

## COPARENTING IN THE FAMILY CONTEXT OF CHILDREN WITH AUTISM SPECTRUM DISORDER <sup>1</sup>

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**ABSTRACT.** The purpose of this study was to understand the perception of the parents of children with Autism Spectrum Disorder (ASD) on the coparenting relationship. This research is characterized as exploratory and descriptive with a qualitative approach. Participants included 9 couples, fathers (n = 9) and mothers (n = 9) of children with ASD aged 3 to 7 years. Data were collected in a specialized care service in the south of Brazil. First, a sociodemographic questionnaire was applied and then a semi-structured interview was applied with each member of the couple on the coparenting relationship. For the data treatment, the Bardin content analysis method was used. The analysis of these interviews with the couples allowed the construction of categories according to the dimensions of the theoretical model of the Internal Structure and Ecological Context of Coparenting by Feinberg. Agreement on parenting practices was highlighted in the discourse of couples, although mothers emphasize that partners have a tendency to present a relaxed discipline with the child with ASD. The division of labor evidences an imbalance of tasks performed by the members of the couple, which evidences a feeling of stress in the mothers on the care of their child. Nonetheless, the spouses recognize parental support and recognize the efforts of their partners in parental activities with few moments of sabotage of the partner and exposure of the child to the couple's conflicts. At the end, the limitations of this research are pointed out and some suggestions for future studies in the area are raised, as well as the implications of the results for the intervention.

**Keywords:** Coparenting; autism; family.

## COPARENTALIDADE NO CONTEXTO FAMILIAR DE CRIANÇAS COM TRANSTORNO DO ESPECTRO AUTISTA

**RESUMO.** O objetivo desse estudo foi compreender a percepção de pais e mães com filhos diagnosticados com transtorno do espectro autista de sua relação coparental. Essa investigação caracteriza-se como de caráter exploratória e descritiva com uma abordagem qualitativa. Participaram nove casais, pais (n=9) e mães (n=9) de crianças com TEA com idades entre três a sete anos. Os dados foram coletados em um serviço de atendimento especializado no sul do Brasil. Primeiramente foi aplicado um

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questionário sociodemográfico e depois foi aplicado com cada membro do casal uma entrevista semiestruturada sobre o relacionamento coparental. Para o tratamento dos dados, utilizou-se o método da análise de conteúdo de Bardin. A análise dessas entrevistas com os casais permitiu a construção de categorias conforme as dimensões do modelo teórico da estrutura interna e contexto ecológico da coparentalidade de Feinberg. O acordo nas práticas parentais se destacou no discurso dos casais, embora as mães destaquem que os companheiros têm uma tendência de apresentar uma disciplina relaxada com a criança com TEA. A divisão do trabalho evidencia um desequilíbrio de tarefas exercidas pelos membros do casal, o que demonstra um sentimento de estresse nas mães sobre os cuidados do filho. Apesar disso, os cônjuges reconhecem o suporte parental e reconhecem os esforços do(a) companheiro(a) nas atividades parentais com poucos momentos de sabotagem do(a) parceiro(a) e exposição da criança aos conflitos do casal. Ao final são apontadas as limitações dessa pesquisa e levantadas algumas sugestões de futuros estudos na área, bem como as implicações dos resultados para a intervenção.

**Palavras-chave:** Autismo; coparentalidade; família.

## LA COPARENTALIDAD EM EL CONTEXTO FAMILIAR DE LOS NIÑOS COM TRANSTORNO DEL ESPECTRO AUTISTA

**RESUMEN.** El propósito de este estudio fue comprender la percepción de los padres de niños con trastorno del espectro autista (TEA) sobre la relación coparental. Esta investigación se caracteriza como de carácter exploratorio y descriptivo con un abordaje cualitativo. En el caso de los niños con TEA con edades entre 3 y 7 años, participaron 9 parejas, padres ( $n = 9$ ) y madres ( $n = 9$ ). Los datos fueron recolectados en un servicio de atención especializada en el sur de Brasil. Primero se aplicó un cuestionario sociodemográfico y luego se aplicó con cada miembro de la pareja una entrevista semiestruturada sobre la relación coparental. Para el tratamiento de los datos, se utilizó el método del análisis de contenido de Bardin. El análisis de estas entrevistas con las parejas permitió la construcción de categorías según las dimensiones del modelo teórico de la Estructura Interna y Contexto Ecológico de la Coparentalidad de Feinberg. El acuerdo en las prácticas parentales se destacó en el discurso de las parejas, aunque las madres destacan que los compañeros tienen una tendencia a presentar una disciplina relajada con el niño con TEA. La división del trabajo evidencia un desequilibrio de tareas ejercidas por los miembros de la pareja, lo que evidencia un sentimiento de estrés en las madres sobre los cuidados del hijo. A pesar de ello, los cónyuges reconocen el apoyo parental y reconocen los esfuerzos del compañero en las actividades parentales con pocos momentos de sabotaje del compañero y exposición del niño a los conflictos de la pareja. Al final se apuntan las limitaciones de esa investigación y se plantean algunas sugerencias de futuros estudios en el área, así como las implicaciones de los resultados para la intervención.

