



Coping Strategies and the Marital Relationship Among Parents Raising Children with ASD

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Abstract

Parents raising children with autism spectrum disorder (ASD) have been found to experience higher levels of stress and to face more challenges in the marital relationship than other parents. This study aimed to investigate how such couples cope with the stress and challenges of family life. Our qualitative study was based on semi-structured interviews with 42 parents (29 mothers and 13 fathers) of children and adolescents with ASD. Following Bodenmann's systemic transactional model (STM), we used thematic analysis to interpret the interview data and explore how couples coped. We found that study participants employed three types of coping strategies to reduce stress and strengthen the marital relationship. First, individual coping met the need for parents to find respite or "me time." Second, dyadic coping provided a way for members of a couple to support each other and find joint solutions to family challenges. Finally, social support coping played a key role in connecting parents with much needed resources, while allowing them to enjoy some respite and quality time as a couple. Our findings highlight the importance of simultaneously considering individual, dyadic, and social factors for providing a more comprehensive picture of the marital adjustment process.

Keywords Autism spectrum disorder · Family · Parenting · Marital relationship · Marital adjustment · Coping

Highlights

- Study participants used individual, dyadic, and social coping strategies.
- Equity between partners and individual respite time were key factors in strengthening the marital relationship.
- Communication and flexibility were key components of dyadic coping.
- Social support from relatives and professionals was a crucial factor in marital adjustment.

Autism spectrum disorder (ASD) is a pervasive developmental disorder characterized by impairments in social communication and by restricted or repetitive behaviors and interests (American Psychiatric Association 2013). In Canada, one in 66 children between the ages of 5 and 17 has been diagnosed with ASD and the prevalence rate has been steadily increasing (Ofner et al. 2018). Studies have found that caregiver well-being is negatively impacted by the daily challenges associated with caring for a child with ASD

(Karst and Van Hecke 2012). In fact, parents raising children with ASD have been found to have higher levels of stress, compared to both parents of typically developing children (Brobst et al. 2009; Ingersoll and Hambrick 2011; Karst and Van Hecke 2012) and parents of children with other developmental disorders (Silva and Schalock 2012).

Research on parenting a child with ASD has explored the issue of parental stress at great length. Identified stressors include difficulty obtaining a correct diagnosis (Ramisch 2012); challenging conduct associated with ASD, such as repetitive behavior and temper tantrums (Brobst et al. 2009; Ramisch 2012) and common comorbidities (e.g., anxiety, attention deficit/hyperactive disorder, oppositional defiant disorder) that complicate caring for a child with ASD (Simonoff et al. 2008). Meanwhile, respite services and specialized treatments can be difficult to access (Vohra et al. 2014) not to mention expensive (Norris et al. 2006;

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Vohra et al. 2014). Faced with increased childcare responsibilities and more complex household demands (des Rivières-Pigeon et al. 2015), many mothers of children with ASD cut back on work hours or withdraw from employment altogether, thereby reducing family income and increasing financial stress (Brien-Bérard et al. 2018; Hartley et al. 2014). Furthermore, the persistence of an increased parental burden into adolescence places parents at risk of chronic stress (Smith et al. 2010). Finally, parents of a child with ASD have to deal with the often negative reactions of family and society, as well as uncertainty about the future (Ramisch 2012).

Presumably, these various stressors also impact the marital relationship. However, this aspect of parenting a child with ASD has received limited attention from scholars. In some qualitative studies, parents reported that seeing to the needs of their child left them with little time to spend with their spouse, causing the relationship to suffer (Johnson and Piercy 2017; Myers et al. 2009; Phelps et al. 2009). One study found that conflict was more frequent and severe in couples parenting a child with ASD than in couples parenting a neurotypical child (Hartley et al. 2017). The same group of researchers asked mothers and fathers from 176 families that included a child with ASD to record their experiences in a diary over the course of 14 days. Concerns related to the child with ASD were the most frequently cited reason for problem-solving interactions between spouses (Hartley et al. 2016). Likewise, marital conflict surrounding the educational needs of a child with ASD has been frequently mentioned by parents participating in qualitative studies (Aylaz et al. 2012; Denis 2013; Phelps et al. 2009). Furthermore, mothers and fathers with differing perceptions of their child's condition have been found to develop a more conflictual and distant marital relationship (Brien-Bérard and Rivières-Pigeon 2020). Multiple studies have therefore found lower relationship satisfaction among parents of children with ASD than among parents of neurotypical children (Gau et al. 2012; Hock and Ahmedani 2012). Nevertheless, some parents have reported having a stronger relationship after overcoming the challenges of raising a child with ASD (Altiere and von Kluge 2009; Hock et al. 2012; Myers et al. 2009). And whereas some studies have found a higher divorce rate among such couples (Hartley et al. 2010) others have found it to be similar to that among other couples (Baeza-Velasco et al. 2013; Freedman et al. 2012).

Raising a child with ASD therefore appears to have complex and varied effects on the marital relationship. In particular, more research is needed on why some couples are able to overcome the associated challenges while others are not. Indeed, most studies that have examined marital relationships involving parents raising a child with ASD have focused on difficulties and conflicts, or on factors

associated with lower relationship satisfaction (Saini et al. 2015; Sim et al. 2016). Meanwhile, little has been written on factors associated with positive marital adjustment. Nevertheless, some recent studies have addressed dynamics that allow such spouses to maintain or even improve the quality of their relationship (Hirsch and Paquin 2019; Hock et al. 2012; Johnson and Piercy 2017; Ramisch et al. 2014; Sim et al. 2019). In one qualitative study, most parents described how challenges and stresses eventually gave way to a strengthened relationship. These parents reported putting their relationship first (e.g., spending more time together, seeking out support) and thereby increasing the level of intimacy and commitment (Hock et al. 2012). Another study interested in strong marital relationships among parents of a child with ASD found the most significant factor to be communication—including talking about personal concerns and emotions, joint decision-making, and conflict resolution (Ramisch et al. 2014). More recent studies have confirmed the importance of communication for achieving intimacy and satisfaction (Hirsch and Paquin 2019; Johnson and Piercy 2017; Sim et al. 2019). Qualitative studies have also demonstrated the importance of teamwork for coping with the challenges of raising a child with ASD. Examples include sharing parental responsibilities, redefining roles within the family, allowing each member of the couple to enjoy personal time, as well as jointly learning about and discussing autism (Hirsch and Paquin 2019; Johnson and Piercy 2017; Sim et al. 2019). Two other studies also identified support from the other spouse as a significant factor associated with relationship satisfaction (Brobst et al. 2009; Ekas et al. 2010). The results of a qualitative study involving 13 mothers of adolescents with ASD showed that support from partner around sharing educative tasks was more important than emotional support for mothers (Dailly and Goussé 2011).

Looking beyond interpersonal dynamics, certain individual characteristics may also help improve the marital relationship. One review of the literature pointed to the importance of parental well-being (Saini et al. 2015). Multiple studies have found a negative correlation between relationship satisfaction, on the one hand, and, on the other hand, parental stress (Brobst et al. 2009; Harper et al. 2013) and depressive symptoms in mothers (Benson and Kersh 2011; Courcy and des Rivières-Pigeon 2013; Weitlauf et al. 2014). From the broader perspective of family life, other studies have linked higher socioeconomic status and the accessibility of social support to relationship satisfaction among mothers (Benson and Kersh 2011). Furthermore, Johnson and Piercy (2017) have highlighted the role played by contextual factors such as social support in fostering intimacy between parents of a child with ASD (Johnson and Piercy 2017).

