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# A comparison of the alexithymia, self-compassion and humour characteristics of the parents with mentally disabled and autistic children

Aydan Aydın<sup>a\*</sup>

<sup>a</sup> *Marmara University Atatürk Education Faculty Special Education Department, 34722 Göztepe, Kadıköy İSTANBUL*

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## Abstract

In this research study, the scores of parents with mentally disabled and autistic children in the alexithymia, self-compassion and humour styles scales are compared and their scores are investigated focusing on the diagnosis of their children variable. Based on the relational screening model, this research study involves 120 mothers and fathers having children diagnosed with alexithymia and autism. As a result of the study, it was found that the comparison of the fathers-mothers' total scores in the alexithymia, self-compassion and humour styles scales and their sub-scale scores revealed that the only difference is in the over-identification sub-dimension of the self-compassion scale; moreover, regarding the question whether the scale scores vary depending on the variable of the diagnosis of their children, it was found that there is no statistically significant difference in the scale scores considering this variable.

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*Keywords:* Mentally disabled, autistic children, alexithymia, self-compassion, humour characteristics, parents

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## 1. Introduction

Children start to interact with their parents the moment they are born and gain the first life experiences from their parents who have a vital role in their children's behaviors. The initial interaction between the parents and children

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\* Aydan Aydın. Tel.: +90-532-482-15-98; fax: +90-216-338-80-60.  
E-mail address: [aydanaydin@marmara.edu.tr](mailto:aydanaydin@marmara.edu.tr)

influence the way they establish relationships in their future years, and the experiences provided by the parents pave the way for the children's communication skills. During the mutual interaction between the children and the parents, it becomes a reality that that mothers and fathers have an influence on their children's behavioral patterns and their personality traits. This is also true for the relationship between mentally disabled and autistic children and their parents; in other words, parental characteristics affect the way these parents communicate with their children as well.

Studies carried out in the field of personality development put forth the idea that the genetic factors, initial experiences in the family and the events encountered in life are all responsible for the development of the personality (Tezel Şahin, 2005). When it comes to the mentally disabled and autistic children, in addition to the characteristics associated with the diagnosis of these children; the communication parents have with them, how parents set a model for them, to what extent and how they respond to their children's behaviors have an effect on the development of their children's behavior. On the other hand, parents are under the influence of their children's certain behaviors, especially because of their children's disability. In brief, this is a reciprocal process in that while the characteristics of the parents affect their children's behavior, the disability level of the children may cause different influences on the parents.

The responsibility for looking after the mentally disabled children generally belongs to the mother in all cultures. The psychological adaptation of the mothers with mentally disabled children is lower than fathers as well as the mothers having children with no disabilities. It was found that although the demands of mentally disabled children for care are higher, fathers of such children involve in the process of looking after and educating their children less than the fathers and mothers of children with no disabilities (Kaner, 2009). The findings of many studies focusing on the families with mentally disabled children can be summarized as follows: families experience the feeling of social isolation (Kearney and Griffin 2001), mothers do not allocate enough time for themselves because of spending too much time for the care of their children (Sarı et al., 2006), they experience emotional exhaustion more than other mothers having children with no mental disabilities (Duygun, 2001), their anxiety levels are always high, (Coşkun and Akkaş, 2009) and the levels of their depression are also high (Bahar et al., 2009; Albaş, 1999). Some other studies revealed the following results: parents with autistic children are more passive in social communication (Whitehouse, Coon, Miller, Slisbury and Bishop, 2010), their mutual social interaction deteriorates, they have lack of concentration on the topics during conversations, their personality turns out to be cold, rigid and aloof and they have difficulty and constraints when it comes to adapting to the changes (Gerdtts and Bernier, 2011, Bishop et.al., 2004, Hurley et.al., 2007). As for individuals with autistic disorders, it would be true to state that there is a fundamental problem with their feelings. They are unable and indifferent to the understanding and interpretation of others' feelings and they have difficulty in expression their own feelings. (Korkmaz, 2000; 2010, Robledo and Hamkucharski, 2005, Fazlıoğlu and Yurdakul, 2009, Zager, et.al., 2012). As they are rarely or never able to understand others' feelings, they have a block when it comes to sharing their happiness or sadness (Wing, 2012). They also have difficulty in interpreting people's facial expressions or their emotion in their voices (Baron-Cohen, 2008). Moreover, they cannot see the clues embedded in the emotional expressions (Bernier and Gerdtts, 2010). Taking all these characteristics into consideration, one can remember the characteristics of the alexithymia which is another communication problem. Alexithymia is a term used to refer to the characteristics of individuals who do not seem to be able to understand their feelings and to those who have lack of words to describe these feelings (Szatmari et.al.,2008). It can also be described as a cognitive-affective communication disorder experienced by children and the adult (Way, Yelsma, Van Meter and Black-Pond, 2007). The frequency of alexithymia is 5,3% for females while it is 9,4% for males (Joukamaa, et. al., 2003). When compared to the general population and the parents having children with other developmental disorders, parents with autistic children have alexithymia more frequently (Szatmari, et. al.,2008). In another research study whose participants were parents with autistic children, it was found that 56,8% of the mothers with autistic children have alexithymic characteristics while the percentage of fathers with such characteristics is 60,4 (Saraç, 2013). Some other researchers maintain that alexithymia might result from genetic factors, physical or psychological diseases, traumatic experiences, advanced depression and anxiety or stress (Lesser, 1981, Way, et.al., 2007, Thompson, 2009). It was also pointed out that parents with autistic children experience more stress and depression than the parents having children with other developmental problems (Bailey, Phillips and Rutter, 1996), and thus, it is likely that the hardships arising from autism justify why parents with autistic children have alexithymia more frequently. However, De Sousa (2010) asserts that the alexithymia scores of the mothers with mentally disabled children are higher than mothers with autistic children; in addition, while alexithymia is regarded as a personality trait independent from the daily stress-generating situations, it affects the

