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The Role of Personality in Parenting a Child with Autism Spectrum

Abstract

The study investigates the influence of personality factors on parenting adaptation for parents raising children with autism spectrum disorders, which are increasingly prevalent developmental disorders. The research aimed to explore the relationship between key personality traits associated with competent caregiving and the approach to caring for a child with autism. A sample of 89 parents of children with autism completed questionnaires assessing personality traits, parenting competencies, and parental role fulfillment. The findings revealed significant correlations between specific personality traits and various aspects of parental functioning. Notably, Self-evaluation, Ability to Create Emotional Ties and Assertiveness emerged as crucial traits for accepting and positively fulfilling the parental role. Higher levels of these traits were associated with acceptance of the child and one's own parental role. These insights may prove valuable in developing targeted psychological support programs for parents of children with autism, potentially enhancing their ability to adapt to this role.

Keywords: *personality, autism spectrum disorders, parenting, parental competences, parental role.*

1. The Influence of Parental Personality on Parenting

In 1984, Belsky (1984, pp. 83–96) pointed to personality as an important determinant of parenting, placing it in the model of factors determining the process of implementing the parental role, next to the social and professional environment, marital relations, and the child's characteristics. In a later work (Belsky and Berends, 2002, pp. 415–438), he emphasized that without defining individual differences in the personality of parents, understanding parenting will not be complete. According to knowledge about personality, it is a relatively stable disposition and is important in adapting an individual to the environment. However, it is shaped and developed under the influence of the surrounding environment and life experiences. Hence, the assumption that personality traits shape parenting indirectly influences the broader context in which the parent-child relationship later develops and functions. On the other hand, parents with different personalities will shape the child's upbringing environment in a different way (Tyszkowa, 2014, pp. 124–150). It is also noted that people with specific personality traits tend to develop specific parental attitudes, which allows us to hypothesize their significant relationship with the performance of the parental role (Snow and Donnelly, 2016, pp. 1941–1952; Plopa, 2011, pp. 241–264; Belsky, Crnic and Woodworth, 1995, pp. 905–929). Research in this area is mostly based on the Big Five model, which is treated as a leading construct used to describe both pathological and normal personality functioning (e.g., Sahithya and Raman, 2021, pp. 04–11; Bleidorn *et al.*, 2020, pp. 1207–1225; Cervone and Pervin, 2011, pp. 315–342). It includes the following personality variables: Extraversion, Agreeableness, Conscientiousness, Neuroticism, Openness. The most frequently analyzed personality trait in the context of parenting is neuroticism, which is associated with the tendency to feel anxiety and hostility, experience stress, symptoms of depression, and parental burnout (e.g., Leger *et al.*, 2016, pp. 917–928; Perez Algorta *et al.*, 2020, pp. 1513–1524; Sekułowicz *et al.*, 2022, p. 1187; Zarrin *et al.*, 2021, pp. 35–43), which is not conducive to adapting to parenting a child with developmental difficulties and seeking or effectively using support from other people. High neuroticism in parents may be related with behaviors associated with a high level of anxiety that are less beneficial for the child's development and, as a consequence, lead to overprotective parenting or attributing bad intentions to children and lead to rigorous parenting. A meta-analysis of data from this area suggests that the traits from the Big Five model are associated with parenting, and parents who are more involved in parenting based on closeness and positive interactions, whose mode of action is orderly and consistent, show higher levels of Extraversion, Agreeableness, Conscientiousness and

Openness, and lower Neuroticism (Prinz et al., 2009, pp. 351–362). Theoretical reports and the results of previous studies in this area lead to the conclusion that personality characteristics are important for adaptation to parenting are those related to self-esteem, emotion regulation, and the ability to create close relationships. However, traits such as neuroticism, emotional stability, empathy, openness, and self-esteem are indicated as important for shaping parenting, attachment, and parental attitudes (Piotrowski et al., 2023, pp. 9–23; Slagt et al., 2015, pp. 155–166; Vermaes et al., 2008, pp. 665–674). It should be noted that many of these studies have focused on parenting in its typical course, especially those related to personality. There is a shortage of research on the connection between personality mechanisms and the way of fulfilling the parental role, especially in clinical groups or in its atypical course, such as raising a child with a disability (Kochanska et al., 2004, pp. 744–759; Miniksar Yıldız, 2022, pp. 82). This topic seems to be particularly important in the context of adaptation to parenting other than typical, because it is associated with additional tasks or changes in the family system, and is a greater challenge for these parents, for example, due to the ambiguity of the requirements of the role of a parent of a disabled child or less social support. Little research has been conducted on the personality structure of parents of children with autism spectrum disorder (ASD) in the context of its impact on adaptation to this atypical parenting (e.g., Bölte et al., 2007; Li et al., 2017, pp. 41–47; Snow and Donnelly, 2016, pp. 1941–1952). In the area of personality, the parents obtained significantly higher scores on psychoticism scales and lower scores on extraversion scales (measured by using the Eysenck Personality Questionnaire – EPQ). Their personality characteristics were similar to typical symptoms of autism, which suggests a link with the theory of the broad autism phenotype and the occurrence of difficulties typical of people with ASD in their relatives, for example, in building relationships with others, but not as severe as in a person with autism (Li et al., 2017, pp. 41–47). In their study, Snow and Donnelly (2016, pp. 1941–1952) examined factors including personality traits related to seeking social support. In relation to neuroticism in parents of children with ASD, the analyses showed a negative correlation with seeking social support, and a positive correlation with depression and anxiety. The researchers obtained results indicating higher scores of parents of children with ASD on the assertiveness, which may result from the fact that they play the role of advocates for their children, which would not be revealed in natural conditions and may be a result of their life situation. The role of neuroticism was indicated by Bitsika and Sharpley (2004, pp. 151–161), who obtained high rates of depression and anxiety in parents of children with ASD, which was positively correlated with neuroticism. Ghadampour et al. (2020, pp. 340–355) showed that maternal

