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## Bringing up a child with autism. Parental stress and burnout syndrome in a time perspective context

Wychowanie dziecka z autyzmem. Stres rodzicielski i wypalenie rodzicielskich sił w kontekście perspektywy temporalnej

### Abstract

**Introduction.** Parents of children with Autism spectrum disorder (ASD) experience chronic stress and parental burnout due to the heavy burden of raising a child. A balanced temporal perspective is a personal resource that facilitates coping with burdens and stress. Few publications provide data on the patterns of temporal perspectives in parents of children with ASD.

**Aim.** The aim of the article is to analyse the results of Polish research confirming the specificity of temporal patterns occurring in parents of children with ASD and to show the possibility of using therapy based on the concept of Zimbardo temporal perspectives for the minimization of Post-traumatic stress disorder (PTSD) symptoms related to bringing up a child with ASD.

**Materials and methods.** The article is based on the literature data analysis.

**Results.** Based on the analysis, it was found that parents of children with ASD more often than parents of children with Down syndrome (DS) present a non-adaptive pattern of temporal perspectives, which may be a determinant of PTSD.

**Conclusions.** There are arguments that the application of therapeutic interventions implemented in the field of therapy based on the Zimbardo theory may be effective in alleviating stress symptoms and improving the quality of life of parents of children with ASD.

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**Keywords:** temporal perspective, temporal perspective therapy, autism spectrum disorders, ASD, parents, stress, parental burnout.

### **Abstrakt**

**Wprowadzenie.** Rodzice dzieci z ASD doświadczają przewlekłego stresu oraz wypalenia rodzicielskiego ze względu na duże obciążenie związane z wychowaniem dziecka. Zrównoważona perspektywa temporalna stanowi zasób osobowy ułatwiający radzenie sobie z obciążeniami i stresem. Nieliczne jeszcze publikacje dostarczają danych na temat wzorca perspektyw temporalnych występującego u rodziców dzieci z ASD.

**Cel.** Celem artykułu jest przedstawienie analizy wyników polskich badań potwierdzających specyfikę wzorców temporalnych występujących u rodziców dzieci z ASD oraz ukazanie możliwości wykorzystania terapii opartej na koncepcji perspektyw temporalnych Zimbardo dla minimalizacji objawów PTSD.

**Materiały i metody.** W pracy zastosowano analizę danych literaturowych

**Wyniki.** Na podstawie przeprowadzonej analizy stwierdzono, iż u rodziców dzieci z ASD częściej niż u rodziców dzieci z ZD występuje nieprzystosowawczy wzorec perspektyw temporalnych, co może być wyznacznikiem PTSD.

**Wnioski.** Istnieją argumenty świadczące, iż zastosowanie interwencji terapeutycznych zrealizowanych w nurcie terapii opartej na koncepcji Zimbardo może być skuteczne dla złagodzenia stresowych objawów i poprawy jakości życia rodziców dzieci z ASD.

**Słowa kluczowe:** perspektywa temporalna, terapia perspektyw temporalnych, zaburzenia ze spektrum autyzmu, ASD, rodzice, stres, wypalenie rodzicielskich sił.

## **Introduction**

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by deficits in social communication and behavioural functioning with strong expression of restricted interests and repetitive behaviour, often accompanied by unusual sensory experiences affecting an individual or multiple modalities (*Diagnostic and Statistical Manual of Mental Disorders*, 2013). Additionally, autism is connected with comorbid disorders and motor dysfunction, such as poor eye-hand coordination, and imbalance (Bakroon, Lakshminarayanan, 2016; Gowen, Hamilton, 2013), as well as cognitive developmental impairments or a specific cognitive style (Allman, DeLeon, Wearden, 2011; Happé, 1999).

Recent estimates suggest that ASD affects approximately 1% of the population (Baio et al., 2018; Brugha et al., 2011). In Poland, there is no accurate data on the number of people with ASD, although prevalence rates appear to be similar to those in other countries. Due to the specificity of the dysfunction and special educational needs, autism has been the basis for disability assessment in Poland since 2010 and, consequently, for the launch of a special educational subsidy to support the correct level of fulfilment of compulsory education in an inclusive school (Płatos, 2016).