**Palabras clave:** Coparentalidad; autismo; familia.

### Introduction

Coparenting can be defined by the way in which two or more caregivers perform their parenting practices, provide support or boycott the other's role, and manage the conflicts from child rearing, that is, sharing of tasks related to parental role (Feinberg, 2003; Margolin, Gordis, & John, 2001; McHale, 1997; Van Egeren & Hawkins, 2004).

Researchers have used different dimensions to define the term coparenting, which reflects a divergence in the understanding of the phenomenon and becomes a challenge for further research in this field. The main theoretical models on coparenting are those of McHale (1997), Margolin et al. (2001), Feinberg (2003) and Van Egeren and Hawkins (2004). The theoretical model of Feinberg (2003) is used in this research because it takes a systemic view on the coparenting phenomenon and meets the theoretical principles of the Bronfenbrenner's bioecological model of human development.

Feinberg (2003) became known for the Theory of The Internal Structure and Ecological Context of Coparenting. This model is conceived from four dimensions: agreement or disagreement in parenting practices; child-related division of labor; support/sabotage of the coparenting function and joint management of family relationships. According to the author, even in the absence of empirical data that interrelate the factors, he states that all dimensions have a moderate relationship to each other, while differing from each other. The first dimension, called agreement or disagreement in parenting practices, refers to parental differences and similarities (parental dyad) regarding parental values, beliefs and styles that will interfere with the child's development. The second dimension comprises the division of labor, that is, the way caregivers share the tasks and responsibilities related to basic child care and also negotiate financial matters. Coparental function support/sabotage is the third dimension of Feinberg's theoretical model (2003). This is characterized by the way caregivers rely on their parenting role, as well as when they recognize the importance of the other in this role and respect their decisions for the education of the child. On the other hand, some caregivers may have difficulty in this regard and express criticism and hostile behavior towards their partner. Quality in the parental support dimension demonstrates to be associated with the emotional adjustment of the child and parents (Feinberg, 2003). The last dimension of this theoretical model, called joint management of family relationships, concerns the way in which the parental dyad manages family interactions, their behaviors, relationship patterns, and communication patterns.

The four dimensions of coparenting of Feinberg (2003) are understood as a set inserted in an ecological context that interacts with the individual variables of each member of the parental dyad (education, mental health, well-being, attachment style, attitudes and value systems), history of family relationship prior to pregnancy (relationship patterns related to care, spouse behavioral and emotional styles), and extra-family contexts (financial, work, and social support issues). This model can be approximated with Bronfenbrenner's Bioecological Theory of Human Development, in which there is a two-way relationship between the components of the various systems with the individual. For example, the proximal processes that occur in the family microsystem are influenced by the individual characteristics of the parents, as well as the characteristics of the child, and the interaction within that process will affect coparenting, marital relationship, and the child's behavior. Researchers have noted that the quality of the coparental relationship between couples exerts stronger influence on child development than marital relationship and parenting ((Lamela, Nunes-costa, & Figueiredo, 2010; Mosmann, Costa, Silva, & Luz, 2018). Studies in this area have shown that a conflict-marked coparental relationship is associated with behavioral and emotional problems in children and adolescents (Mosmann, Costa, Einsfeld, Silva, & Koch, 2017; Mosmann et al., 2018).

Despite the importance of coparenting to understand the family system, there is a predominance of studies in the area focused on the families of children with typical development. Sifuentes and Bosa (2010), Hill-Chapman, Herzog and Maduro (2013) and Souza, Ramos, Pontes and Silva (2016) point to the scarcity of studies on coparenting in families with children with disabilities and more specifically with Autism Spectrum Disorder (ASD).