Recognizing the need to consider how personal, interpersonal, and community factors all affect the marital relationship, we set out to better understand the marital adjustment process in couples raising a child with ASD by exploring how they employ individual, dyadic and social support coping strategies. We used thematic analysis and Bodenmann's systemic transactional model (STM) to interpret the parental coping strategies of study participants (Bodenmann 2005; Bodenmann et al. 2016). The STM was inspired by the transactional theory of stress developed by Lazarus and Folkman (Folkman and Lazarus 1984) who define coping as the cognitive or behavioral effort made by an individual to manage stressors. According to this model, stress results from an assessment of the disparity between the difficulty of dealing with a situation and the personal resources available to deal with it. In other words, individuals experience stress when they not only perceive a situation as challenging, but also feel that they have insufficient resources to face the corresponding challenge. Furthermore, the STM approaches the issue of stress from a systemic perspective. How one member of the couple experiences stress will therefore affect the other's well-being, as well as the overall quality of the marital relationship. By presupposing that the well-being of spouses is interdependent, this model implies that the members of a couple are generally motivated to support each other. And it follows that the resources used by one spouse to deal with stress expand the other spouse's coping abilities.

Altogether, Bodenmann identified three ways of dealing with stress in the context of an intimate relationship: individual coping, dyadic coping, and social support coping. Meanwhile, dyadic coping can take several forms, including supportive dyadic coping (where one spouse helps the other handle stress by assisting with a task, providing advice, expressing interest or empathy, etc.) and common dyadic coping (where spouses work together to address shared challenges). Successful dyadic adjustment therefore involves reducing the stress felt by one or both members of the couple, thereby improving the quality of the marital relationship.

We have been able to find just two studies that have used the STM to explore coping strategies employed by couples parenting a child with ASD (Brown et al. 2020; Sim et al. 2017). Brown et al. (2020) found that dyadic coping was positively correlated with relationship satisfaction and negatively correlated with parenting stress. And Sim et al. (2017) analyzed how the various types of dyadic coping identified by Bodenmann (positive and negative, problem-focused and emotion-focused, etc.) were linked to relationship satisfaction. This existing research highlights the importance of dyadic coping for understanding relationship satisfaction and parental stress. However, neither study provides much insight into the specific strategies used or into how members of a couple used them to help each other

cope and support each other in the context of parenting a child with ASD. Nor do these studies account for the role individual coping and social support coping may play in marital adjustment. Indeed, Brown et al. (2020) concluded by emphasizing the need for further research on social resources capable of improving the marital relationship.

Adopting a qualitative methodology, we set out to help fill these gaps in the literature by examining efforts by parents to strengthen the marital relationship and adapt to the challenges of family life not only from the perspective of the couple, but also that of the individual and the community. Furthermore, we paid special attention to gender differences in the use of coping strategies. Most studies related to parenting a child with ASD have focused exclusively on the mother's perspective (Braunstein et al. 2013). However, it appears that mothers and fathers experience the corresponding challenges very differently. Not only have two studies shown that mothers have higher levels of parental stress (Gau et al. 2012; Jones et al. 2013), but other research has suggested that mothers and fathers have distinct needs in terms of spousal support (Gray 2003) and coping with the stress of family life (Gray 2003; McStay et al. 2014; Pelchat et al. 2009). In one study, some parents reported that the marital relationship suffered because they and their spouse used incompatible coping strategies to deal with stress (Phelps et al. 2009). This knowledge, combined with our feminist posture in this study, guides us to analyze the data gathered from mothers and fathers separately to make sure not to mix and thus hide the distinct experience of each parent. Therefore, we pay special attention to the division of labor among the couple and investigate any gender differences in terms of marital adjustment

Method

Participants and Procedures

This qualitative study was conducted in the context of a larger two-part project on support networks available to families of children with ASD in the Canadian province of Quebec. The first phase of the project was conducted in 2015, with the participation of 13 families that included a child with ASD between the ages of 4 and 10. The second phase was conducted in 2017, with the participation of 20 families that included an adolescent with ASD between the ages of 11 and 16. These two projects were approved by the Institutional Committee on the Ethics of Research Involving Humans (CIEREH) of University of Quebec in Montreal. Participants in both phases of the project were recruited on social media. A call for participants was posted on Facebook groups for parents raising a child with ASD. Parents interested in participating were invited to contact a research team member by phone, email, or instant

Table 1 Portrait of participants' families

| Families and conjugal status | Study participants | Current job status and education | Numbers of child | Pseudonym and age of child with ASD |
|--|-----------------------|---|--------------------------|--|
| <i>First phase of the project (Families of child)</i> | | | | |
| <i>Family 1</i> Married Together since 18 years | Mother and father | Mother: Unemployed, Collegial degree Father: Full-time job (45 h), Professional degree | 4 | Jacob, 8 years old Mikael, 4 years old |
| <i>Family 2</i> Married since 17 years Together since 23 years | Mother and father | Mother: Full-time job, Bachelor degree Father: Full-time job (42h–45h) Bachelor degree | 4 | Isaac 5 years old |
| <i>Family 3</i> Single father Absent mother | Father | Father Unemployed Collegial student | 1 | Hubert 4 years old |
| <i>Family 4</i> Common-law relationship Together since 19 years | Mother | Mother: Part-time job (20–30 h) Collegial degree Father: Full-time job (40 h) Collegial degree | 1 | Adam 8 years old |
| <i>Family 5</i> Married Together since 15 years | Mother | Mother: Two part-time job (20 h), Professional degree Father: Full-time job (35 h), University student | 4 (3 from current union) | Elliot 4 years old |
| <i>Family 6</i> Married Together since 15 years | Mother and father | Mother: Full-time job, in reduction (28 h), Master degree Father: Full-time job (35 h), Master degree | 4 | Tristan 10 years old |
| <i>Family 7</i> Common-law relationship Together since 10 years | Mother and father | Mother: Unemployed, High School diploma Father: Full-time job (40 h), High School diploma | 2 | Aiden 7 years old |
| <i>Family 8</i> Married Together since 3 years | Father and stepmother | Stepmother: Maternity leave, Self-employed part-time, Collegial degree Father: Paternity leave, Full-time job (37.5 h), Collegial degree | 2 (1 from current union) | Elias 8 years old |
| <i>Family 9</i> Common-law relationship Together since 12 years | Mother | Mother: Part-time job and self-employed, Bachelor degree Father: Full-time job, Bachelor degree | 1 | Julia 10 years old |
| <i>Family 10</i> Common-law relationship Together since 15 years | Mother | Mother: Part-time job, Bachelor degree Father: Full-time job (40 h), Bachelor Degree | 3 | Theo 9 years old |
| <i>Family 11</i> Single mother (joint custody) | Mother | Full-time job (35 h), Collegial degree | 2 | Elody 7 years old |
| <i>Family 12</i> Married Together since 10 years | Mother | Mother: Unemployed, Collegial degree Father: Full-time job, Master degree | 2 | Mark 5 years old |
| <i>Family 13</i> Married Together since 15 years | Mother | Mother: Part-time job, Bachelor degree Father: Full-time job, Collegial degree | 2 | Jules 8 years old |
| <i>Second phase of the project (Families of adolescent)</i> | | | | |
| <i>Family 14</i> Divorced since 4 years (Joint custody) | Mother and father | Mother: Full-time job, Master degree Father: Full-time job, Bachelor degree | 3 | Peter 17 years old |
| <i>Family 15</i> Married Together since 10 years | Mother | Mother: Full-time student (collegial), Professional degree Stepfather: Student and part-time job, High School diploma | 4 (3 from current union) | Anna, 14 years old Colin, 8 years old |
| <i>Family 16</i> Common-law relationship Together since 10 years | Mother and stepfather | Mother: Full-time student (collegial), Professional degree Father: Unemployed, looking for work, Professional degree | 7 (3 from current union) | Liam, 13 years old Jessie, 9 years old Nathan, 8 years old |
| <i>Family 17</i> Common-law relationship Together since 23 years | Mother | Mother: Full-time job, Phd Father: Full-time job, Collegial degree | 3 | Brian 14 years old |
| <i>Family 18</i> Married Together since 25 years | Mother and father | Mother: Part-time student, Part-time job (21 h), Bachelor degree Father: Full-time job (55 h), Collegial degree | 2 | Axel 16 years old |
| <i>Family 19</i> Common-law relationship Together since 21 years | Mother | Mother: Full-time job, Phd Father: Full-time job, Bachelor degree | 2 | Gabriel 15 years old |