personality generally influences children's mental health. In their studies, Extraversion, Neuroticism, and maternal Openness were positively correlated with child psychopathology, whereas Agreeableness and Conscientiousness were correlated negatively. Researchers have pointed out, like Israel Cervera-Solís *et al.* (2022, pp. 243–251), the protective effect of Agreeableness and Conscientiousness on maternal personality on the prevention of psychopathology in children. Similar conclusions were reached by Sahithya and Raman (2021, pp. 04–11), who emphasized that parents with dysfunctional personality traits are more likely to engage in parenting behaviors that are unfavorable for the child's development. Miniksar Yıldız (2022, pp. 81–92) emphasized that research on the personality traits of parents of children with various mental disorders is important in the context of identifying risk factors that play a role in mental disorders and mental health prevention.

2. Parenting When Raising A Child With Autism Spectrum Disorders

Autism spectrum disorders are currently one of the most frequently diagnosed developmental disorders in children (Maenner, *et al.*, 2021, pp. 1–16, Shaw, *et al.*, 2025). Its main symptoms include impaired social communication and the occurrence of restricted patterns of behavior and activity (WHO, 2018; APA, 2013). In particular, impaired social relationships seem to have a major impact on parenting. In children with ASD, few signals triggering and maintaining caregiving behaviors are observed (Pisula, 2003), or they are atypical and incomprehensible to caregivers (Keenan *et al.*, 2017, pp. 1–21). These parents often deal with additional symptoms accompanying the disorder, such as sleep disorders, food selectivity, co-occurring intellectual disability or epilepsy (Kilicaslan and Tufan, 2024, pp. 241–250; Cappe *et al.*, 2011, pp. 1279–1294; Pisula and Mazur, 2007, pp. 47–72). Caring for a child with a disability without their acceptance is an extremely burdensome task for parents, reduces their quality of life and functioning in this role. On the other hand, the accumulation of stressors can have a destructive effect on parenting behaviors (Kaźmierczak, 2015, pp. 30–36; Tyszkowa, 2014, pp. 124–150). Many stressors are related to autism, as confirmed by studies on parenting stress in this group of parents (e.g., Argumedes, Lanovaz and Larivée, 2018, pp. 2585–2589; Krakovich *et al.*, 2016, pp. 2042–2053; Pastor-Cerezuela *et al.*, 2016, pp. 300–311; Pisula, 2012; McStay, Trembath and Dissanayake, 2014, pp. 3101–3118). In the case of parents of children with disabilities, many of them have not had previous experience of living with a person with a disability, and they lack role models to rely on. In addition, generally ac-

