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"We are in this together": Experiences of relationship satisfaction in couples raising a child with autism spectrum disorder

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ABSTRACT

Background: Couple relationships play an integral role in family adjustment when a child has autism spectrum disorder (ASD), yet, it is unclear what factors contribute to the maintenance of relationship satisfaction in these couples.
Method: Using phenomenology, data from eleven couple interviews were analysed to gain an understanding of the lived experiences of relationship satisfaction when raising a child with ASD.
Results: The overall essence of "We are in this together" reflected the attitude that a strong partnership was beneficial in maintaining relationship satisfaction. This essence was captured in three main themes: 1) Shared beliefs, 2) Teamwork and 3) Shared experiences which closely paralleled the Walsh family resilience framework.
Conclusions: Couples can be supported in these key areas to strengthen their relationship to serve as a source of resilience for families with a child with ASD.

1. Introduction

The couple relationship remains the keystone of family functioning in modern times (Meunier & Baker, 2012; Minuchin, 1985; Schulz, Pruett, Kerig, & Parke, 2010) and may play an important role in the adjustment of families of children with autism spectrum disorder (ASD). Yet, little is understood about the contexts in which couples maintain relationship satisfaction and promote family resilience.

ASD is a lifelong neurodevelopmental condition characterised by impairments in social communication and interaction, and restricted, repetitive patterns of behaviour, interests or activities (American Psychiatric Association, 2013). Comorbid developmental, intellectual, psychological and medical conditions are common (Accardo & Malow, 2015; American Psychiatric Association, 2013; Mannion & Leader, 2013; Matson & Goldin, 2013; Matson, Matson, & Beighley, 2011; Simonoff et al., 2008). Although ASD symptoms and associated challenging behaviours may abate over time (Seltzer, Shattuck, Abbeduto, & Greenberg, 2004; Shattuck et al., 2007), the child often requires support and intensive caregiving into adulthood (Bower Russa, Matthews, & Owen-DeSchryver, 2015; Burke & Heller, 2016).

Parents of a child with ASD experience greater levels of stress and decreased self-efficacy, psychological and physical wellbeing, and relationship satisfaction than parents of children without ASD (Giallo, Wood, Jellet, & Porter, 2013; Hayes & Watson, 2013; Karst & Van Hecke, 2012; Khanna et al., 2011; Lai, Goh, Oei, & Sung, 2015; Sim, Cordier, Vaz, & Falkmer, 2016). One of the most

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documented stressors is the need to manage challenging behaviours associated with ASD (Davis & Carter, 2008; Estes et al., 2013; Herring et al., 2006; Lecavalier, Leone, & Wiltz, 2006; Peters-Scheffer, Didden, & Korzilius, 2012; Tomanik, Harris, & Hawkins, 2004) and these can place families at risk of stigmatisation and social isolation (Corcoran, Berry, & Hill, 2015; Gorlin, McAlpine, Garwick, & Wieling, 2016; Kinnear, Link, Ballan, & Fischbeach, 2016; Myers, Mackintosh, & Goin-Kochel, 2009). Additionally, caregivers face challenges selecting, accessing and coordinating medical, therapy and educational services (Bonis & Sawin, 2016; DePape & Lindsay, 2015). Best practice emphasises early and intense multi-modal intervention with high levels of parental involvement (Altiere & von Kluge, 2009; Burrell & Borrego, 2012; Goepfert, Mule, von Hahn, Visco, & Siegel, 2015; Hodgetts, Nicholas, Zwaigenbaum, & McConnell, 2013; Mackintosh, Goin-Kochel, & Myers, 2012; Valentine, Rajkovic, Dinning, & Thompson, 2011). Consequently, the caregiving needs of a child with ASD can monopolise parent time and energy and result in neglect to other areas of family life. For example, parents often express concern for the wellbeing of their children without ASD, reduced quality time with their partner, reduced participation in leisure activities, and changes to employment that can affect availability of social support and cause financial strain (Corcoran et al., 2015; DePape & Lindsay, 2015; Fletcher, Markoulakis, & Bryden, 2012; Hartley, DaWalt, & Schultz, 2017; Hoogsteen & Woodgate, 2013; Horlin, Falkmer, Parsons, Albrecht, & Falkmer, 2014; Mackintosh et al., 2012; Myers et al., 2009; Sawyer et al., 2010). It is plausible that the constellation of all of the above mentioned factors are interrelated and lead to a circular loop of diminished relationship satisfaction over time (Sim et al., 2016).