response given to such situations. Bratis, et al. (2009), on the other hand, state that individuals experiencing feelings such as emotional exhaustion, depersonalization and those without sufficient family support and with a low sense of personal accomplishment have alexithymic characteristics more. At this point, the issue of self-compassion is considered to be one of the characteristics enabling parents with mentally disabled and autistic children to deal with the problems resulting from the disability of their children and to feel good about themselves. It is likely that individuals with high levels of self-compassion are in an advantageous position than those with low levels of self-compassion in terms of psychological health because self-compassion enables people not to exaggerate their feelings of pain and error, not to criticize themselves too harshly to harm themselves and not to have the feeling of isolation (Wood, Saltzberg, Neale and Stone, 1990). Besides, individuals with high levels of self-compassion do not over-identify themselves with their feelings and thoughts (Nolen-Hoeksema, 1991). It is also likely that that because females tend to be more empathetic than males (Eisenberg and Lennon, 1983), they have higher levels of self-compassion than males. Conversely, some research studies exploring the relationship between self-compassion and gender (Raes, 2010, Kirkpatrick, 2005; Neff, Hsieh, Dejitterat, 2005; Neff 2003a; Neff and Vonk, 2009) showed that females are slightly less self-compassionate than males. Self-compassion encourages people to be able to intact with themselves, to develop empathy, to be sympathetic and sensitive and to be tolerant of the problems (Gilbert and Procter, 2006); thus, it can be argued that higher levels of self-compassion are related to their psychological well-being (Neff, 2009), and self-compassion can be regarded as an important means of coping with negative life experiences (Allen and Leary, 2010). On the other hand, humour is another way of overcoming problems individuals encounter in their daily lives. Humour not only paves the way for the development of interpersonal relationships but also helps individuals to express stress in a reasonable way and to reduce the tension in general (Semrud-Clikeman and Glass, 2010). It also makes people approach problems optimistically and positively (Chinery, 2007). Being a social construct that has to be shared (Hoicka and Akhtar, 2012), humour can be used as a means of self-acceptance and developing hearty relationships with other people (Martin, Puhlik- Doris, Larsen, Gray and Weir, 2003). It would be fair to state that parents who can approach their mentally disabled and autistic children with self-compassion and express their experiences in a humorous way can interact with their children more effectively and cope with their problems. The relationship between the mother-father and the child is a mutually nourishing relationship. Starting from the babyhood, parents try to communicate with their children using gestures-mimics, coquetry and verbal expressions. On one hand, parents with children passing through normal developmental processes are responded by their children in case of any endeavours to create the communication, and thus parents try new ways of communication as a means of strengthening the bond between their children and themselves. On the other hand, because the communication attempts of parents with autistic children are refused and not responded by their children, they might be unwilling to communicate with their children. As for mentally disabled children, it would be true to state that on account of the delay and the inadequacies in their language development, they have difficulties in communicating with their parents. It might sometimes be some parental characteristics that may cause the inability of parents to successfully communicate with their children. The communication may also vary depending on the father and the mother. Especially in our society, mothers take up the main role to look after their children, which results in the perception of mothers as the caregivers. Thus, more communication opportunities are existent between the child and the mother while the father tends to spend fun time with their children rather than looking after them. In brief, the general characteristics of father and mothers, their abilities to be able to respond to what is expected from them and the gender-specific characteristics all have an influence on the way they communicate with their children. According to Baron-Cohen (2008), while the female brain surpasses the male brain in terms of the understanding of the feelings and empathy, the male brain overturns the female brain when it comes to systematic thinking. This condition might lead us to think that fathers and mothers have different ways of communicating with their children. Furthermore, it could be argued that whether parents have mentally disabled and autistic children also has an effect on their behavioral patterns. In some studies, it was found that the parents with autistic children have higher level of broad autism phenotype characteristics than the parents with normally developing children in the areas of social skills and communication (Bishop et al., 2004, Köse et al., 2013). It was also suggested that mild disorders in social communication especially affect the males (Skuse, Bruce, Dowdney and Mrazek, 2011). Taking all these findings into account, it would be true to point out that fathers and mothers with mentally disabled and autistic children have different characteristics and these differences arise from the genders of the parents and what their children were diagnosed with. Now that the alexithymia, self-compassion and humour styles of mothers and fathers with mentally disabled and autistic children affect their communication with their children, the comparison of fathers and mothers depending on these characteristics makes up the main focus of the