Despite institutional support, which still meets the needs of the family to a relatively small extent, autism in a child represents a particular challenge for the parents, and they experience serious psychological and economic burdens related to raising, treating, and preparing the child for an adult life that is as independent as possible (Pisula, 1998; Prokopiak, 2014; Zablotzky et al., 2014). These strains can lead to the manifestation of parental stress syndrome and parental burnout (Gałkowski, 1993, 1995; Pisula, 1994; Reuben, Venkatesan, 2013; Sekułowicz, 2000, 2013).

Mothers of children with ASD report relatively the highest levels of stress compared to mothers of normatively developing children (Bonis, 2016; Pisula, 1994, 2012; Pisula, Noinska, 2011), those with cerebral palsy (Schieve et al., 2007), and intellectual disabilities (Peer, Hillman, 2014), other neurodevelopmental disorders (Smith et al., 2014), or Down syndrome (Banasiak, 2017; Dąbrowska, Pisula, 2010; Pisula, 2007b; Pisula, Noinska, 2011).

Adapting to the demands of autism in a child is probably the most difficult task a parent can face. The main direct stressor is the high level of challenging behaviour observed in children with ASD (Davis, Carter 2008; Eisenhower et al., 2005; Estes et al., 2009; Lecavalier et al., 2006; Rao, Beidel, 2009; Tomanik et al., 2004), which stems from severe neurological disorders that impede the regulation of tension, sensory input, the operation of the biological clock (Allman, DeLeon, Wearden, 2011; Szeglag, Kowalska, Gałkowski, Pöppel, 2004), as well as sleep and wakefulness processes (Bendrix et al., 2006; Giallo et al., 2011; Levin, Scher, 2016), executive dysfunction, and impairment of social cognition (Jones et al., 2017).

Empirical accounts of parenting experiences in the context of child holistic developmental disorders indicate that stress is often caused by the difficult behaviour of the child in public places (Altiere et al., 2009). The child's misbehaviour evokes negative feelings in parents - helplessness and a sense of shame. The different ways in which a child with ASD behaves in different social situations puts pressure on families to be resilient to negative social reactions, which can often be very unfair. Due to the children's diverse and individualised patterns of behaviour, their communication difficulties, and their inability to signal their need for closeness and connectedness in an adequate and meaningful way, parents are at risk of experiencing constant failure and have a low opinion of their parenting skills (Błęszyński, 2011). Parents of children with ASD also believe that their parenting skills are critically evaluated by other people, and more than  $\frac{3}{4}$  of parents also experience stigmatisation and anxiety in social situations. Fear of such situations forces parents to stay at home and avoid social contact, while lack of understanding from society contributes to their isolation, and negative social reactions significantly contribute to the increase in stress experienced by parents (Myers, Mackintosh, Goin-Kochel, 2009). Unfortunately, it is still very common that the environment does not understand the situation of parents of

atypically behaving children, which further reinforces the feeling of helplessness and increases the emotional burden felt by them.

The imbalance between the burdens of the parental role and the resources for successfully coping with such a difficult life situation is a source of stress for both of the parents, and for the mothers in particular, the intensity of which leads to the occurrence of permanent fatigue, understood as extreme physical and emotional exhaustion, which persists regardless of rest, and the consequence of which is a deterioration in the well-being as well as in the somatic and mental health of the parents, and disruption of their day-to-day functioning (Ream, Richardson, 1996). The sense of extreme exhaustion associated with the inability to cope with an overwhelming number of responsibilities also contributes to the loss of internal control, deterioration of cognitive function, and dysregulation of psycho-physical functioning both at work and at home.

Stress, the source of which is the imbalance between the individual's resources and the demands of the situation, significantly depends on the intensity of the strain, but also on the nature and intensity of resources, both external, i.e., social support, the socio-economic situation, and internal, i.e., self-esteem, sense of competence and self-efficacy, or personality traits. One of the important predictors of effective coping with stress, both everyday life stress and post-traumatic stress, is the temporal perspective (Bolotova, Hachaturova, 2013; Gupta, Gaur, 2011; Holman, 2015).

