

Introduction

Research shows that people with autism spectrum disorder and their families often experience social stigma. The internalization of social stigma can lead to the occurrence of self-stigma, understood as an internalized cognitive-affective self-directed and rigid process that results in individuals agreeing with stigmatizing opinions and applying them to themselves. Experiencing self-stigma can lead to a cognitive fusion with negative thoughts – especially those about oneself. Previous studies show that self-compassion reduces feelings of suffering, shame and self-stigma in a group of parents of children with autism spectrum disorder.

Aim of study

The aim of the current study was to determine relationships between self-stigma and cognitive fusion and their effect on affective symptoms in parents of children with autism disorder. The study focused on whether self-stigma (affiliate stigma and public stigma) and cognitive fusion predicted depression, anxiety and stress in parents of children with ASD. Also, it was decided to add self-compassion to the model as it was reported to decrease the effect of self-stigma-related attitudes in minority groups (Wong et al., 2016) and to be highly associated with mindfulness (Neff, 2003) also reported as a protective factor against self-stigma (Chan & Lam, 2018). It was hypothesized that affiliate stigma and public stigma would be linked with higher levels of depression, anxiety and stress, and increase with higher levels of cognitive fusion.

Measurements

The following questionnaires were used: Perceived Public Stigma Scale, Perceived Courtesy Stigma Scale, Self-Compassion Scale – Short Form, Cognitive Fusion Questionnaire, and Depression, Anxiety and Stress Scale.

Participants

The study included 233 Polish parents of children with autism spectrum disorder (including 218 women).

Table 3. Hierarchical regression model, affiliate stigma

	Depression			Anxiety			Stress		
	Step 1	Step 2	Step 3	Step 1	Step 2	Step 3	Step 1	Step 2	Step 3
Background factors, β									
Professional status	-.05	-.02	-.03	-.06	-.03	-.03	-.06	-.02	-.03
Parental education level	.20**	.20***	.20***	.19*	.19***	.19***	.16*	.16**	.16***
Level of child's intellectual disability	.04	.02	.03	.10	.08	.09	.10	.08	.09
Main effects, β									
Affiliate stigma		.16**	.16***		.18***	.19***		.18***	.19***
Self-compassion		-.17**	-.18**		-.27***	-.28***		-.14*	-.15**
Cognitive fusion		.50***	.53***		.41***	.43***		.50***	.53***
Interaction effects, β									
Affiliate stigma x self-compassion			-.04			-.06			-.10*
Cognitive fusion x self-compassion			-.10*			-.04			-.07
ΔR	.02	.48	.01	.04	.47	.00	.01	.46	.02

