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ORIGINAL PAPER

Family Functioning and Coping Behaviors in Parents of Children with Autism

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Abstract We analyzed family dynamics and coping behaviors of parents with a child with an autistic spectrum disorder. Previous research suggests that moderate levels of cohesion and adaptability are associated with higher levels of positive coping, and that the more coping strategies a family implements, the greater their satisfaction with family functioning. Using a family systems approach, the relationships among the familial variables of cohesion, adaptability, and social support were evaluated for their contributions to coping in the family unit. We also compared the responses of mothers and fathers. Surprisingly, for these parents of children with autism, those who rated their family as enmeshed implemented more positive coping strategies than did those from other cohesion styles. This finding suggests that the enmeshed style may be more adaptive for a family that encounters extreme challenges. Notably, mothers and fathers agreed on all variables except for perception of social support from family and friends. Mothers perceived more social support from family and friends. The results lead to several interesting suggestions for future research.

Keywords Autism · Cohesion · Adaptability · Coping · Family systems

Introduction

Autism is a pervasive developmental disorder that has received much attention in the popular press (e.g., Wallis 2006). Studies report the prevalence of autism to range from five cases per 10,000 (American Psychiatric Association 2000) to 60 cases per 10,000 children 18 years old or younger (Fombonne 2003). However, Fombonne acknowledges that the recognition of less severe forms such as Asperger's Disorder and Pervasive Developmental Disorders Not Otherwise Specified may account for the increase in autistic spectrum disorders. Autism is characterized by low social functioning, impairment in communication, and aggressive and self-destructive behaviors. Regardless of the severity of the presentation, a child with autism presents unique challenges and stressors for the family because of the ambiguity of diagnosis, the severity and duration of the disorder, and problems with the child's lack of adherence to social norms (Bristol 1984). A family with a child with autism must make significant adjustments to cope and function adequately.

The family system is an important part of the environment and plays a central role in the developmental outcome of children (Sameroff 1990). Studies of families with a child with autism have traditionally examined this interaction by focusing on the effect parents have on the child, not the child's effect on the parents (e.g., Kanner 1943). More recently, research has focused on the difficulties that parents face related to caring for a child with autism, and the strategies employed to cope with the stress associated with raising these children (Gray 2002; Schall 2000). However, the majority of studies on autism focus on the mother–child relationship and typically do not include an analysis of the father (e.g., Gill and Harris 1991; Gray 2002).

The experience and behavior of fathers in families with a child with an autistic spectrum disorder are of interest but have not been assessed consistently. A review of studies on child psychopathology revealed that 48% of the studies assessed mothers exclusively and 1% assessed fathers, but

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the trend to sample mothers continues (Cassano et al. 2006; Phares and Compas 1992). An assessment of fathers is important for understanding family functioning (Lamb and Tamis-Lemonda 2004). For example, Pleck and Masciadrelli's (2004) literature review reveals that, after controlling for maternal involvement, positive paternal involvement is associated with positive outcomes for children including better mental health in adulthood. Mental health providers who work with families of a child with autism will also benefit from a greater understanding of the role of fathers in these families.

A well-functioning family has a good balance of cohesion and adaptability (e.g., Olson et al. 1985; Seligman and Darling 1997). Acquiring new resources (e.g., social support), learning new coping behaviors, and/or changing the way a situation is interpreted may restore the balance in the family system (Patterson 1988). Although families typically establish functional styles early, it is likely that these rules change significantly upon discovery that their child has autism. As surely as the functioning of the family affects the child, the development of the child affects the functioning of the family. The current study compared cohesion and adaptability as family functioning variables to determine which levels (moderate or extreme) are related to beneficial coping mechanisms.

