The Emotional Challenges of Raising a Child Diagnosed with
Autism Spectrum Disorder
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Abstract

Autism Spectrum Disorder (ASD) is prevalent in 1 out of every 110 children born in the United States today. This paper looks at both the individual and relationship challenges frequently experienced by parents raising children diagnosed with ASD. Research indicates that the atypical experiences and chronic stressors associated with raising a child diagnosed with ASD impacts individual functioning and frequently leads to increased marital discord for couples. Also included are positive and negative coping mechanisms of parents and the applications of Adlerian Psychology. The last section includes the personal story of one mother who is raising a child living with ASD.
The Emotional Challenges of Raising a Child Diagnosed with Autism Spectrum Disorder

Introduction

The public awareness of children diagnosed with autism spectrum disorder (ASD) is more prevalent in our society today. Though the public is becoming more aware of autism, the relationship challenges specific to parents of children with this disorder receive little acknowledgment. Many couples are ill prepared to deal with the complex day-to-day pressures and emotional upheaval that accompany their child’s physical, emotional, and financial needs (Higgins, Bailey, & Pearce, 2005).

Research indicates that the chronic nature and atypical experiences associated with raising a child diagnosed with ASD often contribute to chronic stress and increased marital dissension between parents (Sabbeth & Leventhal, 1984). Many of these couples experience a daily existence that is often chaotic, exhausting, and unpredictable, with little time available for processing or meeting their own emotional and physical needs. Yet, despite the research, current treatment options largely focus on intervention for the child, with little attention given to the plight of couples who are raising children diagnosed with ASD (Siklos & Kerns, 2006).

Clarification of the Problem

Raising children with autism is undoubtedly challenging, though for most couples this fact alone does not increase the likelihood of divorce when compared to the general population (Sobsey, 2004). However, research indicates that these couples experience increased marital discord, especially during periods of transition or adjustment (Sabbeth & Leventhal, 1984). While the reasons could be a simple reflection of the increased responsibilities and needs of their children – it is also probable that other complex contributing factors exist.
The couple’s previous individual and shared responses to stress, along with the quality of their relationship may influence how they react to their child’s diagnosis (Sobsey, 2004). The focus of the problem lies in the couple’s ability to connect on an emotional and intimate level, while living with daily adversity. However, this can be difficult, because after receiving a diagnosis of ASD for their child, most couples do not receive information and counseling pertaining to their own emotional well-being and factors affecting it, such as the inevitable grieving process. Instead, while parents adjust to the complexities of their child’s disorder, experts often encourage them to focus solely upon the treatment and specific needs of their child, which frequently requires much personal sacrifice and in-depth research on the part of the parents (Norton & Drew, 1994). Parents fear that their child will not improve or maximize their potential if they don’t subscribe to a particular treatment regime. However, there are not any guarantees that treatment will improve their child’s abilities or overall condition (Schall, 2000).

Although often unrecognized, the parent’s intense focus upon treatment frequently leads to significant physical and emotional exhaustion, along with potential neglect of other relationships and areas of their lives (Blackledge & Hayes, 2006). Consequently, a couple’s differing opinions regarding treatment and differences in emotional processing can lead to increased stress, loneliness, and feelings of isolation, which can result in “divide and conquer” attitudes, and further disconnection. Yet the intense love for their child and yearning for normalcy fuels feelings of hope for their child’s future allowing them to continue moving forward (Hutton & Caron, 2005). Without addressing the relationship issues related to couples raising children living with ASD, the mental health field is doing both the child and parents a great disservice.
History of autism

Autism is considered a complex neurobiological and developmental disorder that includes a wide range of abilities and symptoms. The disorder was first identified in 1943 by a psychiatrist at Johns Hopkins Hospital named Leo Kanner, who used the term to describe a group of socially withdrawn children. However, it was not until 1980 that ASD was officially added to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV-TR), 2000. Individuals living with ASD fail to develop peer relationships appropriate to their developmental level and have difficulty understanding the perspective of others. According to the DSM-IV-TR (2000), diagnosis is contingent on qualitative impairment in social interaction, communication, and restricted repetitive and stereotyped patterns of behavior, interests, and activities. Additionally, behaviors may include repeated body movements, unusual responses to people or objects, and resistance to change in routine. Cognitive levels vary and range from significantly above average intelligence to profound retardation. For many, physical symptoms often accompany the diagnosis and may include immune system irregularities, digestive problems, and unusually strong sensitivities of sight, hearing, touch, smell, and taste. Despite the existence of diagnostic criteria, behavioral manifestations are highly variable, which often complicates the diagnostic and treatment process for both parents and professionals. Autism remains a mental health diagnosis, yet the myriad of physical symptoms that frequently accompany the disorder leave many parents with more questions than answers. As they seek the most beneficial treatment for their child, this adds significant stress for families.