Despite reported challenges, many couples adapt positively to raising a child with ASD (Ekas, Timmons, Pruitt, Ghilain, & Alessandri, 2015; Ramisch, Onaga, & Oh, 2013; Sim, Cordier, Vaz, Parsons, & Falkmer, 2017, 2016) and some even assert that the experience strengthened their relationship (Hock, Timm, & Ramisch, 2012; Marciano, Drasgow, & Carlson, 2015; Markoulakis, Fletcher, & Bryden, 2012; Myers et al., 2009). This is consistent with family resilience theories, which postulate that adverse circumstances can lead to personal and relational transformations through the discovery of untapped resources and strengths (Walsh, 2002). For example, qualitative studies report on personal growth amongst caregivers including the strengthening of empathic responding, tolerance, selflessness, humility, assertiveness, determination, perseverance and unconditional love (Bayat, 2007; Marciano et al., 2015; Markoulakis et al., 2012; Myers et al., 2009; Ooi, Ong, Jacob, & Khan, 2016). Some couples attempt to make meaning out of their situation and reprioritise areas of importance (Altiere & von Kluge, 2009; Bayat, 2007). Thus, parenting challenges may create opportunities to work together for the benefit of the family, ultimately bringing them closer over time (Hock et al., 2012).

Traditionally, effective intra-couple communication was considered one of the most important positive dimensions of relationship satisfaction and has been a key element of couple interventions (Karney & Bradbury, 1995). However, researchers postulate that communication is more effective when stress experienced by the couple is better managed. Consequently, recent research has focussed on the impact of dyadic coping (Bodenmann & Shantinath, 2004). Dyadic coping describes the efforts made by a couple in managing stress that affects their relationship, and might include strategies such as helping each other with practical tasks, joint problem solving or relaxing together (Bodenmann, 1997). There is emerging evidence that interventions aimed at strengthening dyadic coping increase relationship satisfaction in the general population (Bodenmann & Shantinath, 2004; Bodenmann, Pihet, Shantinath, Cina, & Widmer, 2006; Bodenmann, Hilpert, Nussbeck, & Bradbury, 2014). Such interventions may also be relevant to couples with a child with ASD, as a recent study found that satisfied couples were more likely to engage in positive rather than negative dyadic coping strategies than dissatisfied couples (Sim et al., 2017a). Consistent with this finding, another study found that mothers and fathers supportive dyadic coping related to their own and their partner's relationship satisfaction (Garcia-Lopez, Sarria, Pozo, & Recio, 2016). Partner support and joint coping strategies may be especially pertinent in couples with children with ASD due to the social isolation and associated decrease in support experienced (Fletcher et al., 2012; Ooi et al., 2016).

To date, ASD research has overwhelmingly focussed on the impact of raising a child with ASD on the parents, overlooking the potentially protective role of the couple relationship and its influence on the family. The challenges faced by families have been well documented; however, some families appear to emerge from this adversity strengthened and more resourceful when viewed through the family resilience framework lens (Walsh, 1996, 2003). This framework offers a useful perspective in interpreting how families surmount challenges and positively adjust even in the midst of overwhelming stress (Walsh, 1996). It describes vital family processes within three domains of family functioning: belief systems, patterns of family organisation and communication processes (Walsh, 2016b). As the nucleus of the family, the couple relationship is integral to these family processes and may be the key to family resilience as studies show that relationship satisfaction is associated with improved child behaviours, reduced stress and positive adjustment in families raising a child with ASD (Benson & Kersh, 2011; Hartley, Barker, Baker, Seltzer, & Greenberg, 2012; Weitlauf, Vehorn, Taylor, & Warren, 2014). Yet, few researchers have focussed their efforts on resilient couples and used their experiences to inform meaningful family-centred practice. Thus, the current study aimed to explore experiences of couples raising a child with ASD who self-report satisfaction in their relationship with their partner.