cepted norms in the case of parenting mostly refer to the typical situations and behaviors of parents and children. This causes unclear expectations regarding the role of parents of disabled children. Caring for a child with ASD causes parents to be overloaded with responsibility for the child's fate, resignation, and dissatisfaction with contact with specialists. The "slavery" of the role is also mentioned as a stress factor, especially in relation to women, who are mainly responsible for ensuring the care, development, and upbringing of the child (Abdullah, et. al. 2022, pp. 78–87; Papadopoulos, 2021, p. 309; Pozo, *et al.*, 2014, pp. 442–458). The stress is greater the greater the aspirations and life plans of a woman, and the need for self-realization is inhibited by family responsibilities, as well as the inability to fulfill one's desires. This is particularly true for mothers, who often bear the main burden of care (Trzebiński, Wołowicz-Ruszkowska, A and Wójcik, 2016, p.1899). Especially in the case of autism because it is associated with a permanent change in the woman's life situation. Zeman (1999, pp. 340–349) also points out that accepting a child with a disability influence and regulates the development of the parents' personality and allows them to function in this role without feeling inferior or blaming themselves for the child's condition. Acceptance is also indicated as the most desirable parental attitude and a manifestation of adaptation to the role of a parent of a disabled child (Stelter, 2013, p.91; Suchowierska, 2007, pp. 205–222), manifested by the unconditional acceptance of the child with all its limitations, considering its individual pace of development (Sakowicz-Boboryko, 2005, pp.10–12). Acceptance of the child considers its individuality, its own pace of development, and perceiving it as deserving of respect, love, and opportunities for development. This also has a positive impact on the effectiveness of the child's therapy and the involvement of parents in supporting their development (Suchowierska, 2007, p.218; Zeman, 1999, pp. 340–349). Many previous studies on the broadly understood coping of parents of children with ASD have focused on the impact of a child's diagnosis of autism on various dimensions of the parent's life, including the level of perceived stress (Abdul Manan *et al.*, 2018, pp. 137–143; Enea and Rusu, 2020, pp. 283–321), sense of coherence (McStay, Trembath and Dissanayake, 2014, pp. 3101–3118), quality of life or health condition (Schiltz *et al.*, 2018, pp. 1169–1180). The studies assumed that personality is a construct that significantly affects an individual's behavior, including adaptation to environmental requirements. Due to its structure and the way it is formed, it is also a factor that is at the parents' disposal before the child's diagnosis of autism and significantly affects human functioning and coping with various situations and life challenges. Thus, the study focuses on possible resources in coping with this parenting challenge, which may become the basis for future interventions and

strategies to support parents in this role, reducing the sense of alienation, role overload and the intensity of stress.

3. Research questions:

1. Is there a relationship between the personality traits of parents of children with autism spectrum disorders and how they perform their parental role?
2. Do and to what extent do select personality traits explain the variability of the way they perform the parental role towards a child with autism spectrum disorders?

Main hypothesis:

Parents' personality traits are significantly related to the way they perform the parental role towards a child with autism spectrum disorders. Based on the analysis of selected personality traits, a profile conducive to favorable adaptation to the parental role can be distinguished: high intensity of the traits Emotional stability, Self-evaluation, Ability to Cope with Loss, and Ability to Create Emotional Ties favor acceptance and identification with the role of the parent of a child with autism.

4. Methods

4.1. Procedure

The studies were of a questionnaire nature, anonymous. They were conducted individually or in small groups depending on the number of people interested in participating in the study in a given center. They were conducted in various locations in Poland. The study participants received a set of questionnaires packed in an envelope to which informed consent was obtained for participation in the research, information about the study, and a demographic survey. A psychologist was present during the completion of the questionnaires, in which the procedure required it. After completing the set, a number was randomly assigned to maintain the anonymity of the study participants and to avoid mixing up the sets. The study considered the sociodemographic factors of the study participants: gender, age, place of residence, employment, financial situation of the family, and information about the child's diagnosis. Purposive sampling

was used for the study sample to assess the relationships between the variables studied in a specific group of parents. The study participants were recruited through organizations (foundations and associations) involved in the diagnosis and support of children with autism spectrum disorders, as well as educational institutions attended by children (kindergartens, schools, psychological and pedagogical clinics). Consent was obtained from the Research Ethics Committee of the Faculty of Psychology at SWPS University.

4.2. Participants

The group of 95 parents of children with ASD participated in the study. Due to significant missing data in the six sets, they were excluded from the analyses. The final group size was 89 parents, of whom 76 were women and 13 were men. The ages of the study participants ranged from 26 to 50 years ($M = 37.86$; $SD = 5.51$). Most of the study participants were married, formed a complete family, and most often had two children. The largest percentage of people lived in villages (55.1%). The surveyed women most often had higher education (59.6%) and were unemployed (59.6%), whereas the men most often had secondary education (55.1%) and were employed (97.8%). The majority of the surveyed participants had one child diagnosed with autism spectrum disorders. The largest percentage of children with ASD was boys (69.7%), while the most common diagnosis among children was childhood autism (67.4%). The children of the respondents who were diagnosed with ASD were between 2.5 and 17 years of age ($M = 7.65$; $SD = 3.16$). They were diagnosed between the ages of 1 and 10 years ($M = 3.92$, $SD = 1.97$). Detailed data on the sociodemographic variables are presented in Table 1.

Table 1. Sociodemographic Characteristics of Participants

	N	%
Gender		
Female	76	85,4
Male	13	14,6
Marital status		
Married	73	82
Single	7	7,9
Divorced	6	6,7
Family		
Complete	79	88,8
Single parent	9	10,1
Children		

1	22	24,7
2	47	52,8
3	12	13,5
4	7	7,9
Children with ASD		
1	84	94,4
2	4	4,5
Place of residence		
Countryside	49	55,1
Small town (<20,000 inhabitants)	8	9
Medium town (21,000–50,000 inhabitants)	16	18
Town (51,000–100,000 inhabitants)	2	2,2
Large city (more than 100,000 inhabitants)	13	14,6
Highest educational level – mother		
primary	2	2,2
secondary	32	36
higher	53	59,6
Highest educational level – father		
primary	5	5,6
secondary	49	55,1
higher	33	37,1
Employment – mother		
Yes	35	39,3
No	53	59,6
Employment – father		
Yes	78	87,6
No	9	10,1
Gender of the child with ASD		
Female	27	30,3
Male	62	69,7
ASD diagnosis		
Autism	60	67,4
Atypical Autism	10	11,2
Asperger's syndrome	17	19,1
PDD-NOS	1	1,1

