Relation between Autism Spectrum Disorder and Parenting Styles

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Abstract

The present paper, through a theoretical research and an explorative research with the primary objective to investigate the two macro-areas of empathy and coping in parents of children with typical development and of children with ASD, verifying their differences. Another objective was based on an in-depth analysis of the characteristics of the parents of children with typical development, also taking into account parental stress, levels of attachment and the perception of the child's temperament by the parents, continuing the comparison between mothers and fathers in their psychosocial, personality, family and systems relationships.

Keywords: Autism Spectrum Disorder (ASD), parenting style, coping strategies, coping skills.

1. Introduction

The birth of a child triggers significant changes in parents, both to the person and to the family. As individuals, it represents a moment of growth and personal maturity that is reflected on the way of thinking of oneself as a parent, partner, employee and family member. Pancer, Pratt, Hunsberger and Gallant (2000) have argued that thinking about these aspects becomes more complex with the birth of disabled child, as a result of the changes that parenting entails. The birth of a child influences the marital relationship. On one hand, it can consolidate the identity of the couple and increase the sense of competence and mutual trust. On the other hand, it can increase tensions and conflicts by bringing out fears and anxieties about the inability to perform adequately the parenting role.

According to the tripartite model of parental involvement of Lamb, Pleck, Charnov and Levine (1987), parental commitment consists of three distinct aspects:

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– Interaction: it refers to the parent's interaction with the child, one by one, concerning activities such as play, nutrition, etc.;

– Accessibility: the parent is physically and psychologically available for the child;

– Responsibility: the parent takes responsibility for the welfare and care of the child.

However, there are different ways of relating to the children: generally, mothers tend to be a constant presence in the lives of young children, to be a source of comfort, performing caring tasks, speaking more than their fathers and using a richer language in emotional references; as for their sense of well-being is important to feel desired by their children and that these depend on them (Labbrozzi, 2005). As a result, the woman is faced with a greater challenge in adapting to the new tasks connected with her role as a mother, especially if she is in career, as she is required to make a significant change in lifestyle due to the considerable tasks that she must do. Therefore, women can more easily experience the feeling of incapacity and not powerful to achieve all the requested targets (Cusinato, 2005). The fathers seem to be a less stable presence, although research revealed that today fathers spend more time with their children than in the past, they prefer play and physically demanding activities, encouraging exploratory and autonomous behaviors and frequently using language to give information or giving orders.

2. Parenting styles and developing strategies within ASD

The modern evolution of the family system in the Western culture has changed the concept of parenting; the parent, beyond the biological dimension, is also the one who exercises parenting, or that set of behaviors that pertains to the ability to protect the child and support his development. Parenthood is, therefore, the ability to perform the role of parent, through the adoption of a behavioral structure aimed at nourishing, caring for, protecting, affection and support, educating, after the 1970's the idea that it was necessary to consider the role of child behavior in the interactive parent-child dyad and studying their interaction sequences (Bell & Harper, 1977). Authors highlighted how the child's behavior guide the relationship with the adult to a greater extent than the parenting behavior itself (Kuczynski & Kochanska, 1990; Lytton, 1990; Patterson, 1986). Parenting, therefore, is viewed as a bi-directional process, as a social relationship, defined by the parental characteristics of the child and by the contextual background in which the interaction takes place (Belsky, 1984). The beliefs about the needs and evolutionary goals of the child and how it should be educated influence the parental strategies and, if these are adequate, can favor the development of the child's skills and modify unacceptable behaviors; on the contrary, if the strategies are inadequate or inadequate, they can favor frameworks characterized by psychological distress and dysfunctional behavior (Patrizi, Rigante, De Matteis, Isola & Giamundo, 2010).

Various research, which have attempted to describe parenting within Western societies, refer to Diana Baumrind (1991) *parenting style* conception, which identifies two fundamental aspects in the definition of parenting:

(a) Responsiveness or the ability to respond to the needs of one's child; it refers to the emotional warmth and ability to support the child, intentionally promoting his individuality, self-regulation and affirmation;

(b) Demanding or requirement-ability to place limits; it refers to the control of behavior. It is defined as the demands that parents make on children so that they become an integral part of the family; parents request their children maturity, control, discipline and expressions of will.

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Baumrind has especially focused on the following styles of parenting:

– Authoritarian style: high level of responsiveness and low responsiveness;
– Permissive style: low demanding and high responsiveness;
– Authoritative style: adequate demanding and responsiveness.

