

The assessment of empathic understanding and control of emotions in parents of children with autism

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A - Conception and study design, B - Data collection, C –Data analysis, D - Writing the paper, E – Review article, F - Approval of the final version of the article

ABSTRACT

Introduction: Problems of families with autism are generally not visible or manifested, but without support, they become economically and educationally inefficient.

Purpose: To assess the degree of empathic understanding of the child and the degree of emotional control by parents.

Materials and methods: The study included 30 families from Poland, 25 from Belarus and 28 from France. We used Empathy Understanding Others questionnaire (KRE) and The Courtauld Emotional Control Scale (CECS).

Results: The most common difficulty reported in the care of a child was gaining his/her independence (66.7% in Poland, 84% in Belarus, 78.6% in France). Parents from Poland more often (26.7%) than others (12% in Belarus, 3.6% in France) pointed out that the disability of a child caused that their friends turned their back to them. 40% of parents from Poland, 60% from Belarus and 57.1% from France claimed that

the spouses accept the disability of the child. The disability induced in parents mainly fatigue (76.7% from Poland, 44% from Belarus, 71.4% from France). The level of empathy in Polish (64.2 ± 6.2) and French parents (64.8 ± 11.6) was almost identical, and the highest was among Belarusian parents (70.3 ± 8.3). Overall rate of CECS of the surveyed parents was at the average level (from Poland 47.4 ± 4.9 ; from Belarus 44.8 ± 6.1 , from France 48.1 ± 6.0).

Conclusions: Nurses evaluated their own preparation for educational activities usually very low. In the majority they would not want to take up the difficult role of educators of parents of autistic children. Due to a potential contact of a nurse with a child with autism and the child's family, it is advisable to extend the knowledge of nurses in the care of a child with autism.

Key words: Autism, The Courtauld Emotional Control Scale, empathy, parents

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Received: 29.01.2016

Accepted: 29.05.2016

Progress in Health Sciences

Vol. 6(1) 2016 pp 108-115

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INTRODUCTION

The birth of a child is always accompanied by a number of emotions, from joy associated with the emergence of a long-awaited baby, love, but also the inherent fear and uncertainty about the baby's health and development. The new situation which you have to adapt to, a new stage of life is difficult, especially when a child is born with disabilities. After periods of shock and emotional turmoil, parents attempt to restore the balance disturbed by a change in the functioning of the family, which is the first and basic child developmental environment.

Problems of families with autism are generally not visible and manifested, they remain undisclosed for the community. Without support, families become economically and educationally inefficient.

In the opinion of de Walden - Gałuszko [1], the appearance of the disease or disability of a member of the family causes a disturbance in the functioning of the whole system, the need to reorganize the family structure in which each person has a fixed position, a place and a role. According to the author [1], disability is a new challenge for the family to which everyone must adapt. It is important, therefore, that the patient can fully participate in family life or in making important decisions, and that the patient, having enough vigour and capabilities, could participate in various events, would not feel unwanted and excluded from the family. The participation of a family at every stage of the disease, including the disability, is enormous, and the most important is the emotional support in difficult times of illness, motivation for treatment and fighting the disease, preventing the development of difficult moments during the treatment when the patient wants to give up and stop onerous treatment [1].

Twoy et al. [2] in their studies of a group of people recruited among California's support group evaluated the level of family adaptation among people with a child diagnosed with autism spectrum disorder at the age of 12 years and younger. They pointed out that the results were different due to the demographic data and the time interval between the suspicions of parents and proper diagnosis of the child. They found out that the level of adaptation was comparable among all results (men received slightly higher scores). There were no statistically significant differences between gender and time spent on child aid organization [2]. Time between suspicion and diagnosis was above 6 months. Accordingly, in their opinion it is very important to educate parents by medical personnel, especially nurses. Prevention of passivity and educating parents on how to deal with difficulties of living with an autistic child is an important task of medical professionals [2].