### **Temporal perspective as a personal resource for coping with stress**

Men and their lives are, at every stage of their existence, immersed in time. Apart from objective time, which is the same for all living beings, there also exists subjective time, thanks to which an individual perceives his or her life in an individual and unique way, and gives meaning, and specific value, to his or her life experiences. The fact that time cannot be saved or borrowed makes it the most valuable resource a person can possess. Depending on the subjective perception of time, a person can focus on the past, the present, or the future. Time perspective is the psychological process of organizing personal experiences in time and in reference to the basic theoretical concept created by Philip G. Zimbardo and John N. Boyd (1999) can be defined as the, often unconscious, process whereby the continual flows of personal and social experiences are assigned to temporal categories, or time frames, that help to give order, coherence, and meaning to those events. Temporal perspectives are used to encode, store, and recall past experiences, to interpret current events, as well as to formulate goals, expectations, and invent possible future scenarios. Between predictions of future events and psychological constructions of past experiences, there is a tangible, empirically represented present (Zimbardo, Boyd, 1999, 2008). Perceiving life in a

temporal perspective has a significant impact on human functioning. Perspectives of time perception are undoubtedly an important value for people, so it is important to be able to recognise them in order not to get stuck in only one chosen sphere at the expense of others. The recognition of personal temporal perspectives is related to the search for answers to questions concerning personally important issues (Brzezińska, Kaczan, Rycielska, 2010):

What is the significance of the past for us: What impact do memories of past events have on our present lives and experiences, as well as on the present lives and experiences of our relatives and friends?

How important is the present to us: do we see it as an opportunity to achieve something, to engage in new areas and to take on new challenges, or do we see it in terms of factors and circumstances that prevent or hinder us from pursuing our goals in a way that is consistent with our past behaviour, which we consider most effective?

What meaning do we ascribe to the future: Are we afraid of it or do we rather expect positive changes? Are we anxious about the future or hopeful for a better life?

Excessive focus on a particular temporal frame is largely determined by society, and more specifically by culture, social class, religious upbringing, family upbringing, and education. Although the temporal perspective is a relatively fixed disposition, it can also change under the influence of current experiences or specific actions taken intentionally.

Empirically verified theory distinguishes six temporal perspectives (Zimbardo, Boyd, 1999, 2008), two of them refer to the past, but differ in terms of emotional valuation: 1) a past-negative perspective - characterized by negative evaluation of events and experiences from one's life history and 2) a past-positive perspective - characterised by positive reference to one's past, each of personal, family, and cultural traditions. The next two relate to the present: 3) a hedonistic present-oriented perspective - focused on enjoying current pleasures without thinking about the consequences of one's actions; and 4) a fatalistic present-oriented perspective - involving withdrawal and negative attitudes toward the present and current experiences, which are considered to be dependent on fate and independent of individual actions. Two perspectives encompassing the future: 5) a future-oriented perspective - focused on planning for the future and striving to achieve future life goals, and 6) a transcendental perspective - assuming a belief in the existence of souls, spirits, miracles, and a final judgment, or divine laws, and anticipating the possibility of life after the death of the body.

People with a strongly developed negative-perspective focus on the negative past, tend to recreate difficult experiences in their memory and are prone to depression and anxiety. They are more timid and unhappy, and can be impulsive. They are also distrustful and sometimes aggressive, and therefore do not have many friends.

People with a strongly developed past-positive perspective are characterised by a positive attitude to the past. They are cheerful, confident, rarely experience feelings of anxiety or suffer from depression. They have high self-esteem and a high sense of happiness. They focus on the positive aspects of life and care about relationships with people close to them.

People with a strongly developed present-hedonistic perspective engage in risky behaviour, often abuse alcohol and drugs, and do not focus too much on the future consequences of current decisions or behaviour. Current needs are more important to them than distant goals. They have difficulty in controlling their impulses, and use money for things and activities that give them quick pleasure. They are unconcerned about possible financial problems in the future. They are sociable and have many friends with whom they like to have fun. They enjoy it when there is a lot going on around them.

People with a strongly developed present-fatalistic perspective are characterised by the lack of a sense of personal agency. They believe that their life depends on fate or luck, and what happens does not depend on individual action or commitment. For this reason, they are more likely to use drugs and stimulants or engage in risky sex. Money has little value to them, and they spend it beyond rational control. People characterized by this perspective experience severe anxiety, tend to be depressed and are sometimes aggressive.