Table 1 (continued)

| Families and conjugal status | Study participants | Current job status and education | Numbers of child | Pseudonym and age of child with ASD |
|---|--------------------|--|--------------------------|--|
| <i>Family 20</i> Single mother (Full custody, father present) | Mother | Mother: Self-employed, Collegial degree | 1 | Noa 12 years old |
| <i>Family 21</i> Married Together since 25 years | Mother | Mother: Self-employed, Bachelor degree Father: Full-time job (42 h), Bachelor degree | 2 | Matthew 14 years old Alexander 12 years old |
| <i>Family 22</i> Married | Mother | Mother: Part-time job (30–35 heures), Collegial degree Father: Full-time job (40–50 h), Collegial degree | 2 | Ralph 11 years old |
| <i>Family 23</i> Married Together since 20 years | Mother | Mother: Off-work to take care of the adolescent, University student Collegial degree Father: Full-time job (40–42 h), Professional degree | 3 | Jeremy 13 years old |
| <i>Family 24</i> Single mother Divorced since 8 years Joint custody | Mother | Mother: Off-work due to illness University certificate | 3 | Louis 16 years old |
| <i>Family 25</i> Single mother since 11 years (Full custody) | Mother | Mother: Part-time job (28 h), Bachelor degree | 3 | Xavier 13 years old |
| <i>Family 26</i> Single mother since 14 years (Absent father) | Mother | Mother: Part-time job (20–24 h), Bachelor degree | 1 | Samuel 14 years old |
| <i>Family 27</i> Married since 7 years (Full custody, father present) | Mother | Mother: Self-employed, High School diploma Step-father: full-time job (seasonal) | 2 | Zac, 16 years old Alexis, 14 years old |
| <i>Family 28</i> Common-law relationship Together since 15 years | Mother | Mother: Full-time job (45–55 h), Bachelor degree Father: Self-employed, High School diploma | 2 | Carl 12 years old |
| <i>Family 29</i> Single mother since 10 years (Absent father) | Mother | Mother: Self-employed, Collegial degree | 2 | Ariane, 12 years old Maggie, 10 years old |
| <i>Family 30</i> Married Together since 23 years | Mother and father | Mother: Part-time job (5–10 h/week) High School diploma Father: Full time job (~35 h/week) Bachelor degree | 3 | Benjamin 11 years old |
| <i>Family 31</i> Married Together since 24 years | Father | Mother: Unemployed, Collegial degree Father: Full-time job, Bachelor degree | 1 | Charles 13 years old |
| <i>Family 32</i> Common-law relationship Together since 18 years | Father | Mother: Unemployed, High School diploma Father: Full-time job, Professional degree | 6 (4 from current union) | Lili 11 years old |
| <i>Family 33</i> Common-law relationship Together since 27 years | Father | Mother: Full-time job, Phd Father: Full-time job, Bachelor degree | 2 | Justin 11 years old |

message. After confirming a potential participant met the selection criteria for the study, we explained more about the project and scheduled an interview. If the person had a spouse, we asked whether the latter would also be interested in participating. Participants in both phases of the study reflected a range of family structures, parenting relationship, socioeconomic statuses, and levels of education. We recruited a total of 33 families, most of which were from the Greater Montreal area. Others lived in the Quebec City, Laurentians or Outaouais regions. The larger project involved individual semi-structured interviews conducted by a research team member with 42 parents (29 mothers and 13 fathers).

For our study, we chose to include all participants of the project, including single parents, because interviews were retrospective and had questions about past events and

relationships. This inclusion allows us to have a more realistic view of coping in all types of couples, those who overcame hardships and those who put an end to their relationship. Twenty-seven participants were in a marital relationship with the other parent of a child with ASD (18 mothers, nine fathers); eight were single parents (six mothers, two fathers); five had a spouse who was not the other parent of a child with ASD (four mothers, one father); and two were stepparents of a child with ASD (one stepmother, one stepfather). In the case of nine families, both parents participated in the study. Six of the 33 participating families had one child, 13 had two children, seven had three children, and seven had four or more children. Five families included two children with ASD and one included three children with ASD. Out of the 29 mothers who participated

in the study, 15 worked part-time, six worked full-time, six were not employed, and two were full-time students. Out of the 13 fathers who participated in the study, 11 worked full-time, one was not employed, and one was a full-time student. See Table 1 for an overview of participants.

Data Collection

Parents were asked where they preferred to be interviewed. Most interviews were conducted in the participant's home. Others were conducted at the participant's place of work, at a university, at a library, or at a coffee shop. Three interviews were conducted via Skype. As each interview began, the team member conducting it explained the informed consent form and asked the participant to sign. The interviews, which were audiotaped, lasted about two hours on average. They were then transcribed by a research assistant to facilitate data analysis. The interview guide included questions about various relationships (with the participant's spouse, other members of the family, friends, and health professionals) at three key moments in the life of a child or adolescent with ASD (prior to concerns about ASD, at the time of diagnosis, and at the time of the interview). We were therefore able to document changes in relationships over time. Questions regarding a participant's marital relationship dealt with overall relationship quality, communication, support provided and received, conflicts and tensions, and activities engaged in as a couple. Other questions dealt with the organization of family life, the professional lives of parents, work-life balance, financial management, and the sharing of caregiving and domestic responsibilities between parents. Visual tools—such as a map of a participant's social network—were sometimes used to facilitate recall.

Data Analysis

The interview data was analyzed using the thematic analysis method developed by Braun and Clarke (2006). This involved following a series of six steps, namely familiarizing ourselves with the data, conducting initial data coding, searching for themes, reviewing themes, defining and naming themes, and producing our report. Given the large amount of data involved, first author used the NVivo software package to help with the second, third, and fourth steps. Initial codes were generated for all interview data, including data that were not directly related to the marital relationship. This helped shed light on the broader family context and how it affected relationship quality. Initially, an inductive approach to coding was taken. It was only after some themes were identified that the theoretical model described above was adopted, with the aim of better organizing our data and enriching our analysis. Later, the themes were grouped into three broad categories that correspond to the forms of coping described by Bodenmann (2005):

individual coping, dyadic coping (including supportive dyadic coping and common dyadic coping), and social support coping. And we went on to map the themes based on our analysis (see Fig. 1).