N= 89, AAC – Augmentative and Alternative Communication

4.3. Research tools

As noted in the introduction, many studies on this topic used tools created based on the Big Five model. This allows for a very general description of personality and rather concerns behaviors in typical situations for people (Oleś, 2018, p. 138). They do not take into account the specificity of the situation of caring for another person, especially a child, and the competencies important for per-

forming this role. For this reason, this study used a tool to measure personality traits that allow for the measurement of traits important for caring for other people.

Questionnaire for the assessment of candidates for adoptive parents, legal guardians and mediators CUIDA (Bermejo *et al.*, 2016) – allows for determining the intensity of personality traits related to the ability to provide appropriate care to another person, including people with disabilities. It allows for the assessment of affective and cognitive variables that are important for establishing appropriate relationships while caring for another person, including the ability to create emotional bonds with other people and the ability to cope with loss. It is based on the trait theory. The questionnaire consists of 175 questions, to which answers are given on a four-point scale: *I disagree, I rather disagree, I rather agree, I agree*. The results are presented on fifteen basic scales and three second-order scales. In addition, CUIDA has three control scales: Social Approval, Inattentiveness, and Response Incoherence. Reliability, assessed on the basis of internal consistency coefficients is satisfactory for most scales. Correlations between the tool and other commonly known personality questionnaires (NEO-PI R, 16PF-5) were demonstrated.

Characteristics of the individual scales:

- Altruism concerns selfless action for the benefit of others and taking care of their comfort. The subscale reliability: $\alpha = .64$.
- Openness expresses an attitude towards new or unusual experiences, interest in the world, and tolerance towards different values, lifestyles, or cultures. Subscale reliability: $\alpha = .66$.
- Assertiveness is related to the ability to accept and express emotions, criticism, and opposition, taking into account both one's own needs and beliefs as well as those of others, respecting their rights. Subscale reliability: $\alpha = .68$.
- Self-evaluation is understood as positive or negative beliefs and feelings towards oneself. It includes, among others, the sphere of relationships with others, satisfaction with physical appearance, and life achievements. At a high and average level of the trait, a person is aware of their strengths but is also ready to acknowledge their weaknesses and work on them. The subscale reliability: $\alpha = .86$.
- Problem-Solving Ability is the ability to identify problem situations and possible solutions, and ways of proceeding. It also includes the flexibility and readiness to modify a previously developed action plan. Subscale reliability: $\alpha = .80$.

- Empathy is an assessment of the ability to recognize and understand the feelings of others, considering the impact of the situation in which they find themselves. It expresses the ability to identify feelings and situations without an evaluation or assessment. It is concerned with the cognitive and affective aspects. Subscale reliability: $\alpha = .76$.
- Emotional Stability concerns the ability to control and master one's behavior in situations of emotional tension or conflict. People with high scores demonstrated good social adjustment. The subscale reliability: $\alpha = .85$.
- Independence concerns the ability to cope in various situations without the help of others. It expresses independence in decision making and managing one's life. The subscale reliability: $\alpha = .62$.
- Flexibility is associated with the ability to perceive various possibilities and nuances of a given situation and the willingness to adapt to the circumstances. High flexibility is associated with openness to other solutions, listening to others, analyzing the situation, and correcting actions or attitudes in order to achieve harmonious coexistence with other people. The subscale reliability: $\alpha = .56$.
- Reflectiveness refers to speaking and acting in a thoughtful manner. It is associated with considering various possibilities when making decisions, taking into account the advantages and disadvantages of different solutions. Subscale reliability: $\alpha = .77$.
- Sociability is associated with orientation towards other people, searching for, and ease of establishing social contacts. The subscale reliability: $\alpha = .86$.
- Frustration Tolerance refers to the ability to accept and adapt to a situation when the expectations or desires of an individual are not met. The subscale reliability: $\alpha = .84$.
- The Ability to Create Emotional Ties is associated with the ability to establish and maintain bonds with others based on closeness. A high score is associated with secure attachment. Subscale reliability: $\alpha = .61$.
- The Ability to Cope with Loss refers to the ability to cope with the natural phenomenon of losing someone or something and to regain personal, family, and social stability. Subscale reliability: $\alpha = .77$.