According to a recent study published by the Centers for Disease Control (CDC, 2009) autism has become the most commonly diagnosed childhood disorder affecting an average of 1 out of every 110 American children. This increase is up from the previous estimate of 1 out of
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every 150 children (CDC, 2007). This startling number means that ASD affects one percent of the population, further confirming that ASD is an urgent public health crisis. The increase of ASD incidence is especially troubling considering that the exact cause remains largely unknown, which makes prevention and treatment undoubtedly more difficult (CDC, 2009).

As the number of children diagnosed with ASD continues to rise, so do the needs of their entire families. Historically, the child diagnosed with ASD has been the focus of available treatment and services. Although this may have initially seemed logical – this may no longer be a valid approach, as these families are suffering unnecessarily and in need of a more comprehensive approach.

*Child behavior and impact on parents*

Children diagnosed with ASD exhibit behaviors that are outside the norm, and may be dangerous or developmentally below chronological age; including deficits in communication and socialization, uneven affect, aggression, non-compliance, and deficits in functional living skills. Several studies demonstrate a relationship between characteristic behaviors associated with ASD and increased parental stress. Aggressive behaviors and public misconduct are especially distressing for parents, who closely associate their parenting abilities and self worth with the behavior of their child (Gray, 1993; Higgins et al., 2005). These behaviors are frequently unpredictable and lead to feelings of inadequacy, disappointment, anger, or embarrassment for parents. The behavior of the child with ASD affects parents on a shared and individual level. This often leads to increased stress, anxiety, or depression, along with decreased life satisfaction and family cohesion, and feelings of isolation (Donenberg & Baker, 1993; Higgins et al., 2005; Schall, 2000; Tomanik, Harris, & Hawkins, 2004). The responses to their child’s behavior often
divide couples, and can influence their ability to connect on an intimate level (Kersh, Hedvat, Hauser-Cram, & Warfield, 2006).

Couples experience emotional isolation from one another and within the larger context of their lives, which frequently leads to a disconnect within the relationship and feelings of marital dissatisfaction (Berge, Patterson, & Rueter, 2006). Higgins et al. (2005) noticed that families living with children diagnosed with ASD reported greater dysfunction in meeting the needs of the other family members when participating in community outings, due to the low social competency and increased problematic behaviors demonstrated by their child diagnosed with ASD. In this study, 25 percent of parents indicated that their child’s unpredictable or aggressive behavior had a negative impact on their family life, and it was rare that all members were able to participate in activities together. Higgins et al. (2005) also reported decreased marital satisfaction, possibly due to the prioritization and attention given to the child over the needs of the spousal relationship. Twenty-two percent of the parents in the Higgins et al study reported feelings of social isolation, possibly due to a lack of societal understanding regarding the behavioral characteristics exhibited by their child.

Without mutual emotional support, living with autism can be an isolating existence for many couples. Dunn et al (2001), conducted surveys with 58 parents of children between ages 3 and 15 with a diagnosis of ASD. Surveys included the Inventory of Socially Supportive Behaviors (ISSB), Ways of Coping Questionnaire (WPC), Parenting Stress Index (PSI), Internal and External Locus of Control Scale (LOC), and Life Experiences Survey. Results of this study suggested that lack of support and coping through escape or distancing increased spousal relationship problems and increased social isolation. Dunn et al. (2001) defined escape-avoidance as avoiding others, hoping for miracles, having fantasies, and inappropriate use of
food or drugs. Distancing corresponded with increased depression and was defined behaviorally as pretending nothing had happened, trying to forget the situation, and making light of the situation. Dunn et al. (2001) found that some parents felt isolated despite receiving social support.

The increased stress, additional responsibilities, and lack of adequate childcare experienced by parents frequently leaves little time available for the pursuit of outside interests or socializing. Additionally, parents may have difficulty relating to parents of normally functioning children, and often feel hurt or challenged by the reactions of other people to their child (Gray, 1993). Some parents find conversing about common societal issues trivial or mundane compared to living with ASD, and their inability to relate to others isolates them socially. Research indicates that parents who are able to maintain or develop friendships are better able to cope and experience decreased stress (Dunn, Burbine, Bowers, & Tantleff-Dunn, 2001).