To better understand how parents perceived the effect of different coping strategies on personal well-being and the marital relationship, the verbatim transcripts were reviewed in light of the identified themes. The data of mothers and fathers were analyzed separately to reveal similarities and differences in how they cope. The first author was engaged in the initial coding, while theme development and revision were done by both authors. Team meetings were regularly scheduled to discuss and deepen all data analysis conducted around this project. These meetings provided insight into our analysis and allowed us to better contextualize our results with other analyses that took place with the same data set, ensuring coherence of findings with each other. This group approach also supports the fidelity of the findings as it allows members to achieve consensus around themes and reduce the risk of bias, as we discuss interpretations of the data and personal reaction to the material. Despite our feminist approach, we pay attention that our vision doesn't bias our interpretation of data.

Results

Below, we describe the coping strategies observed in each main category, providing examples and assessing their role in marital adjustment. Where relevant, we also address gender differences in the use of these strategies. We regularly provide excerpts from the interviews to better illustrate our arguments. The names of the children involved are noted for each such excerpt. To maintain confidentiality, we have used pseudonyms for the children of study participants.

Individual Coping Strategies

Study participants used a range of individual strategies to cope with stress related to raising a child with ASD. For the most part, these strategies involved proactively seeking out information, taking "me time", and reappraising the situation. These approaches, which were employed differently depending on both the couple involved and a parent's gender, influenced marital adjustment as well as family adjustment.

Finding information: Proactively seeking out solutions and tools

Some parents took a proactive approach to finding solutions, such as by reading up on autism or seeking out services and tools adapted to the needs of their child. In most

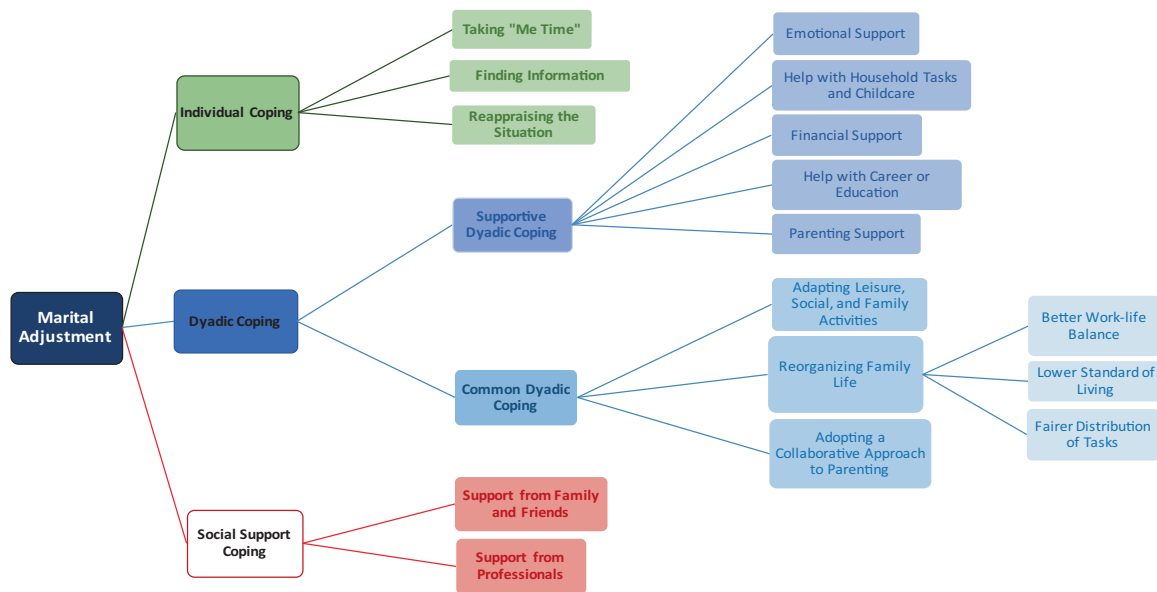


Fig. 1 Map of Key Themes

cases, these efforts reduced parental stress by providing a renewed sense of control over the situation, as well as a better understanding of the child's condition. Furthermore, they often improved family functioning over the long term by supporting optimal child development, which reduced stress for all family members. Because mothers were more likely to be the primary caregiver and less likely to be employed, they were often the first ones to notice their child's special needs and to employ this approach. However, one mother stressed how sharing childcare responsibilities made it easier for parents to support each other and develop a common parenting style:

Clearly, I'm the one who finds more information, because I have more time to do that. But he's also read Dr. Motron's book and we regularly discuss interventions we can use with our son. So yes, we're very close and we're on the same page. We rarely disagree on how to do things, even though our approaches are a little different. But that's not an issue. They're not diametrically opposed either. (Mother of Mark)

By contrast, in couples where the mother proactively sought out information on autism and available services, whereas her partner failed to acknowledge their child's special needs, such an approach could serve to highlight a divergent understanding of their child's condition and an unequal distribution of parenting responsibilities. Such a situation contributed to tensions in the marital relationship, as the mother of Aiden explained: "At that point [my husband] threw himself into his work while I was the one who

had to keep things on track, who said: 'No, something isn't right.' I did research, looked for answers, went to see people, tried to get appointments".

Taking "Me Time": Stepping away from family life

A second approach to individual coping involved engaging in leisure and social activities as a way of taking time away from a complex and demanding family situation. Many parents found that such opportunities for respite and entertainment reduced their stress levels and helped them maintain a balanced life. As Aiden's father explained: "[Playing volleyball] has really helped me from a psychological standpoint". Finding it difficult to take time off together, parents would tend to pursue separate interests: "He plays hockey, I have my committees, so... That's how we do things. We don't do things together, but we each carve out separate times to spend away from the family" (Mother of Jacob and Mikael). Some parents, such as the father of Charles, were careful to ensure that their absence did not overburden their spouse and that the latter could properly enjoy "me time" as well:

This is where her network of girlfriends really helped her get away from it all. Me, I had my little network of guys, sometimes we went out [...] to watch a movie, the 7 p.m. showing because it's important not to get home too late. That way, by 10 p.m., I was already back home, well rested and ready to tackle my evening routine.

Clearly, these parents recognized the importance of respite for their own well-being and that of their spouse. Furthermore, being able to step away from family life appeared to enhance the marital relationship by making spouses more available to their partners upon returning home. As the mother of Jeremy explained: “We both also need things to do outside the home, because I don’t think we’d still be together [otherwise]... I take a trip every spring for my mental health”.

On the other hand, relationship difficulties could arise where one spouse—most often the father—used personal activities or work responsibilities as a means of escaping from a difficult family situation, while overlooking the impact on the other member of the couple. This is how the mother of two adolescents with ASD described such a situation:

It was really hard. My husband started spending even more time at work, because things were difficult at home, and he was playing hockey three or four times a week. That left me all alone in the evenings, always alone, full time with the kids. I think it was his way of withdrawing, of just getting away. (Mother of Alexander and Matthew)

Such situations increased the stress on the remaining parent—most often the mother. Meanwhile, feelings of dissatisfaction and frustration with the lack of support received from the absent spouse could contribute to tensions in the marital relationship.