Altier and Kluge [3] analyzing a group of parents from a support program "autism in Michigan", assessed the relationships between

variables in the family: cohesion, adaptability, and social support, as being involved in the functioning of the family. It turned out that those of parents of children with autism who assessed their families as "entangled" i.e. remaining in close relationships, used more positive coping strategies than those with other cohesion styles. This style may be adaptive for families experiencing serious challenges along the way [3].

An important role in the process of care and supporting each other in a family with a child with autism, is the ability of empathizing with the child or the other parent.

The term "empathy" is derived from the term *einfühlung*, used for the first time in German aesthetics [4,5] and the Greek *empathes* – which means suffering [6].

Empathizing is a process responsible for understanding and predicting aspects of social life, whereas systematic thinking allows to understand and anticipate the rules governing the in animated world [7].

Empathizing, according to Davis [8] is the ability (tendency) to identify emotions and thoughts of another person, and adequate emotional responding to meet the needs of others, which allows to predict the behaviour of other people.

Empathizing includes not only what is considered in terms of affective empathy, or compassion, but also empathy in terms of cognitive approach, i.e. accepting the perspective of others. The affective aspect of the process of empathizing, associated with compassion of emotional states of others, enables to recognize the emotional state and needs of others.

Owing to the ability to adopt the perspective of another person, according to Jankowiak-Siuda et al. [9], including the person's knowledge and belief, we can adequately predict the behaviour of others and respond to them.

Bearon-Cohen et al. [7] believe that empathy is more developed in women than in men, and Blair [10] believes that the results of studies reflect how important the process of empathizing in the life of every human being is, the results show that the lack of empathy may be one of characteristics of the disorders associated with autism spectrum disorder and psychopathy.

The aim of the study was to assess the degree of empathic understanding of the child by the parents and the degree of emotional control by the parents of a child with autism.

Two hypotheses were put:

- I. Insufficient empathy in parents of a disabled child was observed.
- II. Parents of a child with autism cannot control their negative emotions, they often show anger, anxiety and depression.

MATERIAL AND METHODS

The study was conducted after obtaining the approval number RI-002/242/2009 of bioethics committee of the Medical University of Białystok.

The questionnaire study included parents of children diagnosed with autism. Parents came from three European countries: Poland, Belarus and France. The authors made efforts to keep similar numerical structure due to the origin. The following inclusion criteria were adopted: living together with the child now and throughout the period of the disability, being biological parents, recognized (according to the criteria of ICD 10 or DSM IV) and documented chronic disability, and its duration is a minimum of three years and the consent to the study. In contrast, the exclusion criterion was the lack of consent.

The analysis included 83 families, including 30 families from Poland, 25 families from Belarus and 28 families from France.

The following inclusion criteria were adopted: living together with the child now and throughout the period of the disability, being biological parents, recognized (according to the criteria of ICD 10 or DSM IV) and documented chronic disability and its duration - a minimum of three years and the consent to the study. In contrast, exclusion criterion was the lack of consent.

The study used:

- A Standardized Questionnaire of Empathic Understanding Others (KRE) by Andrew Węgliński, based on the concept of empathy, understood as an emotional and cognitive syndrome. The author includes: sensitivity to the feelings of others, the ability to participate in other people's emotions, temporary identification with the status of others as emotional (affective) components of empathy. As the cognitive components of empathy, the author considers: acceptance of a point of view of other people and the acceptance of their social role. Finally Węgliński distinguished the following five empathic trends: emotional correspondence with other people, sympathizing pleasant and unpleasant experiences with others, sensitivity to other people's experiences, empathy to others' experiences, and willingness to sacrifice for others [11-13]. The test consists of 33 questions, which the surveyed were to answer: "yes", "probably yes", "probably not", "no". When counting the results, the authors used four-scale ratings of each assertion inventory, using the conversion rates in accordance with the guidelines of the author. The final results are between 0 and 99, where the higher the score the higher the level of empathy [11-13]. The studies by Węgliński revealed satisfactory reliability and validity of the test. It was found out that empathy measured by the KRE questionnaire positively

correlated with observable manifestations of pro-social behaviours, altruism, kindness, care, and negatively correlates with aggressive or egoistic behaviour and differentiates respondents by gender and "social derailment" [11-13].