current study. This study aims to compare the alexithymia, self-compassion and humour styles scores of fathers and mothers with mentally disabled and autistic children, and the results are investigated depending on the diagnosis of their children variable.

## 2. Method

- 2.1 Research Design: In this study, the relational screening model was used to compare the scores obtained from fathers and mothers with autistic children in the Humour Styles Scale, Self-compassion Scale, and the Toronto Alexithymia Scale. Therefore, depending on the type and distribution of data, the Student t test was applied. Whereas, the correlation model was used as a relational screening model to explore the relationship between the diagnosis of the child and the scores of mothers and fathers. For this, the variance analysis was chosen.
- 2.2 Sample: The sample of the study includes 14 rehabilitation centres chosen among different rehabilitation centres in the Istanbul province by means of convenience sampling and 120 children with special needs and their parents. According to Ross (2005), convenience sampling is a sampling method in which the groups to be involved in the sample of the study are determined on the basis of suitability or accessibility for the researcher. Among the children in the sample of the study, 76 (63.3%) were diagnosed with autism and 38 (31.7%) were diagnosed with mental disability. While 32 (26.7%) of them were female, 86 (71.7%) were male. On the other hand, 34 (34.7%) of them were between the ages of 0-6, 61 (50.8%) of them ranged from 6 to 12. Also, 24 (20%) of them were between the ages of 12-18. As far as the characteristics of the parents are concerned, 57 (57%) of the mothers and 36 (30.2%) of the fathers were under the age of 35. Also, 61 (49.6%) of the mothers and 46 (38,9%) of the fathers were graduates of primary schools while the remaining graduated from high-school and university. Finally, 93 (80.9%) of the mothers were housewives while 44 (39.6%) of the fathers were self-employed.
- 2.3 Data analysis: Student t test was applied because the numeric variables found as a result of the analysis of the comparison of variables between the father and the mother were found to show normal distribution patterns at acceptable levels. The effects of dichotomous independent variables on the total scores of the scales treated as numeric variables were investigated by means of two way analysis of variance. Whether there is interaction between independent variables was explored, and this was done using the simple main effects of the sub-groups of child gender and the diagnosis. All the analysis was done using the licensed SPSS 21.0. Significance of  $p < 0.05$  was used as the threshold.