Reappraising the situation: coping with dissatisfaction

Finally, when faced with the challenges of family life or with relationship difficulties, many of the mothers participating in our study employed a third approach to individual coping by either consciously or unconsciously adjusting their perception of the situation. This approach was not observed among participating fathers. Mothers tended to attribute a lack of support from their spouse to factors beyond the latter’s control. They might explain that their partner had a demanding job or one that offered little flexibility, that he faced adversity (e.g., depression, stress), or that he had (or likely had) a specific condition such as ADHD or autism. For example, one mother claimed that her husband could not see that she was depressed. She suspected he was autistic:

He didn’t even realize it! [...] People with autism don’t notice things like that... When I’m angry, I need to really exaggerate for him to see it. He doesn’t notice other people’s emotions, not at all, he fails all

the tests, and that’s why I think, yes, he shows the signs. (Mother of Alexander and Matthew)

By attributing a lack of support or companionship to external factors, mothers seemed to be able to adopt a more positive outlook on the marital relationship.

Some mothers also altered their view of family life or the marital relationship by comparing their situation to that of families facing even greater challenges, especially single-parent families. For instance, the stepmother of Elias shared this anecdote:

There were like five or six parents, and we started talking about [our] children’s problems... And about half the parents there had gotten diagnoses for all the kids [...]. By talking about it, by looking at things, I was really able to put it in perspective because some of them were actually... A lot more challenging than [my husband’s son].

Although this approach did not help mothers deal with the situation directly, it did allow them to experience less frustration and dissatisfaction with family life and the marital relationship.

Dyadic Coping Strategies

As mentioned above, dyadic coping strategies encompass both supportive dyadic coping and common dyadic coping. In each case, we will discuss how parents participating in our study helped their spouse and were helped by their spouse in coping with the challenges of family life. Furthermore, we will explore the process leading to instances of dyadic coping and its effect on the marital relationship. Finally, we will compare the experiences of mothers and fathers.

Supportive dyadic coping: I scratch your back and you scratch mine

Some study participants described situations where they and their spouse supported each other emotionally when challenges arose. In these instances, the spouse who felt the least stress or who was affected less directly would seek to assist the other spouse. The interview data includes a diverse range of such examples. Indeed, many parents described their spouse as an important source of emotional support during difficult times, including periods of anxiety, depression, grief, family conflict, etc. For instance, some mothers described how their partner helped them deal with the stress associated with raising a child with ASD:

It's things in the future, it's when I look too far ahead. At a certain point, I have to hold back because I become anxious... yes... [...] At a certain point, his father will also tell me: "This is going to cause anxiety, he has his life, let him go!" And that straightens me out. [Laughs.] It really does. (Mother of Brian)

Other parents talked about how their spouse provided a sympathetic ear and some much-needed comfort. As the mother of Mark explained:

But when your child is diagnosed, you kind of go into mourning. You mourn the child who would have developed normally, even if he wouldn't have been perfect. [...] But when you go through it, there's a lack of that kind of support, of understanding. I find my husband to be a much better source of that kind of understanding, because we're very very connected in terms of that process. [...] I really tend to look for that from my husband.

Parents participating in the study also described providing or receiving other kinds of support. In many cases, this involved alleviating the other spouse's stress or responsibilities, such as by taking on additional household tasks or childcare responsibilities. For instance, one mother explained how her husband took over a task that she found exhausting:

He's the one who goes to the nutritionist, because I'd had enough of that. I delegated the nutrition part to [my husband], because I just couldn't do it anymore: "Here, you take care of that bit, the nutrition stuff, I'm handing that over to you, I can't do it anymore." (Mother of Liam, Jessie and Nathan).

Some spouses also supported their partners financially. For example, when one member of a couple returned to school or lost a job, the other spouse would pay a larger share of family expenses. In some cases, a working father would contribute to the savings of a partner who stayed home to look after the children: "We put money in our RRSPs, and since [my wife] doesn't work, I contribute to hers" (Father of Lili). Several parents mentioned the support they received from a spouse in the context of pursuing a career or postsecondary studies. For example, the mother of Axel shared these observations:

My boyfriend really gave me so much support, like encouragement, even though we didn't really know what we were getting ourselves into, how much work it would take. Classes at night, and sometimes on the

weekend... [...] Yes, he supported me a lot emotionally, but also financially [...] I had to pay for school, but there was also the shortfall from the money I wasn't earning anymore. Your man really needs to be madly in love with you to say: "No problem, we'll just go into debt."

Other study participants described how their partner helped with parenting by offering support or discussing how best to take care of their child. Since children with ASD often require a parenting approach different from those appropriate for a neurotypical child, parents participating in our study often had to figure things out as they went along, a process that proved much easier with the support of a spouse. As one father explained:

In terms of interventions, I do my best. I learn new things every day and whether you like it or not, you need to be flexible with teenagers. I need to pay attention and go easy as much as possible. [My wife] has helped a lot with that over the last few years. (Father of Liam, Jessie and Nathan)

Meanwhile, our analysis revealed that the types of support given and received varied according to a spouse's gender. Mothers mainly reported receiving emotional support, financial support, and help with household tasks and childcare from their spouses. To a lesser extent, mothers also described help they received in relation to work or school. By contrast, fathers mainly received help with parenting or their career. Some men also received financial and emotional support from their spouse. These results are not surprising, given that the mothers in our study most often took primary responsibility for childcare, whereas fathers tended to be the main breadwinner. The types of support given and received by spouses therefore corresponded to their respective family roles. Mothers primarily relied on a spouse to provide breaks from childcare responsibilities and help with household tasks, in addition to his larger contribution to the family income. For their part, fathers tended to receive parenting advice from a spouse who had more experience caring for a child with ASD and who had more contact with practitioners working in the field. As for the career-related support received by fathers, it was primarily reported by the mothers who provided it. The latter described making significant sacrifices, such as moving so their spouse could take a new job or live closer to work.

In some couples, supportive dyadic coping seemed to be lacking. Granted, even in couples where spouses did not provide or receive the same amount or types of support, parents generally reported a more harmonious relationship, as well as less distress and exhaustion, in cases where the

support in question was perceived as being complementary. As the mother of Peter explained:

We help each other. I can give him a hand with money matters and he mainly helps with problems at home. And on any given day in any given week, there's always some sort of issue at home. [...] So we each contribute in our own way. I wouldn't say it's a source of conflict or anything. It works out fine.

However, our analysis of the interview data revealed that mothers were more likely to report being dissatisfied with the level of support they received from their spouse. Most of the maternal dissatisfaction was around lack of parenting support from their partner. Some mothers felt that their spouse did not listen to them or was dismissive of their concerns regarding ASD. Or they complained that he objected to giving medication to their child, despite not having attended the relevant medical appointments. For instance, this is how one mother described her spouse's objections to the interventions she wanted to implement at home to help their daughter:

There are a lot of things I can't carry out at home because I end up fighting with two people, not just one. [...] Otherwise, we would have routines, we would have... We came up with the house rules together, [my daughter] and I... But then Dad says: "I'm not going to follow them". (Mother of Julia)

Other mothers reported a lack of support with managing the household and family life. For example, some found that their spouse showed a lack of flexibility in terms of work, leaving them solely responsible for balancing work and family responsibilities. Mothers sometimes reported that their spouse had trouble fulfilling his parental responsibilities or that he often left the tasks assigned to him unfinished, leaving her to pick up the pieces. In some rare cases, there was no support of any kind between spouses. Members of such couples seemed to lead parallel lives, without any concern for each other or the marital relationship. They shunned dyadic coping strategies altogether.