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

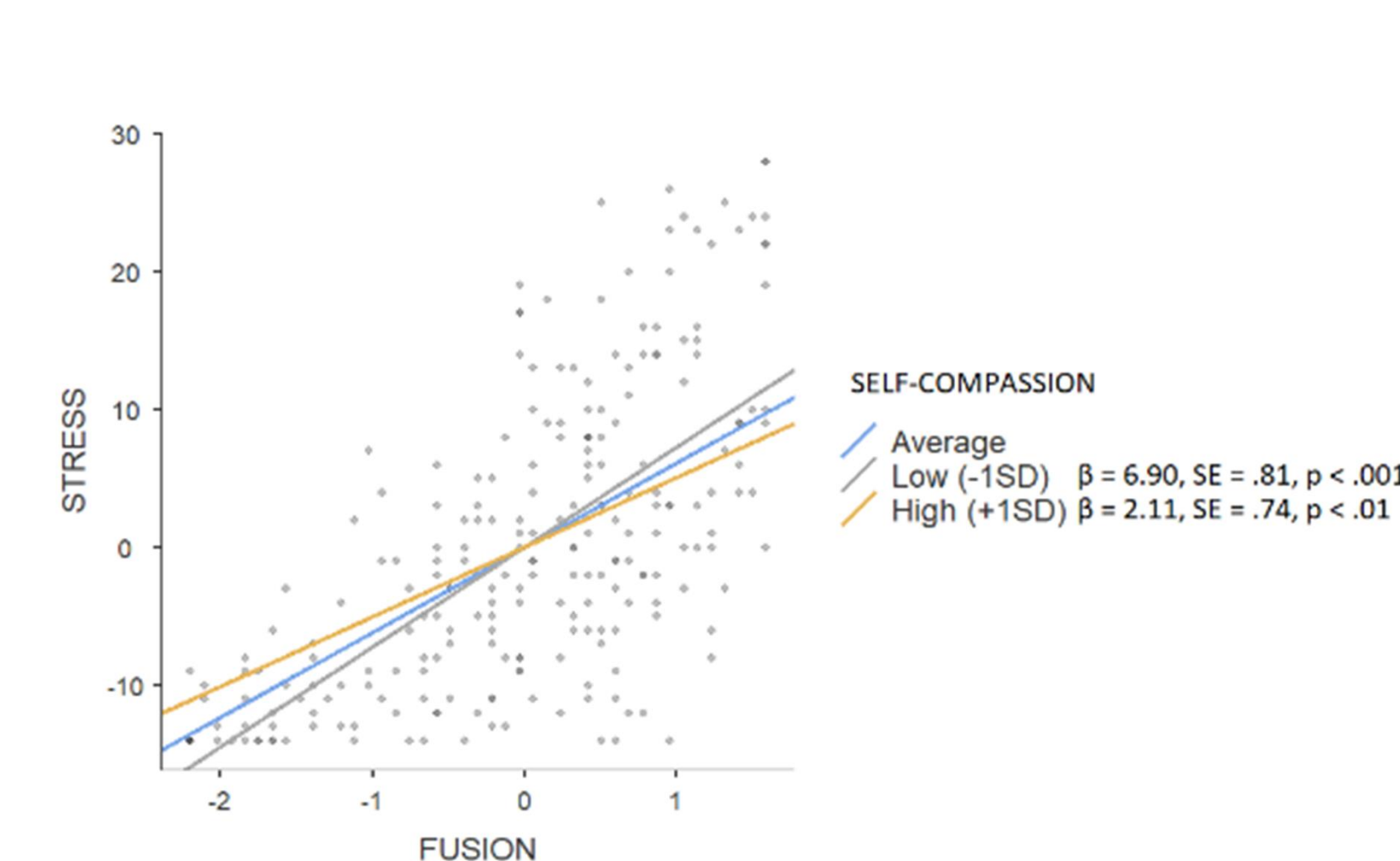