Olson et al. (1985) defines family cohesion as "the emotional bonding that family members have toward one another" (p. 4). Minuchin (1974) defines the extremes on the continuum of cohesion in families as enmeshment and disengagement. According to Minuchin, highly enmeshed families are overly involved with and protective of their children's lives, which can have detrimental effects on the child because there may not be a promotion of growth and independence. On the opposite end of the cohesion continuum are disengaged families, which have rigid boundaries around their family roles. Minuchin suggests that these families are under-involved because involvement causes anxiety. The child with a disability in this type of family would be free to develop independence, when able, but may not receive the attention and protection they would have in a more engaged family. Given this, Seligman and Darling (1997) theorized that families with a child with a disability that function at optimal levels fall between enmeshment and disengagement. According to Bristol (1984), a well-functioning family with a child with autism is close-knit, able to express emotions, supportive of one another, and involved in outside recreational activities. This combination of characteristics is between extreme enmeshment and disengagement. Such a family may better adapt to the stresses of caring for a child with autism. However, it is not known what level of cohesion is most beneficial for families with a child with autism, as little research has focused on cohesion styles in this population.

Adaptability measures the family's ability to change in response to a stressful situation (Olson et al. 1980). On one extreme of the adaptability continuum is the rigid family. They resist change even in response to large stressors. Typically, this type of family believes that the father/husband is the head of the household and does not assist with household responsibilities or childcare. This places a larger burden than normal on the mother, and may result in her having little time for herself or for other members of the family. On the other end of the continuum are chaotic families, which are characterized by unstable and unpredictable change. In chaotic families, the rules may be constantly changing. There may be no consistent leader and frequent role changes. One cannot dismiss the value of the ability to change with the appearance of sudden stressors, but this family style lacks the consistency needed when caring for a child with autism.

When a family is able to draw upon adequate resources and if they perceive the situation as manageable then the stress of raising a child with autism may never lead to a crisis (Seligman and Darling 1997). Henderson and Vandenberg's (1992) research and Gray's (2002) qualitative findings demonstrate that social support is an integral piece of the coping milieu in families with a child with autism. However, positive and negative coping mechanisms mirror each other. For example, the family gains support through interactions with family members and friends. On the other hand, they may withdraw from, or lack the time for, important social support activities. For example, Bristol (1984) found that families with a child with autism were *less* likely to engage in social and recreational activities than families without a child with autism. Additionally, Sivberg (2002) showed that these families rate their stress level higher than typical families. He hypothesized that higher scores reflected deterioration of social support due to stress on the family system. Thus, families with a child with autism may gradually lose their friends because of their limited availability. Realistically, social support is clearly important for families with a child with autism, although it can be difficult to find the time.

Social support is especially important for mothers raising a child with autism. Indeed, Konstantareas and Homatidis' (1989) finding of the negative relationship between the stress level of mothers of children with autism and their perceived level of social support emphasizes the importance of a support network. Further, mothers of children with autism who perceive social support to be accessible report fewer stress-related somatic problems and depressive symptoms than do mothers who perceive less social support (Gill and Harris 1991; Gray and Holden 1992). Reduction of maternal depression is important because mothers report more depression symptoms than fathers (Hastings et al. 2005). Additionally, Dunn et al.

(2001) found that failure to receive and seek social support corresponded with increased levels of spousal problems.

Although there is empirical support for the importance of social support for mothers of a child with autism, there is little research on the importance of social support for fathers. Available data suggests that fathers of children with disabilities may employ negative coping behaviors. Houser and Seligman (1991) found that fathers of children who are mentally retarded use more withdrawal and avoidance behaviors than do fathers of typical children. Although this is an important finding, it does not help us to assess the effect of a child with autism. However, Rodrigue et al. (1992) compared the levels of social support reported by fathers of children with normal development, autism, and Down syndrome. They found that fathers of all children perceived similar levels of social support. This is a positive finding for fathers with a child with autism.

Krauss (1993) conducted a study looking at adaptability and cohesion in families with a child with a disability. He found that parents of children with disabilities differ significantly in their ratings of the family's adaptability and cohesion. The mothers rated the families as more adaptable and cohesive. There were no significant differences between mothers and fathers' ratings on measures of social support. For mothers *and* fathers, greater parenting stress was associated with poorer family functioning (lower levels of adaptability and cohesion). Despite this, Krauss believed that mothers were less affected than fathers were by aspects of family functioning because, in his view, mothers are the creators of the family environment and thereby more in control of the family's situation.