2. Methods

2.1. Research design

To address the study's aim, a phenomenological approach was used to elucidate a comprehensive understanding of relationship satisfaction in couples raising a child with ASD and how it can be maintained. It was designed to explore and give meaning to a preceding cross-sectional survey which collected data on socio-demographics, parenting stress, dyadic coping and relationship satisfaction (Sim, Cordier, Vaz, Parsons, & Falkmer, 2017).

2.2. Sampling and recruitment

To be eligible for this study, couples were required to be: 1) Cohabiting; 2) Primary caregivers of a child with ASD 18 years of age or under; and 3) Satisfied in their relationship with their spouse/partner. Couples were purposively recruited from the sample that participated in the preceding survey using a screening process. The Couple Satisfaction Index (CSI; Funk & Rogge, 2007) – which constituted part of the survey - was used to identify couples experiencing relationship satisfaction in accordance with the CSI test score cut-off of 104.5. The CSI is a 32-item standardised, self-report questionnaire that measures the respondent's satisfaction with their relationship with their partner. In the original sample of 127 caregivers, 82 (65%) obtained a CSI score suggestive of relationship satisfaction. While all 127 caregivers were in a cohabiting relationship, only 44 couples (i.e., 88 caregivers) completed the CSI and, therefore, were included in the screening process. Of these 44 couples, 31 (70%) couples reported relationship satisfaction. There were no significant differences found between the 31 satisfied couples and the 13 couples who did not meet the inclusion criteria with respect to socio-economic status, according to a Mann-Whitney U test conducted. The CSI was administered approximately 12 months prior to completion of all of the interviews.

2.3. Participants

A total of 31 couples met the inclusion criteria and were contacted by telephone and invited to an interview. Eleven of these couples agreed to be interviewed and consented to their interview data being used for the current study. Of the eleven couples interviewed, nine were legally married. Relationships ranged in length from 6 to 25 years. Socio-economic status was determined using the Socio-Economic Indexes for Areas (SEIFA) developed by the Australian Bureau of Statistics (Australian Bureau of Statistics, 2011), whereby each area in Australia is ranked according to relative advantage and disadvantage. Ten couples lived in areas ranked above the 50th percentile, three of those above the 75th percentile, suggesting relatively high socio-economic advantage. The majority of interviewees were the biological parents of a child with autism, with three being a step-father. Two families had two children with ASD, the other nine had one child with an ASD diagnosis. The 13 children with ASD ranged from 7 to 18 years, all but two were male and five had comorbid psychological, cognitive or medical diagnoses. A detailed description of the participants is provided in Table 1.

2.4. Data collection

In-depth face-to-face interviews were used to gain access to the lived relationship experiences of couples raising a child with ASD who reported satisfaction in their relationship. The interview was semi-structured with a minimum number of broad, open ended questions to facilitate guided storytelling (Streubert, 2011). The interview guide was informed by findings from a systematic review (Sim et al., 2016) and cross-sectional survey disseminated in an earlier study (Sim et al., 2017a). Questions can be viewed in Table 2. Additional open-ended prompts were used where necessary to elicit greater detail and depth. The interview guide was piloted with a mother of a child with ASD who met the criteria for inclusion but whose partner did not want to participate. The researcher reflected on this interview to refine interview skills, but no changes to the questions were deemed necessary.

Interviews took place over a three-month period. Couples nominated the time and place of their preference; eight interviews were conducted at the family home, two via teleconference and one in a meeting room at the university. Interviews were between 1 and 1 ½ hours in duration and were audiotaped to supplement hand written notes to facilitate accuracy, trustworthiness and authenticity of data (Streubert, 2011). All but one of the interviews were conducted by the first author (a PhD student with an occupational therapy background working with families of children with disabilities). In a single case, the couple was known to the researcher so a colleague from the university with similar skills and background conducted the interview to minimise bias.

Interviews were conducted until the information collected became repetitious and the research team decided that further recruitment would not add sufficient meaning to justify the costs and effort of continued data collection, in accordance with the principles of saturation (Strauss & Corbin, 1998). The first author anonymised transcripts prior to analysis.

To fulfil ethical requirements, participants were provided with an information and consent form prior to the interview. At the time of the interview, the interviewer reiterated the study details, participant rights and invited questions before gaining written consent. All participants agreed to be audiotaped. The study received ethics approval from Curtin University Human Research Ethics Committee (OTSW-05-2014).