### 2.4 Data Collection Instruments:

2.4.1. Self-compassion Scale: Created by Neff (2003), the Self-compassion Scale assesses the qualities related to the sub-dimension of self-compassion and is a self-assessment instrument based on the individual's providing information about his/her own self (Soyer, 2010). Containing 26 items, the Self-compassion Scale was found to have 6 sub-dimensions making up the concept of self-compassion as a result of the confirmatory factor analysis: self-judgment against self-kindness, isolation against common humanity and over-identification against mindfulness. The adaptation of the Self-compassion Scale, the reliability and the validity of the study were done by Akin, Akin and Abacı in 2007. 633 students at the Education Faculty of Sakarya University participated in their study. Firstly, the linguistic equivalence of the scale was examined, and after it was realized that the scaled has linguistic equivalence, the reliability and the validity of the scale were analyzed. The confirmatory factor analysis in the study revealed that the scale was compatible with the original form ( $\chi^2 = 779.01$ ,  $sd = 264$ ,  $p = 0.00$ ,  $RMSEA = .056$ ,  $NFI = .95$ ,  $CFI = .97$ ,  $IFI = .97$ ,  $RFI = .94$ ,  $GFI = .91$  and  $SRMR = .059$ ). The internal consistency coefficients were found to be between .72 and .80, and the test-retest reliability coefficients were found to be between .56 and .69. Also, the corrected item-total correlations of the scale were found to be between .48 and .71, and it was revealed that all the differences between the 27% of the means of the high-low groups were significant (Akin, Akin and Abacı, 2007).

2.4.2. Humour Styles Scale: The scale developed by Martin, Puhlik-Doris, Larsen, Gray and Weir (2003) aims to assess four different dimensions through seven likert-type 32 items pertaining to the individual differences affecting the humor styles. The Humour Styles Scale was adapted into Turkish by Yerlikaya (2003) who carried out the study with 1363 students attending different faculties at Çukurova University. With a sample of 530 students, the piloting of the scale was done while the construct validity of the scale was tested with a sample of 495 students. The criterion-related validity studies were carried out through the involvement of two different sample groups consisting of 137 and 138 students, and the test-retest reliability studies were conducted in a fifteen-day interval with the

involvement of a sample of 63 participants. Within the scope of the adaptation of the scale, the scale was translated and the translated scale was evaluated by translation experts; in addition, though the back translation method, the equivalence of the translated scale to its original form was tested and studies related to the construct validity, criterion validity and internal consistency as well as the test-retest reliability were conducted. The findings of the study revealed that the scale was comprised of four factors as determined in its original form, and each factor was found to be equivalent to four sub-scales including eight items. The percentage variance explanation of the obtained four factors is 36,88%. Core values of the factors are respectively as follows: Self-enhancing humour (SEH): 5.22, Affiliative Humour (AH): 2.97, Aggressive Humour (OH): 1.90 and Self-defeating Humour (SDH): 1.70. The variance description percentages are respectively as follows: 16.34, 9.28, 5.97 and 5.30. The Cronbach alpha internal consistency coefficients of the sub-scales were found to be between .67 and .78, and the test-retest correlation coefficients were found to be between .83 and .88 (Yerlikaya, 2003).

2.4.3. Toronto Alexithymia Scale (TAS-20): The scale developed by Bagby, Parker and Taylor in 1993 is a self-assessment scale. Compatible with the structure of alexithymia in theory, the scale originally including 26 items has been developed by improving its psychometric features. The scale used for the study has 20 items and is scored between 1-5. It has three sub-scales, such as difficulty identifying feelings (TAS-1), difficulty describing feelings (TAS-2) and externally-oriented thinking (TAS-3) (Bagby, et al., 1994a). Two studies have been carried out pertaining to the item selection and the factor structure of the scale (Bagby, et al., 1994a, Bagby, Parker and Taylor, 1994b). High scores show high levels of alexithymia. The Toronto Alexithymia Scale was adapted into Turkish by Güleç et al. (2009), and it was found that the adapted version was in line with the three factor structure of the original version. After the investigation of the scale's and its sub-scales internal consistency, it was revealed that the alpha value was  $\alpha=0.78$  for the total scale and the following alpha values were found for the 3 factors respectively: 1. factor  $\alpha=0.80$ , 2. factor  $\alpha=0.57$  and 3. factor  $\alpha=0.63$ . The correlation between the 1. and the 2. factors was found to be 0.53 while the correlation between 1. and 3. factors was found to be 0.12. Finally, the value was 0.36 for the correlation between the 2. and 3. factors. The corrected item-total correlation was found to be between 0.22-0.48, and thus considered to be statistically meaningful.