Parental Competences Test (TKR) Matczak and Jaworowska (2017) enables the assessment of parenting competencies, defined as parents' predispositions to deal with their children in a way that promotes development in terms of autonomy, self-regulation skills, and a sense of efficacy. It can be used to examine both

current and potential parents. It consists of a description of thirty parenting situations (problematic or related to the child's successes). Each of them has three answers, which gives a total of ninety test items. The tested person answers on a four-point scale: *definitely not*, *rather not*, *rather yes*, *definitely yes*, indicating the extent to which they agree as a parent with a given method of proceeding in the described situation. The obtained results are presented on five scales: the main Competences – measuring the level of parenting competences, and four describing the tendency to make parenting mistakes, which should be interpreted in relation to the general level of competence. Reliability for the individual scales is: Competences $\alpha = .91$; Rigidity $\alpha = .83$; Permissiveness $\alpha = .76$; Overcare $\alpha = .79$; Helplessness $\alpha = .68$. Characteristics of the individual test scales:

- Competences: a high score on the scale indicates that the parent/guardian is able to use methods of dealing with the child that are conducive to the development of self-knowledge, self-regulation, and the formation of autonomy. As caregivers, they are interested in the child and their problems and show understanding and empathy towards their experiences. They are able to express approval for the child's achievements, as well as direct their activity by being consistent in setting requirements and using persuasion. The level of control is optimal that is, it does not inhibit the child's activity, but also reacts adequately when the child breaks the rules, which helps the child develop responsibility for their actions.
- Rigidity: high scores are associated with excessive severity and criticism towards the child. In combination with a low score on Competences, it indicates excessive control of the child, use of numerous prohibitions and orders, and punishments. The parent has difficulty understanding the child and showing them tenderness and support. Low scores may be related to high parental anxiety, resulting in excessive control or its deficit.
- Permissiveness: a high indicates the parent's tendency to allow the child to behave in ways that may be potentially dangerous or harmful to them. In combination with low Competences, it may suggest the risk of neglecting the child and low involvement in parenting. With high Competences, it indicates that this is rather an effect of trust in the child and belief in their ability to cope even in more difficult situations.
- Overcare: high scores indicate an overly protective attitude of the child, which may make it difficult for them to gain independence. With low Competences, it indicates too much involvement, leading to strong psychological control of the child. Low competences result in such a situation from not perceiving the child's real capabilities; thus, the parent does not set

requirements for them and overcontrols them, which may lead to inhibition of their activity. This results in taking over the child's role and exaggerating difficult emotions, especially fear. Low scores accompanying low Competences may indicate little interest in a child's affairs.

- Helplessness: High scores indicate a lack of consistency in parents' behavior and demands on their child. When combined with low Competences, they suggest the parent's inability to manage the child's behavior. Parents may not be sufficiently demanding or enforceable. This leads to excessive leniency or a lack of support for children in dealing with difficulties.

Questionnaire of Fulfilling the Parental Role towards a Child with Intellectual Disability (KRRR) by Żaneta Stelter was based on the concept of R.H. Turner (Łoś, 2004, pp. 93–106), according to which a social role is not accepted by an individual in a ready-made form but is created under the influence of interactions with other people and social expectations. With the author's consent, the term intellectual disability (child with intellectual disability) was replaced with the word autism spectrum disorder (child with autism spectrum disorder or child with autism). Apart from that, the content of all items did not change. The questionnaire consists of forty statements, to which the parent responds on a four-point scale: *I completely disagree, I rather disagree, I rather agree, I completely agree*. Five scales describing different ways of fulfilling parental roles were distinguished. The reliability of the individual scales was determined using the internal consistency method. The obtained Cronbach's alpha coefficients were as follows: Role trap: .78; Identification with the role: .70; Role acceptance: .75; Losing oneself in the role: .72; Role rejection: .74 (Stelter, 2013, p.175).

Characteristics of the scales:

- Identification with the role – the role is accompanied by a growing sense of competence, empathizing with the role, and trust in oneself as a parent. Caregivers begin to create their own world with the child. Parenthood is accompanied by empathizing with the role at the task level and planning parental interactions concerning, among others, the way of raising and preparing the child for life. The role is perceived as a necessity to which one must adapt by reformulating explaining one's suffering.
- Role acceptance: concerns parents who begin to identify with other parents of disabled children. The role of a parent is not perceived as a stigma or reason for alienation, but as a value in itself, a source of satisfaction. Contacts with the child are accompanied by joy, and a real assessment of the child's developmental opportunities appears. This type of parenting is not associated with low self-esteem; the parents evaluate themselves on

an equal footing with parents of children with typical development and use the help of others without feeling guilty. • Role trap: the dominant feelings accompanying the parent are a sense of harm, injustice, helplessness, fear, and despair. The parental actions taken are limited and irrational, and the role is perceived as not bringing any benefits to the parent and is perceived as burdensome. Contact with the child is accompanied by frustration, a sense of one's own incompetence, and a lack of joy. There is a focus on the child's disability rather than the child itself.