Parental concerns, stressors and restrictions

The characteristic behaviors, intensity of need, and perceived inadequacies in the quality of support services provide a constant source of stress for parents of children diagnosed with ASD. Though their concerns and responsibilities vary and change over time, the stressors often lead to unwanted restrictions in lifestyle and feelings of resentment.

Autism affects mothers and fathers differently, with mothers experiencing more stress than fathers, due to the more traditional gender roles typically established after the transition to parenthood. Konstantareas, et al (1992), assessed 367 families of children between the ages of 7.7 and 9.9 and found significantly more stress in mothers than fathers. This study also reported a sacrifice in employment or education opportunities for mothers, due to the intense needs of the
child, as well as unequal distribution of parental responsibilities. Researchers, (Konstantareas & et al., 1992) attributed increased stress in mothers to the increased responsibilities involved in caring for their child. A mother’s perception of sacrifices made in employment and education may lead to decreased life satisfaction and increased depression.

Tomanik, et al (2004) reported increased maternal stress associated with the perceived burden of care, due to the overwhelming responsibilities associated with caring for children diagnosed with ASD. A significant correlation was found between the maladaptive behavior of children diagnosed with ASD and increased maternal stress; especially when their children were irritable, lethargic, or socially withdrawn, as well as hyperactive or non-compliant. Increased maternal stress was also associated with a child’s limited self-care skills and inability to communicate or interact with others. This study included information from 60 mothers and their children diagnosed with ASD, who were between the ages of 2 and 7.

Similar results indicating maternal stress associated with increased parental responsibilities were found by Tunali and Power (2002), who looked at cognitive and emotional functioning in 58 mothers of children between the ages of 5 and 14 years (29 diagnosed with ASD and 29 control group). The families were all in tact, and were recruited though an outpatient mental healthy facility and through flyers that were distributed within the area near the facility. Twenty of the mothers were homemakers, while the others had professional or technical occupations. Researchers collected data during a 1.5-hour home visit. Mothers interviewed also completed a standardized questionnaire covering recreation/leisure, parenting, career, and marriage. Other administered tests included the Revised Scale for Ambiguity Tolerance (AT-20), the Self-Rating Depression Scale, the Short-Marital Adjustment Test (SMAT), and the Autism Behavior Checklist (ABC).
Tunali and Power (2002), found the number of waking hours spent with children diagnosed with ASD was greater than the hours spent by the control parents of children without ASD. Results also indicated that the mothers of children diagnosed with ASD placed more emphasis upon parental roles than on career goals, spent more leisure time with extended family members rather than with friends, and placed more value upon spousal support when compared to the mothers of children without ASD.

Another study (Koegel et al., 1992) looked at stress profiles in mothers of 50 children (3-23 years) diagnosed with ASD who resided in Kentucky, West Virginia, Ohio, and Germany. Overall, this study found that mothers experienced stress regarding their children similarly, including concerns related to cognitive impairment, perceived dependency over life span, and the child’s lack of acceptance within their community. Due to their children’s high needs, the mothers in this study reported restrictions in the recreational opportunities available outside of their home.

In another study, researchers Hare and colleagues (2004) found that quality of service impacts parental stress. Researchers reviewed the well-being of 26 parents of adult children (mean age = 27 years) diagnosed with ASD. The research used structured interviews, and included questions extracted from the Family Support Scales, Client Service Receipt Inventory, Learning Disability Casemix Scale, and the General Health Questionnaire. Results indicated that parents primarily used formal services for their children, if they deemed the service quality reliable. Participants indicated that increased parental stress resulted from poor service quality, unreliable and unpredictable staff, and lack of communication. Of the 26 parents interviewed, only 14 reported that their child was receiving adequate services after completion of their formal education.
Hare et al (2004) found that as children reach adulthood, many formal and informal parental supports discontinue, often leaving parents feeling disconnected and confused regarding the best ways to meet the ongoing needs of their family. Additionally, the majority of parents reported increased anxiety, when discussing their child’s future in relation to their own aging process. Participants expressed concerns regarding their child’s inability to self-advocate, exposing them to risk for potential abuse or inadequate care and living arrangements. Though the parents still reported their children as aggressive, the results of this study correlated the largest increase in parental stress with unmet needs for programming and services. This contrasts with previous research (Gray, 1993; Higgins et al., 2005) which correlated behavioral concerns with the highest increase in parental stress. It is probable that once children reach adulthood, parents develop strategies and coping mechanisms to compensate for the distress that was previously brought on by behaviors.