People with a strongly developed future perspective take actions that have a positive impact on their health, and they are diligent and dutiful. They are more successful professionally and academically because they set long-term goals for themselves and consistently pursue them. Unfortunately, excessive planning can sometimes contribute to a lack of joy, increased tension, overload, and fear of failure.

People with a strongly developed future-transcendental perspective believe in the eternal life of the soul after the death of the body. They believe that death is a new beginning of life. They control their impulses well, reckon with the future consequences of their behaviour and are not aggressive.

According to P. Zimbardo (Zimbardo, Boyd, 1999, 2008), the optimal temporal perspective for health and adaptation is a balanced temporal perspective that allows one to freely switch temporal frames between past, present, and future, depending on situational demands or personal assessment of one's resources. The ideal temporal perspective profile is a pattern in which there is a balance between a strong positive past perspective and a moderately strong hedonistic present perspective and a weak negative past perspective and a weak fatalistic present perspective. This balance allows one to enjoy the benefits of each temporal dimension while avoiding the negative aspects of each.

The pattern of temporal perspectives is an important predictor of an individual's actions and the choice of coping strategies in stressful and conflict situations (Boloto-

va, Hachaturova, 2013; Boniwell, Zimbardo, 2004). In crisis and stressful situations, the future perspective implies the choice of more adaptive cognitive and behavioural coping strategies, whereas the past negative perspective leads to the choice of emotional, less adaptive, and rigid coping strategies. The present fatalistic perspective is associated with a lack of belief in the possibility of modifying one's own situation and, consequently, with not taking active steps but using avoidant or emotion-focused strategies. Individuals focused on both a negatively perceived past and a fatalistic present suffer from severe stress (Huić et al., 2018; Papastamatelou et al., 2015) and use ineffective strategies in conflict situations. In contrast, individuals focused on a hedonistic present in a conflict situation use passive strategies that do not interfere with their sense of comfort and convenience.

Many studies have been conducted to test the existence of a relationship between time perspectives and other variables, factors, and values of importance in human life. One of them is a study carried out by Barbara Koc-Kozłowiec (2016), aiming to show the relationship between the time perception perspective and sense of happiness (satisfaction). The results of the study conducted on a group of working and studying women aged 25-30 years showed that the present hedonistic and future perspectives are statistically significantly positively correlated with the sense of happiness, while the present fatalistic and past negative perspectives correlate negatively with the sense of happiness. Equally, in a group of older women attending the Third Age University, there was a statistically significant negative correlation between life satisfaction and past negative and present fatalistic perspective (Król, Boniecka, Rzepa, 2016). Temporal perspective is also helpful when it comes to coping with cancer. Research has shown that in individuals undergoing cancer treatment, those characterised by a dominant positive past perspective and a hedonistic present perspective are statistically significantly more likely to use positive reappraisal and fighting spirit strategies of adapting to illness, whereas those characterised by a dominant negative past perspective and a fatalistic present perspective are statistically significantly more likely to use helplessness - hopelessness, anxiety preoccupation, and positive reappraisal strategies (Furmańska et al., 2019). Past negative and present fatalistic perspectives are closely related to feelings of stress in young adults. A study of stress in Greek students was conducted by Julie Papastamatelou and colleagues (2015). The results obtained in the study suggest the presence of a statistically significant positive correlation between the level of perceived stress and a past negative and present fatalistic perspective. Similar results were obtained by Aleksandra Huić and colleagues (2018) by studying people aged 18-31. These results showed a statistical positive correlation between the level of perceived stress and past negative and present fatalistic perspectives. Furthermore, the study also found a statistically significant relationship between present fatalistic and past negative perspectives and the satisfaction with the relationship with

the life partner. The higher the level of the aforementioned perspectives reported by the respondents, the lower relationship satisfaction could be observed.

Implications from research focused on exploring the relationship between temporal perspectives and stress coping encourage the exploration of analogous relationships in the case of mothers of children with ASD since, as mentioned earlier, this is a group burdened with intense stress, and temporal perspectives also have a regulatory function in the face of stress caused by acute cancer (Furmańska et al., 2019); thus it can be assumed that the same is true for the stress burden related to caring for a child with ASD.