- The Courtauld Emotional Control Scale (CECS) by Watson and Greer [14], in a Polish adaptation of Juczynski [15]. CECS is used to measure subjective anger, anxiety and depression control in difficult situations and is designed to study healthy and ill adults. It consists of three subscales, each of which contains seven statements about the way of disclosure of anger, depression and anxiety. Most of the formulations express certain forms of suppression. It is the tool of self-description. The surveyed determine the frequency of a given way of expressing their emotions on a four-point scale from "almost never" - 1 point, to "almost always" - 4 points. Results are calculated separately for each subscale. The range of results for each of the three subscales is from 7 to 28 points. Summing up the results of all three subscales the overall rate of emotional control is determined, indicating a subjective belief of an individual as to the ability of controlling reactions in situations of experiencing certain negative emotions. The overall rate of emotional control is in the range 21-84 points. The higher the score, the greater the suppression of negative emotions [14,15].

The study was conducted in the years 2011-2012. A total of 30 questionnaires were distributed in Poland and the study used 30, in Belarus 30 questionnaires were distributed and 25 were used, and in France 30 questionnaires were distributed and 28 were adopted.

Due to the nature of the data, the independence chi-square test was considered as an appropriate tool for statistical inference. Based on the result of the test (the test probability p), which is included in the table header, it was found that the analysed relationship between the country and the ratio of the disability was statistically significant. It was assumed that when $p \geq 0.05$ it indicates that the tested difference, dependence, effect is not statistically significant, when $p < 0.05$ we can talk about statistically significant relationship (we denote this fact by*), when $p < 0.01$ it means highly significant relation (**), when $p < 0.001$ this is highly statistically significant correlation (***). The assessment of significant differences between groups from different countries by means of The Courtauld Emotional Control Scale (CECS) was made using the Kruskal-Wallis test.

RESULTS

Parents in Poland, live mostly in urban areas (57.7%), others (42.3%) in rural areas. Parents of Belarus - also mostly in urban areas (88%) and a negligible proportion (12%) in the country, and in

France - especially in urban areas (74.1%) and only 25.9% in rural areas. In general, mothers were tested a few years younger (6.2 ± 6.7) than their spouses (39.4 ± 7.5). The age of fathers in Poland amounted to average 42.7 ± 8.0 , Belarus - average 38.1 ± 6.9 , and in France – average 37.1 ± 6.4 . Mothers' age was in Poland on average 38.4 ± 6.8 , Belarus - 36.0 ± 6.2 , and in France – average 34.1 ± 6.5 .

The time since the diagnosis of autism in the child was in Poland on average 7.9 ± 2.7 years, in Belarus 7.2 ± 5.2 years, and in France - 5.2 ± 3.2 years.

Reconciled with the child's disability were 17.5% of the surveyed Polish parents, 30% from Belarus and 52.5% from France. Different opinion expressed 50% of Polish parents, 38.9% of Belarusian and 11.1% of French parents. The problem with the unequivocal response had 64.7% of the surveyed parents from Poland, 17.6% from Belarus and 17.6% from France. The above dependencies were statistically significant ($p=0.0012^{**}$).

