

Attachment Patterns as a Predictor of Self-compassion in Mothers of Autistic Children: A Field Study of Some Centers and Clinics in the State of Ouargla

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Abstract:

The current study aims to reveal the nature of the relationship between attachment patterns and self-compassion among mothers of autistic children. This is in addition to knowing the possibility of predicting compassion in particular through the attachment patterns of the study sample. This is done by asking the following questions:

- 1- Is there a correlation between the patterns of attachment and self-compassion among mothers of autistic children?
- 2- What is the most common attachment pattern for mothers of autistic children?
- 3- What is the level of self-compassion for autistic children?
- 4- Is it possible to predict self-compassion through the attachment pattern of autistic children's mothers?

We validate the hypotheses using the descriptive correlational approach. Two tools were used (the scale of adult attachment patterns prepared by Abu Ghazal and Jaradat (2009), the self-compassion scale prepared by Neff (2003) and translated by Abdel Rahman and others) on a sample of mothers of autistic children consisting of forty (40) mothers of autistic children.

After processing the data statistically, the results of the study hypotheses were as follows:

- 1- There is a positive correlation between the pattern of attachment and self-compassion among mothers of autistic children.
 - 2- Mothers of autistic children are characterized by a high level of secure attachment pattern.
 - 3- Mothers of autistic children are characterized by an average level of self-compassion.
 - 4- Self-compassion can be predicted by the autistic children mothers' attachment pattern.
- These results were discussed and interpreted in light of the theoretical heritage and previous studies.

Keywords: attachment, self-compassion, autism disorder.

Problematic :

The birth of a child in the family is a joyous event, as many parents view their children as an extension of the self and soul, and their birth actually strengthens of the family relationship between the husband and wife. The birth of a healthy child, physically, mentally and psychologically, is a great blessing for parents and makes their expected vision come true. Yet, the moment when a child's disability is discovered in the family is a critical stage that leads to a radical psychological, social and economic change in the family. It puts the parents, the mother in particular, in front of a difficult reality, whether the disability is physical, mental, or developmental, such as autism. This is due to the characteristics that distinguish the autistic child from other children with various disorders and disabilities.

Autism is one of the categories of people with special needs, which has its unique and distinctive characteristics. It is classified among the complex developmental disabilities that affect children in their early childhood. It is a disability that has a comprehensive impact on all aspects of their mental, social, emotional, kinetic, and sensory development. However, the most obvious shortcoming in this disability is the social aspect, as the autistic child is unable to do social interaction and form relationships with peers. (Abu Ghazal, R. 2009)

Autism is one of the most difficult developmental disabilities for the child and his parents, and is characterized by being a confusing and difficult to understand disorder. The autistic child is characterized by abnormal development at the level of communication, behavior, social relations and reactions, and autism appears in the first years of the child (2-3 years). The Fourth Statistical and Reference Manual of Mental Disorders classified autism as a developmental disorder.

The behavior of a child with autism is unusual and becomes noticeable by those around him as members of his family, especially the mother. The mothers of children with autism are considered the closest people to them compared to the rest of the family, as they are the ones who take care of them. Therefore, the mother is considered the target person to be exposed to pressures that may affect her psychological life due to feelings of helplessness regarding the new role imposed on her by the presence of this child.

The relationship between mother and child is deeper and clearer than the relationship between father and child, especially in the child's first six years of life. The mother here is responsible for satisfying his biological and psychological needs, and the main axis in raising and caring for children.

Therefore, attachment is the first emotional and social relationship that forms in a child in early childhood, and this relationship arises between the child and his mother or caregiver and any person who provides him with attention and responds to his signals and meets his needs, especially his need for security. Studies by J. Bowlby (1950) and Ainsworth (1969) confirm that the attachment pattern that develops in this stage continues until adolescence and the following stages, affects all aspects of emotional and social development, and is clearly reflected on the behavior of the individual and his/her mental health.

Attachment is a strong mutual affection between the child and the caregiver, which reflects the desire of each to maintain closeness to the other and is the basis upon which subsequent intimate relationships and social interactions in general are built. Berger (1987) attributes a large part of the attachment importance as an influential and effective psychological phenomenon in the early childhood years to the roots of psychoanalytic theory, which emphasizes the importance of this emotional relationship's early development between the mother and her child. (مدوري, 2015, 70) Children's attachment patterns differ according to the different responses of the people who care for their developmental requirements. Bowlby postulates that there are several patterns of attachment. Some are secure and reassuring for the source of care (secure attachment), and some are not secure and unreassuring for that source (insecure attachment), and a third type called the avoidant pattern, which is characterized by not resorting to and relying on the mother, or the caregiver, in times of distress. In a study by Waters (Waters 1979), it was found that a child with a secure attachment at the age of 15 months is more capable of social interaction at the age of three and a half years. Other studies' results of (Easterbrooks and Lamb, 1979) classify children in varying degrees based on the relationship of security with the mother.