Hare et al (2004) reported additional concerns regarding inadequate environment, under-stimulating programming, inadequate intervention aimed at increasing new skills and independence, and poorly trained staff. Authors found additional parental concerns regarding lack of program choice, inability to meet their child’s needs, and their child’s lack of progress in adult day care or college programs. In addition, parents attributed restrictions in their social lives and personal housing choices to the additional needs and safety concerns regarding their child. The parents also reported negative impact on their marriage and relationships with their other children resulting from the time and increased responsibility involved in caring for their child with ASD. Hare et al (2004) found parents of adult children diagnosed with ASD who were concerned about the quality of services available after formal education stopped. These parents also had concerns regarding long term care of their children after they were no longer able to
personally care for them and reported a history of increased marital problems. Parents were also concerned about the decreased attention given to their other normally developing children.

Bebko, Konstantareas, & Springer (1987) explored parental stress associated with characteristics of ASD based on evaluations from parents and other professionals involved in a summer communication and language disorders program. Twenty-one children, ages 6 to 18, participated in this study. Parents of these children were mainly concerned about their child’s cognitive inconsistencies and lack of language acquisition.

**Chronic stress and quality of life**

Other research indicates that individual coping mechanisms of the parents can mediate stress and prevent negative impact upon parental functioning. One study (Milgram & Atzil, 1988) found that life satisfaction was more related to parents’ ratings of their spouses parenting behavior and the coping strategies that they used with their child’s atypical development, than to the child’s development itself. This study found that both mothers and fathers experienced increased life satisfaction when the father assumed a small share of child care responsibility, which also helped the mother believe she was valued and appreciated. The study did report marital discord concerning spousal differences in opinion about fair workload.

While most of the studies regarding the impact of autism on parent functioning pointed at negative implications, Pakenham, Sofronoff, & Samios (2004) conducted a study to understand the positive impact of autism on the individual functioning of parents. The goal of the research was to see how finding benefit correlates with parents raising children living with autism and how making sense of their situation relates to benefit finding.

Pakenham et al, (2004) reported parents who found benefit to raising children with ASD, had a large social support network and developed positive personality traits, including increased
tolerance, patience, and open-mindedness. The parents who were able to make sense of their situation were reportedly more satisfied with their social support and utilized books, workshops, support groups, and the internet to increase their knowledge about autism. The study also found that parents who regularly engaged in activities with their child achieved greater personal fulfillment, displayed more positive personality characteristics, and gained a better understanding of their child’s perspective on life.

Although parenting a child diagnosed with ASD can be very stressful, it is possible to decrease the negative impact by utilizing a variety of coping mechanisms. The research indicates that for some parents, it is possible to achieve life satisfaction even when living with the impact of autism. To do so, it is necessary to change negative perceptions related to stress by reframing personal goals and expectations (Milgram & Atzil, 1988; Tunali & Power, 2002).

Positive reappraisal including individual growth, faith, rediscovering the important things in life, and being inspired to be creative were correlated with decreased depression and increased positive relationships (Dunn et al., 2001).

Changing the child’s behavior can lead to positive change within the parents. In addition, successful treatment to combat overall family stress could focus on skill building to increase independence and reduce the child’s behavior problems. Researchers found that parents who obtained training specific to their child’s needs were more able to spend time enjoying leisure activities with their child, and experienced increased self-esteem and less depression than those who were not trained (Koegel, Bimbela, & Schreibman, 1996).
My personal experience

I chose to share my personal journey as a mother living with a child diagnosed with ASD, with the hope of bringing awareness to others. This experience has profoundly influenced my life on both a personal and professional level.

My husband and I dated for several years, before we married each other in 1989. Shortly thereafter, we moved to Wisconsin, to start our life together with plans to have children. We waited approximately three and one half years before attempting pregnancy. Knowing that we felt emotionally and financially prepared, in conjunction with my ever-increasing desire to become a mother by the age of 28 – this was an ideal time to have our first child. My husband had not given fatherhood much thought, though he clearly desired to have children and was excited about the pregnancy. In preparation for parenthood, we carefully chose all of the best baby décor, furniture, and accessories to design our baby’s nursery, which we both worked on throughout the course of the nine months. I wanted everything to be perfect; right down to the light switch. I also remember worrying about everything I consumed, and once expressed concern to my doctor regarding eating a wild strawberry without washing it. I probably created more stress for myself than necessary, but I managed to have a healthy pregnancy, despite my constant worrying.