### **Time perspective in parents of children with ASD**

Research on the specificity of the temporal perspective profile in parents of children with ASD is scarce (Kossewska, Wojciechowska, 2017; Piątek, 2020), but the findings are worth analysing because of their preventive and therapeutic relevance for the group that experiences the highest levels of stress in relation to providing parental care for their child. Martyna Piątek (2020), investigating parental stress in parents of children with disabilities and its relation to temporal perspective, found that the level of stress experienced by parents does not vary by the type of developmental disorder of the child (ASD vs DS vs normative development), but the profile of temporal perspectives takes on a particular non-normative character. Parents of children with ASD (as well as parents of children with DS) had statistically lower indicators of past positive and present hedonistic perspectives, and higher indicators of present fatalistic perspectives compared to parents of children with typical developmental patterns. Analysing the relationship between temporal perspectives and stress experienced by parents of children with ASD, the author found linear correlational relationships: stress remained negatively correlated with past positive and present hedonistic perspectives, while positively correlated with past negative and present fatalistic perspectives. Past negative perspective and present hedonistic perspective were significant predictors explaining variation in stress intensity among parents of children with ASD.

This study supports the thesis that there are linear correlations between temporal perspectives and stress levels in parents of children with ASD. It was shown that parents characterized by a negative past and present fatalistic perspectives experience high levels of stress, while parents characterized by a positive past and present hedonistic perspectives show low levels of perceived stress.

By comparing temporal perspectives in the three groups of parents, it can be noted that in terms of the analysed characteristics, parents of children with ASD, and parents of children with Down syndrome, differ significantly from parents of children



with typical development. Parents of children with ASD and genetically determined DS have significantly lower levels of past positive and present hedonistic perspective compared to parents of children with normative development. In addition, parents of children with ASD achieve a statistically significantly higher average in the present fatalistic perspective than parents of children developing in a normative way. These findings suggest that parents of children with ASD relate more negatively to their own past experiences and have fewer positive memories than parents of normatively developing children, which might be connected with PTSD (Zimbardo, Boyd, 2008). In addition, they are less likely to pursue their needs through entertainment and participation in play in the present than parents of typically developing children. Furthermore, parents of children with ASD are more likely than parents of children with DS to subordinate their lives to fate and to have a lower sense of personal empowerment. Similar conclusions can be drawn from research on temporal perspectives in parents of children with ASD and parents of children with Down syndrome conducted by Joanna Kossewska and Agata Wojciechowska (2017), as parents of children with ASD focus more on negative past experiences and are more fatalistic about present experiences than parents of children with Down syndrome. Moreover, studies have shown that parents of children with ASD differ statistically significantly from parents of children with Down's syndrome in terms of the past, present, and future perspectives, as the indicators of these variables were lower. Interestingly, no statistically significant difference was found in temporal perspectives between the group of parents of children with ASD and the group of parents of children with Down's syndrome.

Given the significantly higher levels of parental stress, it seems that such a difference in temporal perspectives should exist. But a more in-depth exploration of this issue requires further research. What can be said with certainty, however, is that parents of children with ASD have a suboptimal pattern of temporal perspectives, which may have serious negative health consequences for them.

The study presented here is a premise for continued research into temporal perspectives in the context of ASD. The research could be extended to explore the stress of both parents. This would contribute to information on the differences that exist in levels of perceived stress, perceived social support, and patterns of temporal perspectives between parents within the marital dyad.

The results obtained by M. Piątek (2020) suggest that parents of children with ASD relate more negatively to past experiences and have fewer positive memories than parents of normatively developing children. They are also less concerned about participating in current folk events than parents of children with typically developing children. They do not focus too much on current personal needs that might be fun to satisfy, and they submit their lives to fate more than parents of typically developing children, and have less sense of personal empowerment.

### **Temporal perspective profile and burnout in parents of children with ASD**

Mothers of children with ASD often experience parental burnout syndrome (Gałkowski, 1995; Pisula, 1994; Sekułowicz, 2000, 2013). The basic feature of this syndrome is an overwhelming sense of emotional exhaustion that makes it impossible to take up household chores, which often leads to the abandonment of efforts to improve the child. Lowering the life energy resources, as well as loneliness caused by isolation from the social environment implies a feeling of helplessness in the face of everyday problems related to the rehabilitation, therapy, and education of a child. Experiencing burnout may result in decreasing the motivation to take on the complex role of the parent of a child with ASD, and then to objectify it due to the constant time pressure and structuring of the therapy process also carried out at home (e.g., behavioural).