Observing these children while playing with their peers shows that the degree of security and tranquility in the relationship with the mother is reflected in the degree of interaction with peers. Children's engagement in multiple relationships and interactions with peers is related to the degree of their sense of security in their relationship with the mother.

Attachment is of a qualitative nature, as children can get attached to more than one person at the same time. This occurs despite the fact that children are often prepared to be attached to the first person who takes care of them and nurtures them, who is in most cases the mother. (Ainsworth, M. D. S. 1969)

Mothers of children with autism incur a great burden while taking care of these children who suffer from many health problems. They desperately need someone to take care of them, relieve them, and urge them to continue on their path with their children on the long and arduous journey of rehabilitation, and they also need who implants hope in their hearts for the future of their autistic children.

Some studies that focus on the psychological state of the mother of an autistic child, where Olsson & Hwang (2001) state that mothers of autistic children suffer from a high level of depression compared to mothers of normal children. Therefore, mothers of autistic children are exposed to many psychological problems due to their lack of communication, especially verbal communication with their children (الزريقات, 2004, 240). Therefore, the positive outlook and happiness disappear and their life deteriorates, but in return they have some positive variables such as self-compassion.

Self-compassion is one of the most recent positive psychological concepts related to the self. Self-compassion is an important component of mental health, which includes being kind or self-compassionate, and not blaming or harshly criticizing oneself when experiencing unpleasant experiences or frustrating situations. **Christine Neff** (2003, Neff) defines self-compassion as an essential dimension of psychological construction, a positive personality trait, and a psychological barrier that protects against the negative effects of stressful life events, when individuals live in a state of failure or personal insufficiency in solving their personal problems (العبيدي, 2017, 42). Self-compassion consists of three main distinct and overlapping dimensions. Kindness towards oneself includes understanding and emotional warmth towards oneself. It produces a low degree of self-disgrace and helps reduce pain and suffering when failure. Mindfulness helps reduce negative thoughts about oneself and provides the individual with insight to identify commonalities with others, ie a common humanity that does not include a sense of selfishness and self-centeredness. Rather, it refers to the importance of personal priorities as opposed to the interests of others, as it acknowledges failure, suffering, and shortcomings, which are aspects of human nature. (Neff, 2003,89)

A study conducted by Neff & Pittman (2010) on the relationship between self-compassion and psychological resilience in adolescents and young adults indicates the differences between them, with regard to psychological happiness. The sample consists of (235) male and female high school students, and (287) male and female university students. The results show that self-compassion is positively associated with psychological happiness, family support, and social interactions in adolescents and young adults together, with differences between males and females in favor of males. (Neff& Pittman,2010,225)

Self-compassion contributes to increasing the motivation towards change, and motivating the willingness to take responsibility for mistakes .Neff, Hsieh, & Dejitterat (2005) found that higher levels of compassion are associated with feelings of independence, competence, optimism, wisdom, curiosity, personal initiative, and positive effects. The study of Breines & Chen (2012) concludes that self-compassion reduces the possibility of failure, stumbling, and self-flagellation. Self-compassion is associated with various aspects of mental health and well-being. The study of **Neff, Kirkpatrick, & Rude** (2007), showed that individuals who scored high on the self-compassion scale were happy, optimistic, and overall positive. In contrast, the study of Hall, Row, Wuensch, & Godley (2013) indicates that individuals who are physically ill and exposed to psychological stress have low scores on the self-compassion scale. Moreover, the study of **Krieger, Altenstein, Baettig, Doerig, & Holtforth**, shows that the levels of self-compassion in individuals with depression are significantly lower than those without depression. (Bowlby, J. 1950)

Self-compassion is closely related to the needs of persons with disabilities, persons with societal handicaps, and difficult life situations. Self-compassion strategies are used as therapeutic applications in reducing emotional responses, such as: learning how to regulate emotions, monitor behavior, make informed decisions, cope with disabilities, understand needs, treat personal and societal obstacles, learn how to advocate and defend oneself effectively, and be flexible while facing reality. (Stuntzner, Hartley, 2015, 9)

The variation in feelings of self-compassion among mothers of autistic children, and the ability to perceive and deal with stressful situations, depends on a variety of variables that characterize the mother, such as skill in dealing with problems, her age, and her educational

level. Furthermore, it also depends on a set of personal characteristics of children such as their gender and age, in order to achieve a better understanding of the factors related to self-compassion among mothers of autistic children, and to reveal the differences in self-compassion depending on the variable of the mother's age and educational level.