Our daughter was born on my husband’s birthday, just one day following her expected due date. This was an exciting time for us, filled with visits from many relatives and friends, who wanted to share in our joy. Unfortunately, it was not long after her birth, when we realized that our daughter was having problems. We began to deal with an array of medical challenges faced by many parents who have a child living with ASD. However, we were unaware of this at that time. Our daughter had difficulty feeding, would not nurse, had projectile vomiting, was allergic
to both dairy and soy formulas, had poor sleep habits, was gaining little weight, experienced multiple ear infections, and suffered from gastrointestinal problems. When she was six months old, a pediatrician determined that she was “failing to thrive” and admitted her to the University of Wisconsin hospital to undergo a series of tests. During that hospital stay, the doctors told us that she had a 99.9% chance of having a rare form of Muscular Dystrophy. This was a devastating diagnosis, as a neurologist told us that she would “expire” at an early age. My husband and I felt a strong sense of sadness, fear, and uncertainty – emotions that would be overwhelming for any couple, especially young, first-time parents. Fortunately, our extended family provided much needed support during this time of crisis.

My husband and I dealt with our emotions differently; while I was outwardly grief stricken, he was more distant and kept his feelings inside. Our different styles of processing our feelings created a distance between us and felt rather isolating. My husband was more optimistic than me and wanted to hold on to the 1% chance that the doctor misdiagnosed our daughter. I felt that his optimism was unrealistic and a form of denial. I could not help but picture the almost inevitable future of wheelchairs and a shortened life span. A few weeks after returning home from the hospital, a muscle biopsy revealed that our daughter did not have the disorder. The neurologist had actually misdiagnosed our child. Of course, we were very grateful and there was much celebration. However, that experience forever changed my trust in western medicine and confirmed my need to be a constant advocate for my child.

The first year of our daughter’s life continued to be difficult, as we had endless concerns regarding her health. However, despite her many challenges, she grew and achieved her milestones. When she was three years old, we moved back to Minnesota to be near family.
It was during her early pre-school years that I realized that something was clearly different about our daughter. She was not appropriately connecting with other children, was having difficulty listening and following directions, and was hitting and biting others. We obtained evaluations from both a neurologist and a psychologist, who both diagnosed her with attention deficit disorder. Following my instincts, I switched her to a therapeutic preschool and enrolled her in the early childhood program through our school district. Shortly afterward, I found an experienced psychologist, who diagnosed our daughter with autism.

While obtaining the correct diagnosis was helpful – this was a very busy and overwhelming time in our lives, filled with appointments, while researching various forms of treatment. Ultimately, we hired professionals to do Applied Behavior Analysis (ABA) with our daughter at home. In addition, we began sensory integration therapy, auditory training, speech therapy, diet therapy, allergy treatment, and other bio-medical treatments. Unfortunately, this required much of my focus. Our second daughter was born during this time, and because of my intense focus on autism, I have difficulty remembering many of the details of our second child’s infancy – even though she accompanied me everywhere.

Autism continues to be the primary focus of my daily existence. While our daughter is remarkably verbal and skilled in many ways, she also has severe deficits in behavior, development, and health. My husband and I continue to cope differently regarding our feelings and individual experiences raising our children. However, with the passing of time, we have gained mutual understanding of our life and circumstances, and we have developed the capacity to work more cohesively as a couple.
Acceptance

It is important for couples to fully understand and accept the difference between what they “thought” their child was going to be with the “reality” of who their child is. In time, they will need to adjust their ideals to meet the needs of this particular child. Their ability to change the way they think will ultimately be the key to their happiness. For example, in our family, both my husband and I have worked to achieve a level of comfort with our daughter that we can make work. In doing so, we realize that there will be good days and not-so-good days – most days are a mix of both. We work hard to embrace the positive aspects of our situation; to move forward with our life.

We continually face new and existing challenges, including situations that are unpredictable and require difficult decision making to achieve ideal resolutions. Sometimes we wonder if bringing our daughter to community events is fair to others or our family, and we worry that our daughter will become over-stimulated and need external assistance to control a possible unexpected or volatile situation. Conversely, we also have the opportunity to watch our child learn new skills and watch how she is able to practice those skills successfully at home and in the community. We know that the more we prepare our daughter, the better our experience will be. We also know that being prepared does not guarantee an ideal outcome. According to a recent study, living with autism is very ambiguous, filled with conflicting realities and emotions, which can be uncomfortable and unpredictable, like a roller coaster with both good and bad experiences (O’Brien, 2007). This is our reality.

