), 13–32.
- Gunuc, S., & Dogan, A. (2013). The relationships between Turkish adolescents' Internet addiction, their perceived social support and family activities. *Computers in Human Behavior, 29*(6), 2197–2207.
- Hadidi, M. (1998). Educational services for visually impaired children in the Arab countries. *Journal of Visual Impairment & Blindness, 92*(7), 535–538.
- Hadidi, M. S., & Alkhateeb, J. M. (2012). Loneliness among students with blindness and sighted students in Jordan: A brief report. *International Journal of Disability, Development and Education, 59*(4), 409–414.
- Hale, C. J., Hannum, J. W., & Espelage, D. L. (2005). Social support and physical health:

- The importance of belonging. *Journal of American College Health*, 53, 276–284.
- Health Grades. (2013). *Statistics by country for vision impairment*. Golden, CO: Author. Retrieved from: http://www.rightdiagnosis.com/v/vision_impairment/stats-country.htm
- Huurre, T. (2000). *Psychosocial development and social support among adolescents with visual impairment* (doctoral dissertation). Tampere, Finland: University of Tampere.
- Huurre, T. M., & Aro, H. M. (1998). Psychosocial development among adolescents with visual impairment. *European Child & Adolescent Psychiatry*, 7(2), 73–78.
- Huurre, T. M., & Komulainen, E., J. (1999). Social support and self-esteem among adolescents with visual impairments. *Journal of Visual Impairment & Blindness*, 93(1), 26–37.
- Kef, S. (1997). The personal networks and social supports of blind and visually impaired adolescents. *Journal of Visual Impairment & Blindness*, 91(3), 236–244.
- Kef, S. (2002). Psychosocial adjustment and the meaning of social support for visually impaired adolescents. *Journal of Visual Impairment & Blindness*, 96, 22–37.
- Kef, S., & Dekovic, M. (2004). The role of parental and peer support in adolescents' well-being: A comparison of adolescents with and without a visual impairment. *Journal of Adolescence*, 27(4), 453–466.
- Kef, S., Hox, J., & Habekoth, H. (2000). Social networks of visually impaired and blind adolescents: Structure and effect on well-being. *Social Networks*, 22(1), 73–91.
- Kelly, S. A., Melnyk, B. M., Jacobson, D. L., & O'Haver, J. A. (2010). Correlates among healthy lifestyle cognitive beliefs, healthy lifestyle choices, social support, and healthy behaviors in adolescents: Implications for behavioral change strategies and future research. *Journal of Pediatric Health Care*, 25(4), 216–223.
- Khatib, Y., Bhui, K., & Stansfeld, S. A. (2013). Does social support protect against depression & psychological distress? Findings from the RELACHS study of East London adolescents. *Journal of Adolescence*, 36, 393–402.
- Kim, H. S., Sherman, D. K., & Taylor, S. E. (2008). Culture and social support. *American Psychologist*, 63, 518–526.
- Lavigne, J. V., & Faier-Routman, J. (1993). Correlates of psychological adjustment to pediatric physical disorders: A meta-analytic review and comparison of existing models. *Journal of Developmental and Behavioral Pediatrics*, 14, 117–123.
- Liat-Hamama, L., & Ronen-Shenhav, A. (2012). Self-control, social support, and aggression among adolescents in divorced and two-parent families. *Children and Youth Services Review*, 34, 1042–1049.
- McIlvane, J. M., & Reinhardt, J. P. (2001). Interactive effect of support from family and friends in visually impaired elders. *Journal of Gerontology: Psychological Sciences*, 56(6), 374–382.
- Mirkin, B. (2013). *Arab spring: Demographics in a region in transition*. New York: United Nations Development Programme. Retrieved from <http://www.arab-hdr.org/.../AHDR%20ENG%20Arab%20Spring%20Mirkinv3>
- Mortenson, S., Lui, M., Burleson, B. R., & Lui, Y. (2006). A fluency of feeling: Exploring cultural and individual differences (and similarities) related to skilled emotional support. *Journal of Cross-Cultural Psychology*, 37, 366–384.
- Ng, C. G., Siddiq, A. N., Aida, S. A., Zainal, N. Z., & Koh, O. H. (2010). Validation of the Malay version of the Multidimensional Scale of Perceived Social Support (MSPSS-M) among a group of medical students in Faculty of Medicine, University Malaya. *Asian Journal of Psychiatry*, 3, 3–6.
- Norusis, M. (2006). *SPSS 14.0 guide to data analysis*. Upper Saddle River, NJ: Prentice Hall.
- Oppedal, B., Roysamb, E., & Sam, D. L. (2004). The effect of acculturation and social support on change in mental health among young immigrants. *International Journal of Behavioral Development*, 28(6), 481–494.
- Pinquart, M., & Pfeiffer, J. P. (2011). Bullying in German adolescents attending a special school for students with visual