Having a disabled child in the family negatively affects all family members and makes them feel depressed. This disorder shatters parents' hopes for a normal child, and causes them to withdraw from many social relationships. Mothers are the most vulnerable members of the family to this. This can be seen through the behavioral manifestations that appear on mothers, such as feelings of guilt, continuous rejection of the child, excessive protection, locking the child at home and not showing it to people, feeling the loss of the child, isolation from social life, feeling of aggression and inferiority. This is in addition to having psychological inconsistency between parents and with the rest of the family members. Moreover, one of the important and noticeable issues that result from the psychological pressures caused by having an autistic child in the family makes the mothers blindly attached to their autistic child out of self-compassion and excessive protection, and thus they do not realize the reality of his/her disability and do not know how to face this problem.

Based on these arguments, we find that some of the studies that dealt with the issue of mothers of autistic children included several variables, including psychological pressure, self-esteem, psychological conflict and other studies. However, they did not address the variables of the pattern of attachment and self-compassion, especially regarding this category, within the limits of the researcher's knowledge, and this is what prompted me to choose this study in the hope of contributing to this field.

Based on the foregoing, and in view of the importance of attachment and in the life of the individual, this study comes to clarify the relationship between the pattern of attachment and self-compassion among mothers of autistic children. This is especially since the mother is the most sensitive to the needs of her child, as well as being the closest person to her child. For this purpose, the following questions are raised:

2- Study questions:

- 1- Is there a correlation between the pattern of attachment and self-compassion among mothers of autistic children?
- 2- What is the most common attachment patterns for mothers of autistic children?
- 3- What is the level of self-compassion among mothers of autistic children?
- 4- Is it possible to predict self-compassion through the attachment pattern of mothers of autistic children?

3- Study hypotheses:

- 1- There is a correlation between the pattern of attachment and self-compassion among mothers of autistic children.
- 2- Mothers of autistic children are characterized by a high level of secure attachment patterns.
- 3- Mothers of autistic children are characterized by a high level of self-compassion.
- 4- It possible to predict self-compassion through the attachment pattern of mothers of autistic children

- Procedural concepts of the study variables:

1. Attachment patterns (styles):

- Attachment

An intimate emotional relationship between two people that is characterized by mutual affection and the desire to maintain distance between them. Attachment includes three types:

Secure pattern: this pattern shows the degree to which the individual positively views himself and others.

Insecure pattern: This pattern shows the degree to which the individual looks negatively to himself and positively to others.

Avoidant pattern: This pattern shows the degree to which the individual looks positively at himself and negatively at others.

The procedural definition of attachment pattern: it is the degree obtained by mothers of autistic children on the Yarmouk scale of adult attachment patterns prepared by Abu Ghazal and Jaradat (2009) and used in the current study.

The procedural definition of selfcompassion: it is the degree to which mothers of autistic children obtain on the scale of self-compassion prepared by Neff (2003) and translated into Arabic by Abd al-Rahman, al-Asmy and others (2015) and used in the current study.

Autistic children can be defined procedurally in this study: "They are children accepted in centers or clinics, and the Communication Association for Autistic Children's Care in the city of Ouargla after they were diagnosed with autism based on diagnostic criteria.

2- Mothers of autistic children: They are the group of mothers whose children have been diagnosed with an autistic disorder.

1. The adopted curriculum in the study:

Since the study essentially seeks to know the nature of the relationship between the pattern of attachment and self-compassion among mothers of autistic children, the most appropriate approach for this study is the descriptive associative approach, which aims to:

- Finding out whether there is a relationship or not between two or more variables.
- Identifying the relationship (negative or positive) between two or more variables.
- Predicting the effect of one variable on another variable. (التويعي, 8, 2013)

3- Study tools:

3-1- Adult Attachment Patterns Scale:

Scale description

The scale consists of (20) statements that are answered through the five-point Likert method, where the number (1) represents (does not apply to me), and the number (5) represents (completely apply). The statements are distributed into three patterns, as follows:

1- Secure attachment pattern: this pattern shows the degree to which the individual looks positively at himself and at others. It consists of (6) items, with scores ranging from (1) to (30) degrees.

2- Anxious-ambivalent attachment pattern: This pattern shows the degree to which the individual looks negatively at himself and positively at others, and this pattern consists of (7) statements, and its degrees range from (1) to (35) degrees.

3- Avoidant attachment pattern: This pattern shows the degree to which the individual looks positively at himself and negatively at others, and it consists of (7) statements, and its degrees range from (1) to (35) degrees.

Table (2) shows the distribution of statements of attachment patterns:

| Number | Pattern | Statements No. | Statement that included it |
|--------|---------------------------------------|----------------|----------------------------|
| 1 | Secure attachment pattern | (6) statements | (4 ,7 ,10 ,11 ,14 ,19) |
| 2 | Anxious-ambivalent attachment pattern | (7) statements | (1 ,3 ,6 ,9 ,13 ,16 ,17) |
| 3 | Avoidant attachment pattern: | (7) statements | (2 ,5 ,8 ,12 ,15 ,18 ,20) |

Scale correction:

It is answered on a five-point Likert scale (does not apply to me, applies slightly, applies moderately, applies to a large extent, applies completely), and is graded in order (1,2, 3, 4, 5). The total score of the scale ranges between (1-35) degrees.