Loss of dreams

It is difficult to prepare for that which is unexpected. The majority of people do not plan for a child born with a disability. However, when this situation arises, a period of adjustment is
necessary before fully accepting a different life plan, along with other implications of this birth. In the case of autism, while many parents note concerns regarding their child’s development before the age of 3, a formal diagnosis most often occurs after the age of 4 years (CDC, 2009). Often the formal diagnosis provides validation for previous parental concerns and provides new understanding of child behaviors that may have been confusing. Though validating, this can be a very overwhelming and isolating time for parents, who assumed they had given birth to a typical child. Feeling overwhelmed and confused, the couple may not acknowledge their own grief. The experience of raising a child with ASD is different from typical expectations. Therefore, many consider this a loss of dreams (Bowman, 2000). The degree of personal investment placed in a dream that subsequently becomes shattered, directly correlates with the severity of grief experienced. According to Bowman (2000), since dreams are intangible, the loss is symbolic and commonly goes unrecognized, leaving the feelings of grief unprocessed.

My husband and I have learned to accept the ambiguity of our situation and know that our daughter’s future is unpredictable. We hold on to hope, and we focus on the positives whenever possible, as we see how profoundly our daughter touches all who take the time to understand her. The way we choose to think about our situation will make or break us, knowing that perfection does not exist.

Adlerian interpretation

The following section is an interpretation using the concepts of Alfred Adler. Adler believed that a person’s style of life prior to a tragedy or unexpected experience determined the outcome or course of action that follows (Oberst, 2003). According to Adler, it is only after a person confronts difficulties that their style of life becomes apparent (Ansbacher, 1956).
During pregnancy, couples may develop an ideal scenario regarding what life would be like upon the birth of their child. This notion is based on their family of origin, culture, and individual expectations. When dealing with one’s mistaken beliefs, one tends to reflect upon their private logic and create a picture of what life should have been (Ansbacher, 1956). Unfortunately, life does not usually follow our preconceived notions. Couples must accept the reality of their child’s life and situation, rather than focusing upon hindsight.

It is likely that a couple may blame themselves or each other for their child’s disability. One’s private logic will influence how an individual deals with his or her emotions after the diagnosis of their child’s disability. The couple may deal differently with their feelings and may have difficulty understanding the perspective of one another. One may become depressed, outwardly angry, or emotionally distant and avoidant. Some may look for escape in the abuse of substances, or work. A couple parenting a child with a disability may constantly be at odds with one another, which may be caused by feelings of inferiority and discouragement (Ansbacher, 1956). The couple may be at different places on the grief continuum and will need assistance in understanding their individual perspectives. Individuals who do not allow themselves to grieve are concerned about demonstrating control in order to avoid the pain associated with a traumatic event. This demonstration of control distances relationships. It is likely that those individuals, were previously reinforced for not showing emotion or were shamed as children for displaying tears or feelings of pain (Oberst, 2003). Individuals who do not communicate or reflect upon their experiences are less able to move forward toward healing.

A typical couple raising a child diagnosed with autism may feel very isolated and may have difficulty finding time to take care of their own needs. This isolation may also be considered a form of safeguarding serving to keep distance from family and friends. According
to Adler, safeguarding is the unconscious or hidden aspect of a symptom that comes across as an excuse (Ansbacher, 1956). In addition, Adler also suggested that the tasks of life are out of balance for these families. Their love and sex life is diminished, they lack friendships and become isolated, and they commonly need to give up or change occupations. Adler believed that social interest kept people healthy, looking outward and serving others rather than worrying about themselves and their perceived inferiorities. Couples raising children with ASD may fear close relationships out of feelings of inadequacy. Their feelings of inferiority keep parents striving for perfectionism, which leads to overcompensation and a sense of superiority. Couples who will experience the most satisfaction will learn to reframe their problems into possibilities.

Conclusion

Having children with special needs does not have to be catastrophic. The experience can be deeply enriching and positively transformative. During pregnancy, would anyone desire to have a child who may not be typically-abled? Though possible, my guess is that for most this would be unlikely. Would I prefer that my child did not have a diagnosis of autism? Absolutely, because daily life may not be such a struggle for her or our family, yet we all have challenges and obstacles to overcome. It is our ability to meet the challenges we receive that will enable us to keep moving forward.
References