Common dyadic coping strategies: facing challenges as a team

Study participants also described instances of common dyadic coping, where spouses joined forces to address challenges involving family life or the marital relationship, with the aim of promoting the well-being of everyone involved. This type of strategy requires both spouses to engage in a joint process of adjustment and problem solving in response to adversity, dissatisfaction, or conflict. Our

analysis of the interview data identified three approaches to common dyadic coping used by parents participating in the study: reorganizing family life; adapting leisure, social, and family activities; and adopting a collaborative approach to parenting.

Reorganizing family life: better work-life balance, lower standard of living, fairer distribution of tasks A number of parents participating in our study used common dyadic coping to reorganize family life with an eye to addressing a lack of work-life balance, financial difficulties, or overwhelming parental responsibilities. Couples would generally start by discussing what changes were necessary and how they would impact both family finances and family life. For mothers, it was most often a matter of reducing their work hours, quitting their job, or going back to school. Fathers were more likely to seek out a new job capable of providing both a better work-life balance and a sufficient income. This is how one mother responded to her spouse's suggestion that he quit a job that provided very little flexibility:

It's better than you not wanting to go to work every day, always being in a bad mood, having no patience. When things are going badly at work, it also impacts family life... Look, we have to find a better way... (Mother of Liam, Jessie and Nathan)

Other parents dealt with financial and/or family stress by opting for a lower standard of living. For instance, the mother of Zac and Alexis explained how cutting family expenses made life easier for everyone:

But it turns out that working less actually suits us. It fits with our philosophy of life. We have less money, but to make up for that we have a small car and we only have one. We live simply, we're not big spenders [...] We try to keep things simple for the sake of our mental health, because otherwise, it's easy to get overwhelmed by things. We have a small credit card, a small car and we don't own a house yet.

Study participants also described how, when reworking the family budget, they prioritized services for their child with ASD over personal or family activities (e.g., outings, vacations). Overall, this approach allowed parents to reduce financial and family stress, to prevent burnout, to have a more pleasant family life, to avoid arguments over money, and to be more present with their children.

Finally, in some cases, the heavy burden of household and caregiving tasks forced parents to redistribute the workload in a way that met the needs of both spouses. To avoid conflict, burnout, and dissatisfaction, the members of

these couples came together to work out a fairer distribution of tasks. The mother of Axel described one such turn of events:

For the past few years, probably since [our son's] diagnosis, he's been constantly taking on a little bit more. He'll call his boss and say: "I can't come in today" or "I'll be a little late because I have an appointment." Before, I was the one who went to all the appointments, I was the one who did all that. And that's one of the reasons I was getting burned out [...] We must have talked about these things because I think, at some point, I said how it was wearing me out... to always have the impression that I was the one who had to contact the school, the specialists, the professionals, these people and those people. At a certain point, it's that I have other things to do as well.

Adapting leisure, social and family activities A second approach to common dyadic coping used by study participants involved adapting leisure, social and family activities to a child's special needs. For example, parents described leaving family celebrations early, going to the park with friends rather than having people over, choosing simple activities for the children, always going to the same place on vacation, and educating relatives on how to facilitate the integration of a child with ASD. This is how the father of Jacob and Mikael described the situation in his family:

He won't sleep anywhere else, so sometimes we've had to leave extra early because we knew he wouldn't sleep and the next day would be hell otherwise. Even then, we were just making things up as we went along, that's pretty much it. When you have a child, you learn that you don't come first, your kid does. So it's up to you to adapt to him, the baby doesn't have to adapt to you.

Parents also reported taking measures to ensure that family life was more pleasant at home. One father explained how, by having somewhat unusual schedules, he and his spouse were able to enjoy times together and with their children:

It helps that I work nights and that my wife has every Thursday off. It means that she has that day free to get things done and get close with her boys, to spend time together. The two of us, I also have today off because sometimes when they're at school we're both at home we do our own thing. We clean, we have a drink at 2 o'clock instead of 4 o'clock. But that creates a certain atmosphere, a family feel, and when the children get

home, I light the fireplace, and we relax, we read and do homework in front of the fire, and I have a glass of wine with my wife... that's what we're aiming for: Making life enjoyable. (Father of Justin)

Study participants underscored the importance of spending quality time together, whether as a couple, as a family, or with friends. Such moments seemed to allow for relaxation as well as a better family life and marital relationship. In some cases, family and social activities compensated for the fact that parents were rarely able to have couple time. Such activities provided a break from the family's daily routine and allowed parents to enjoy themselves.

Adopting a collaborative approach to parenting A final approach to common dyadic coping adopted by study participants involved couples taking a team approach to parenting by collaborating on various tasks and making decisions together. In particular, faced with a child's autism diagnosis and the associated challenges, several couples reported working together to find information on autism, potential interventions, and available services. One mother described the process as follows: "We talked together a whole lot before, during, and after [the diagnosis]. We tried to find solutions. I didn't know about autism, so there was a lot to learn" (Mother of Adam). Subsequently, parents might discuss their child's education as well as ways to support the latter's development or to promote the effectiveness of interventions. In terms of facilitating daily life, several parents noted the importance of remaining flexible and adapting to the special needs of a child with ASD. Parents also mentioned using a collaborative decision-making process. For instance, this is how one father described how he and his spouse came to a decision on what high school their son, Justin, would attend:

It can be a tough decision, because services available at the high school level vary from one school to the next. Some schools offer ASD classes, but my spouse didn't want him enrolled in an ASD class because that would mean he wouldn't earn a high school diploma. [...] Sometimes, this caused friction because until recently I thought that maybe an ASD class would be good for him. But based on her arguments, we decided that maybe it wasn't the right thing for our son [...] Recently, we talked about it and after explaining how we felt we worked it out.

Our analysis revealed how implementing these three approaches required parents to develop a shared understanding of the challenges they faced, of how they would communicate, and of the need for flexibility. As

Bodenmann has explained, this type of coping occurs when spouses recognize that they are equally affected by the situation at hand, leading them to jointly engage in a coping process (Bodenmann et al. 2016). The mother of Tristan offered this assessment of how a shared vision of family life helps ensure everyone's well-being: "When you have kids, you're like a team and you have to get organized to keep things going and keep everyone happy!". Communication proved key to the success of this process of adjustment and problem solving. The mother of Benjamin put it this way:

We were always honest with each other. We didn't hold anything back... I'm not saying that there were never any lows, but wherever there was a setback we talked about it, we took a deep breath, we thought about it and we always came up with solutions.

From the perspective of both family life and the marital relationship, flexibility allowed couples to adjust their lives to meet a child's special needs. Here is how one mother illustrated the importance of flexibility:

We're very flexible. I know some people expect their vacation to go exactly as planned, but you're sure to have some surprises with these two because it's always that way. Anyway, you never know, but we adjust. Sometimes, as we're loading up the car, we wonder whether we'll actually be able to leave, [...] you never know with my son... (Mother of Zac and Alexis)

And in addition to helping parents overcome the challenges associated with raising a child with ASD, communication and flexibility appear to have been key to keeping some couples together:

A lot of people run away from challenges, but we've learned to always face them and try to find solutions. I'm convinced that our ability to talk things through is what's kept us together. If we didn't have that ability, I think we'd be long divorced by now. (Mother of Ralph)

Nevertheless, other parents sought to prevent conflict by avoiding any discussion of sensitive topics with their spouse. For instance, this mother explained how she and her husband simply stopped talking about cleaning, household finances, and their children's education:

I get annoyed when we talk about it because I feel like nothing I do is right, so I like to keep my mouth shut [Laughs.] because it's a really sensitive topic for me. I

know we're avoiding things, I'm avoiding things, but to my mind I think I'm better off avoiding things than, say, facing things head on and causing an argument. So I take the easy way out, it's much simpler. (Mother of Axel)

Although able to avoid conflict in the short term, these couples seemed to dismiss the possibility of finding solutions that would be acceptable to both spouses. Meanwhile, the situation created a build-up of frustration for one or both parents.