The lack of expected therapeutic effects may cause doubts about one's own parenting competences, which also leads to a change in the perception of the child, whose behaviour becomes more and more challenging and impossible to cope with. In extreme cases, parental burnout can manifest itself in the form of overt resentment towards the child, aggression, repulsion, and violence. Experiencing parental burnout not only has serious implications for the child itself, but also for the health of the mother, in the form of various somatic complaints or stress-related illnesses.

The care and upbringing of a child with ASD is a difficult parenting experience, resulting, compared to parents of children with DS, in a much more intense sense of being constantly overburdened, a lack of hope for the outcome, and often a lonely responsibility for the affected child (Fisman et al., 2000; Pisula, 1994, 1998, 2007a; Sanders, Morgan, 1997). The intensity of parental burnout is a sum of several factors: (1) those related to the child's condition and the characteristics and intensity of the occurring developmental disorders (Floyd, Gallagher, 1997; Gallagher et al., 1983), (2) parental personal resources such as, for example, psychological resilience (Bayat, 2007; Hobfoll, Lerman, 1988), belief in the sufficiency of expertise, and assessment of one's own parenting and therapeutic competence (Sekułowicz, 2000), and (3) social factors - support from members of the family or extra-family social network (Gray, 2003; Pisula, 2007b).

The results of the research conducted by J. Kossewska and A. Wojciechowaska (2017) revealed that parents of children with ASD experience burnout to a significantly higher degree than parents of children with DS, both in terms of emotional exhaustion and feelings of powerlessness, and also differ statistically significantly from parents of children with DS in terms of the pattern of temporal perspectives. Parents of children with ASD, compared to parents with DS, are more focused on

negative past experiences, and have a more fatalistic view of present events, which is linked to the belief that they have no influence or control over their own and their family's fate. They perceive significantly less positive and valuable past life events and less opportunities to independently and directly influence future events (Zimbardo, Boyd, 2008). In contrast to the results of the study by M. Piątek (2020), it was found that the profile of temporal perspectives in parents of children with ASD differs significantly not only from the optimal profile but also from the profile of parents of children with DS. Parents of children with ASD are significantly more likely to be immersed in negative past experiences than parents of children with DS, and are less likely to have a positive view of current experiences, and less optimistic about their future.

Studies of the relationship between temporal perspective and parental burnout have revealed interesting interrelations, differentiated by the type of developmental disorder of the child. In parents of children with ASD, the sense of powerlessness negatively correlates with the present-hedonistic and past-positive perspectives. The more intense the present-hedonistic and past-positive perspective, the lower the level of experienced helplessness. Emotional exhaustion does not have a linear relationship in parents of children with ASD in relation to temporal perspectives. However, in the group of parents of children with ASD, linear relationships between temporal perspectives and components of energy burnout were not found.

In the light of the literature analysis and the conducted research, it can be confirmed that parental burnout is a frequent phenomenon in parents of children with developmental disorders and depends on the specific situation related to the child's functioning, and the intensity of the syndrome is statistically more marked in the group of parents of children with ASD, which was also indicated by other studies revealing that the degree of parental burnout depends on the depth and specificity of the child's developmental disorders (Pisula, 1994, 1998; Sekulowicz, 2013). The quoted studies make a small contribution to expanding knowledge on the pro-health significance of temporal perspectives in the case of severe developmental disorders occurring in a family member. This issue should be more widely explored due to the importance of positive prevention, in which it is important to strengthen personal and relational resources that facilitate coping with stress. The results provide a premise for continued research in the area of ASD. The research could be extended to explore the pattern of temporal perspectives of both parents. This would provide information on the differences in the level of subjectively perceived stress, perceived social support and patterns of temporal perspectives, and their interpersonal transmission within the family space or between generations.