ASD is characterized mainly by persistent impairments in reciprocal social communication and social interaction, as well as restricted and repetitive patterns of behavior, interests or activities. These symptoms are usually identified in the second year of life, although some stronger evidence can be observed in the first twelve months of age (APA, 2014). The term spectrum is associated with levels and dimensions of variability in the manifestation of autism symptoms and is associated with impairment in an individual's adaptive behavior. Many individuals with ASD also have intellectual and language impairment (American Psychological Association [APA], 2014). Receiving the diagnosis may cause parents to break the expectation of the ideal child for contact with the real child and the uncertainties about his/her development, as well as the repercussions on the family (Poslawsky, Naber, Van Daalen & Van Engeland, 2013). According to Beurkens, Hobson and Hobson (2012), the typical symptomatology of ASD has been pointed as one of the main stressors in the family context. In this sense, it can affect the way parents will raise their children, as well as the coparental relationship.

Internationally, stand out some studies on the subject with the parents of children with ASD, but all of them applied scales and used quantitative approaches and also find similar results, in which they relate that the higher the parental stress, the lower the quality in the coparental relationship. (Hill-Chapman, Herzog, & Maduro, 2013; May, Fletcher, Dempsey, & Newman, 2015; Thullen & Bonsall, 2017). Parental stress is higher in mothers influenced by their perception of inequality in the division of parental tasks (Bonis, 2016). In addition, a negative parenting relationship will tend to increase levels of conflict and disagreement about parenting practices (Sim, Cordier, Vaz, Netto, & Falkmer, 2017). These problems in coparental relationships may be linked to the behavior of the father in this family context, where his role is to assist in the parental tasks performed by mothers (Kim, Kang, Yee, Shim, & Chung, 2016). Brazilian research reinforces this view of the father's more traditional role in providing resources for the family and mother as responsible for the care of the child and the house (Meimes, Saldanha, & Bosa, 2015; Smeha & Cezar, 2011).

Recently, May, George, Fletcher, Dempsey and Newman (2017) published a research with a qualitative methodology as an offshoot of the study by May et al. (2015). The researchers selected 11 families from the previous study, six couples with the lowest parental stress index and five couples with the highest parental stress index. Parents were interviewed to explore three domains of their coparental relationship: (1) adapting to the onset of their children's autism, (2) parenting of their children with ASD, (3) expectations for their children's developmental outcomes. A semi-structured interview with 17 questions was applied and data collection was performed by telephone with each participant separately. Data obtained revealed that in the first domain, it was evident that the discovery of the diagnosis of the child's ASD made the couple's members attach more importance to the coparental relationship. In the second domain, it can be highlighted the perception of parental competence highlighted by the parents accompanied by the support of the partner and the quality of communication, as well as the distribution of parental tasks. In the third domain, parents believe that the quality of the coparental relationship may positively influence the development of their children with ASD.

In Brazil, we highlight the qualitative study conducted by Sifuentes and Bosa (2010), which aimed to examine the coparenting of five couples (father/mother) with children diagnosed with autism, aged 4 and 7 years old. The results showed that parental tasks are not shared in the same way by the couple and this characteristic is due to the demands of autism and the parents' organization to meet them. Moreover, it was found that during the diagnostic process and also in the face of the child's behavioral difficulties, the couple has a characteristic of solidarity and mutual support. The biggest conflicts in the coparental relationship result from differences in educational practices, especially regarding the establishment of limits or the overprotection of the child.

The lack of studies on the subject in the family context of children with ASD, especially in Brazil, justifies investigations in this field. Therefore, this research aims to understand the perception of fathers and mothers of children diagnosed with Autism Spectrum Disorder on the coparenting relationship.

## Method

### Design and participants

This was a descriptive and exploratory study that used a qualitative approach to data analysis. Data collection was performed at the Centro Especializado de Reabilitação (CER) (in English: Specialized Rehabilitation Center) Ordinance 793 of April 24, 2012 establishes the Care Network for People with Disabilities within the Unified Health System highlights in Article 19 "CER is an outpatient care center specialized in rehabilitation that performs diagnosis, treatment, grant, adaptation and maintenance of assistive technology, becoming a reference for the health care network in the territory" (Portaria MS/GM nº 793, 2012). This service specifically provides assistance to eleven municipalities in a region in southern Brazil and preferably serves children from 0 to 12 years old, with ASD.