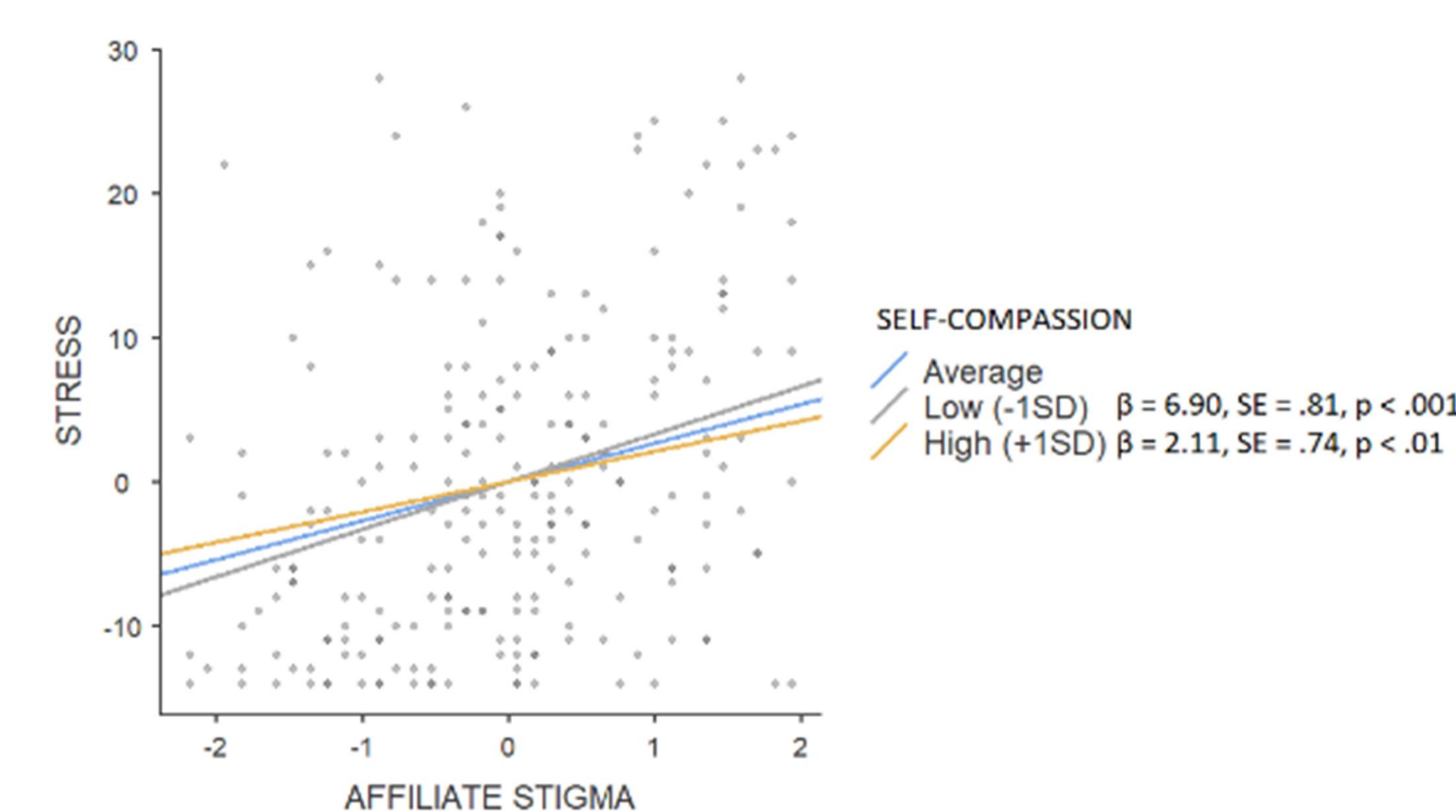
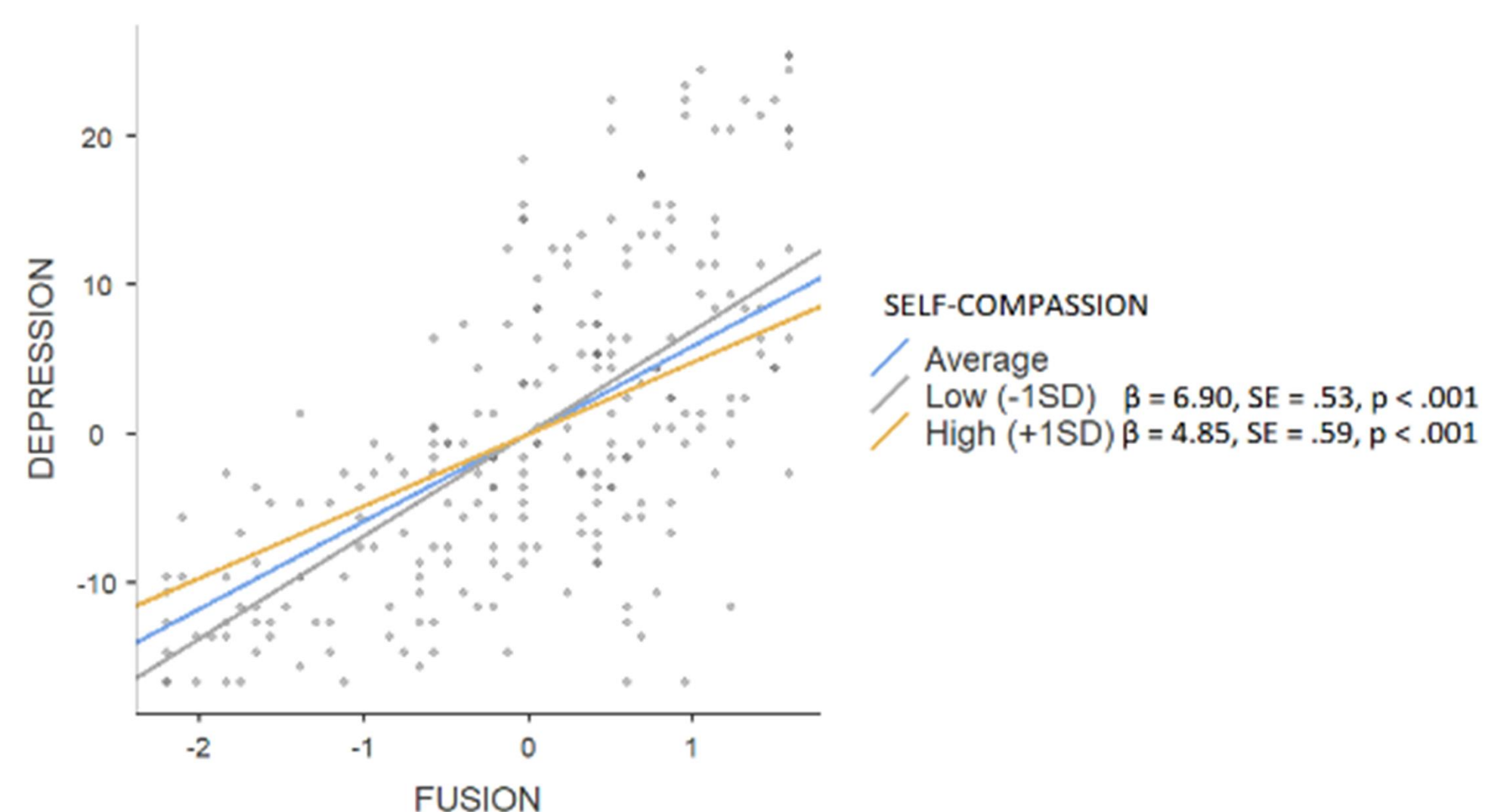