2.5. Data management and analysis

Data were analysed using inductive thematic analysis (Patton, 1990). Interviews were transcribed verbatim by either the first author or a research assistant (employed under an agreement of confidentiality). In cases where transcription was completed by the research assistant, the first author reviewed the recording with the transcription to confirm accuracy. Being directly involved in the transcription process enabled the researcher to have prolonged immersion in the data and attain a depth of understanding to aid the analytic process (Englander, 2012). Transcriptions were imported to Nvivo 11 software (QSR International Pty Ltd, 2015) where they were stored and managed. Descriptions were read repeatedly and excerpts that provided an understanding of the phenomenon were identified and assigned codes that reflected the meaning (Creswell, 2013). Statements that were similarly coded were grouped together in categories (nodes). The coding structure was refined in consultation with the last author, examined for patterns and organised around central themes. These final themes were then reviewed and refined in discussion with the research team. Finally,

Table 1
Participant Characteristics.

Couple	Marital status	Length of marriage/ cohabitation (years)	Socioeconomic status (SEIFA percentiles)	Total number of children living with the couple	Number of children with ASD living at home	Relationship to the child (ren) with ASD	Characteristics of child(ren) with ASD		
							Gender	Age (years)	Comorbid conditions (as reported by parents)
Mr and Ms A	Married	17	75th-100th	1	1	Biological parents	Female	8	N/A
Mr and Ms B	Married	6	51st-75th	1	1	Biological mother Step father	Female	12	N/A
Mr and Ms C	Married	25	51st-75th	2	1	Biological parents	Male	18	N/A
Mr and Ms D	Married	13	26th-50th	1	1	Biological parents	Male	10	N/A
Mr and Ms E	Married	14	75th-100th	2	1	Biological parents	Male	11	N/A
Mr and Ms F	Married	21	51st-75th	2	1	Biological parents	Male	10	Sensory processing disorder Asthma Allergies
Mr and Ms G	Married	12	75th-100th	4	2	Biological mother Step father	Male	16	N/A
						Biological parents	Male	10	N/A
Mr and Ms H	Married	10	51st-75th	2	1	Biological parents	Male	7	Coeliac disease
Mr and Ms I	Cohabiting	17	51st-75th	4	2	Biological parents	Male	15	N/A
						Biological parents	Male	7	Cerebral palsy Global developmental delay Asthma Epilepsy
Mr and Ms J	Cohabiting	18	51st-75th	2	1	Biological parents	Male	12	Hearing impairment
Mr and Ms K	Married	8	51st-75th	2	1	Biological mother Step father	Male	15	ADHD

Table 2
Outline of the semi-structured interview guide.

Question
1 Would you please tell me about [your child with autism]?
2 How has raising a child with autism impacted on your lives?
3 Specifically, how has having a child with autism affected your relationship as a couple?
4 Describe the ways in which you maintain satisfaction in your relationship.
5 Is there anything you would like to add that would help me to understand your experience as a couple raising a child with autism?

the themes were used to create an exhaustive description that represented the 'essence' of the phenomenon according to common participant experiences, taking into account the contexts that influenced their experience (Creswell, 2013). The audio recordings were frequently referenced during the analytic and writing process to make use of cues such as intonation, volume and pausing in interpreting information (Streubert, 2011).

A number of strategies were used to improve trustworthiness of data. Detailed notes were recorded immediately following each interview and the audio recording was checked to ensure the information was accurately recorded and described the phenomenon adequately. Interview data were used together with questionnaire data (gathered during the preceding survey), as well as field notes gathered by the interviewer, thus achieving data triangulation (Carpenter, 2011). Additionally, investigator triangulation was achieved by consultation with multiple researchers during the analytical phase (Carpenter, 2011). Following analysis, each couple was contacted to review the themes in a process of member checking (Streubert, 2011). They all confirmed that the identified themes authentically reflected their experiences. The researcher engaged in reflexive journaling to identify and reflect on how held beliefs, assumptions and experiences influenced data collection and analysis. Peer debriefing was also conducted during fortnightly research meetings with three experienced researchers to promote reasoned methodological choices and credibility of data analysis (Streubert, 2011). These procedures have all been recorded to provide an audit trail.

