



From child autistic symptoms to parental affective symptoms: A family process model

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ABSTRACT

Background: Depression and anxiety are prevalent among parents of children with autism spectrum disorder (ASD), but limited research has investigated why parenting a child with ASD is associated with elevated distress and increased risks of mental health problems. We responded to this gap in the literature by examining the associations between child autistic symptoms and parental affective symptoms, as well as the potential underlying mechanisms. Guided by a family process theory, we hypothesized that child autistic symptoms would be positively associated with parental depressive and anxiety symptoms, and that these associations would be mediated by parents' concerns about their children's characteristics (future-related worry), parental roles (parenting stress), marital relationships (marital conflicts), and family conditions (family economic pressure).

Methods: Cross-sectional questionnaire data were collected from 375 parents of children with ASD residing in Hong Kong, China. The hypotheses were tested using structural equation modeling.

Results: Child autistic symptoms were positively associated with parental depressive and anxiety symptoms. These associations were mediated by future-related worry, parenting stress, marital conflicts, and family economic pressure.

Conclusions: Our findings revealed the potential pathways through which child autism symptomatology may adversely affect parental mental health. Our findings also highlighted the importance of designing multipronged intervention programs for families raising children with ASD in order to improve relevant family processes and reduce parental affective symptoms.

1. Introduction

Children with autism spectrum disorder (ASD) may exhibit abnormal social interactions, aberrant communication skills, and restricted and repetitive behaviors and interests (American Psychiatric Association, 2013). These child symptoms are likely to

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increase the childcare demands for and reduce the qualities of life of their parents (Hayes & Watson, 2013; Lu et al., 2015; Mugno, Ruta, D'Arrigo, & Mazzone, 2007). The potential cumulative effects include deleterious psychological well-being of the parents, evidenced in, for example, their heightened levels of burnout, emotional distress, and mental health problems (Bitsika & Sharpley, 2017; Weiss, 2002). Notably, a meta-analysis found that, compared to parents of typically developing children, parents of children with ASD reported higher incidences of psychopathological symptoms, including depression and anxiety (Yirmiya & Shaked, 2005).

Although depression and anxiety are prevalent among parents of children with ASD, scant research has been conducted on *why* parenting a child with ASD is related to elevated distress and increased risks of mental health problems. This gap in the literature not only hinders a comprehensive understanding of the psychopathology of parents of children with ASD, but also impedes efforts to develop evidence-based interventions and family support services for these parents. To fill some of this gap in the literature, the present study examined the associations between child autistic symptoms and parental affective symptoms, as well as the potential mechanisms underlying these associations. Guided by a family process perspective (Morgan, 1988), which posits that all members within a family system are interconnected, with each member influencing the system and the system influencing each member, we hypothesized that child psychopathology may affect parental adjustment through multiple family processes. The presence of a child with ASD in a family, for example, may affect the perceptions and feelings of other family members, the interactions within the parent-child and inter-parental subsystems, as well as the family system as a whole (Morgan, 1988). Therefore, when building our analytic model of parental distress, we paid particular attention to parents' concerns about different aspects of their families, including their children's characteristics, parental roles, marital relationships, and family conditions.

As to parents' concerns about their children's characteristics, we investigated future-related worry as an important factor (Ogston, Mackintosh, & Myers, 2011). Future-related worry refers to repetitive thinking about the potential adverse outcomes of future events (Borkovec, Robinson, Pruzinsky, & DePree, 1983). Given the chronic nature of ASD and its adverse impact on child development, parents of children with ASD may be habitually apprehensive about the future of their children (Koegel et al., 1992). In particular, these parents may worry about their children's adjustment in the future, such as in the domains of health, education, employment, finance, marriage, and community participation (Heiman, 2002; Ogston et al., 2011). Moreover, these parents may worry about how independent their children would be in coping with future life challenges, particularly when they are no longer available to take care of their children (Ogston et al., 2011). As excessive worry may evoke feelings of fear and helplessness and increase the risks of depression and anxiety (Chelminski & Zimmerman, 2003; McEvoy & Brans, 2013), we hypothesized that future-related worry would mediate the associations between child autistic symptoms and parental affective symptoms.