This study is a part of the thesis entitled *Relações entre estilos parentais, coparentalidade e características de comportamento de crianças com transtorno do espectro autista*. Participants of this larger study were 45 fathers (mean age: 36.36 SD = 7.19) and 45 mothers (mean age: 31.78 SD = 5.92) totaling 90 participants. As an inclusion criterion, couples should have a son or daughter aged 3 to 7 years, with a diagnostic report, according to DSM-5 criteria, which includes Autism Spectrum Disorder (APA, 2014) and attended by the CER. However, for the present study were randomly chosen the couples participating in the qualitative part of the research. The criterion adopted was that out of four participating couples, the fifth was invited to participate in the interview, making a total of 9 couples interviewed (Box 1)

As for the age of the children, this ranged from 03 to 07 years old. Regarding the gender of the child, only two children were female (C2 and C6). Only child C8 had an older brother, the others were the firstborn and children C1, C5, C6, C7 and C9 were the only children of the couple. It is noteworthy that the father figure was represented by the stepfather in the families of children C2 and C4. There was a variability in the level of education and professions exercised by the couple's members. Regarding the mother's education, only one had incomplete elementary school (C1), the others ranged from incomplete high school to complete higher education. For the group of fathers, only one of them had incomplete elementary school (C8), one father had completed elementary school (C1), one father reported having completed high school (C2) and the others had incomplete or complete higher education. Five mothers (C3, C4, C6, C7, C8) claim to be housewives

and are responsible for the care of their child with ASD. On the other hand, all fathers (men) reported having paid work outside the home, except the unemployed C2 father. Regarding family income data, it was found that most families earn approximately three to four minimum wages. However, there were two extremes to family income, one family (C2) surviving on only one minimum wage and one earning more than five minimum wages.

**Box 1.** Sociodemographic characterization of participants.

CHILD	CHILD'S AGE	BIRTH ORDER	FATHER AGE	MOTHER AGE	FATHER'S EDUCATION LEVEL	MOTHER'S EDUCATION LEVEL	FAMILY INCOME
C1	06	1	28	23	Complete elementary	Incomplete elementary	R\$3,001.00 to R\$3,500.00
C2	04	1	30	29	Complete high school	Incomplete higher education	R\$501.00 to R\$1,000.00
C3	05	1	25	24	Incomplete higher education	Incomplete high school	R\$2,501.00 to R\$3,000.00
C4	03	1	32	30	Incomplete higher education	Incomplete higher education	R\$1,501.00 to R\$2,000.00
C5	06	1	32	33	Complete higher education	Complete higher education	R\$4,001.00 to R\$4,500.00
C6	05	1	46	38	Incomplete higher education	Complete higher education	R\$4,501.00 to R\$5,000.00
C7	07	1	30	25	Complete higher education	Incomplete high school	R\$3,001.00 to R\$3,500.00
C8	03	2	45	42	Incomplete elementary	Complete high school	R\$3,001.00 to R\$3,500.00
C9	03	1	32	28	Incomplete higher education	Complete higher education	R\$5,501.00 to R\$6,000.00

Source: The authors.

## Instruments

First, a questionnaire prepared by the research group of NEPeDI – Núcleo de Estudos e Pesquisas em Desenvolvimento Infantil (in English: Center for Studies and Research in Child Development) was applied to investigate sociodemographic data with only one parent and then the interview script regarding the care of children with ASD was applied to each member of the couple. This semi-structured interview was constructed by the authors of this research, considering the need for qualitative data that portray the experience of parents with a child with ASD. The interview script focuses on aspects related to the care provided by parents, as well as the main difficulties faced in raising their child. The instrument was based on the Coparenting Dimensions (Feinberg, 2003) and the Coparenting Interview Roadmap developed by the Integrated Center for Studies and Research on Developmental Disorders (NIEPED). The original instrument contains thirty questions and, in this research,, it was adapted to only eight. The questions are about the family routine and the perception

about the care exercised in raising the child, as well as the perception of the partner's engagement in these activities.

### **Data collection procedures**

After consent from the place of the data collection, a project amendment was forwarded to the Human Research Ethics Committee of the university. It is noteworthy that this research is a continuation of a larger project entitled 'Paternal Involvement in the Contemporary Family Context II', which was approved by the same committee under the opinion 1,514,798, on April 22, 2016.

For each of the parents who met the criteria and agreed to participate in this study, a time and place was scheduled to perform the data collection. This strategy aimed to minimize any inconvenience to the participant. Nevertheless, regardless of the location, an appropriate and reserved environment was sought for the research application, considering interruptions and the participant's privacy. The most common places for conducting the research were the institution's facilities, especially in the treatment rooms, followed by family residence and, finally, the work environment.