Table 4. Hierarchical regression model, public stigma

	Depression			Anxiety			Stress		
	Step 1	Step 2	Step 3	Step 1	Step 2	Step 3	Step 1	Step 2	Step 3
Background factors, β									
Professional status	-.05	-.04	-.05	-.06	-.05	-.05	-.06	-.04	-.05
Parental education level	.20**	.17***	.18***	.19*	.16***	.16***	.16*	.13**	.13**
Level of child's intellectual disability	.04	.02	.01	.10	.07	.07	.10	.07	.07
Main effects, β									
Public stigma		.13**	.14**		.15**	.16**		.15**	.16***
Self-compassion		-.16**	-.17**		-.26***	-.27***		-.13*	-.14*
Cognitive fusion		.54***	.54***		.43***	.44***		.51***	.54***
Interaction effects, β									
Public stigma x self-compassion			-.03			-.04			-.04
Cognitive fusion x self-compassion			-.11*			-.05			-.11*
ΔR	.02	.47	.01	.04	.47	.00	.01	.45	.02

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

Results

Both models tested revealed that self-stigma (public and affiliate), self-compassion and fusion acted as significant predictors of depression, anxiety and stress among parents of children with autism spectrum disorder. Background factors and main effects accounted for 50% of depression ($F = 39.077$), 51% of anxiety ($F = 42.109$), and 47% of stress ($F = 35.848$) when affiliate stigma was used as a predictor, and 49% of depression ($F = 37.995$), 51% of anxiety ($F = 40.594$), and 46% of stress ($F = 34.605$) when public stigma was used as a predictor.

These results may suggest that it is not only public or affiliate stigma that affects psychological suffering in parents of children with ASD, but mostly their psychological resources, as fusion and self-compassion accounted for the highest rates of the estimates. Self-compassion acted as a significant moderator between affiliate stigma and depression as well as fusion and depression or stress. In all cases, higher levels of self-compassion were associated with smaller effects of fusion on psychological suffering (depressive or stress symptoms) or affiliate stigma on stress. It could be hypothesized that a compassionate attitude towards oneself may foster awareness of inner experience without suppression and over-identification (Neff, 2003): thus, the stigmatized person can take a more level-headed view of the current situation and accept all aspects of their identity as they are. As a result, self-stigmatizing thoughts may no longer be the cause of psychological suffering, e.g. depressive or anxiety symptoms – although the aim of developing self-compassion or defusion is not to erase negative thoughts (Hayes et al., 1999), the decrease of psychopathology can be considered as a side effect of their development (Chin & Hayes, 2017).