### 3. Results

**Table 1.** The comparison of parents' scale scores

	Mother	Father	T score	DF	P value
Total Humour Score	108.9 (19.6)	111.3 (17.5)	-0.99	230	0.33
Affiliate humour score	36.9 (7.7)	36.5 (8)	0.47	236	0.64
Self-enhancing humour score	29.8 (8.4)	30.5 (8.6)	-0.68	235	0.50
Aggressive humour score	20.8 (7.3)	21.9 (6.8)	-1.23	236	0.22
Self-defeating humour score	21.5 (6.6)	22.8 (7.3)	-1.36	234	0.18
Total score of the self-compassion scale	3.5 (0.6)	3.5 (0.5)	0.02	233	0.99
Self-kindness	3.1 (0.9)	3.1 (0.9)	0.29	230	0.77
Self-judgment	3.8 (0.8)	3.7 (0.8)	1.15	230	0.25
Common humanity	3.2 (0.8)	3.1 (0.8)	1.12	229	0.26
Isolation	3.5 (0.8)	3.7 (0.9)	-1.17	233	0.24
Mindfulness	3.4 (0.8)	3.3 (0.9)	0.75	233	0.46
Over-identification	3.6 (0.9)	3.8 (0.8)	-2.02	224	<b>0.04</b>
Total score of the Toronto Alexithymia Scale	55 (8.8)	54.2 (9)	0.72	231	0.47
Difficulty identifying feelings	14.9 (5.2)	14.3 (4.9)	0.98	230	0.33
Difficulty identifying feelings	13.7 (3.1)	13.8 (3.3)	-0.17	232	0.87
Externally-oriented thinking	26.5 (4.3)	26.1 (4.6)	0.60	230	0.55

\*DF: degree of freedom

As the variables of the scale scores show an adaptable level of normal distribution pattern, the comparison between fathers and mothers were made by means of Student t test. As a result of the comparison of mothers and fathers in terms of their total scale scores and sub-scale scores, it was realized that the only difference was in the

over-identification sub-score of the self-compassion scale ( $t$  score= -2.02,  $P= 0.04$ ).

**Table 2.** The comparison of scale scores depending on the diagnosis of the child and the gender of the parent

Comparison of Humour	Test	P
The interaction between diagnosis and parent's gender		$F(1,215)=0.03, P=0.864$
Comparison of parent with autistic children		$F(1,215)=1.20, P=0.275$
Comparison of parent with mentally disabled children		$F(1,215)=0.31, P=0.579$
Comparison of Self-compassion		P
The interaction between diagnosis and parent's gender	<b>Two way ANOVA</b>	$F(1,218)=0.003, P=0.958$
Comparison of parent with autistic children		$F(1,218)=0.002, P=0.962$
Comparison of parent with mentally disabled children		$F(1,218)=0.001, P=0.976$
Comparison of Toronto		P
The interaction between diagnosis and parent's gender		$F(1,217)=0.20, P=0.656$
Comparison of parent with autistic children		$F(1,217)=0.85, P=0.357$
Comparison of parent with mentally disabled children		$F(1,217)=0.01, P=0.926$

The effect of the dichotomous independent variables such as the parent's gender and the diagnosis of the child on the total scores of the Self-compassion Scale, Humour Styles Scale and the Toronto Alexithymia Scale, which were the numerical variables of the study, were explored using the two way variance analysis. As a result of the two way variance analysis, it was found that there is no interaction between the diagnosis of the child and the gender of the parent in terms of the total score of the Humour Styles Scale ( $F(1,215)=0.03, P=0.864$ ), the Self-compassion Scale ( $F(1,218)=0.003, P=0.958$ ) and the Toronto Alexithymia Scale ( $F(1,217)=0.20, P=0.656$ ). Also, it was found that there is no statistically significant difference between the parents of the autistic children and the mentally disabled children in terms of the average total score of the Humour Styles Scale (respectively  $F(1,215)=1.20, P=0.275$ ;  $F(1,215)=0.31, P=0.579$ ), Self-compassion Scale (respectively  $F(1,218)=0.002, P=0.962$ ;  $F(1,218)=0.001, P=0.976$ ) and the Toronto Alexithymia Scale (respectively  $F(1,217)=0.85, P=0.357$ ;  $F(1,217)=0.01, P=0.926$ ).