In the first contact with the participants, the researcher explained the research objectives and methods. In agreement with the participation, the researcher requested the signature of the Informed Consent (IC) of the father and mother and followed up with the application of the instruments. The order of completion of the instruments was as follows: (1) IC signature, (2) Sociodemographic Questionnaire, and finally 3) Interview about the care of children with ASD. The application of all instruments took approximately 30 minutes with each participant. Only the sociodemographic questionnaire was applied to the first spouse who answered about family data. The interview was recorded through a voice recorder and later the answers were transcribed in full.

### **Data analysis and treatment**

The interviews were transcribed and later the thematic categorical content analysis proposed by Bardin (2003, p. 105) was used. Regarding this type of analysis, the author defines the theme as a "[...] unit of meaning that is extracted from a text analyzed according to criteria related to the theory that guides reading". Thus, the thematic analysis "[...] consists of discovering the nuclei of meaning that make up communication and whose presence, or frequency of appearance, may mean something to the analytical objective chosen" (Bardin, 2003, p.105).

The words and/or expressions used by the participants were transcribed in a text editor. Then the researcher began the pre-analysis procedure with a floating reading. This is considered the first contact with the collected material to catch the content. From this, the reading of the data became clearer and allowed the words and/or expressions to fit into the categories. In the end, the analysis itself and the categorization were performed. The analysis of these interviews with couples allowed the construction of categories according to the dimensions of the Internal Structure and Ecological Context of Coparenting theoretical model of Feinberg: agreement or disagreement in parenting practices; child-related division of labor; support/sabotage of the coparenting function and joint management of family relationships (Feinberg, 2003). The definitions of these categories are listed in Box 2.

**Box2.** Categories and subcategories of coparenting relationship

<b>CATEGORY</b>	<b>SUBCATEGORIES</b>	<b>DEFINITION</b>
AGREEMENT OR DISAGREEMENT IN PARENTING PRACTICES	1. Agreement on Parenting Practices 2. Disagreement on Parenting Practices	Differences and similarities between parents (parental dyad) in parenting values, beliefs and styles that will interfere with child development
<b>DIVISION OF LABOR</b>	1. Father tasks 2. Mother tasks	Comprise the way caregivers share child care tasks and responsibilities.
<b>SUPPORT/SABOTAGE</b>	3. Feeling about division 1. Coparenting support 2. Partner Parenting Recognition 3. Coparenting Sabotage	The way caregivers rely on their parenting role, as well as when they recognize the importance of the other in this role and respect his/her decisions for child rearing. On the other hand, some caregivers may express criticism and hostile behavior towards their partner.
<b>JOINT MANAGEMENT OF FAMILY RELATIONSHIPS</b>	1. Exposure to conflicts 2. Coparenting proximity	The way the parental dyad manages family interactions, behaviors, relationship patterns, and communication patterns.

Source: Feinberg (2003).

## Results and discussion

Initially, the main results of each category of coparenting were discussed. The discussion is based on the assumptions of the Internal Structure and Ecological Context of Coparenting theory of Feinberg and also on other empirical studies that have investigated this phenomenon with families of children with ASD, other disabilities, and typical development.

### Category: agreement or disagreement in parenting practices

This category is defined as differences and similarities of parents (parental dyad) in parental values, beliefs, and styles that will interfere with the child's development. Thus, two subcategories were generated: agreement on parenting practices and disagreement on parenting practices.

### Subcategory: agreement on parenting practices

From the couples' reports, it was possible to realize that despite the challenges involved in raising a child with ASD, they are able to agree on behavior monitoring strategies to be adopted with the child, as illustrated by the following report: "We are very centralized in monitoring. We don't have the peace of mind of letting her go free, neither me nor G (mother). If she is climbing up the slide, G is already at one end and I'm already monitoring at the other" (Father C6). The speech of the mother C2 reinforces this idea: "When it's wrong, we say no M., that's how it is [...], you know? We correct her [...]"

This result is very relevant to the balance of relationships established in the family microsystem, because the care of a child with ASD is usually attributed to a higher level of parental stress and consequently a negative parental relationship with higher levels of conflict and disagreement (Hill-Chapman et al., 2013; Sim et al., 2017). Over time a balance in parenting practices is required and this depends on their ability to manage stress and work together to maintain a high level of care of a child with ASD (Thullen & Bonsall, 2017).