- impairment. *British Journal of Visual Impairment*, 29(3), 163–176.
- Reinhardt, J. P. (1996). The importance of friendship and family support in adaptation to chronic vision impairment. *Journal of Gerontology: Psychological Sciences*, 51, 268–278.
- Robins, R. W., & John, O. P. (1997). The quest for self insight: Theory and research on accuracy and bias in self-perception. In R. Hogan, J. A. Johnson, & S. R. Briggs (Eds.), *Handbook of personality psychology* (pp. 649–679). San Diego, CA: Academic Press.
- Rosenblum, P. L. (2000). Perceptions of the impact of visual impairment on the lives of adolescents. *Journal of Visual Impairment & Blindness*, 94(7), 434–445.
- Sacks, S. Z., & Wolffe, K. E. (2006). *Teaching social skills to students with visual impairments: From theory to practice*. New York: AFB Press.
- Sacks, S. Z., Wolffe, K. E., & Tierney, D. (1998). Lifestyles of students with visual impairments: Preliminary studies of social networks. *Exceptional Children*, 64(4), 463–478. Retrieved from ERIC database (EJ570233).
- Sarason, B. R., Sarason, I. G., & Pierce, G. R. (1990). *Social support: An interactional view*. New York: Wiley.
- Schinazi, V. R. (2007). *Psychosocial implications of blindness and low-vision*. London: Centre for Advanced Spatial Analysis, University College London. Retrieved from <http://www.bartlett.ucl.ac.uk/casa/pdf/paper114.pdf>
- Schultz, A. W., & Liptak, G. S. (1998). Helping adolescents who have disabilities negotiate transitions to adulthood. *Issues in Comprehensive Pediatric Nursing*, 21, 187–201.
- Seeman, T. E. (1996). Social ties and health: The benefits of social integration. *Annals of Epidemiology*, 6, 442–451.
- Shawareb, M. (2005). *Self-esteem and its relationship with visual status, age, gender, and social support among students with visual impairments* (Doctoral dissertation, in Arabic). Jordan: Amman Arab University.
- Sherbourne, C. D., Meredith, L. S., Rogers, W., & Ware, J. E. (1992). Social support and stressful life events: Age differences in their effects on health-related quality of life among the chronically ill. *Quality of Life Research*, 1(4), 235–246.
- Sin, M., Kang, D., & Weaver, M. (2005). Relationships of asthma knowledge, self-management, and social support in African American adolescents with asthma. *International Journal of Nursing Studies*, 42(3), 307–313.
- Smedema, S. M., & McKenzie, A. R. (2010). The relationship among frequency and type of Internet use, perceived social support, and sense of well-being in individuals with visual impairments. *Disability and Rehabilitation*, 32, 317–325.
- Tabbara, K. F. (2001). Blindness in the eastern Mediterranean countries. *British Journal of Ophthalmology*, 85, 771–775.
- Taylor, S. E. (2011). Social support: A review. In M. S. Friedman (Ed.), *The handbook of health psychology* (pp. 189–214). New York: Oxford University Press.
- Thoits, P. A. (1995). Stress, coping and social support processes: Where are we? What next? *Journal of Health and Social Behavior*, 35, 53–79.
- Uchino, B. (2009). Understanding the links between social support and physical health: A life-span perspective with emphasis on the separability of perceived and received support. *Perspectives on Psychological Science*, 4, 236–255.
- Uchino, B. N., Cacioppo, J. T., & Kiecolt-Glaser, J. K. (1996). The relationship between social support and physiological processes: A review with emphasis on underlying mechanisms and implications for health. *Psychological Bulletin*, 119, 488–531.
- Undheim, A. M., & Sund, A. M. (2005). School factors and the emergence of depressive symptoms among young Norwegian adolescents. *European Child & Adolescent Psychiatry*, 14(8), 446–453.
- Varnum, M. E., Grossmann, I., Kitayama, S., & Nisbett, R. E. (2010). The origin of cultural differences in cognition: Evidence for the social orientation hypothesis. *Current Directions in Psychological Science*, 19, 9–13.

Williams, P., Barclay, L., & Schmied, V. (2004). Defining social support in context: A necessary step in improving research, intervention, and practice. *Qualitative Health Research*, 14(7), 942–960.

World Health Organization. (2012). *Visual impairment and blindness—fact sheet No. 282*. Geneva: Author. Retrieved from <http://www.who.int/mediacentre/factsheets/fs282/en/>

Zimet, G., Dahlem, N., Zimet, S., & Farley, G. (1988). The multidimensional scale of

perceived social support. *Journal of Personality Assessment*, 52, 30–41.

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