Many studies on the effect a child with autism has on the family gather information from mothers but not fathers (e.g, Rivers and Stoneman 2003). The inclusion of fathers is imperative if we are to determine the effect on child psychopathology and the contributions fathers make to the family (Phares and Compas 1992). Additionally, family systems research concerning autism is rare, and most combine autism and other childhood disorders into a single category (e.g., Frey et al. 1989). However, autism affects the family system differently than other childhood disorders. For example, studies that compare the stress in families with a child with autism to families of children with other disorders indicate that the families of children with autism experience more stress, depression, and anxiety (Dumas et al. 1991). This study allows for the analysis of how autism affects the family system using the constructs of cohesion and adaptability.

We measured coping mechanisms (perceived social support), family functioning (cohesion and adaptability), and satisfaction with the family's level of functioning in families with a child with autism. Further, we compared the mothers' and the fathers' reports of family functioning and coping strategies, which is a unique contribution. In addition to the comparisons of mothers and fathers, we included an evaluation of the relationships between family functioning and implementation of coping mechanisms. The present study examined the following hypotheses: (1) We expected that mothers would have higher ratings of the family's coping mechanisms than fathers. (2) We anticipated that mothers would be more likely to rate their family as cohesive and adaptable and be more satisfied with the functioning of the family than fathers. (3) We expected that mothers would perceive more social support than fathers. (4) We anticipated that moderate levels of family cohesion and adaptability would significantly relate to higher levels of perceived social support and implementation of other positive coping behaviors.

Method

Participants

We collected data from 26 pairs of parents for a total number of 52 participants (26 mothers, 26 fathers). The parents were recruited from local autism organizations in southeast Michigan, through an "Autism in Michigan," Yahoo E-mail group, and referrals from parents that participated in the study. The families were primarily European-American except for two multiracial families and an Arab-American family. The age range for the children with autism was 3–16 years old with a mean of 7.5. There were 23 boys and 3 girls in this sample (88.5% male), which is similar to the 5:1 male to female ratio of children with autism (e.g., Fombonne 2003). The average age that the child received a diagnosis of an autistic spectrum disorder was 3.0, with a range of 1–6. Only families who met the following criteria were included in the study. The children had a diagnosis of autism, Asperger's disorder, or Pervasive Developmental Disorder Not Otherwise Specified (atypical autism) (American Psychiatric Association 2000). Further, the children had to spend the majority of the week (40 h or more) at home under the care of one or both of the parents. Finally, the families had two biological parents living in the home and both parents participated in the research.

Measurement

Family Adaptability and Cohesion Evaluation Scales-III (FACES-III; Olson et al. 1985)

The FACES-III is a 40-item self-report questionnaire that measures a family member's perceived and desired family cohesiveness and ability to adapt to change. The purpose of using this measure in the study was to determine perceived

family functioning. Responses were on a 5-point Likert Scale that ranges from "almost never" to "almost always." Respondents describe their perceived level of functioning in the family and their desired level of functioning. The measure has a test-retest reliability of .80–.83. The alpha reliability for cohesion is .71 and for adaptability is .62. The overall alpha is .68 and the measure has fair internal consistency. This measure demonstrates good discriminative validity because it can distinguish between "problem families and non-symptomic families" (Olson et al. 1985, p. 14). The intercorrelation between cohesion and adaptability is .03, which indicates that they are separate factors. Previous research has shown that high-functioning families scored in the moderate range on cohesion and adaptability, while low-functioning families scored at the extremes of cohesion and adaptability. However, it was hypothesized by Olson et al. that families would be high-functioning if they scored at the extremes on both scales and all family members indicated that their desire is to function at the same level. This is relevant for cultural groups that support family behavior at the extremes. Therefore, the third version of the instrument measures satisfaction with family functioning because there is a comparison of the perceived functioning versus the desired functioning. This measure provides three scores: family cohesion, family adaptability, and satisfaction with family functioning.

Family Crisis Oriented Personal Evaluation Scales (F-COPES: McCubbin et al. 1987)

The F-COPES is a 30-item, self-report questionnaire used to assess ways that families cope with stress. This measure was used in this study to determine if the family's coping strategies are effective and to compare the perceived family coping strategies of the mother and the father of each family. The measure uses a 5-point Likert Scale with responses ranging from "strongly disagree" to "strongly agree." There are five subscales: acquiring social support, reframing, seeking spiritual support, mobilizing family to acquire and seek help, and passive appraisal. Higher scores indicate more positive coping and problem solving strategies during times of crisis. This measure has good internal consistency and an overall alpha of .86, and the alphas for the subscales range from .61 to .81.