- Losing oneself in the role occurs when a parent subordinates their entire life to the role of the parent of a disabled child. They do not share care with other people in order to partially relieve themselves of their duties and inhibit the child's independence and acquisition of autonomy. This role can be used to obtain various benefits and to attach other people to themselves.
- Role rejection is associated with rejecting the child, belittling one's role and responsibility for the child. The parent denies or opposes the role of the parent of a disabled child, focuses rather on a healthy child or the role of a wife/husband.

The data were analyzed using the statistical software IBM SPSS Statistics 26 and PS IMAGO Pro 9 SPSS 29 (for WIN). Statistical significance was based on $p < 0.05$.

5. Results

Table 2. Descriptive statistics of the personality characteristics

	<i>M</i>	<i>Me</i>	<i>SD</i>	<i>Minimum</i>	<i>Maximum</i>
Altruism	28,24	28,00	3,48	19,00	35,00
Openness	36,89	37,00	6,07	3,00	46,00
Assertiveness	32,69	32,00	4,75	16,00	45,00
Self-evaluation	35,93	37,00	6,36	17,00	48,00
Problem-Solving Ability	33,45	33,00	5,14	16,00	44,00
Empathy	46,24	46,00	4,82	34,00	56,00
Emotional Stability	38,85	39,00	7,58	21,00	56,00
Independence	23,17	23,00	4,27	13,00	34,00
Flexibility	21,17	21,00	3,70	12,00	29,00
Reflectiveness	32,28	33,00	5,34	19,00	46,00
Sociability	41,77	41,00	6,17	29,00	52,00
Frustration Tolerance	25,33	26,00	5,66	10,00	38,00
Ability to Create Emotional Ties	23,67	24,00	4,12	12,00	31,00
Ability to Cope with Loss	34,84	35,00	6,46	19,00	49,00

Table 3. Correlations between Fulfilling the Parental Role (KRRR) and personality traits

	Role trap	Identification with the role	Role acceptance	Role rejection	Losing one-self in the role
Altruism	-.03	.03	.04	-.01	.02
Openness	.05	-.15	.15	-.03	-.02
Assertiveness	-.15	-.22*	.38***	-.20	-.04
Self-evaluation	-.22	-.27*	.41***	-.30**	-.17
Problem-Solving Ability	-.05	-.27**	.21	-.15	-.01
Empathy	-.06	-.16	.05	-.06	-.19
Emotional Stability	.01	-.12	.22*	-.02	-.08
Independence	-.16	-.20	.26*	-.19	-.10
Flexibility	-.28	-.14	.22*	-.28**	-.18
Reflectiveness	-.04	-.08	.06	-.05	-.21
Sociability	-.12	-.12	.32**	-.14	.06
Frustration Tolerance	-.13	-.13	.24*	-.19	-.19
Ability to Create Emotional Ties	-.17	-.16	.37***	-.21	-.09
Ability to Cope with Loss	-.11	-.18	.21	-.10	-.05

* $p < 0,05$; ** $p < 0,01$; *** $p < 0,001$.

Pearson's r correlations were conducted for parental role and personality traits. The analysis showed statistically significant positive relationships between the level of Role acceptance and Assertiveness, Self-evaluation, Emotional Stability, Independence, Flexibility, Sociability, Frustration Tolerance, Ability to Create Emotional Ties. The results also indicated statistically significant negative relationships between Role Identification and Assertiveness, Self-evaluation, Problem-Solving Ability. However, no relationship was observed between the Role trap and the intensity of the personality traits studied.

Table 4. Correlations between personality traits (CUIDA) and parental competences (TKR)

	Competences	Rigidity	Permissiveness	Overcare	Helplessness
Altruism	.37***	.06	.01	.32**	-.07
Openness	.19	-.06	-.18	.10	.09
Assertiveness	-.01	-.15	-.02	-.27**	-.07
Self-evaluation	-.07	-.12	.07	-.27**	.03
Problem-Solving Ability	.17	-.18	-.01	-.17	-.11
Empathy	.31**	-.07	-.03	.11	.02
Emotional Stability	-.07	.02	.03	-.27**	-.01
Independence	-.14	-.10	.03	-.16	.02
Flexibility	.4	-.14	.00	-.08	-.04
Reflectiveness	.01	-.04	-.04	-.30**	-.20

Sociability	.13	– .22*	– .07	– .07	.13
Frustration Tolerance	– .05	– .09	– .01	– .27**	.01
Ability to Create Emotional Ties	– .02	– .10	.06	– .14	.18
Ability to Cope with Loss	– .26*	– .02	.05	– .39***	.06

* $p < 0,05$; ** $p < 0,01$; *** $p < 0,001$.

In the next stage, Pearson correlation analysis was conducted to investigate the correlation between personality traits and parental competence. The analysis showed statistically significant positive relationships between the level of parental Competence and Altruism and Empathy, and between Overcare and Altruism. Statistically significant negative relationships were also revealed between Competences and the Ability to Cope with Loss, Rigorism and Sociability, and Overcare and Assertiveness, Self-evaluation, Emotional Stability, Reflectiveness, Frustration Tolerance, and Ability to Cope with Loss.