Parents reported a number of difficulties in the childcare, such as the child's acquisition of independence: 66.7% of Polish parents, 84% of Belarusian and 78.6% of French parents ($p=0.300$). Educational difficulties indicated 43.3% of Polish parents, 72% of Belarusian, and 35.7% of French parents ($p=0.0218^*$), the problem with assimilation of knowledge about the disability: 46.7% of Polish parents, 20% of Belarusian, and 32.1% of French parents ($p=0.0000^{***}$). The need to perform various treatment activities during childcare is a problem for 43.3% of parents from Poland and 3.6% from France ($p=0.0000^{***}$). 16.7% of Polish parents, 12% of Belarusian, and 3.6% of French parents did not have a clear opinion on the matter ($p=0.270$). Among the behaviours of autistic children who differentiated responses of parents from different countries we can mention disobedience: 56.7% of Polish parents, 64% of Belarusian and 21.4% of French parents ($p=0.003^{**}$), stubbornness: 63.3% of Polish parents, 24% of Belarusian and 60.7% of French ($p=0.006^{**}$) and lies: 30% of parents from Poland, 12% from Belarus and 3.6% from France ($p=0.018^*$). There was no difference in the perception of stressful behaviours such as disregard: 53.3% of Polish parents, 36% of Belarusian and 42.9% of French parents ($p=0.425$), untidiness: 33.3% of the parents from Poland, 28% from Belarus and 14.3% from France ($p=0.232$), recklessness: 13.3% of Polish parents, 16% of Belarusian and 25% of French parents ($p=0.487$), quarrels: 10% Polish parents, 32% of Belarusian and 10.7% of French parents ($p=0.053$), nasty language: 20% of parents from Poland, 12% from Belarus and 14.3% from France ($p=0.697$) and aggression: 4% parents from Belarus ($p=0.309$). The problem with the answer had 6.7% of Polish parents and 10.7% of French parents ($p=0.257$).

Parents from Poland more often (26.7%) than the remaining (12% in Belarus, 3.6% in France) pointed out that because of their child's autism they were rejected by their friends ($p=0.040^*$), or that they retain distance to them: 16.7% of parents from Poland and 3.6% from France ($p=0.039^*$), which resulted in a reduction of social contacts and greater distance of their friends. Others claimed that the community is supportive for them: 66.7% of Polish parents, 64% of Belarusian and 89.3% of French ($p=0.065$), friends are sympathetic: 46.7% of parents from Poland, 72% from Belarus and 53.6% from France ($p=0.082$), health professionals treat them kindly: 33.3% of Polish parents, 36% of Belarusian and 60.7% of French parents ($p=0.073$), and the disability has deepened mutual feelings of spouses: 10% of Polish parents, 20% of Belarusian and 10.7% of French parents ($p=0.082$). Another group believed that the family keeps distance in relation to them - 16.7% of parents from Poland and 7.1% from France ($p=0.082$), limit their contact with them - 3.3% of Polish parents ($p=0.409$), health professionals treat them as a necessary evil - 16.7% of parents from Poland, 8% from Belarus, 3.6% from France ($p=0.227$), and the disability grew the spouses apart - 10% of Polish parents, 20% of Belarusian and 10.7% of French parents ($p=0.490$). 6.7% of parents from Poland and 4% from Belarus were hesitant ($p=0.394$) about the above issue.

The surveyed parents also presented different attitudes towards the disability of their child. 46.7% of Polish parents, 88% from Belarus and 35.7% from France expressed their concern about the future of their child ($p=0.0003^{***}$). 46.7% of Polish parents, 60% of Belarusian and 57.1% of French parents tried to accept the current situation ($p=0.570$). 33.3% of Polish parents, 16% of Belarusian and 14.3% of French parents devoted all to their child ($p=0.151$). 33.3% of Polish parents limited contacts with other people, 16% of Belarusian and 14.3% of French parents ($p=0.151$). 16.7% of Polish parents, 12% of Belarusian and 10.7% of French parents did not accept child's disability ($p=0.780$). 6.7% of parents from Poland and 4% from Belarus tried to hide their child's deficiencies ($p=0.394$). 3.6% of parents from France thought about putting a child in a health care center ($p=0.370$) and 3.3% of Polish parents would not now take a decision on parenting a child with autism ($p=0.409$). 20% of parents from Poland were not able to specify their attitude ($p=0.003$).