Perceived Social Support from Family and from Friends (PSS-Fa and PSS-Fr: Procidano and Heller 1983)

The Perceived Social Support from Family and from Friends are two scales with 20 questions each. These instruments measure perceived social support from family and friends. The participant answers "Yes," "No," or "Don't know" to questions related to quality and quantity of support from family members and friends. The Perceived Social Support from Friends (PSS-Fr) and the Perceived Social Support from Families (PSS-Fa) have a Cronbach's alpha of .88 and .90, respectively. The two measures have a .40 correlation with each other, which indicates that they measure related but separate constructs. These measures have good construct validity (Lyons et al. 1988). These questionnaires were used in this study to measure perceived social support because social support has been found to be an important coping mechanism for families of a child with autism (e.g., Gill and Harris 1991). These measures provide a score of perceived social support from the family and perceived social support from friends.

Procedure

All data were gathered at the family's home. Over the telephone, the first author set up an appointment to meet with the parents. Each parent filled out an informed consent form to express his or her agreement to participate in the research project. We administered the FACES-III, the F-COPES, the PSS-Fa, and the PSS-Fr to each parent in random order. Following the administration of the questionnaires, we gathered additional demographic information from both parents (e.g., age of children).

Results

All data were analyzed using SPSS 12.0 for Windows. Because there is little research in the field of autism that compares both parents on these factors one goal of the study was to compare mothers and fathers ratings on cohesion, adaptability, satisfaction with family functioning, family coping mechanisms, and perception of social support. The second goal of this study was to examine the relationship between cohesion or adaptability and perceived social support. A final objective was to examine any relationship between cohesion or adaptability and the coping strategies implemented by the parents.

Levels of Cohesion and Adaptability

A Chi-Square Test for Goodness of Fit was used to determine if there were significant differences between the frequencies of the levels of cohesion and adaptability for the families with a child with autism in this study and the families in a standardization sample (Olson et al. 1985). The data from the normed families were the expected values for this analysis. Table 1 shows the percentages of the different levels of cohesion for the autism families and the families in Olson et al.'s standardization sample. The two samples were not significantly different, suggesting

Table 1 Comparison of cohesion levels between sampled families and normed families

Cohesion level	Autism (O)	Normed (E)
Disengaged	17.3	16.3
Separated	23.1	33.8
Connected	40.4	36.3
Enmeshed	19.2	13.6

Note: All numbers are percentage of families in each category

Table 2 Comparison of adaptability levels between sampled families and normed families

Adaptability level	Autism (O)	Normed (E)
Rigid	11.5	16.3
Structured	34.6	38.3
Flexible	26.9	29.4
Chaotic	26.9	16.0

Note: All numbers are percentage of families in each category

that the families with a child with autism have a similar distribution of types of cohesion as families as those without children with autism.

Table 2 displays the percentages of the different levels of adaptability for the autism families and the families in the standardization sample. These two samples were significantly different (χ^2 = 9.38, df = 3, $p < .05$). This suggests that these families with a child with autism have a different distribution of types of adaptability when compared to families without children with autism. The chaotic style of adaptability accounted for the largest difference between the study sample and the normed group.

An independent samples *t*-test evaluated participants' satisfaction with the functioning of their family. The level of satisfaction with the functioning of the family derives from the comparison of two scores, the actual and ideal functioning of the family. The FACES-III solicits an individual's description of the status of their family and "ideally, how would you like your family to be." Therefore, if there is a significant discrepancy between these two scores, it suggests that the individual is not satisfied with the functioning of their family. In this sample, there was not a significant difference between participants' ratings of the actual and ideal functioning of the family, which indicates that these parents were generally satisfied with family functioning.

Within Couples

Hypothesis 1 stated that mothers would have higher ratings of the family's coping mechanisms than fathers would. A paired-sample *t*-test showed that there was not a significant difference within the couples' coping scores (based on the total F-COPES score) in this sample. However, there was a significant difference between couples' rating on the Acquiring Social Support subscale of the F-COPES $t(25) = -2.78$, $p < .05$. In this sample, mothers (M = 29.92, SD = 5.93) were more likely than fathers (M = 26.04, SD = 7.38) to believe that their family seeks social support in times of crisis.