Table 5. Linear regression analyses predicting level of general parenting competence, overprotection and rejection of the parenting role and acceptance of the parenting role based on knowledge of the level of personality traits.

Dependent variable	Predictor	<i>B</i>	<i>SE</i>	<i>Beta</i>	<i>t</i>	<i>p</i>
Competences	F(3;83) = 6,97; $p < 0,001$; $R^2_{adj.} = 0,172$					
	Altruism	0,67	0,29	0,25	2,31	0,023
	Ability to Cope with Loss	–0,41	0,17	–0,28	–2,47	0,015
	Problem-Solving Ability	–0,41	0,21	0,22	1,98	0,52
Overcare	F(3;83) = 7,49; $p < 0,001$; $R^2_{adj.} = 0,185$					
	Altruism	0,60	0,24	0,27	2,51	0,014
	Ability to Cope with Loss	–0,33	0,14	–0,28	–2,45	0,016
	Problem-Solving Ability	–0,18	0,17	–0,12	–1,06	0,29
Rejection the role	F(3;78) = 5,35 $p = 0,002$; $R^2_{adj.} = 0,002$					
	Self-evaluation	–0,23	0,08	–0,33	–2,82	0,006
	Flexibility	–0,32	0,13	–0,27	–2,39	0,019
	Emotional Stability	0,14	0,07	0,24	1,96	0,053
Role acceptance	F(2;79) = 10,08; $p < 0,001$; $R^2_{adj.} = 0,183$					
	Self-evaluation	0,19	0,61	0,34	3,14	0,002
	Sociability	0,12	0,06	0,20	1,88	0,063

In the next step of the analysis, regression models were tested to check whether it was possible to predict the intensity of parental role acceptance, and the level of parental competence based on knowledge of the level of selected personality traits. For this purpose, linear regression analysis was used, and the results are presented in Table 5. The analysis showed that all tested models were well-fitted to the data, predicting up to 19% of the variance of the dependent

variable. For the general level of parental Competence, Altruism and the Ability to Cope with Loss were statistically significant predictors for this variable. However, Problem-Solving Ability was not a statistically significant predictor of parenting Competences. For Overcare, Altruism and Ability to Cope with Loss were also statistically significant predictors for this variable. Problem-Solving Ability was not a significant predictor of parenting Competences. Self-evaluation was a statistically significant predictor for acceptance of the parental role and rejection of the parental role. A positive value of the Beta coefficient of Self-evaluation for Role acceptance indicates an increase in the level of dependent variables with an increase in the intensity of the specified predictors. On the other hand, Sociability was not a statistically significant predictor for Role acceptance. The negative value of the Beta coefficient of Self-evaluation and Flexibility in the case of Role rejection indicated that with an increase in the level of the indicated predictors, the intensity of this method of fulfilling the parental role towards a child with autism was lower.

6. Discussion

This study aimed to obtain information on personality factors related to the development of parenting towards of a child with autism spectrum disorders. The hypothesis assuming a relationship between selected personality traits and the way of fulfilling the parental role was confirmed. In particular, this refers to the personality traits include Self-evaluation, Assertiveness, Altruism, Ability to Cope with Loss. The personality traits studied were related to acceptance of the role of parents of children with ASD. In most cases, these were positive relationships of moderate strength. Perhaps the low strength of the relationship results from too small a group of people studied to capture the specificity of these relationships. These results may also be influenced by the specificity of the assessment of the studied phenomena. Personality traits were assessed using self-report questionnaires in relation to a specific area of parents' lives. Similarly, the quality of the relationship with the child, which are was quite distant constructs. However, this suggests that a higher level of intensity of traits related to caring for another person promotes acceptance of parenting, as well as in its atypical course. This is especially true for parent Self-evaluation, which correlated most strongly positively with Role acceptance and negatively with its rejection or identification with the role only at the task level. Another personality trait that is negatively correlated with rejecting this role is Flexibility, which may be related to the need to adapt to various