#### 4. Discussion

This research study was intended to investigate the comparison of the scores mothers-fathers with autistic and mentally disabled children obtained in the alexithymia, self-compassion and the humour styles scales. As a result of the study, it was found that considering the comparison of the total scale scores and the sub-scale scores, the only statistically significant difference was in the over-identification sub-score of the self-compassion scale ( $t$  score= -2.02,  $P< .05$ ). This difference, which was found to be in favour of the fathers, showed that fathers experience the feeling of over-identification more than mothers as one of the negative feelings. This finding can be justified referring to the difficulty of father in expressing their feelings and the inability to express feelings because of the attribution of a strong image to the male in our culture. This finding can also be associated with the behaviours expected from the role of fatherhood. According to Neff (2003a), the basic characteristics of the individuals with extreme levels of over-identification are that they get stuck in the negative feelings and thoughts emerging as a result of the negative experiences as well as failures, and they intensively focus on these feelings. It would be fair to state that instead of sharing their feelings and expressing themselves, fathers with mentally disabled and autistic children become more isolated, introverted and prefer to deal with the problems on their own in response to all the hardships they experience. As also maintained by Nolen-Hoeksema (1991), individuals with high levels of self-compassion do not over-identify themselves with their feelings and thoughts. In this study, no significant difference between mothers and fathers was found taking the self-compassion total scores into account. Similarly, no significant difference between genders had been revealed in the studies carried out by İskender (2009) and Neff, Kirkpatrick and Rude (2007). On the other hand, there are some studies indicating that females tend to be more empathetic than males (Eisenberg and Lennon, 1983; Baron – Cohen, 2008) and they are considered to have more self-compassion than me. Still, findings of some other studies (Öveç,2007; Dilek Tel and Sarı, 2011) contradict these views. In addition, studies dealing with the relationship between self-compassion and gender (Kirkpatrick, 2005; Neff, Hsieh, Dejjitrat, 2005; Neff and Vonk, 2009; Soyer. 2010; Raes, 2010, Baker and McNulty, 2011)

revealed that females are slightly less self-compassionate than males. As a result of the study, it was also found that there is no significant difference between fathers and mothers considering the comparison of the empathetic levels of mothers-fathers with autistic and mentally disabled children. Likewise, the literature review in the field yielded no significant difference in the alexithymia levels depending on the variable of gender of the parents with autistic children (Szatmari, et al., 2008). However, it should be noted that some other studies yielded results indicating that alexithymia varies depending on the gender and the alexithymia scores of males are higher than the alexithymia scores of females (Loiselle and Cossette, 2001, Joukamaa, et.al., 2003, Loas, Fremaux, Otmani and Verrier, 1995, Bağcı, 2008). Another finding of the study is that there is no difference between mothers and fathers with autistic and mentally disabled children in their scores of humour styles scale. Reviewing the literature, one can come across findings supporting the view that the style of humour does not vary between females and males (Abel,1998; Crawford, 2003). Nevertheless, there have been studies claiming the opposite by indicating that males can produce more humour than females (Martin and Sullivan, 2013). Additionally, there are traces of findings hinting that females and males use humour in different ways. While females resort to jokes and humour related to common experiences, males are more inclined to use humour associated with status. Besides, it was observed that females use humour more when they are with their fellows, whereas males only rarely use humour when they are with their fellows (Crawford, 2003).