3-1-1-Psychometric characteristics of the attachment pattern scale in the local environment of the current study:

1- Calculating the validity of the adult attachment patterns scale:

a) Discriminatory validity:

The scale was applied to the exploratory study sample of (20) mothers of autistic children. After arranging the scale scores in descending order from largest to smallest, a comparison is made between 33% of the upper level with 33% of the lower level. Then, a t-test was applied to indicate the differences between the mean of the two samples, and the result was as shown in the following table.

Table No. (3) shows the peripheral comparison of the scale's validity:

| Statistical technique Levels | N | Arithmetic mean | Deviation | T-value | Degree of freedom | Significance level |
|---------------------------------|---|-----------------|-----------|---------|-------------------|--------------------|
| Upper levels | 6 | 63.33 | 3.72 | 7.842 | 10 | 0.000 |
| Lower levels | 6 | 43.66 | 4.88 | | | |

Based on the results shown in the previous table, it is clear that the arithmetic mean of the upper category is (63.33) with a standard deviation of (3.72), while the arithmetic mean of the lower level is (43.66), with a standard deviation of (4.88), and at the degree of freedom estimated at (10) and the calculated t value is estimated at (7.48). It is noted that there are statistically significant differences at the significance level (0.000), which is less than (0.05). This indicates the discriminatory ability of the tool, and thus the tool can measure what it is designed for.

2-Scale stability:

a. Calculation of stability by Cronbach's alpha method:

The stability of the adult attachment patterns' measure is calculated by (Cronbach's alpha coefficient). The result is shown in the following table:

Table No. (5) lists the results of the scale's stability coefficient by the Cronbach's alpha method

| Tool | Number of statements | Cronbach's alpha coefficient (α) | Significance level |
|---------------------------------|----------------------|---|--------------------|
| Adult Attachment Patterns Scale | 20 | 0.84 | 0.01 |

Through the previous table, we note that the stability coefficient of the adult attachment patterns measure by the method of internal consistency according to the Cronbach's alpha equation is estimated at ($\alpha = 0.84$), which is a high value that confirms the stability of the scale.

2-3 The measure of self-compassion :

Scale description:

The self-compassion scale is used. It is prepared by Neff (2003), translated by Muhammad Abdul-Rahman, Ali Al-Omari, Fathi Al-Dabaa and Riyadh Al-Asmy (2015). The scale consists of (26) statements that include three main elements distributed into (6) sub-dimensions: (self-kindness vs. autonomy), (general humanity vs. isolation) and (mental alertness vs. excessive autism).

- **Self-kindness** involves a deep understanding of oneself and treating oneself in a kind and caring way rather than having a high level of self-criticism. It consists of (10) items.
- **General humanity:** It involves seeing human suffering and failure as a common experience among humanity in general and not as an isolated experience. It consists of (8) items
- **Mental alertness:** It involves recognizing and developing a balanced view of positive and negative thoughts and feelings without ignoring them. It consists of (8) items.

Table (7) Dimensions and numbers of statements for the self-compassion scale

| | Its dimensions | Number of statements | Statement that included it |
|---|---------------------|----------------------|----------------------------|
| 1 | Self-compassion | (5) statements | (5 ,12 ,19 ,23 ,26) |
| 2 | Self-autonomy | (5) statements | (1 ,8 ,11 ,16 ,21) |
| 3 | Common humanity | (4) statements | (3 ,7 ,10 ,15) |
| 4 | Isolation | (4) statements | (4 ,13 ,18 ,25) |
| 5 | Mental alertness | (4) statements | (9 ,14 ,17 ,22) |
| 6 | Excessive isolation | (4) statements | (2 ,6 ,20 ,24) |

• Scale correction:

The interviewees answer each statement of the scale according to the five-point Likert scale (does not apply completely, applies slightly, applies to a moderate degree, applies to a large extent, applies completely) and is graded in order (1,2,3,4,5). The total score of the scale ranges between (26-130) degrees. The high degree indicates that the interviewees feels self-compassion when s/he is going through painful experiences or a failure situation. However, the low score indicates that the interviewee is more harsh on himself or self-critical in stressful situations.

3.2.1 Psychometric properties of the attachment pattern scale in the local environment of the current study:

1- Calculating the validity of the attachment pattern scale:

A) Discriminant validity:

The scale is applied to the exploratory study sample of (20) mothers of autistic children. After arranging the scale scores in descending order from highest to lowest, a comparison is made between 33% of the upper level with 33% of the lower level, and then a t-test is applied to indicate the differences between the averages of the two samples. The result is shown in the following table:

Table No. (8) shows the validity of the end comparison of the scale

| Statistical technique / Levels | N | Arithmetic mean | Deviation | T-value | Degree of freedom | Significance level |
|--------------------------------|---|-----------------|-----------|---------|-------------------|--------------------|
| Upper levels | 6 | 65.66 | 4.50 | 7.049 | 10 | 0.000 |
| Lower levels | 6 | 99.00 | 10.67 | | | |

Based on the results shown in the previous table, it is clear that the arithmetic mean of the upper category is (99.00) with a standard deviation of (10.67). The arithmetic mean of the lowest category is (65.66) with a standard deviation of (4.50) and at the degree of freedom is estimated at (10), and the calculated t is (7.04). It is noted that there are statistically significant differences at the significance level (0.000) which is less than (0.05), which indicates the discriminatory ability of the tool and thus the tool measures what it is developed for.