Hypothesis 2 stated that mothers would be more likely to rate their family as cohesive and adaptable and be more satisfied with the functioning of the family than fathers would. There was no support for this hypothesis because there were no significant differences between mothers and fathers on these variables. Hypothesis 3 stated that mothers would perceive more social support than fathers would. Paired-sample *t*-tests showed support for this hypothesis as there was a significant difference between the *perceived social support from friends* within couples $t(25) = -5.22$, $p < .001$, indicating that the mothers (M = 16.88, SD = 3.19) were more likely than the fathers (M = 11.38, SD = 4.92) to perceive high levels of social support from their friends. There was also a significant difference within the *perceived social support from the family* for couples $t(25) = -2.18$, $p < .05$; the mothers (M = 14.31, SD = 5.26) perceived more social support from the family than fathers (M = 11.31, SD = 6.10) did.

Family Functioning and Social Support

Hypothesis 4 stated that moderate levels of family cohesion and adaptability would significantly relate to higher levels of perceived social support and implementation of other positive coping behaviors. Two separate 4 (levels of cohesion or adaptability) × 2 (perceived social support) Multivariate Analysis of Variances (MANOVA) were conducted to determine if there were significant differences on the two measures of perceived social support (PSS-Fa and PSS-Fr) between the different levels of cohesion (disengaged, separated, connected, and enmeshed) and adaptability (rigid, structured, flexible, and chaotic). These analyses allowed a comparison between individual ratings of cohesion and adaptability in their family and their perception of social support. Each parents' individual rating of family functioning was used because the mean rating of cohesion or adaptability for each couple is likely to move the rating of the family into a different level of family functioning (e.g., if the father rates family as disengaged and the mother rates family as enmeshed the average is a separated rating). Further, the analysis of couples' rating of cohesion and adaptability showed no differences between mothers and fathers. The MANOVAs indicated that there were significant differences between the levels of cohesion on measures of perceived social support from the family $F(3, 51) = 5.04$, $p < .01$ (σ^2 = .29) and for friends $F(3, 51)$

= 3.60, $p < .05$ ($\sigma^2 = .23$). In addition, there were significant differences between the levels of adaptability on perceived social support from the family $F(3, 51) = 2.87$, $p < .05$ ($\sigma^2 = .19$), but not from friends. There was not a significant interaction between cohesion and adaptability.

Tukey's Post-Hoc tests were conducted to determine the nature of the significant differences between the levels of cohesion (disengaged, separated, connected, and enmeshed) on measures of perceived social support from the family and friends and the levels of adaptability (rigid, structured, flexible, and chaotic) on perceived social support from the family. Table 3 lists the means and standard deviations for the scores on the PSS-Fa and PSS-Fr for the four levels of cohesion. For the different levels of cohesion, individuals who rated their family as separated or enmeshed were more likely to perceive family social support than those who rated their family as disengaged ($p < .01$, $p < .05$, respectively). Connected families were not significantly different on this measure (cohesion) when compared to the other types of families. The families who were the least cohesive (disengaged) perceived lower social support than two of the more cohesive families (separated and enmeshed), but not the connected families. For perceived social support from friends, individuals who rated their family as enmeshed were more likely to perceive high levels of this type of support than those who rated their family as disengaged or connected ($p < .05$ for both). The most cohesive family type perceived more social support from friends than two of the family types possessing less cohesion. Table 4 lists the means and standard deviations for the scores on the PSS-Fa and PSS-Fr for the four levels of adaptability. For the different levels of adaptability, individuals who rated their family as rigid and structured were significantly more likely to perceive higher levels of family social support than those who rated their family as flexible or chaotic ($p < .05$). This suggests that families reporting more structure and less adaptability experience greater social support than families with higher levels of adaptability.