atypical parenting situations related to the behavior of a child with autism. On the other hand, for Identification with the role, apart from parental Self-evaluation, a significant relationship is observed between Assertiveness and Problem-Solving Ability, which may facilitate planning and coordinating activities supporting the child and is similar to the task-oriented approach typical of this type of parenting role. On the other hand, the implementation of these tasks allows for the maintenance of a sense of control over the situation and higher self-esteem. Acceptance of the parental role was significantly positively correlated with many of the personality traits exam, including Emotional Stability, as shown in Table 2. This personality trait was also indicated by Sekułowicz *et al.* (2022, p. 1187) as a factor contributing to achieving family balance in the case of mothers of children with ASD. In the present study, this feature was also negatively correlated with Overcare (Table 4), which may suggest that lower emotional stability is associated with less adaptive involvement in parenting (lower acceptance and/or a tendency to overprotect). However, its role was less than expected. Conversely, negative correlations were observed in the relationship between Assertiveness, Self-evaluation and Problem-Solving Ability in relation to role identification (Table 3). This suggests that parents who have a higher intensity of selected personality traits important for establishing relationships and caring for another person show greater acceptance of the parental role, regardless of the fact that this is atypical parenting, often requiring them to reorganize life plans and understand and accept the limitations of a child with autism. This promotes involvement in the role and not only its implementation at the task level (role identification). However, higher Self-evaluation may be a protective factor against a sense of lack of parenting competence and blaming oneself for the child's functioning. The results presented in Table 4 also indicate a relationship between some personality traits and a general sense of competence, and a tendency to make parenting mistakes, especially Overcare. This suggests that a higher level of traits may help avoid such behaviors, which seems to be particularly important in the context of raising a child with a disability; in this case, a child with ASD, while, there are no standards of conduct that could be guidelines for parents, and on the other hand, these parents may have a tendency to give up requirements for fear of failure or deterioration of the child's functioning (Tyszkiewicz-Gromisz *et al.*, 2024, p. 1119). The Altruism is also worth noting, as it was the only trait that was positively correlated with an overprotective attitude. This result seems justified, considering that this trait is concerned with the benefits of others. Higher scores are usually obtained by people who are willing to help others, even at the expense of their own interests or needs, which may be triggered in situations involving the care

of a child with developmental difficulties. A lower level of this trait in this situation may protect against engaging in such parental behaviors. An analysis of the obtained descriptive statistics for the measured personality traits (Table 2) indicated that, in most cases, they achieved a distribution close to the normal distribution, which is consistent with personality research. The results concerning the personality trait Ability to Create Emotional Ties are particularly worth emphasizing, where only about 15% of the group of respondents obtained low scores. This result is worth noting in the context of the first concepts regarding the etiology of autism, indicating that parents' personality characteristics or attitudes influence the appearance of ASD symptoms in a child. This result once again confirms the rejection of the views that blame parents for the developmental difficulties of their children due to their seemingly cold manner of relating to them or lack ability to create a bond, which has also been emphasized by other authors (Pastor-Cerezuela *et al.*, 2016, pp. 300–311).

6.1. Limitations

The conducted study and the presented results also have limitations. The group of parents of children with autism spectrum disorders was small. It was also not representative of the entire population, which is difficult to achieve in relation to this group of respondents due to the lack of official data on the prevalence of this disorder in the Polish population, thus determining the demographic characteristics of this population. The typical advantage of this type of research of mothers who took part in the study is also worth noting, which is why it would be worth continuing similar studies on a larger group of fathers, especially parental dyads, which would allow for an attempt to compare the results in parental dyads. Another limitation was the lack of a comparison group that could identify other important factors that may affect the obtained results. Qualification for the study sample was based on the declaration of the person being examined. Most parents indicated childhood autism as the diagnosis of their child, which was associated with a greater severity of difficulties in functioning. However, the child's diagnosis obtained by the child was not verified. On the other hand, an argument in favor of the accuracy of the selection of parents for the group may be the fact that most of them were people recruited in therapeutic facilities for children with autism and working for people with this disorder and their families, which could also increase the accuracy of the selection.

7. Conclusion

The results of the study confirm the hypothesis that the way of fulfilling the parental role is a component of, among others, the personality factors of the parent, characteristics of the child, and environmental factors. The analyses carried out indicate that a significant factor differentiating parents in terms of the way of assuming the parental role is certain personality traits that were identified. Despite emerging data on the structure of the personality of parents of children with ASD and its impact on functioning in various spheres, many of them refer to tools that do not take into account the special situation of caring for another person, especially offspring with developmental disorders. These results indicate that personality can be considered an internal resource that significantly affects adaptation to parenthood, also in the situation of its atypical course. It is worth continuing similar studies in the context of designing parent-focused interventions, such as cognitive-behavioral therapy (Meleady *et al.*, 2020) and assessing their effectiveness in improving the adaptation of these parents in the case of experiencing difficulties in finding their way in this role. One option for future intervention may be to focus on trying to increase the expression of selected personality traits positively associated with the acceptance of parenting children with disabilities, developing the ability to reformulate or question negative, maladaptive beliefs about themselves and their current situation, and the ability to cope with stressors (Pylypenko *et al.*, 2022, pp. 119–137). Training on effective coping with the child's behavioral problems may also be helpful, which reduces the sense of helplessness (McStay, Trembath and Dissanayake, 2014, pp. 3101–3118; Mueller and Moskowitz, 2020, pp. 3536–3551; Szmania, 2014, pp. 69–91) and may protect against overprotection. Knowledge about the correlation between selected personality traits and the way of fulfilling the parental role may facilitate the achievement of a mature parental identity as indicated by Stern (1998), related to emotional involvement in the relationship with the child, taking care of the child's needs, effective use of the available support system, and modifying one's own attitude to cope with parental tasks.

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