2- Scale stability:

a. Alpha Cronbach method:

The stability coefficient is calculated using Cronbach's alpha method, and it is estimated at (0.81), which is an acceptable value that confirms the stability of the scale (see Appendix No. 4).

Table No. (10) The results of the scale's stability coefficient using the Alpha Cronbach method

| Tool | Number of statements | Cronbach's alpha coefficient (α) | Level of significance |
|-----------------------|----------------------|---|-----------------------|
| Self-compassion scale | 20 | 0.81 | 0.01 |

It is noticed from the previous table that the coefficient of stability of the measure of adult attachment patterns by the method of internal consistency according to the alpha-Cronbach equation is ($\alpha = 0.81$), which is a high value that confirms the stability of the scale.

1-Basic study:**4-1 Basic study sample**

The researcher carried out the field study procedures during the second semester. This was done by distributing the scales used in the study to mothers of autistic children in the Ettaouassol Association for the Care of Autistic Children, Basma Clinic for Mental Health, Al-Amal Clinic for Arthofonial Psychological Care, Ouargla, and the Psychological Pedagogical Center for Mentally Handicapped Children (2) in Al-Nasr neighborhood located in Ouargla. 65 copies of the two scales were distributed, and 48 copies were retrieved, and due to the invalidity of some forms, the researcher canceled 8 copies that were not valid for the study, and thus 40 copies were adopted as a final number for the study sample.

- Description of the basic study sample:

The sample members are distributed according to the mother's age, educational level, and percentages, as shown in the following table:

| Variables | Statistical indicators | |
|-----------------------------------|------------------------|------------|
| | Number | Percentage |
| Mother age variable | | |
| 25-35 | 17 | 42.5% |
| 45-36 | 19 | 47.5% |
| 46-55 | 4 | 10% |
| Total | 40 | 100% |
| Educational level variable | | |
| Primary | 3 | 7.5% |
| Intermediate | 9 | 22.5% |
| Secondary | 13 | 32.5% |
| University | 15 | 37.5% |
| Total | 40 | 100% |

It is clear from the previous table that the total study sample consisting of **(40) mother** is distributed according to the variable of the mother's age and the mother's educational level as follows:

Mother's age: We note that mothers whose age ranges between (25-35 years) is (17) with a percentage estimated at (42.5%), and the number of mothers whose age ranges from (36-45 years) is estimated at (19) with a percentage estimated at (47.5 %), and the number of mothers aged (46-55 years) is estimated at (4), with a percentage estimated at (10).

Educational level: it is noted from the table that mothers who have a primary level degree of (3) with a percentage estimated at (7.5%), and the number of mothers with an average level of (9) is estimated at (22.5%). The number of mothers with a secondary level is estimated at (13) with a percentage estimated at (32.5), and the number of mothers with a university level is estimated at (19) with a percentage estimated at (37.5%).

4-2- Basic Study Procedures:

The basic study is conducted during the months of April and May of 2021. After calculating the results of the exploratory sample, which consisted of (20) mothers of autistic children, which provided acceptable indications about the psychometric properties (reliability and validity) of the study tools. The researcher applied the study measures (attachment patterns scale, self-compassion scale) to a sample of mothers of autistic children. Sixty-five copies of two scales were distributed, then questionnaires were collected after a period of application. Those copies of the two scales were sorted and reviewed, and (8) copies were canceled for not meeting the research conditions, so the total number of the sample became (40) mothers.

1- Presentation and analysis of the first hypothesis result:

The first hypothesis states: **There is a correlation between attachment patterns and self-compassion among mothers of autistic children.**

To verify this hypothesis, the relationship between attachment pattern and self-compassion among mothers of autistic children was tested using the Pearson correlation coefficient. The results are shown in the following table:

Table No. (13) The value of the correlation coefficient between the attachment pattern and self-compassion

| Variables | R-value | Level of significance | Degree of freedom |
|--|---------|-----------------------|-------------------|
| attachment pattern and self-compassion | 0.331 | 0.037 | 38 |

From the table, it is clear that the value of the Pearson correlation coefficient is estimated at (0.331) with a significance level of (0.037) at the degree of freedom (38). This indicates that there is a positive statistically significant relationship between the attachment pattern and self-compassion among.