Table 3 Perceived social support and cohesion

Cohesion level	Social support from family	Social support from friends
Disengaged	9.44 (6.25)	12.00 (6.30)
Separated	15.33 (3.82)[a]	14.83 (4.53)
Connected	11.90 (6.34)	13.00 (4.56)
Enmeshed	14.70 (5.08)[b]	17.60 (3.34)[c]

[a] Perceived more social support than disengaged families ($p < .01$)

[b] Perceived more social support than disengaged families ($p < .05$)

[c] Perceived more social support than disengaged and connected families ($p < .05$)

Table 4 Perceived social support and adaptability

Adaptability level	Social support from family	Social support from friends
Rigid	17.00 (3.03)[a]	13.50 (4.59)
Structured	14.78 (4.50)[a]	15.17 (4.37)
Flexible	10.78 (6.58)	14.50 (5.44)
Chaotic	10.50 (6.07)	12.71 (5.45)

[a] Perceived more social support than flexible and chaotic families ($p < .05$)

Family Functioning and Family Coping Mechanisms

Two other 4 (levels of cohesion or adaptability) × 6 (family coping mechanisms) MANOVAs were conducted to determine if there were differences between the different levels of cohesion or adaptability and the other coping mechanisms measured by the F-COPES as a test of the second portion of hypothesis 4. There was a significant difference between the levels of cohesion on the total score on the F-COPES (which determines the use of a variety of coping behaviors) $F(3, 51) = 5.04$, $p < .01$ ($\sigma^2 = .29$). In addition, there were several significant differences between the levels of cohesion and the subscales of the F-COPES. These significant differences were found on the Acquiring Social Support subscale $F(3, 51) = 5.12$, $p < .01$ ($\sigma^2 = .29$), the Reframing subscale $F(3, 51) = 5.62$, $p < .01$ ($\sigma^2 = .31$), and the Passive Appraisal subscale $F(3, 51) = 3.70$, $p < .05$ ($\sigma^2 = .23$). There were no significant differences between the different levels of adaptability on the F-COPES or its subscales.

Tukey's Post-Hoc tests were conducted to determine the nature of these differences ($p < .05$ throughout). Table 5 lists the means and standard deviations of the different cohesion levels and scores on the total F-COPES and the three subscales that had significant differences. Passive appraisal is reverse scored, so higher scores indicate less use of this coping style. For the types of cohesion, individuals who rated their family as enmeshed or connected were significantly more likely to use coping mechanisms than those who rated their family as disengaged. Furthermore, participants who rated their family as enmeshed were significantly more likely to use coping mechanisms than those who rated their family as separated or connected. This suggests that increasing levels of cohesion relate to increased use of coping behaviors in these families. Supporting this idea, results showed that individuals who rated their family as enmeshed were significantly more likely to implement acquiring social support as a coping mechanism during times of crisis than those who rated their family as connected, separated, or disengaged. Participants who rated their family as enmeshed, connected, or separated were significantly more likely to use reframing as a coping behavior than those who rated their family as disengaged. Finally, participants who rated their family as disengaged

Table 5 Levels of cohesion and family coping mechanisms

Cohesion level	Total F-COPES	Social support	Reframing	Passive appraisal
Disengaged	90.22 (15.21)	26.00 (6.10)	25.67 (5.61)	13.67 (3.53)[e]
Separated	94.67 (11.94)	25.33 (6.33)	30.67 (2.77)[d]	14.58 (2.94)
Connected	101.43 (12.89)[a]	27.00 (5.98)	30.52 (3.80)[d]	16.52 (2.64)
Enmeshed	114.90 (10.39)[b]	35.00 (6.24)[c]	32.00 (3.13)[d]	16.10 (2.60)

[a] Use more coping mechanisms than disengaged families ($p < .05$)

[b] Use more coping mechanisms than disengaged, separated, and connected families ($p < .05$)

[c] Use more of this coping mechanism than disengaged, separated, and connected families ($p < .05$)

[d] Use more of this coping mechanism than disengaged families ($p < .05$)

[e] Use more of this coping mechanism than connected families ($p < .05$)

were significantly more likely to implement passive appraisal as a coping mechanism than those who rated their family as connected. This last finding indicates that the individuals who rated their family as disengaged were more likely to cope with crises by avoiding the situation (e.g., watching television).