In the opinion of 40% of parents from Poland, 60% from Belarus and 57.1% from France ($p=0.263$) their spouses try to accept situations associated with the disability of the child. 20% of parents from Poland, 40% from Belarus and 39.3% from France were convinced that they scarify everything to their child ($p=0.186$). The spouses of the respondents had concerns about the child's future according to 30% of Polish respondents, 36% of

Belarusian and 25% of French ($p = 0.684$); 23.3% of Polish respondents, 12% of Belarusian and 14.3% of French limited their contacts with others ($p = 0.484$); 20% of parents from Poland, 20% from Belarus, and 7.1% from France did not accept their child's disability ($p = 0.312$); 10% of parents from Poland and 8% from Belarus tried to hide the deficiencies of their child ($p = 0.246$); 6.7% of parents from Poland and 4% from Belarus would not decide now on raising a child with autism. The spouses' problem with determining attitudes towards the disabled child had 20% Polish parents and 3.6% French parents ($p = 0.153^*$).

The disability of a child arose different emotions among the respondents, such as: fatigue 76.7% of Polish respondents, 44% of Belarusian and 71.4% of French respondents ($p = 0.028^*$); sadness: 73.3% of Polish respondents, 40% from Belarus and 28.6% from France ($p = 0.002^{**}$); irritability: 43.3% of Polish respondents, 20% from Belarus and 46.4% from France ($p = 0.097$); 20% of Polish respondents, 68% of Belarusian and 17.9% of French parents enjoy each day spent with the child ($p = 0.0001^{***}$); insomnia: 53.3% of Polish respondents, 12% of Belarusian and 14.3% of French parents ($p = 0.0005^{***}$); the need to give up their jobs indicated 50% of respondents from Poland, 16% from Belarus and 17.9% from France ($p = 0.006^{**}$); the lack of

motivation to exercise with the child expressed 16.7% of Polish respondents, 28% from Belarus and 28.6% from France ($p = 0.491$); jealousy about healthy children: 26.7% of Polish respondents, 20% Belarusian and 14.3% from France ($p = 0.5046$); anxiety about the financial condition of the family: 16.7% of Polish respondents, 28% of Belarusian and 17.9% of French respondents ($p = 0.534$); 13.3% of Polish respondents, 8% from Belarus and 7.1% from France indicated that their child's disability did not cause any emotions ($p = 0.688$). 4% of Belarusian parents had no opinion on the issue ($p = 0.309$).

The aim of the study was to assess the level of empathic understanding of the surveyed parents. For this purpose, the Standardized Questionnaire of Empathic Understanding Others was adopted (KRE). It turned out that the differences between parents from different countries were statistically significant (0.0350^*), and the level of empathy relatively high. Almost identical results, on the average, were obtained for the sample from Poland (64.2 ± 6.2) and France (64.8 ± 11.6), while higher values of the KRE scale (the highest level of empathy) were observed in Belarus (70.3 ± 8.3). Table I and Figure 1 show the results.

Table 1. The level of empathy in parents of children with autism

KRE questionnaire	Country									p
	Poland			Belarus			France			
	\bar{x}	Me	s	\bar{x}	Me	s	\bar{x}	Me	s	
Empathic understanding	64.2	66.0	6.2	70.3	69.5	8.3	64.8	67.0	11.6	0.035*