1-1 Interpretation and discussion of the first hypothesis results:

The results shown in Table No. (13) show that there is a positive, statistically significant correlation between the attachment pattern and self-compassion among mothers of autistic children, that is, the higher the degree of attachment pattern, the higher the degree of self-compassion.

The researcher believes that there is a close relationship between the attachment pattern and self-compassion. Individuals with insecure attachment view themselves negatively, do not trust others, and therefore have negative feelings of self-compassion, their feelings towards others are dull, and they feel mistrust and doubt about the intentions of others when they sympathize with them. Findings from the Neff & Mc Gehee study indicate that individuals with secure attachments display high levels of self-compassion. This result can be explained in the light of what Gilbert and Irons (2005). They state that compassion increases the person's ability to emotionally withstand tough situations because it is a variable that prevents the work of the threat system associated with insecure feelings, impulsive tendencies and self-stimulation and activates the self-care system associated with feelings of secure attachment and feeling psychological security. In this context, Neff, Mc Geehee, Wei, Liao, Ku, & Shaffer (Neff & Mc Geehee, 2010; Wei, Liao, Ku, & Shaffer, 2011) assert that self-compassion is linked to the attachment system, and that people who lack self-compassion have been subjected to constant criticism from their parents and have been raised in family environments where there are many conflicts. Thus, they show indicators of insecure attachment patterns compared to individuals with high levels of self-compassion. (Berger, K. S. 1987)

This is a logical conclusion: mothers with high self-compassion are the ones who are self-compassionate, recognize their common humanity, and adopt emotional and balanced views of themselves. They are more likely to have a greater sense of self-worth, compared to mothers with low self-compassion who are characterized by harsh self-judgment, feelings of isolation and excessive identification with their negative thoughts and feelings.

2- Presentation and analysis of the second hypothesis result:

The second hypothesis states: **Mothers of children with autism are characterized by a high level of secure attachment pattern.**

To test this hypothesis, the arithmetic means and standard deviations are calculated, and the following table shows the results obtained:

Table No. (14) The scale of judging the degree of use through the arithmetic average for each item

| Arithmetic mean distribution | Degree of use | |
|------------------------------|---------------|--|
| 1-1.80 | Very low | Range = 5-1 = 4 Class length = 4/5 = 0.80 |
| 1.81-2.61 | Low | |
| 2.62-3.37 | Medium | |
| 3.38-4.18 | High | |
| 4.19-5 | Very high | |

From Table (14) it is noted that the arithmetic average for each item ranges between 1.80 to 4.19 and the degree of use varies between very low and very high.

Table (15) shows the arithmetic averages and standard deviations of the items and dimensions of the tool

| Number | Item | Arithmetic mean | Standard deviation | Ranking | Degree of use |
|---------------------|------|-----------------|--------------------|---------|---------------|
| Secure attachment | 01 | 3.45 | 1.28 | | High |
| | 02 | 2.92 | 1.30 | | Medium |
| | 03 | 3.67 | 1.34 | | High |
| | 04 | 3.97 | 1.14 | | High |
| | 05 | 3.40 | 1.44 | | High |
| | 06 | 3.65 | 1.27 | | High |
| | | 3.51 | | | High |
| Anxious attachment | 07 | 1.45 | 980. | | Very low |
| | 08 | 1.55 | 0.90 | | Very low |
| | 09 | 1.72 | 1.01 | | Very low |
| | 10 | 2.32 | 1.38 | | Low |
| | 11 | 2.65 | 1.49 | | Medium |
| | 12 | 1.45 | 870. | | Very low |
| | 13 | 1.27 | 640. | | Very low |
| | | | 1.77 | | |
| Avoidant attachment | 14 | 3.00 | 1.37 | 4 | Medium |
| | 15 | 2.92 | 1.54 | 1 | Medium |
| | 16 | 2.25 | 1.25 | 8 | Low |
| | 17 | 2.57 | 1.25 | 2 | Low |
| | 18 | 3.60 | 1.21 | 6 | High |
| | 19 | 3.67 | 1.34 | 7 | High |
| | 20 | 3.97 | 1.02 | 5 | High |
| | | | 3.14 | | |

From Table No. (15), it is clear that the arithmetic means range between (1.27 and 3.97).As for the arrangement of dimensions according to the degree of use, after the secure attachment comes in the first rank with the highest arithmetic mean of (3.51), followed by the avoidant pattern with an arithmetic mean of (3.14), while the anxious attachment comes in the last rank, with an arithmetic mean of (1.77).

2-1- Interpretation and discussion of the second hypothesis results:

The results shown in Table No. (15) show that mothers of autistic children are characterized by a high level of a secure attachment pattern. This indicates that the secure attachment pattern is more common among mothers of autistic children, followed by the avoidant attachment pattern, while the anxious attachment pattern is the least common among mothers of autistic children. This indicates that securely attached mothers are more likely to view themselves and others positively in their personal relationships and feel more satisfied and reassured. This result is consistent with the results of the study of Abu Namir (2011), Falwah and Abu Ghazal (2014).

