



Aligning over the child: Parenting alliance mediates the association of autism spectrum disorder atypicality with parenting stress

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ARTICLE INFO

Article history:

Received 9 October 2012

Received in revised form 31 December 2012

Accepted 7 January 2013

Available online 6 March 2013

Keywords:

Autism spectrum disorder

Child atypicality

Parenting alliance

Parenting stress

ABSTRACT

Children's symptoms of autism are robustly linked to diminished parent well-being and relationship distress, however they are less clearly linked to other aspects of family development. We focused on child atypical symptoms (i.e., behavioral stereotypies) and investigated relations to parental stress and the parenting alliance. We verified that relations between atypicality and parenting stress were partially mediated by a child-focused aspect of the parenting alliance. These results suggested that parents of highly atypical children reported less stress than parents of children with low levels of these behaviors, an effect that acted through an assessment of the parenting partner as highly involved with the child. However, parents with highly atypical children did not report a similarly better self-focused parenting alliance, indicating that direct emotional support from the partner did not differ between the groups. We discuss the possibility that, among parents who stay together in the face of severe child disability, enhanced perceptions of parenting are not uncommon.

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1. Introduction

Families of children with autism spectrum disorders (ASD) often experience serious distress due to their child's atypical behaviors, such as dysregulated routines, stereotypies, and self-injurious behaviors (Dominick, Davis, Lainhart, Tager-Flusberg, & Folstein, 2007). A wealth of data has been collected to substantiate the effect of severe symptoms of autism on parents' self-reports of their well-being, including poorer physical health as well as higher reported rates of anxiety and depression (Ingersoll & Hambrick, 2011; Johnson, Frenn, Feetham, & Simpson, 2011; Phetrasuwan & Miles, 2009). However, less is known about how parenting stress in the context of highly atypical behaviors impacts essential elements of family development. The parenting alliance is a construct reflecting that certain aspects of the marital relationship foster the developmental needs of the child (Konold & Abidin, 2001). When couples give each other psychological support, the ability to parent competently is enhanced (Sanders, Nicholson, & Floyd, 1997). The parenting alliance becomes part of a husband and wife's identity, separate from the marital alliance, and includes such aspects as investment in the child, respect for the partner's importance in the child's development, valuing of the judgment of the other parent, and perception of the parental communication as effective (Weissman & Cohen, 1985).

An important precursor of parenting stress, the parenting alliance captures the transactional nature of the parenting bond. Its core feature is the appraisal of the resources and weaknesses presented by the other parent. This assessment of the parenting partner has been proposed to act as a stress mediator, much as coping strategies diminish stress responses if they are sufficient to mitigate the effects of the stressor (Abidin, 1992). Thus, for the parents of a special-needs child, the parenting

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alliance can mitigate the stress arising from the knowledge that the family must surmount numerous difficult obstacles (Konold and Abidin, 2001). In addition, it reflects some aspects of instrumental support given by the partnering parent (e.g., spending time with the child and the willingness to sacrifice to help care for the child). However, little research has examined whether the diverse aspects of the parenting alliance adapt uniformly to having a child whose behavior presents a vulnerability that evokes the highest commitment to caregiving.

1.1. Parenting children with special needs

The birth of a handicapped child acts as a chronic, rather than time-limited and discreet, stressor and is often perceived by parents to present demands that exceed their perceived self-competence (Baker-Ericzen, Brookman-Frazee, & Stahmer, 2005). This family crisis has been described under various theoretical perspectives. Role strain theory specifies that tensions arising from family roles that compete for limited resources, and the sometimes overwhelming needs of the child, can lead to inadequate role performance, especially in balancing the marital and parenting roles (Sanders et al., 1997). A recurrent theme in the stress and role strain literature is that social support ameliorates the role strain of performing the multiple roles of partner, parent, and wage earner (Brock & Lawrence, 2008; Greenberger & O'Neil, 1993). In addition, because the roles of parent and partner are inextricably linked, the concept of 'stress spillover' has been evoked to describe how this crisis allows the mapping of negative events regarding the child onto the marital relationship, such as occurs after the death of a child (Kamm & Vandenberg, 2001).

Another important framework for the current paper is the bi-directional effect between the parenting stress and child behavior problems (Baker et al., 2003). Reciprocal effects occur whereby child behavior problems and parental stress intensify each other over time (Lecavalier, Leone, & Wiltz, 2006). This should be true in particular of parent's perceptions of child behaviors that are highly atypical, as we consider below.

1.2. Atypical behaviors

Atypical behaviors characteristic of ASD include behavioral stereotypies, repetitive behaviors that occur without any clear instrumental purpose (e.g., banging head and hand flapping) and behaviors that could be considered odd or strange (e.g., chewing on inedible objects, using vocal sounds in a non-linguistic manner, and displaying inappropriate affect for the situation (Mandell, Walrath, Manteuffel, Sgro, & Pinto-Martin, 2005; Moon, 2008). These same behaviors also co-occur with other developmental disabilities and, moreover, are associated among neurotypical children with high stress. A number of studies have found that stereotypies reduce heart rate, presumably a biomarker of elevated stress (Soussignan & Koch, 1985; Sroufe, Stuecher, & Stutzer, 1973).

A number of authors have linked child atypical behaviors to parenting stress (Kopp, Muzykewicz, Staley, Thiele, & Pulsifer, 2008; Tonge et al., 2006), ostensibly due to parents feeling overwhelmed or underprepared to deal with these behaviors that are so different from those of typically developing children. However, a close reading of the literature suggests that the joint regulation of parenting in response to child atypical behaviors may be more complex.

1.3. Parenting stress and children's symptoms of illness and disability

Given the dramatic changes to parental lifestyle and life expectations subsequent to the birth of disabled child, it is noteworthy that not all studies find associations between the difficult behavior of neuroatypical child and levels of parenting distress (Korn, Chess, & Fernandez, 1978). Generally speaking, studies of behaviors of children with autism show two types of relations to parents' stress. First, studies that sum all types of child behaviors into a total score tend to find positive associations with parental stress (e.g., Ingersoll & Hambrick, 2011; Hastings, 2003; Phetrasuwan & Miles, 2009). Second, studies that separate out child atypicality, as we have defined it above, from other behaviors children with autism might exhibit, such as temper tantrums, oppositional behavior, and conduct problems find only the latter behaviors, and not atypicality per se, related to parenting stress (Davis & Carter, 2008; Herring et al., 2006). Rather, studies find children's conduct problems, low social relatedness, and poor language to be positively correlated with parental stress (Dumas, Wolf, & Fishman, 1991; Konstantareas & Papageorgiou, 2006; Spratt, Saylor, & Macias, 2007; Trute, Worthington, & Hiebert-Murphy, 2008; Wanamaker & Glenwick, 1998). It is of interest that similar findings have been reported involving parents reports of ADHD behaviors (Theule, Wiener, Rogers, & Marton, 2011), sickle cell anemia (Barakat, Patterson, Tarazi, & Ely, 2007), mental retardation (Dyson, 1997), and other neurodevelopmental conditions (Wulffaert et al., 2009). Thus, the picture that emerges from a review of the literature appears to indicate that parents' reports of stress are related to some, but not all, highly dysfunctional child behaviors in the context of a neuroatypical condition.

1.4. The parenting alliance and children's symptoms

It has been known for decades that impairments in children's level of functioning are not closely correlated with the parenting alliance (Abidin, 1992). Moreover, a number of studies have failed to find direct relations between the parenting alliance and positive family outcomes, such as retention of children in foster homes (Crum, 2010). These findings are especially puzzling in light of a number of additional, contradictory factors surrounding interparental relationships under

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