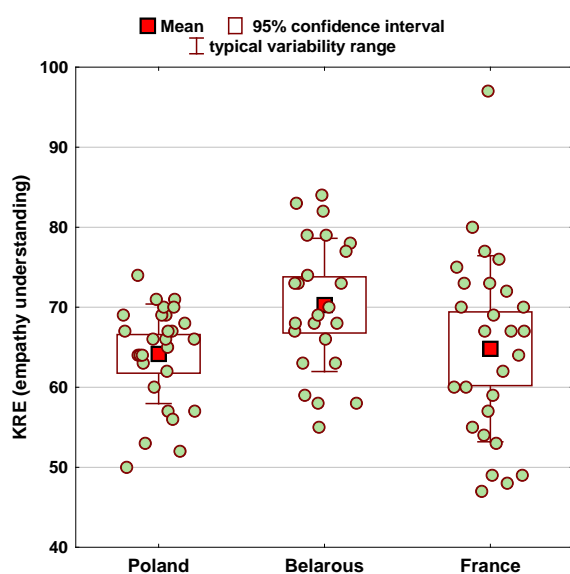


Figure. 1 The level of empathy in parents of children with autism

The level of subjective anger, depression and anxiety in difficult situations in the group of surveyed parents from Poland, Belarus and France, achieved by The Courtauld Emotional Control Scale (CECS).

As shown in Table 2 we cannot find statistically significant differences in the level of anger, depression or anxiety among surveyed parents from different countries. The results for both CECS anger and CECS depression and CECS anxiety suggest suppression of anger, anxiety and depression at the average level. The overall rate of parents' emotional control was average and amounted to 47.4 ± 4.9 for parents from Poland; 44.8 ± 6.1 for parents from Belarus, and 48.1 ± 6.0 for parents from France (Poland vs. Belarus: $p = 0.5642$; Poland vs. France: $p = 0.8724$; Belarus vs. France: $p = 0.3973$). Details are listed in Table 2 and Figure 2.

Table 2. Assessment of the level of subjective anger, depression and anxiety in difficult situations

CECS	Country												p	
	Poland				Belarus				France					
	N	\bar{x}	Me	s	N	\bar{x}	Me	s	N	\bar{x}	Me	s		
CECS anger	30	16.6	18.0	4.6	25	14.2	14.0	6.1	28	16.1	16.0	6.4	0.4058	
CECS depression		16.0	17.5	5.0		15.7	17.0	5.6		17.6	18.5	5.3		0.4501
CECS anxiety		14.8	16.0	5.0		14.9	18.0	6.5		14.4	14.0	6.2		
CECS total		47.4	17.2	4.9		44.8	16.3	6.1		48.1	16.2	6.0		
Poland vs Belarus - p=0.5642 Poland vs France - p=0.8724 Belarus vs France p=0.3973														

The results are presented in a graphical form or in the form of box -and-whisker plots. which show information about the average value of each measures in the compared groups. In addition, the range of 95% confidence interval for the average value and the typical range of variability (mean \pm standard deviation). We also showed the exact distribution of the measurements by means of scatterplot markers. The results proved that the hypothesis assuming parents' insufficient empathy towards a disabled child cannot be accepted, because the level of empathic understanding of parents was significantly higher than the above hypothesis assumed.

Proving the hypothesis, which implied that parents of a child with autism cannot control negative emotions, it turned out that a general suppression of negative emotions was at the average level, and among surveyed parents from different countries one cannot find statistically significant differences in the level of suppression of anger, depression or anxiety which also were at the average level .