Parents of mentally disabled and autistic children are influenced by the hardships caused by the disabilities of their children in different ways. It can be stated that due to the mission of the mother attributed by the society and the high number of responsibilities in looking after their children, mothers are generally more negatively affected. However, the fact that fathers do not seem to be directly involved in looking after their children does not mean that they are emotionally isolated from their children. Moreover, the difficulties they experience in reaching their children might cause them to feel desperate and hopeless, which might be considered as the reason why mothers and fathers not only become more introverted but also cause fatigue and exhaustion for each other rather than encouragement. In this case, it would be true to state that they exhibit similar behaviour and their humour styles are similarly affected. In the current study, no statistically significant difference was found related to the question whether the characteristics of alexithymia, self-compassion and the humour vary depending on the diagnosis of their children. In an attempt to compare mothers having autistic children with mothers having mentally disabled children in terms of anxiety, depression, alexithymia and general psychological symptoms, Fırat, Diler, Avcı and Seydaoğlu (2002) carried out a study that yielded the following findings: no significant difference was found between the two groups regarding the alexithymia and anxiety, and the scores of mothers with autistic children were found to be higher than those with mentally disabled children in the obsessive-compulsive, interpersonal sensitivity, depression, anxiety, anger-hostility, paranoid thoughts and psychoticism sub-scales. Likewise, Szatmari et al. (2008) compared the alexithymia levels of parents with autistic children and the ones having children with normal developmental functions and revealed that the alexithymia levels of the parents with autistic children were higher. On the other hand, in the study carried out by Fırat (2000), no significant difference was found between the alexithymia scores of mothers with autistic children and the mothers with mentally disabled children. The investigation of the alexithymic characteristics of the Arabic mothers with disabilities revealed that their alexithymia levels and their scores in the depression and anxiety scales are higher than the mothers with children having normal developmental functions. Additionally, it was found that there is a meaningful relationship between the alexithymia and the alexithymia or depression. It was emphasised that mothers having children with disabilities have difficulties in expressing and coping with their feelings, and the emergence of the alexithymic characteristics for these mothers can be attributed to their stressful experiences (Al-Eithan, Al Juban and Robert, 2012). It was also indicated that when compared to parents having children with other developmental problems, parents with autistic children experience a higher amount of stress and depression, and their life quality is lower (Bailey, et.al., 1996); furthermore, it was pointed out that mothers with autistic children face many sources of stress (Marshall and Long, 2010). In another study, it was realized that mothers of autistic children are more strict than the fathers, and the fathers hold a more distant personality trait than the mothers (Seidman, Yirmiya, Milshtein, Ebstein and Levi, 2011); similarly, it was reported in another study that mothers of autistic children are more introverted, frustrated, discouraged, oversensitive and strict than other mothers (De Sousa, 2010). The difficulties families have in communicating with their children and the unknown effects of autism as well as its influence on different behavioural patterns might cause parents with autistic children to feel more desperate than the parents with mentally disabled children. In this case, it is engrossing that there is no significant difference between mothers and fathers with autistic children. This finding can be explained by drawing attention to the fact that the majority of children taking part in the study (70.9%) were over

the age of 6. It can be stated that as the children's age increases, it becomes easier for both mothers and fathers to improve their abilities to get through the challenges they come across during the process of bringing up their children, and they can adapt to this process.

That the self-compassion level of an individual is high is related to his/her psychological well-being (Neff, 2009; Hall, Row, Wuensch, Godley, 2013). Instead of getting stuck in the hopelessness and despair, Individuals can approach and evaluate situations within an appropriate context by means of self-compassion (Gilbert and Procter, 2006). Rather than running away from the problems; self-compassionate people become aware of these problems, approach them consciously, accept them and take responsibility (Allen and Leary, 2010). In addition to self-compassion, humour emerges as a factor alleviating the problems individuals come across. It is an important indication of the existence of coping strategies. Humour is also connected with many cognitive processes such as problem solving, memory, mental flexibility, abstract thinking, reasoning and imagination (Lyons and Fitzgerald 2004). In addition to its connection with the cognitive structure and learning, it is related to the individuals' maintenance of communication and sharing with the people around themselves (Semrud-Clikeman and Glass, 2010). For these reasons, it can be recommended that while designing the educational programs addressing to mentally disabled and autistic children, activities aiming to support families should be included, and training should be provided in order to boost families' awareness of self-compassion and humour

For further studies, it can be suggested that the difference between mothers and fathers should be investigated following their training about self-compassion and humour styles. Besides, it can be recommended that the current study should be redesigned focusing on the comparison of mothers-fathers having children at different ages so that comparisons could be made in certain critical periods such as the time when the children are diagnosed, they start school and when they are in the adolescence period. Additionally, comparisons could be made using different disability groups and data collection instruments.

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