The researcher explains that the secure attachment pattern of mothers brings them more sense of self-confidence, security and safety, in addition to a feeling of optimism and positivity. A secure attachment pattern encourages individuals to explore and learn about the environment around them. This leads to the development of personal competence, through which the individual in general, and mothers of autistic children in particular, can face life's problems and troubles without despair, and deal with all the different pressures and challenges they face in a positive way. **Bowlby** believes that the secure attachment pattern activates the discovery system, which allows individuals to discover and control their environment and experiences and develop the ability to deal with frustrating situations. In addition, he sees that mental schemas affect individuals' organization of their relationships with others. Attachment patterns are formed according to schemas, internal experiences, and experiences obtained through the mother's interaction with her child. (Bartholomew, K., 1991)

Secure attachment mothers have a positive perception of themselves and others, high emotional regulation, and conformity, which affects the quality of their social relationships. Moreover, secure attachment mothers trust and rely on others, seek support from others, and respond when they need it. All of this would make a secure attachment pattern reflective of some positive behaviors, including self-compassion.

Noller & Feeny (1994) believe that those with a secure attachment pattern are more disciplined in their feelings, persuasive in their relationships, have a sense of happiness, trust, value, and effectiveness in the face of stress, and less likely to fall into fear of engaging in relations with others throughout life.

It can be said that mothers of autistic children with a secure attachment see themselves positively, feel happy in their social relationships, and enjoy responsibility and independence. This may enable them to be able to treat themselves with some care and acceptance rather than harsh self-judgment.

3- Presentation and analysis of the third hypothesis result:

The third hypothesis states: **Mothers of children with autism are characterized by a high level of self-compassion.**

In order to test this hypothesis, a single-sample t-test is used to calculate the differences between the average degrees of self-compassion of the sample members and $Q3 = 58$. The results are shown in the following table:

Table No. (16) shows the difference between the average scores of the sample members on the self-compassion scale and Q3

| Sample number | members | Freedom degree | Arithmetic mean | Standard deviation | Q3 | T-Value | Statistical significance |
|---------------|---------|----------------|-----------------|--------------------|----|---------|--------------------------|
| 40 | | 39 | 79.85 | 13.06 | 87 | -3.461 | 0.001 |

Through the previous table, it is found that the average of the sample members on the scale is (79.85) which is a mean less than the Q3 estimated at (87). A one-sample t-test is used to test the differences between the means, which is estimated at (-3.461) with a significance level of (0.000) which is less than (0.05). Thus, it is a statistically significant value, and this indicates that mothers of autistic children are characterized by an average level of self-compassion.

3-1- Interpretation and discussion of the third hypothesis results:

The results shown in Table No. (16) show that mothers of autistic children are characterized by an average level of self-compassion. This indicates the prevalence of the self-compassion level in the study sample in an average way, which is an evidence that mothers of autistic children suffer from pressures and problems as a result of the disorder that their children suffer from, and this leads to a low level of self-compassion for them. This result is consistent with the result of the study of **Robinson and others** (2018), which indicated that parents of children with developmental disorders (autism) suffer more and have less self-compassion than parents of children with mental disabilities. It also agrees with the result of the study **Crystal and Lee** (2013), which indicates that the level of self-compassion among parents of children with autism is lower than that of parents of children with diabetes. (**Bartholomew, K., 1991**)

The researcher believes that having a child with a disability or disorder is a major accident that makes the parents and the entire family bear multiple pressures, all of which are related to the special needs of this child. The family of a child with autism bears a lot of difficulties, especially in the period prior to the accurate diagnosis of the child's condition, as it is the most difficult stage the family goes through because of the ambiguity surrounding the child's condition. The researcher believes that the mother is the one who contacts and interacts with the child the most since the moment of birth. The role of mothers is not limited to providing food,

care and foreplay, but extends beyond that, as they are the first teacher for their children who teach them the first principles in everything in language, literature, interaction and communication. Likewise, the mother is the main reference where the child expects to find the solution to all his/her problems with her and to get his assistance in psychological and social adjustment from her, as her child is an extension of herself. The birth of a child with autism can be a threat or even destruction to her life as a responsible mother. If the child is beautiful, intelligent, socially tactful, this reflects positively on her life, love for herself and the appreciation of others for her, but if s/he has autism disorder, this will have a negative impact on her, especially since this disorder is difficult to detect at the moment of birth, unlike other disabilities. She is usually accused of failing to pay attention to the child and to develop his/her abilities to interact and communicate, and that it is one of this disorder's causes, and this leads her to harsh criticism, lack of compassion and cruelty towards her. In the sense that compassion itself is an adaptive strategy that helps mothers reduce negative feelings and create positive feelings, in addition to contributing to the balance between positive and negative feelings in the individual. This is through an understanding of the situation s/he is going through and dealing with him with understanding, harmony and sympathy instead of self-harm or criticism. (Mikulincer, M., 2007)