Discussion

Our data show that mothers and fathers unexpectedly agreed in their ratings of cohesion, adaptability, satisfaction with family functioning, and family coping mechanisms, but differed reliably in their ratings of social support. The results of this research provide an interesting view of the role that cohesion and adaptability play in coping with raising a child with autism. There were unexpected positive relationships between the perceived use and availability of coping mechanisms and the extreme levels of cohesion and adaptability. Satisfaction with family functioning did not have significant relationships with any of the other variables.

A goal of this study was to compare the perceptions of mothers and fathers on their coping mechanisms and the functioning of their family. Couples agreed on ratings of their family's use of coping mechanisms (based on the total F-COPES score), levels of cohesion and adaptability, and their satisfaction with the functioning of their family. These results are encouraging for parents of children with autism because agreement is conducive for more effective parenting. The only differences we found were that mothers were more likely to report that the family seeks social support during times of crisis, and that mothers perceived significantly more social support from their friends and family. Thus, the current research does not replicate Krauss' (1993) finding that mothers rate their family as significantly more cohesive and adaptable than fathers. Further, in our study, mothers perceived more social support from family and friends than fathers while Krauss did not report any significant differences for this variable. These differences may have been the result of sampling differences, as his sample was comprised of families with a variety of childhood disorders.

The high level of social support reported by mothers in this sample is encouraging because mothers of children with autism who perceive more social support experience less somatic problems and depressive symptoms (Gill and Harris 1991; Gray and Holden 1992). However, fathers reported less perceived social support. Some fathers felt that they lost friends because they did not comprehend the struggles associated with raising a child with autism. Others said that they lost friends because they were not able to spend significant time with them. The first author attended local autism support groups and did not observe a single father. In contrast, many mothers indicated that their social support came from other mothers they met through support groups and related functions. Vadasy et al. (1985) organized support groups for fathers with children with disabilities. The fathers who participated in these groups benefited from the social support and reported less depression. Support groups for fathers of children with autism may help mitigate fathers' use of avoidance and withdrawal as coping mechanisms by increasing accessible sources of support (Houser and Seligman 1991).

The findings that individuals who rated their family on extreme levels of cohesion and/or adaptability were more likely to implement high levels of coping mechanisms was unexpected given Seligman and Darling's (1997) theory, which reported that moderate levels of both variables are optimal for exceptional functioning. In addition, Bristol's (1984) findings lead one to expect that families with a child with autism with moderate levels of cohesion (separated and connected) and adaptability (structured and flexible) would be more likely to possess and implement effective coping mechanisms. The current results partially supported these expectations, but there were interesting differences.

As hypothesized, individuals who rated their family cohesion as separated perceived more social support from

their extended family than participants who rated their family cohesion as disengaged. One might expect a member of a more cohesive family to experience more social support from his/her family than one from a less cohesive family. Indeed, individuals who rated their family as enmeshed, the most cohesive family type, perceived more social support from family than individuals who rated their family as disengaged. The enmeshed families also perceived more social support from *friends* than disengaged and connected families. Although the findings for the enmeshed families were unexpected, it may suggest that these families have family and friends who provide positive support or the cohesion itself leads to perceptions of support. In any case, these findings conflicts with theorists who argue that extreme levels of cohesion has negative effects on a child with a disability (Minuchin 1974; Seligman and Darling 1997). Specifically, these theorists suggest that an enmeshed family stifles the independence and personal growth of a child with autism. Given the importance of social support in these families, this is a difficult balance to strike (e.g., Konstantareas and Homatidis 1989).

The data from the analysis of family coping mechanisms provides a number of insights. Individuals who rated their family as highly cohesive implemented effective coping behaviors most often in difficult situations. For example, individuals who rated their family as enmeshed or connected were more likely to use positive coping mechanisms than disengaged families. In addition, participants who rated their family as enmeshed were significantly more likely to use positive coping behaviors than participants who rated their family as either separated or connected. This suggests that as levels of cohesion increase there is an increased use of positive coping mechanisms. This is illustrated by the finding that participants who rated their family as enmeshed were more likely to utilize social support during times of crisis than those from all of the other levels of cohesion. Another significant finding was that individuals who rated their family as enmeshed, connected, or separated were significantly more likely to use reframing (viewing conflict or crisis in a positive manner) to cope with difficult situations than disengaged families. It was also found that individuals who rated their family as disengaged were more likely to implement passive appraisal (avoidance of a conflict or crisis) during stressful situations than connected families. This finding supports the idea that less cohesive families are less likely to implement positive coping behaviors.