In the same line, Hoffman (1988) identified four *educational parenting styles*; the first two based on constriction (physical or psychic) and the next two based on persuasion (rational or emotional):

– Constrictive based on physical power: there are expiatory punishments where parents control their child by exploiting their power, authority and physical superiority;

– Constrictive by subtraction of affection: it consists in the deprivation of affect, esteem, attention, threatened or actually implemented. Parents can ignore the child, pretend to ignore his explicit or hidden attempts to reconcile with the adult, refuse to talk to him when he is anxious for the parent to make the first step; express feelings of refusal of help or abandonment. This style can work in depth triggering fears of abandonment, separation and in more severe cases in the development of a Borderline Personality Prototype;

– Persuasive (inductive) based on reasoning. It turns to the child's rationality, making him think about the motivation of his actions; punishments are also motivated and explained;

– Persuasive (inductive) based on empathy. It consists of a persuasive dialogue of an empathic-emotional type; the adult provides the child with the information that allows him to understand the feelings of others, making him reflect on the effects of his behavior both on himself and on others.

The parent who adopts an excessive psychological control over the child seems to deny or not recognize the psychological independence and uniqueness of their own child (Barber & Harmon 2002; Kerig, 2003). Control is an educational method of the parent designed to induce the child to achieve particular results, often with intrusive parenting methods as abovementioned, overprotective, inhibiting behavior, encouraging dependency or rejecting through refusing love, making the child feel undesired etc. (Grolnick & Ryan, 1989; Grolnick, 2003; Higgins, Bailey & Pearce, 2005; Pomerantz & Ruble 1998; Pomerantz & Eaton, 2001; Mills, Freeman, Clara, Elgar, Walling & Mak, 2007). When parents adopt controlling modalities, those supportive characteristics proper to parenting are reduced in favor the development of greater autonomy in the child, allowing him to explore the environment on his own way and make decisions independently (Grolnick, 2003, Grolnick & Ryan, 1989; Pomerantz et al. 1998).

When considering the case of a disability child in the family, the issue is a bit different. The way in which a family reacts to difficult circumstances results from the interaction between different factors: family dynamics, the ability to make a correct assessment of the problem, the strategies available to deal with it, the material resources and social support provided from outside. It is necessary to consider families with children with disabilities in this sense, as evolving systems (Harris, Boyle, Fong, Gill & Stanger, 1987). Considering the family as the protagonist in the process of adaptation, as well as being the victim of a stressful situation, means entering it fully into the therapeutic process, both in regards of the psychological and material supports it needs and in the activation of the resources it carries. The birth of a disabled child or the moment of the discovery of the disorder is a disruptive phenomenon within the life cycle of a family, such as to produce a wide-ranging crisis. The event is characterized as highly stressful, also because the sources of gratification are reduced (Harris et al., 1987).

This is clear in situations of atypical development, in which the most frequent forms are Autism Spectrum Disorders (ASD) and Mental Retardation (MR). The deficit in the sphere of social interactions represents, not only a diagnostic criterion of autism (DSM-V) but also one of the most dramatically evident aspects of the pathology. According to recent studies, anomalies in some early forms of social interaction have their early onset in the first year of life (Osterling & Dawson, 1994; 2000) while, the deficit appears at the end of the second year of life.

Despite the development and evolution of the deficit, there is no doubt that it is the parents who are the first to experience the consequences, as well as those who face the difficulties associated with the interaction with a child who is less responsive and socially closed (Venuti, 2007).

When the stages of mourning are not correctly overcome, maladaptive reactions can be implemented in the life of the couple and in relationships with children.

The attitudes that can develop are (Cigoli, 1993):

–   Refusal: manifests itself in the act of running from one specialist to another to find a permanent solution to the problem;

–   Overprotection: such as to prevent the child from growing;

–   Denial of disability: up to a total denial of reality and denial of the need for treatment.

Subsequently, from the initial shock and pain, there would generate feelings of guilt and anger, until arriving at a negotiation phase that would result in an acceptance of the problem and in the elaboration of a plan, which may prove to be positive or negative. Stressful situations for the family can lead parents to experience distress about their parental role, with medium and long term consequences on the parent-child relationship and on the capacity for constructive response to the needs of the child (Kirby, 2005). The child's social, emotional, cognitive and physical health and development are generally optimized when parents play a supportive and sensitive role for their personal needs.

Numerous studies indicate that parents of children with autism spectrum disorder experience well-being difficulties including fatigue, anxiety, stress and depression (Carter, Martinez-Pedraza & Gray, 2009; Glasberg, Martins & Harris, 2007; Lloyd & Hastings, 2008; Giallo, Wood, Jellett & Porter, 2011). Other qualitative studies have documented that exhaustion is common among parents of children with ASD and other disabilities (Benderix, Nordstrom & Sivberg, 2006; Vickers, Parris & Bailey, 2004). However, parents of children with ASD experience greater stress, not only compared to parents of typically developed children, but also compared to parents of children with other disabilities, including Down syndrome (Rodrigue, Morgan & Geffken, 1990).

The burdens faced by parents are particularly heavy if their child poses emotional, behavioral and communicative problems. Many of these difficulties are experienced by the parents of children with autism spectrum disorders. The main burdens faced by parents of children with autism include fears for their children's future driven by the fact that this disorder significantly reduces their chances of independence, disapproval of the child's behavior shown by others, often family members and limited social support (Sharpley, Bitsika & Efremidis, 1997).