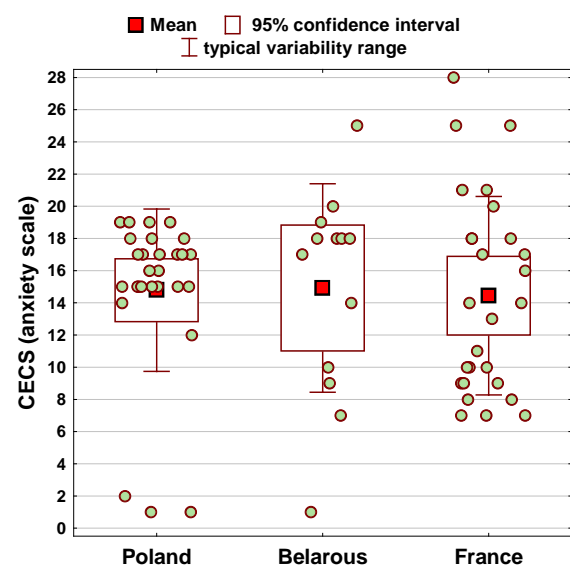
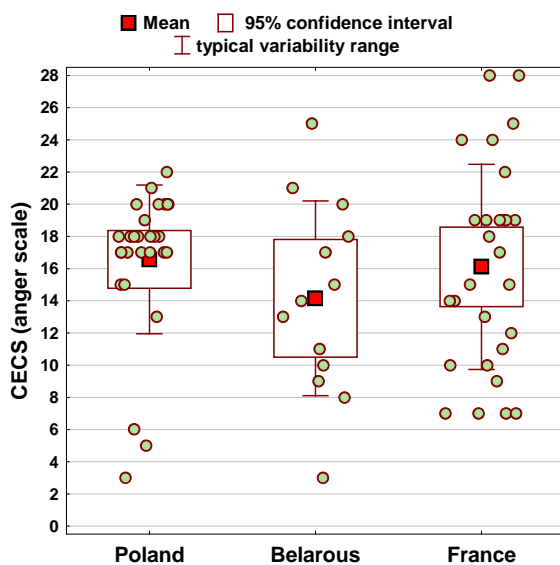
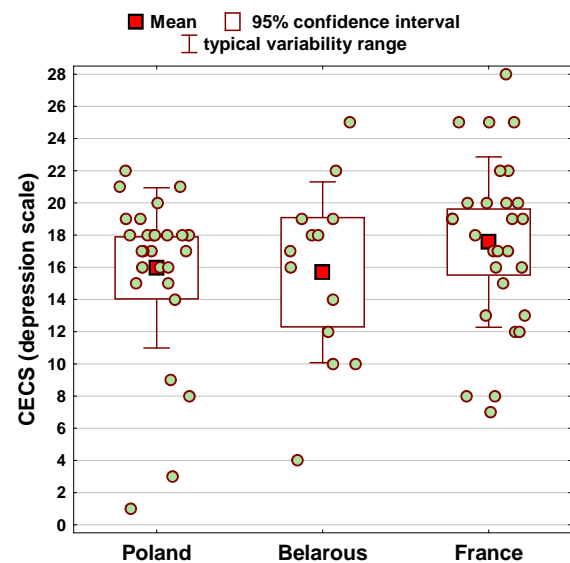


Figure 2. Assessment of the level of subjective anger, depression and anxiety in difficult situations

DISCUSSION

Parents caring for a child with autism experience many difficult situations that may induce behaviour contrary to social expectations related to parental roles: on the one hand appropriate, on the other hand reprehensible behaviour. Improper parents' attitude can express, among others, in child negligence, isolation from the child, posing excessive demands on the child, or even abandoning the child. There may be many reasons of such attitudes of parents, e.g. psychological factors (strong, negative emotional experiences), factors of a social nature (negative community's attitude towards the disabled, improper flow of information about the disability of the child given by a doctor).

In the process of raising a disabled child, parents often need to develop their "hidden" features, such as sensitivity, empathy, tenderness, caring, submitting the interests of the disabled child and the family over their own ones. The whole process of care, rehabilitation, socialization of the child, should aim at shaping the interdependent personality - living for themselves and for others.

In the literature it is emphasized [16,17] that most researchers working on empathy, distinguish emotional empathy (the ability to feel mental states of others) and cognitive empathy (the ability to adopt their way of thinking, see reality from their perspective). Gulim [16] emphasizes that cognitive empathy is a process of "putting in someone else's place, and therefore on the accurate understanding of other people's feelings, thoughts, desires and accurate perception of other people's reactions", and Goleman [17] underlines that "empathy arises from the consciousness, and the more we are open to our own emotions, the better we recognize the feelings of others".

The concept of empathy, according to Goleman [17], has been recently enriched with new aspects and meanings, depending on the representatives of the represented schools and streams of psychological research and is interpreted as, e.g. understanding of other people, sharing the feelings of others (fellow-feeling), social awareness, sympathy, and insight into the other person.