The discovery of the child's diagnosis of ASD promoted a change in family functioning and brought a better balance about daily routines and parenting practices. This reflection is explicit in the speech of mother C1: "After he arrived. Really created a routine, created a rule. With time to sleep, to go out, time to go back. So, we really created a rule inside, like that, among us like that, between me and my husband [...]". This perception of change after discovering the diagnosis of parental behavior accompanied by the agreement between the couple is also evident in the report of father C3: "So when C. (son) arrived, everything we learned from C., even as parents and as parents of an autistic child, the way we are treating C. is very different from the other child, right [...]". Upon receiving the diagnosis, parents face the loss of expectations for a developing child and are faced with uncertainties regarding not only the child's future but also the family's future (Poslawsky et al., 2013).

### **Subcategory: disagreement on parenting practices**

The members of a couple were usually raised in different families with different values. In forming the parental system there may be divergences of beliefs and customs about the way children are raised. In cases of families of children with ASD, this disagreement with parenting practices may be more evident due to the child's level of impairment. About this divergence in parenting practices, father C5 states that "[...] Sometimes she comes to me, she (mother) tells me to play a little more with him, to give him a little more attention. When I don't do it, or leave it aside, she (mother) always tries to get my attention [...]". Mainly communication and social interaction difficulties and restricted and repetitive behaviors of children with ASD have been reported as the main stressors of the family (Beurkens et al., 2012). The research by Thullen and Bonsall (2017) revealed that the greatest stress for caregivers was reported when there was greater disagreement in parenting practices. On the other hand, the Brazilian study of Mosmann et al. (2018) on parents of typically developing children found that couples who can overcome their differences and negotiate them are more likely to turn disagreement into a coparental agreement.

Among the participating couples, it was evident that the father tends to use mainly a relaxed discipline as a parenting practice, but the mothers do not agree with the stance adopted by their partners, as illustrated in the following speeches by mothers C1 and C3, respectively: "[...] He was very like this [...] Oh my little son, don't fight with my little son [...] He didn't participate, but he wouldn't let me educate [...]" and "[...] the boy can be there jumping off the TV, and if I don't say it, he (son) is jumping, he (father) doesn't see it [...]".

Relaxed discipline is considered to be a negative parenting practice that consists of imposing rules without complying with them and also the lack of limits and correction of the child's behavior when the child does not do what was agreed. In general, this kind of parenting can lead children to have difficulty understanding the need to respect rules and authority figures (Gomide, 2003).

### **Category: division of labor**

This category is defined as the way caregivers share the tasks and responsibilities related to basic child care such as eating, organizing hygiene habits, transportation, helping with school tasks, accompanying the child to medical appointments or recreational activities. Thus, subcategories father tasks and mother tasks were generated, differentiating the types of activities. In addition, feelings about division were observed.

#### **Subcategory: father tasks**

Most mothers recognize that their partner acts as a helper in child care activities and that their primary function is to play with the child, this result can be illustrated in the report of mother C9 "When he has to be with him, play with him, he plays. Needing to change clothes of B., he changes. Needing to bathe, he bathes [...]". Another example that reinforces this idea can be illustrated in the report of mother C6 "[...] if I need to go out, go to the supermarket, if I need to be absent, then he is there [...]". In these examples, it is clear that when the mother needs help, the father helps with the parenting tasks, but she remains the main responsible. In general, the figure of the father has been appointed to assist in the parental tasks performed by mothers in the context of children with typical and atypical development (Kim et al., 2016).

In the report of the mother C4, the father's role related to the role of playing with his child is evident: "[...] The part of boy games, like fight, so these things are with J. [...]". The fathers themselves also stressed that this is their main function. The role of the father for child development has been explained from the direct interaction he establishes with the child (Paquette, 2004). The theoretical model called Father-Child Activation Relationship, developed by Paquette (2004), argues that the father function is linked to the opening to the world for the child, which occurs mainly through physical games that promote socio-emotional development.

On the other hand, fathers have also taken the initiative with basic child care activities as can be seen in the speeches of fathers C4 and C8, respectively "[...] Most of the time I make him sleep [...]" and "[...] I bathe him, always, I bathe him. Rarely his mother bathes him [...]". In the late 1990s, Dessen and Lewis (1998) distinguished two models of father role: the traditional and the modern. The first model contemplates the father who has the main objective of providing the resources, that is, he works outside the home and dedicates little care to the child. The second model, on the other hand, contemplates the modern role of father who participates more closely with the mother in the division of domestic tasks and in the provision of childcare. Father involvement in the family context of children with ASD is crossed by different factors, such as the characteristics of the child, the context in which they are inserted and the historical period. These factors together will outline the intensity of the father's involvement with the child (Silva, Vieira, & Schneider, 2016).