Other sources of stress include the difficulty of communicating with the child and the behavioral problems observed in most children with autism (Goin-Kochel & Myers, 2005).

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3. Coping strategies in parenting a child with ASD

Several recent studies have considered the impact of having a child with an autism spectrum disorder on the psychological functioning of the parent (Allik, Larsson & Smedje, 2006). The literature argues that being a parent of a child with ASD is associated with higher levels of stress (Sivberg, 2002). The perception of social support has been identified also as an important container of stress that influences the parenting of mothers with an autistic child.

In order for parents to deal effectively with the situation, skills and abilities are required which are not always easily available with *protection factors* such as:

- *Communication styles and positive family climate*. The cohesive and harmonious families have a better socio-emotional functioning, with positive repercussions also on the psychological adaptation of each family member to the situation of disability. Satisfaction and marital cohesion are factors that influence the adaptation and reorganization capacity of the family. Marital and couple conflicts may in turn be exacerbated by the sharing of intense negative emotions and the request for reorganization that a disabled child entails. Positive interactions between mothers and children have been associated with better cognitive and communication skills, both in disabled and non cognitive impaired children.

- *Internal locus of control*. The way in which an individual believes that the events of his life are produced by his behavior or actions rather than by external causes independent of his own will. Indicators of internal Locus of control include the active search for tools, knowledge and skills to deal with situations and problems, considers that each problem can be solved or analyzed, that each goal is achievable with adequate resources, believe in their own potential, take action to develop them, view "of the possible alternatives of an action aimed at the achievement of an objective and the attempt to determine the probability of success of each action.

- *Resilience capacity* and the ability to overcome adversity, survive stress and recover after a moment of difficulty (Valentine & Feinauer, 1992). Family resilience refers to 4 types of attitude involving a positive emphasis on the reasons that gave rise to the situation, absence of concern about why the situation occurred, displacement of the focus from why it occurred to how to handle the requests produced by the situation itself, ability to offer an explanation of the causes of the problem consistent with their belief system.

- *Received social support*: The lack of intimate relationships is associated with a high risk of long-term adverse effects on health and parenting skills. Social support has its greatest effect on the attribution style, that is on the way in which parents judge and evaluate the disability event and the situations connected to it (Jennings, Stagg, Connors & Ross, 1995).

3.1 Functional coping strategies in parental skills within ASD

Research have identified several coping strategies for parents of children with ASD:

- Cognitive (reformulation, individualization of positive aspects);

- Emotional (expressing their emotions and feelings, blocking the tendency to stimulate negative feelings, taking into account the needs of other family members);

- Relational (attention to family cohesion, to the development of adaptive abilities of each member, cooperation, tolerance, personal development, autonomy and independence, time-out for hobbies and for community or spiritual life);

- Sense of mastery and control, an adaptive mode of coping with a potentially stressful situation is frequently linked to a sense of mastery with respect to problems arising from the situation of disability and the high level of self-esteem;

- Positive assessment of the situation. In order to cope with stress, evaluation is very significant, the mental process during which an individual gives an event a subjective and personal meaning. Through the cognitive evaluation of the event (which derives from the combination of objective situational characteristics and subjective dispositions of an individual) it is decided whether a simple event is a stressor or not, strongly influencing the way the problem is managed. It is the assessment of the event as a stressor that makes it so real.

– *Mindfullness*: the modality of paying attention, at every moment to the here and now in order to resolve and prevent inner suffering and reach an acceptance of oneself through a greater awareness of one's own experience that includes feelings, perceptions, impulses, emotions, thoughts, words, actions and relationships
– Style of secure attachment regarding four different types of attachment that can be developed from interactions with one's own reference figures during childhood: safe, avoidant, anxious-ambivalent, disorganized-disoriented.
– Mentalization capacities that allows to regulate the subject's emotional behavior and implies the competence to identify and interpret one's own and others' inner states (Söderström & Skårderud, 2009). It is also intimately related to the reflective function and the possibility of emotional re-elaboration and reorganization of cognitive modulations in facing critical events.

4. Conclusions

The peculiarity of the manifestations of a pathology that affects the neurological points of the person, such as the ability to communicate or relate is often the cause of disorientation and stress in families, with a consequent difficulty in intervening on the baby effectively. Since the family is the first environment in which every child finds himself living, integration into the family environment is therefore the first educational goal for the autistic child. The effectiveness of a good coping, both at the family level and at the level of the main caregiver of the autistic subject, is therefore fundamental to favor a good family adaptation, ensuring the autistic subject an effective care process. According to the general theory of stress and coping and, according to theories specifically addressed to families of disabled children, specifically those on ASD, have richen the internal balance thanks to the activation of effective individual and/or family coping strategies.

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