4- Presentation and analysis of the fourth hypothesis result

The fourth hypothesis states: **Self-compassion can be predicted by the attachment pattern of mothers of autistic children.**

In order to test this hypothesis, a simple regression analysis is adopted using the Enter method, and the results are as follows:

Table No. (17) Regression analysis of the effect of attachment pattern on self-compassion

| Predictors input method | Correlation coefficient (r) | R-squared | Adjusted R-squared | Constant value | Change statistics | |
|-------------------------|-----------------------------|-----------|--------------------|----------------|-------------------|--------------------------|
| | | | | | F | Statistical significance |
| Enter | 0.331 | 0.110 | 0.086 | 49.431 | 4.675 | 0.037 |

It is clear from the table that the value of the correlation coefficient is (0.331), and the Adjusted R-squared is (0.086). This indicates that the attachment pattern can explain (8%) of the changes in self-compassion. In addition, the value of (F) is estimated at (4.675) with a level of statistical significance (0.037), which indicates the existence of a statistically significant effect of the attachment pattern on self-compassion among mothers of autistic children.

Table (18) Simple regression analysis to predict self-compassion

| Predictor variable | Predictor variables | Standard error | T-value | Significance level |
|--------------------|---------------------|----------------|---------|--------------------|
| Self-compassion | Enter | | | |
| | Constant | 49.431 | 3.479 | 0.001 |
| | Attachment pattern | 0.549 | 2.162 | 0.037 |

From the table, it is clear that the attachment pattern has a predictive ability for self-compassion among mothers of autistic children, where the calculated (T) value is (2.162) at the significance level (0.037).

4-1- Interpretation and discussion of the fourth hypothesis results:

The result of the statistical analysis presented in Table No. (17) shows the validity of the hypothesis, with the presence of a predictive ability for self-compassion. The results show that the value of the correlation coefficient is estimated at (0.331), and the value of R² is (0.086), and this indicates that the independent variable have an explanation of the attachment pattern of (8%). In addition, the value of (F) is estimated at (4.675) with a level of statistical significance

(0.037), which indicates the existence of a statistically significant effect of the attachment pattern on self-compassion among mothers of autistic children. As for predicting self-compassion attachment pattern, it is a logical result as attachment patterns (secure, anxious, and avoidant) contribute to the prediction of self-compassion. This result is consistent with the study of Neff & Mc Gehee (2010), whose results show that attachment patterns are predictors of self-compassion.

Securely attached individuals have a positive view towards oneself and towards others. As for the individuals with avoidant attachment, they also have a positive self-view but a negative one towards others, and it is because of this that they are characterized by high self-confidence, but their perception of others is less than that. However, individuals with anxious attachment have a negative self-perception and are in a state of anxiety, believing that they are unworthy of love and unwanted, which makes them anxious about others not wanting them. (Simpson, J. A., 1992)

In other words, mothers of autistic children who are securely attached look at themselves positively, feel happy in their social relationships, and enjoy responsibility and independence. This makes them able to deal with themselves with some care and acceptance instead of leaning towards harsh self-judgments. On the other hand, mothers who are anxiously attached are striving to accept themselves through others' acceptance of them, so they show some hesitation and dependability, which makes them harsh on themselves when they are frustrated with the way others' treat them and their lack of sympathy and love from them. As for mothers with avoidant attachment, they resort to staying away from others, not trusting them, and separating from them. They may look at every situation they go through as a personal situation that happens only to them, and it is not possible for others to go through, thus, they move lose the chance of getting the experience in the present moment in a balanced way. (Mikulincer, M., 2006)

In general, attachment patterns have a predictive capacity for self-compassion (total score). It can be interpreted in the light of what Bowlby states: attachment lays the foundation for the individuals' future relationships and determines their attitudes towards themselves and others, and even towards life in general. Secure attachment is the heart of mental health and the cornerstone of having a normal growth and a normal personality, and the patterns of adult attachment in general are an extension of those they formed in their childhood. Children live under different conditions and are exposed to various social upbringing methods that have an impact on shaping their attitudes towards themselves and others and in determining their personal relationships.

Conclusion :

The following study's aim is to find out the relationship between attachment patterns and self-compassion among mothers of autistic children. Attachment patterns variable is a predictive factor for self-compassion among mothers of autistic children as it is a sample that worth studying and attention in order to draw up indicative plans and programs that depend on parental education and training to modify and develop the behavior of the autistic child. After testing the hypotheses of the study, the following results are reached:

- There is a correlation between the attachment pattern and self-compassion among mothers of autistic children.
- Mothers of children with autism have a high level of secure attachment pattern.
- Mothers of autistic children are characterized by an average level of self-compassion.
- Self-compassion can be predicted by the attachment patterns of autistic children mothers.

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