#### **Subcategory: mother tasks**

Mothers stand out as the main providers of basic child care, some even justify that they perform these activities more than fathers because they spend more time with the child. Mothers perform various activities, such as bathing, giving food, taking to medical appointments, playing, helping with school tasks, stimulating the development of reading and speech of the child, as exemplified by the mother C7, “[...] I would say a hundred percent. I’m with him all the time. From bedtime to eating time, going to school and back [...]”. Mother C2 highlights her daughter’s developmental support activities, “[...] It’s all the time behind her, helping her with everything, right [...] at the homework. And the simple fact of assembling a puzzle right [...]”. Investigations with families of children with ASD have found similar results to the present study and reinforce the more traditional role of father in securing resources and mothers in providing care (Meimes et al., 2015; Smeha & Cezar, 2011).

### **Subcategory: feeling about division**

Due to the disparity in the division of parenting tasks between fathers and mothers, it can be observed in mothers’ report that they complain about their partners not effectively engaging in the care of child with ASD and they feel overwhelmed, tired and even more stressed facing so many tasks. On the other hand, none of the fathers complained that they are unhappy with the division of labor in child care activities. The report of mother C3 portrays these feelings about the parental care division, “[...] Then I no longer have the patience to just watch play and not help me in things like that, I totally lost my patience. I don’t have patience anymore [...]”.

Mothers’ feelings of inequality in the division of parental tasks, together with behavioral changes of their children with ASD, interfere with interactions in the family context and may contribute to increased parental stress, especially in the mothers of these children compared to the stress symptoms referred by parents of children with other disabilities (Bonis, 2016).

### **Category: support/sabotage**

This category is defined as the way caregivers rely on their parenting role, as well as when they recognize the importance of the other in this role and respect their decisions for child rearing. On the other hand, some caregivers may express criticism and hostile behavior towards their partner.

### **Subcategory: coparenting support**

This subcategory was also very highlighted by mothers in relation to their partners. They emphasized that they can count on their husbands to assist them in caring for their child and that they are understanding and provide the necessary support during difficult times. The mother C7 comments on the support of her partner, “[...] So when it’s a difficult time I’m going to fall, I’m going to get discouraged, he comes and supports me. So vice versa. One is the support of the other [...]”.

Sifuentes e Bosa (2010) corroborate the findings of the research, reporting that during the diagnostic process of ASD and also in the face of difficulties in the behavior of their children, the couple presents characteristics of solidarity and mutual support. The results of May et al. (2017) revealed that the discovery of the child’s ASD diagnosis made the couple’s

members attach more importance to the coparenting relationship with the recognition of support provided by the partner.

### **Subcategory: partner parenting recognition**

In this subcategory, the couple recognizes that the partner performs important roles in the care of their child. Fathers generally recognize that their partner is much more participative in parenting tasks. Father C5 makes this recognition explicit in his report, “[...] I can say that my wife is always with the child. She is always worried about him. If it were to give a score from 0 to 10, I would give her a ten [...]”.

Some mothers highlighted some qualities of their partner as affectionate, responsible, patient and participative, these characteristics were highlighted in the speech of the mother C4, “[...] My husband he is much more patient. He picks up, talks, grounds him. He is much more participative, even because J. demands a lot [...]”.

The predictive study of Mosmann et al. (2017) on fathers and mothers of typically developing children found that the recognition of partner parenting is a predictor of internalizing symptoms (partner relationship problems and emotional symptoms) and externalizing symptoms (hyperactivity, conduct problems), indicating that the lower the recognition of the partner, the more emotional and behavioral symptoms in the children. In this sense, in the absence of this recognition, there is a tendency for the partners to point out the mistakes of the partner and this friction in the coparenting relationship reverberates in the increase of the behavioral problems of the child and in the other marital and parental systems.

### **Subcategory: coparenting sabotage**

This subcategory is defined as the way caregivers manifest criticism and hostile behavior toward their partner. It can be said that this subcategory has rarely appeared, but it draws attention especially in the speech of parents C6, especially the mother complains about the absence of her partner at times when she needs support with her daughter: “[...] Sometimes like this, during a tantrum, something he is also already destabilized [...] he attach much more to work I believe as an escape, because he does not know how to handle this situation very well [...]”.