### **Therapy of temporal perspectives in the context of autism**

A balanced temporal profile allows an individual to freely switch time frames between past, present, and future depending on situational demands and/or resource assessments, thus enabling the individual to function optimally (Boniwell, Zimbardo, 2004). The ideal temporal profile is characterized by a balance between a strong positive past perspective, a moderately strong hedonistic present and future perspectives, and a weak negative past perspective and a weak fatalistic present perspective (Zimbardo, Boyd, 2008). Such balance allows one to enjoy the benefits of each temporal perspective while avoiding its adverse consequences. Post-traumatic stress develops in connection with participation in a traumatic event. Such a traumatic event could be the birth of a child with a severe developmental disorder or being confronted with a medical diagnosis such as ASD. Due to such a traumatic experience, the parents' previously stable pattern of temporal perspectives may become disorganised and destabilised. When there is an imbalance between the perspectives present in individuals with PTSD, a novel therapeutic proposal is used in the form of temporal perspective balancing (Sword et al., 2014; Sword, Sword, Brunskill, 2015; Zimbardo, Sword, Sword, 2012). The effectiveness of this programme has been confirmed in relation to people suffering from PTSD involved in terrorist attacks in 2011 (Holman et al., 2016).

The temporal perspectives approach was developed by Richard and Rosemary Sword, psychotherapists specialising in providing professional therapeutic support to people experiencing PTSD. The theoretical basis for the therapeutic approach proposed by the authors is the theory of temporal perspectives (Zimbardo, Boyd, 1999, 2008; Zimbardo, Gonzalez, 1985; Zimbardo, Sword, Sword, 2012). The theoretical foundation of temporal perspectives therapy is the empirically verified assumption that the experience of traumatic stress causes a very strong, selective, and unconscious focus on the painful past, which, returning in dreams, memories, and associations, closes the patient to experiencing positive emotions and events. The elimination of this closure in the negative past is the main goal of therapy, and thanks to its gradual realization, it becomes possible to restore or develop a full-time horizon, within which the patient will gradually be able to move. Successive opening the borders of the negative past allows gradual building of a balanced time perspective, and the narrative analysis used in the therapy process enables reinterpretation of experiences and gradual shifting of the focus from the difficult past to a more optimistic present and valuable future. In the process of therapy, the patient, under the guidance of the therapist, works to understand individual temporal perspectives, the influence of fixed beliefs and automatic thoughts on his own life and to learn how to perceive oneself, so that by gaining insight one gradually regains control over one's emotions. The whole

process of therapy consists of several important elements, which gradually and circularly take place in the patient's mind and psyche. These elements boil down to the modification of individual temporal perspectives, which are closely interrelated. There is a gradual reformulation of traumatic experiences (reorganization of the negative past), strengthening of positive memories and relationships with loved ones, as well as other important elements of life (rebuilding/constructing/reinforcing the positive past), strengthening of self-care, and the ability to enjoy the present moment (optimization of present hedonism), and construction of short- and long-term realistic goals, but also formulation of dreams (optimistic vision of the future) (Mostowik, Cyranka, 2018). The therapist helps a person suffering from PTSD to deal with the sense of psychological exhaustion associated with a time perspective embedded in a negative past - and to shift towards a time perspective in which a positive future can be imagined and achieved (Zimbardo, Sword, Sword, 2012). Whether in states of acute stress or chronic stress or in psychological crisis and post-traumatic disorders, temporal issues are a relatively new area of therapeutic interventions. The dissemination of knowledge about the importance of temporal reintegration, and the inclusion of aspects related to the experience of psychological time and the stabilization of temporal reality, can significantly enrich and increase the effectiveness of helping victims of stressful and critical life events.

A therapeutic programme aimed at changing the dysfunctional pattern of temporal perspectives brings positive changes not only for PTSD patients but also to mothers of children with intellectual disabilities (Abbasi, Ghamarani, 2017). Training programmes for mothers of children with deafness, intellectual disabilities, and behavioural disorders are equally effective, as confirmed by research (Ashori et al., 2018; Ashori, Erabi, 2019). The cited research involved 30 mothers of primary school students, each randomly assigned to two groups: control and experimental. The experimental groups participated in temporal perspective modification programmes (10 sessions, two per week; 60 minutes each). The results showed that the temporal perspective programme training had a significant effect on resilience, basic hope, and quality of life, as well as a reduction in alexithymia (difficulties in identifying, describing, and understanding emotions).

The positive effects of training programmes carried out in groups of mothers of children with neurodevelopmental disorders other than ASD provide a justifiable rationale for including mothers of children with ASD in similar preventive and therapeutic projects, in the hope of achieving similarly satisfying results, which for this group may be an important factor in strengthening personal resources.

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