Social Support Coping Strategies

In terms of how it was sought out by study participants and how it influenced marital adjustment, social support had two main sources: (1) family and friends and (2) professionals. Our analysis of the interview data determined that this third broad category of coping strategies was more popular with mothers, especially when it involved seeking professional support. By contrast, fathers tended to say things like, "It's not like me to ask for help," (Father of Benjamin) or, "I think we were using too many services at that point" (Father of Axel).

Support from family and friends

Most study participants reported receiving support from family and friends, often involving companionship and leisure opportunities. More concrete types of support tended to be provided by family members, as opposed to friends. Examples included watching the children, assisting with housework and caregiving, offering respite to parents, and providing financial assistance. The mother of Tristan gave this description of how support from her husband's family allowed the couple to enjoy moments of respite and romance:

His family [...] are very, very supportive, that's for sure. My mother-in-law takes over running the household—she cooks, she watches the children, it's almost like we're on vacation! It's the same when we go to their place, we're welcome there, she makes us food. We all went away in the spring, we spent 3 weeks in France and we had a whole week to ourselves for a romantic getaway. And I trust her entirely, so that's great too, leaving your kids with people you trust and having no worries at all.

Many parents considered this type of support especially valuable, because of how it reduced financial stress, the number of tasks they had to accomplish, and childcare

responsibilities. When family and friends were available to look after the children, parents could spend quality time together and relax as a couple.

Support from professionals

When their personal resources, their capacity for marital adjustment, and support from friends and family proved insufficient for addressing their needs and challenges, many parents turned to professional services of various kinds. When such support was available, it allowed study participants to not only reduce stress levels and parenting workloads, but also improve the quality of the marital relationship. However, these services required a financial investment that only a minority of parents participating in our study could afford.

Childcare and respite In cases where family and friends were not available to watch the children, many couples turned to babysitters and respite services so they could relax or enjoy couple time. On the other hand, several parents reported having trouble finding a reliable babysitter who also had some knowledge of ASD. Likewise, the high cost of more specialized childcare services prevented some parents from using them. This is how the mother of Jacob and Mikael described her difficulties finding a childcare provider:

At the time, they gave us list of qualified people... But you know, they charge \$12 or \$13 an hour... All you want to do is go out to a restaurant, but it ends up costing you an arm and a leg! Just to go... eat dinner at a restaurant!

Housekeeping Some couples hired a housekeeper to facilitate their busy family routine. This helped reduce the overall parental workload and often made it possible for spouses to distribute tasks more equitably between themselves. For example, one mother who used multiple services (housekeeping, meal preparation, homecare, etc.) explained how hiring a housekeeper was key to maintaining the quality of her marital relationship:

From the start, I told him: “I love you a lot but if it wasn’t for the housekeeper, I’d love you a little less...” [He] doesn’t pick up after himself, but it wasn’t an issue because we had a housekeeper who came once a week [...] She was important to our relationship, the housekeeper, she was the glue that held us together. (Mother of Carl)

But when the family experienced financial difficulties and could no longer afford a housekeeper, the additional

workload largely fell on the mother’s shoulders, creating an imbalance in the relationship. Indeed, housekeeping was often the first category of services study participants chose to cut when financial stress arose, sometimes leading to a more unequal distribution of household and caregiving tasks.

Psychological support Many study participants reported seeking out psychological help (from a social worker, psychologist, life coach, etc.) to help them cope with exhaustion, depression, anxiety, relationship difficulties, or family conflict. By promoting the well-being of individual parents and making them more available to their spouse, psychological support also tended to strengthen the marital relationship. This is how the father of Isaac described its impact on his marriage: “I wasn’t always a good listener [to my wife] either. Going to the psychologist also changed that part of my personality”. Furthermore, psychological support helped some parents learn how to better support their spouse and how to better communicate with them:

We went to couples therapy with a communication therapist. What we were missing, we tried to find it there. I can see a real difference. We’ve opened up certain channels but I can’t tell you what we do differently. But at least we’re more than just roommates now. Because over the last year, we reached a point where I said: “I can’t take it anymore. I want to be happy.” Our relationship hadn’t just reached a rough patch, it was dead. (Mother of Aiden)

Parenting support A final form of professional support that study participants received served to improve their parenting skills, both as individuals and as couples. For instance, this is how one mother described the autism training program she attended with her husband:

We took emotion management workshops, and that helped both of us understand my boy’s emotional state. Plus [my husband] yells a lot less now and he has more patience with [our son], and with me as well. Our family dynamic is a little bit better than it was, maybe even a big bit better. (Mother of Anna and Colin)

Similarly, while working with a child, practitioners would sometimes help fathers improve their parenting skills and become more involved. This made couples more likely to work together, support each other, and share parenting tasks. For instance, the mother of Jeremy explained how practitioners working with her son had helped her husband become more involved in their child’s education:

[My husband] was told that his son really had something, and he was told that he had to get involved with the kids. And all that changed his outlook [...] The practitioners were here every week to help with family issues we were having, and they ended up working quite a bit with [my husband], his parenting skills, learning to trust himself and all that.

Discussion

This study aimed to better understand how couples deal with the challenges associated with raising a child with ASD. Although a certain number of studies have looked at coping strategies used by such couples, few have simultaneously considered individual, dyadic, and social support coping strategies with the aim of better understanding the marital adjustment process. And despite the specific nature of our sample, we can assume that the coping strategies used by parents participating in our study resemble those used by the parents of neurotypical children, even if the two groups face very different challenges. Our findings show that study participants used multiple types of strategies to reduce stress, facilitate family life, and strengthen the marital relationship.

Individual coping strategies adopted by study participants included taking “me time”, proactively seeking out information, and reappraising the situation. Mothers tended to favor a more proactive approach to issues involving a child, whereas fathers tended to favor withdrawing from family life and immersing themselves in work and leisure activities. This aligns with the results of studies published by Gray (2003) and Pelchat et al. (2009) who found that fathers were more likely to use avoidance strategies when faced with a disability or health problem involving a child, whereas mothers were more engaged in seeking out information and services. Under ideal circumstances, individual coping allows parents to reduce their personal stress while contributing to the well-being of the child, the couple, and the family. However, our results also show how such strategies for coping with family issues can lead to relationship problems and increased stress for parents in cases where one member of a couple fails to make an equitable contribution to improving family life.

Dyadic coping strategies allowed parents participating in our study to receive help from their spouse in matters of emotional well-being, household management, financial challenges, personal development, and parenting skills. Family gender roles influenced the types of support parents either provided or sought out, with mothers primarily receiving household, emotional, and financial assistance. By contrast, fathers mainly received help with career

development and parenting skills. The results of our study show that couples composed of parents who supported each other equally tended to report fewer relationship problems, less distress, and less exhaustion than couples where one parent was perceived as providing less support. Meanwhile, compared to fathers, mothers were more likely to feel that they were not receiving enough support, especially in terms of parenting and household tasks. These mothers felt as if they were shouldering all caregiving responsibilities and that their spouse was not providing enough help with parenting, housework, and childcare.