Some studies with parents of typically developing children support these findings. A positive relationship was found between coparenting sabotage and child adjustment problems, especially for the father (Leroy, Mahoney, Pargament, & DeMaris, 2013). Sifuentes and Bosa (2010) examined the coparenting relationship of Brazilian couples who had children with ASD and found that there was divergence in parenting practices between the couple's members. It is suggested that this disagreement in the care in child rearing may lead to increased sabotage in the coparenting relationship.

### **Category: joint management of family relationships**

This category is defined as how the parental dyad manages family interactions, their behaviors, relationship patterns, and communication patterns.

### **Subcategory: exposure to conflict**

The subcategory exposure to conflict had the lowest occurrence among all categories. It was evident in the report of some parents that the discovery of the diagnosis made the couple more vulnerable and exposed the child to some conflicts or even temporarily separated. Mother C6 highlights some discussions she has with her partner in front of the child: “[...] I think you’re making a mistake, and I don’t make a mistake about it. Sometimes he refutes some things that I say, but you are not in daily life, you are not aware, it has to be this way [...]”.

Specifically, in families of children with ASD, child care is generally related to increased level of parental stress and consequently a negative parental relationship with higher levels of conflict and disagreement (Sim et al., 2017). Over time a balance in parenting practices is required and this depends on their ability to manage stress and work together to maintain a high level of child care with ASD (Thullen & Bonsall, 2017).

### **Subcategory: coparenting proximity**

This subcategory can be easily identified in the reports of parents when they discover that their child has ASD, many participants pointed out greater unity, closeness in relationship, increased dialogue. “[...] He approaches the father and approaches the mother [...] He approaches the couple, he makes the couple laugh together. He makes the couple do things together that we didn’t do [...]” (Father C8). Mother C9 ratifies this reflection by pointing out that “[...] we even got closer, because of him. Liking it or not, I think it gives better attendance for us [...]”.

In a better marital relationship, mutual support between the couple was seen as a valuable source of coping (Ooi, Ong, Jacob, & Khan, 2016). Although the family as a whole and the marital relationship were strained by the discovery of the diagnosis of ASD, the partners were still together and, in some cases, came even closer to this experience.

### **Final considerations**

The objective of this research was to understand the perception of parents with children diagnosed with Autism Spectrum Disorder on the coparenting relationship. From the reports of couples, it was possible to realize that despite the challenges involved in raising a child with ASD, they are able to agree on the behavior monitoring strategies to be adopted with the child. However, mothers point out that they disagree with their partners about their parenting practices, because sometimes they have a relaxed discipline with the child with more permissive attitudes.

There is an imbalance in the division of tasks between couples, a fact that is recognized by both members. Mothers often feel overwhelmed with excessive child care and recognize that their partner acts as a helper in parenting activities and that their primary role is to play with the child. It should be noted that most of the participants were housewives and were most of the time responsible for the care of the child. Despite the parental stress resulting from this experience, the couple’s members recognize the partner’s efforts in caring for the child and highlight the support received from the spouse in these activities, as well as refer to greater parental closeness after the discovery of the diagnosis of the child.

Parental sabotage and exposure of the child to the couple's conflicts have rarely appeared, which shows a sensitivity of parents in managing family dynamics.

The results obtained in this research are similar to studies conducted with couples with children with typical development, especially regarding the burden of mothers in parental tasks, especially in basic care.

There is a lack of studies on coparenting in the context of families of children with ASD, especially in the Brazilian context. Although this research has contributed to understand the dynamics of this relationship, there is a need to investigate other aspects, such as the coparenting relationship with other family members, especially the grandparents who appeared as important figures in the care of children with ASD, as well as the coparenting relationship in divorced couples who have children with ASD, or even to check for difference between foster and biological families considering the parental and coparental systems that have children with atypical development. Other research possibilities could control the ASD level variable and examine whether these phenomena vary at other stages of the life cycle. It is also recommended to include different methodological designs, such as observational and longitudinal studies, so that they can explore the phenomena through more explanatory and predictive parameters.

Finally, it is expected that the results presented and discussed herein may contribute in some way to the professionals and parents of these children. Strengthening the marital relationship can also be a timely strategy to ensure the functioning of the parenting and coparenting subsystems. In addition, based on the experience of this research, it was observed the need for psychological support for parents, especially mothers so that they can find coping strategies in view of the intensity of child care and home administration, which is sometimes accompanied by abandonment of professional career.

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