Elias [18] treats empathy as inherent mechanism, the others indicate that this phenomenon is learned. Lipps [citing 16] distinguishes several types of empathy: mood (developed through observing a piece of art), perceptive empathy (based on visual and auditory apperception), intellectual (which is the basis for the development of speech, since speech has always been a picture of the development of the intellect from primitive forms to these occurring today) and ethical (consisting of altruistic acts which are the basis of societies).

Węgliński [11-13] identified five empathic trends: sensitivity to experiences of other people, emotional correspondence (syntony), being moved

by positive and negative emotions of others, empathy for experiences of others, and willingness to sacrifice for others. The course of empathic contact, based on empathizing with interaction partners, significantly increases the likelihood of responsibility for others, kindness, affection and tolerance.

In the present work, in the opinion of most of the parents from Poland, Belarus and France spouses tried to accept the disability of the child and they devoted a lot to them, but also did not accept the child's disability, they tried to hide the deficiencies of the child (parents from Poland and Belarus) or would not decide now on raising a child with autism (parents from Poland and Belarus).

In our study, we adopted the KRE written in 1983 by Węgliński [11-13]. His studies on the usefulness of the questionnaire showed its satisfactory reliability and validity. Empathy measured by the questionnaire correlates positively with the observable manifestations of pro-social behaviour, altruism, kindness, care, and correlates negatively with aggressive and selfish behaviour.

Davis [8] believes that less tendency to cause conflicts and the tendency to solve them faster and harmonically correlates with a high level of empathy.

In the present study, we found that a general suppression of negative emotions was at the average level, and that among surveyed parents from different countries we cannot conclude statistically significant differences in the level of suppression of anger, depression and anxiety, which also were on the average level.

Research conducted by Janicka [19] showed the relationship between openness and empathy. Openness itself is not a sufficient condition for a positive relationship between the spouses, while openness that allows a better understanding of another person and oneself has a large importance in connection with empathic abilities, which promotes positive and healthy interactions in marriage. Too much openness devoid of empathy may in turn, foster conflicts, while limiting openness may lead to serve isolation [19].

Ryś [20] using her empathic understanding questionnaire studied 300 couples selected at random. The results regarding the comparison of the degree of empathy for men and women showed that women were significantly more empathic [20].

In the present study we found that the differences between parents from each country in the presented level of empathy were statistically significant, the level was quite high and almost identical for the sample from Poland and France, and higher among parents from Belarus. People with empathic ability to understand and feel emotions of the other person are more sensitive to signals indicating what others expect or what their needs are. They understand their behaviour better, they can

give them emotional support and effective assistance. Without this ability it would be difficult for people to establish close relationships, to satisfy the need for love, security and acceptance. Empathy protects against fanaticism and aggression. Parents, having the ability of empathic understanding and feeling, are able to see the behaviour of a disabled child's through his/her eyes, imagine how the child feels, thus makes them be more tolerant, patient and understanding, and the process of child care seems less onerous .

CONCLUSIONS

1. There were no statistically significant differences in the level of anger, depression or anxiety and a general indicator of emotional control among surveyed parents from different countries.
2. Suppression of negative emotions in parents in the three surveyed countries were at the average level .
3. We found statistically significant differences in parents' empathic understanding their children, the highest in Belarus.

Acknowledgments

We would like to thank parents from the Polish Association "Wspólny Świat" of the Centre for Therapy and Diagnosis of Autistic Children in BiałaPodlaska and we are also grateful to Anna Chwałek, the head of the Centre and Marzena Szydłowska-Grajcar, the vice president of the Association for their help in conducting the study.

We would like to thank Трафимюк-ОксанаЕвгениевна, Центркорректно-нно-развивающегообученияириабилитации in Brestand also parents from the Association of Parents of Autistic Children in the department of DeuxSevres-Centre Hospitalierin Niort, France.

Conflicts of interest

The authors declare that they have no conflicts interests.

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