Our results therefore highlight both the significant burden placed on parents raising a child with ASD and the role played by gender in the distribution of parental responsibilities. To our knowledge, the only other study to have qualitatively explored supportive dyadic coping among such parents found that mothers considered help with household tasks and education most essential (Dailly and Goussé 2011). Likewise, a study on parenthood in Quebec (Lavoie and Fontaine 2016) found that, in general, mothers were less satisfied than fathers with the level of support they received from their spouse, as well as with the distribution of household tasks. Despite some progress in terms of gender equality in Canada, these results highlight how gender roles still shape the experience of parenting and access to coping resources, and this may be especially true in families of children with ASD due to the special needs of these children. For example, cultural norms about what a good mother is (Hays 1996) and the high wage gap between men and women in Canada (Pelletier et al. 2019), could lead these couples to favor the father’s job, with the indirect consequence of making the mother primarily responsible for the well-being of the child. This reality, present even in families where mothers had a job, caused some mothers to be overloaded and to lack support. It also limited their opportunity to take time for themselves outside the family.

To cope with these unmet needs for support, some of the mothers participating in our study adjusted their perception of the situation in such a way that they could explain their spouse’s behavior in terms of factors beyond the latter’s control. This allowed them to better accept the situation and adapt to it. None of the fathers participating in our study appear to have employed such a strategy. In their study on partner intimacy, Johnson and Piercy (2017) similarly found that couples raising children with ASD make cognitive shifts, a process that helps them adjust their expectations (e.g., with regard to couple time) and accept the prevailing situation. Similarly, Hirsch and Paquin (2019) found that parents changed their attitudes toward life in general and toward their child as a means of accepting their situation. However, the lack of a comparison between the responses of mothers and fathers in either of these studies makes it

impossible to assess gender differences in how this strategy was used.

Our findings related to common dyadic coping—especially regarding the importance of teamwork and communication for marital adjustment and finding solutions to family challenges—are similar to those of Brown et al. (2020), Sim et al. (2019), Johnson and Piercy (2017), and Hirsch and Paquin (2019). However, we took our analysis a step further by identifying three major approaches adopted by couples using such strategies: reorganizing family life; adapting leisure, social, and family activities; and adopting a collaborative approach to parenting. Moreover, we established the importance of flexibility as an additional factor in addressing family challenges. For instance, certain parents participating in our study displayed flexibility by letting go of certain projects or life goals (e.g., a career objective or a planned holiday) so they could tailor family life to the realities of autism. Likewise, Hirsch and Paquin (2019) found that parents often reported that they adapted their parenting style to accommodate a child's needs, such as by adding more structure to daily life.

In terms of social support coping strategies, study participants often received assistance from family and friends, while those who could afford it also benefitted from professional help. This support had a significant impact on the ability of parents to deal with stress, by helping them address specific challenges that impacted the marital relationship, including exhaustion, parenting difficulties, and a lack of couple time. Members of couples with access to such outside resources also felt less pressure than spouses who were each other's sole source of support. These findings are consistent with those of Benson and Kersh (2011), whose study showed that higher socioeconomic status and the availability of social support are both positively correlated with marital quality among mothers of children with ASD. Furthermore, a qualitative study by Johnson and Piercy (Johnson and Piercy 2017) found social support to be the most significant contextual factor in fostering intimacy between spouses. Meanwhile, a review article on the effect of socioeconomic status on family relations concluded that couples with a higher socioeconomic status also enjoyed higher levels of marital satisfaction and marital stability (Conger et al. 2010), suggesting a similar pattern among parents of neurotypical children. It would be interesting to further explore whether this connection between financial resources and marital satisfaction is stronger among parents raising a child with a condition like ASD, given the greater need for professional support.

Furthermore, the STM (Bodenmann et al. 2016), gave our study a broader theoretical perspective than other studies dealing with the same subject matter (Hirsch and Paquin 2019; Hock et al. 2012; Sim et al. 2019). To begin with, the STM allowed us to better understand and

contextualize our findings with regard to stress and coping strategies. For example, we were able to recognize how important it is for the parents of a child with ASD to have a common understanding of the challenges they face, so they can adopt a team approach to finding information, allocating responsibilities, and supporting each other. Parents who had differing perceptions of their child's condition often found themselves unable to do so. Second, the STM provided the means to simultaneously consider how individual, dyadic, and social factors affected marital relationships. Moreover, our results show that each type of coping is interdependent. For example; the use of social or dyadic support coping strategies allows the parent to take time for themselves, the presence of professional support allows some parents to become better emotional or parenting support for their spouse, and finding information can lead the couple to develop a collaborative approach to parenting. The extent of a parent's resources to cope at one level (individual, dyadic or social) is likely to influence his abilities to cope at other levels as well as those of his partner, thus creating an interacting process that lead to dyadic adjustment. [...] These results echo recent resilience literature which shows that the resilience of an individual or a system (eg. couple, family) is a combination of the multiple interacting systems in which they live rather than an individual trait (Masten et al. 2021; Ungar and Theron 2020).

Moreover, we were able to undertake a detailed examination of the effects different types of coping strategies had on the overall well-being of parents and couples, although the qualitative nature of our analysis means that we cannot attribute specific effects to specific strategies. Nor did we analyze how coping strategies evolved over time and as a child grew up. This could prove an interesting avenue for future research, which could benefit from adopting the STM. And although our analysis did differentiate between the perspectives of mothers and fathers, it is important to remember that our sample contained far more women than men, meaning that we were able to explore female perspectives in much greater depth. Also, even if generalizability is not a goal in qualitative research, our results are partly representative of Canadian parents of child with ASD, namely mostly white and heterosexual parents. Future studies could examine families from others ethnic backgrounds and/or from other sexual orientations. Particularly, given that our result point out that gender seem to influence how couple construct their parenting role and cope with autism, it could be interesting to understand how same-gender couple negotiate their role within their family and cope with challenge associated with ASD. Another limit of our research was a potential desirability bias as this study was based solely on parent self-reported story.

Finally, our findings support the idea that the marital relationship itself constitutes a key coping resource that

fosters the well-being of parents, couples, and families. The results of our study can be used to adjust and improve interventions and services intended to support couples raising a child or adolescent with ASD. From a clinical perspective, a better understanding of relevant stressors and coping strategies could help professionals adapt their approaches in a way that helps such couples identify and implement optimal coping strategies based on the specific stressors they face. For example, professionals could encourage a team approach to dealing with stress by helping couples talk openly about their challenges, develop a common vision, remain flexible, and find shared solutions. Professionals could also assess the support that members of a couple give to each other, while helping them redistribute the support burden where appropriate. Furthermore, by directing parents to resources adapted to their needs and financial situation (e.g., respite care or autism workshops), professionals could facilitate access to social support. Ramisch (2012) has recommended that therapists working with such couples follow a similar approach. Specifically, she proposes that practitioners assess a couple's stressors and resources, and then arrange for additional supports, before helping parents apply new coping skills. Likewise, providers could restructure their services to make them more accessible to couples facing significant scheduling or financial restraints. For example, couple interventions could be offered in the home for parents unable to secure or afford childcare. In conclusion, it appears especially important that professionals working with such couples consider the latter's family context, with the aim of offering support and services better adapted to their needs.

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Compliance with Ethical Standards

Conflict of Interest The authors declare no competing interests.

Ethical Approval Approval was obtained from the ethics committee of Université du Québec à Montréal. The procedures used in this study adhere to the tenets of the Declaration of Helsinki.

Consent to Participate Written informed consent was obtained from all individual participants included in the study.

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