As to parents' concerns about their parental roles, we investigated parenting stress as an important factor (Hayes & Watson, 2013). Parenting stress occurs when parents perceive that their parenting demands outweigh their available resources, which may bring major distress to the parents, especially when performing their parental roles (Abidin, 1995). Parents of children with ASD may face numerous stressors on a daily basis, including adjustments to their children's autistic symptoms and challenging behaviors (McStay, Dissanayake, Scheeren, Koot, & Begeer, 2014), stigma and discrimination against their children and themselves (Chan & Lam, 2016, 2017), time and financial demands due to their children's consultations and treatments (Myers, Mackintosh, & Goin-Kochel, 2009), sacrifices for their children's needs at the expense of their own (Hoogsteen & Woodgate, 2013), and reduced social engagement and support (Weiss, 2002). Indeed, a meta-analysis found that, compared to parents of typically developing children as well as parents of children with other developmental disabilities, parents of children with ASD had significantly higher levels of parenting stress (Hayes & Watson, 2013). Given previous studies showing that parenting stress was linked to lower levels of life satisfaction and subjective well-being and higher levels of depression and anxiety (Neff & Faso, 2015; Padden & James, 2017), we hypothesized that parenting stress would mediate the associations between child autistic symptoms and parental affective symptoms.

As to parents' concerns about their marital relationships, we investigated marital conflicts as an important factor (Hartley et al., 2017). Marital conflicts refer to overt oppositions between spouses, which often result in marital hardship and dissatisfaction (Fincham, 2009). Raising a child with ASD may compromise marital interactions and qualities (Sim, Cordier, Vaz, & Falkmer, 2016). Marital satisfaction, for example, may be negatively affected by the intense childcare demands and chronic caregiving fatigue (Sawyer et al., 2010). In addition, marital love may erode due to ongoing spousal conflicts concerning the management of child autistic symptoms and problem behaviors (Smith et al., 2010). Studies have corroborated such views by showing that parents of children with ASD are at increased risks of marital conflicts and difficulties (Hartley et al., 2017). These parents also report lower levels of marital love and satisfaction and higher rates of divorce and separation than parents of children without ASD (Baeza-Velasco, Michelon, Rattaz, Pernon, & Baghdadi, 2013; Hartley et al., 2010; Lee, 2009). Increased levels of marital discord are disquieting, given their associations with multiple undesirable outcomes, including poorer psychological well-being, increased negative mood, and heightened symptoms of depression and anxiety (Timmons, Willis, Pruitt, & Ekas, 2016). Building upon these past findings, we hypothesized that marital conflicts would mediate the associations between child autistic symptoms and parental affective symptoms.

As to parents' concerns about their family conditions, we investigated family economic pressure as an important factor (Chan & Lam, 2016). Family economic pressure concerns subjective feelings of strain or distress due to perceived inadequacy in financial resources to cover familial expenses and fulfill familial needs (Masarik & Conger, 2017). Owing to the substantial health care needs of their children (Zablotsky, Kalb, Freedman, Vasa, & Stuart, 2014), families raising children with ASD are more likely to experience financial adversities. In fact, because of the heavy expenses for medical consultations and treatments (Sharpe & Baker, 2007), the yearly health care costs of families raising children with ASD can be 3–10 times higher than those of families raising typically developing children (Liptak, Stuart, & Auinger, 2006). Meanwhile, parents of children with ASD may have to reduce their work hours or even stop working in order to take care of their children (Kogan et al., 2008). For example, a study found that the mean household income of families raising children with ASD was 28% less than that of families raising typically developing children, and 21% less

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