These data from the analysis of coping styles are exciting. Participants who rated their family as enmeshed were more likely to implement important coping mechanisms than participants who rated their family as less cohesive. These very cohesive families reported possession of coping resources to deal with the stress-related to having a child with autism. Although the creators of the FACES-III questionnaire suggest that a well-functioning family has a good balance of cohesion and adaptability, it is possible that families with high levels of cohesion are well-functioning with the availability of positive coping mechanisms (Olson et al. 1985). These findings suggest that an enmeshed family can be a positive level of cohesion for a family with a child with autism.

Interactions among the levels of adaptability and the coping mechanisms were very interesting. Individuals who rated their family as rigid or structured perceived more social support from their extended family than participants who rated their family as flexible or chaotic. There were no significant differences for perceived social support from friends or other coping mechanisms. This is surprising, as one would expect adaptable families to engage quickly in positive coping mechanisms when they encounter a stressful situation.

Comparisons between individuals' satisfaction with family functioning and coping mechanisms showed no significant differences. This was also a surprising finding because we expected that satisfaction with family functioning would be a predictor of families' coping ability. The majority of the participants in this study were satisfied with their family's functioning, and this led to a reduced statistical sensitivity in detecting small differences in coping behaviors. Even those individuals who rated their family as enmeshed were generally satisfied with the functioning of their family. Although enmeshment is an "extreme" level of cohesion, the authors of the FACES-III suggest that if family members are satisfied with their family functioning then the family style is not maladaptive (Olson et al. 1985). The satisfaction with family functioning may explain the significantly higher implementation of coping mechanisms in participants who rated their family as enmeshed. Indeed, Pratt (1987) found that only low scores on the FACES-III corresponded with dysfunctional family patterns (disengaged on the cohesion continuum). This relates to the results of the current study, suggesting that extreme levels of cohesion and adaptability are not always maladaptive.

As with all such research, there are limitations to this study. Studies on families of children with autism typically have relatively small sample sizes and this constrains the current study. However, data collection occurred in the participant's home, in a friendly and safe context providing control and insight that are not available with questionnaires sent in the mail or via the Internet. For example, the first author's presence assured that the parents did not collaborate when completing the measures, and the direct observation of the families allowed an informal assessment of the family's dynamics, strengths, and difficulties. The assessment of several additional issues would be beneficial

for future studies. For example, information gathered on the severity of the child's autistic presentation and a measure of family stress levels would yield interesting information.

It is important to note the conclusions of this study are limited to intact nuclear families in the middle or upper middle classes. This was a necessary factor in the current research because a major aim was to compare responses of mothers and fathers. We acknowledge that the struggles of single parent families that have a child with autism are likely to equal or exceed the families in this study. The status of the parents may contribute to the generally "positive" findings in this study and the overall satisfaction with family functioning. It should be noted that despite the advantages depicted by these families, many parents described the struggle they had to make ends meet because of the high cost of treatment for children with autism.

This study relied on self-report methods. The parents in this study who rated their family as enmeshed also reported more implementation and availability of positive coping mechanisms than other levels of cohesion. This led us to suggest the possibility that enmeshment is the most beneficial level of cohesion for families with a child with autism based on these merits. However, the absence of other methods of assessment (e.g., behavioral observation) prevents us from firmly concluding that these families were more resilient and better equipped to handle the stressors associated with raising a child with autism. Further, an interesting future study could compare families with a child with autism to families with normally developing children on the variables in this study. A study of this type may be more effective at determining the benefits (or lack thereof) of an enmeshed parenting style on the development of different children.

The parents in this study reported spending many hours searching for services for their child. Many parents complained about the lack of support groups, their financial struggles, inadequate research, and unhelpful and unqualified schools, doctors, and clinicians. Further, these fathers are not receiving the necessary support, which makes the development of support groups to address the needs of these fathers very important. The public's awareness of autism may be increasing, but these families feel that they continue to be a hidden and ignored demographic, and they clearly feel discounted, and sometimes misled, by helping professionals.

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