3. Findings

The overall essence that emerged from the data was captured with the quote, "We are in this together". Couples expressed the belief that raising a family was a long-term commitment and acknowledged the importance of a solid partnership in achieving this. Ms A summarised: *"We both went into it thinking we are both a part of this, we both want to make it work and help [our child] any way we can. We will do a better job of that together".*

The shared experiences of raising a child with ASD brought them closer and they valued mutual support, stating: "*No-one knows exactly what it has been like except the two of us".* One couple expressed that the lack of understanding and support from others led them to quickly realise that they had to take full responsibility for their child's wellbeing and could only rely on each other. Couples affectionately described their partnership as: *"…partners in crime"* or *"…soldiers in the trenches".* Several caregivers explicitly stated that they did not feel they could raise a child with autism alone and consequently did whatever it took to make the relationship work.

Three essential themes supported this essence: 1) Shared beliefs; 2) Teamwork, and 3) Shared experiences. Each theme had three subthemes as described in Fig. 1.

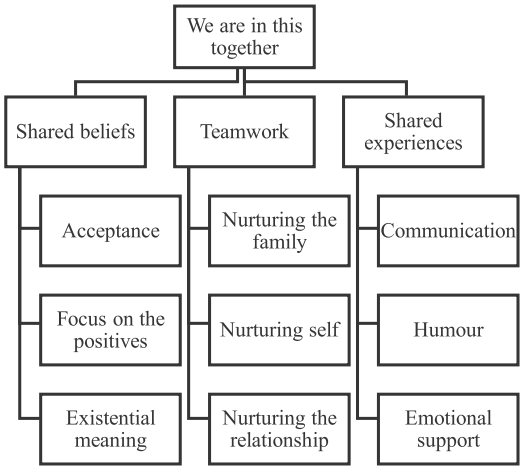

Fig. 1. Overview of the overall essence, themes and their subthemes.

3.1. Shared beliefs

3.1.1. Acceptance

Couples asserted the importance of acceptance in adjusting positively to raising a child with ASD and maintaining relationship satisfaction. Mr A described: *"An important part of this [raising a child with autism together] is acceptance. It is the way it is. That's all"*. Similarly, Ms G stated: "*One of our biggest strengths as a couple is that we have accepted that this is our family and it will be what it is"*. With acceptance, caregivers were able to make sense of their situation and comprehend it as manageable, reprioritise goals and maintain realistic family expectations. The process involved accepting that some situations could not be changed and instead acting upon the things that were changeable. Couples reported the importance of accepting challenges as they arose and adapting accordingly. As Mr F said, *"You just do it. You do what you need to do"*. Mr A noted the importance of not getting caught up in notions about what 'should be' or wishing for things to be different:

> The acceptance means we are not highly focussed on results. So, we don't have the expectations that our child is supposed to reach certain milestones at certain times…and in terms of our personal circumstances we accept that we can't do x, y, z…the trap is when you get caught up in desire and become frustrated.

Without acceptance, couples may not be able to effectively support each other to move forward and overcome challenges.

3.1.2. Focus on the positives

Most couples mentioned the importance of being positive to adapting as a couple raising a child with ASD and this quality was reflected in their narratives. For example, even when discussing challenges and stressors, couples would contextualise them positively with follow up statements such as: *"…but we are making progress"* (Mr E) and *"…but it's not that bad, it could be worse"* (Ms G). A positive perspective entailed optimism for the future, a focus on progress, emphasis on good qualities, making the most of life and practicing gratitude. Mr A provided an example:

> I'll offer a story. It's like you are planning a trip to Paris and you end up in Moscow, and it's like 'wait a second, this is not what I was expecting!' But hey, you make the most of it. Moscow's got its own sights to see.

3.1.3. Existential meaning

Some couples made existential references to explain their experiences, thereby providing hope and belief in their ability to surmount all the challenges they faced as a couple. For example, Ms H stated: *"Nothing happens without a reason and nothing gets put in front of you that you can't deal with. That would have to be core belief of our marriage, I think"*. For one couple (Mr and Ms C), religious faith was instrumental in maintaining their relationship:

> There was no one who had the knowledge or the expertise or even the compassion to step out and help. If we were trying to work something out and I was trying to get counsel, there was no one. No one that I had met that actually had the ability to help me clarify or to see what was going on, so I'd be praying like crazy! And that's the truth. The spiritual part of our lives has been a huge part in developing our relationship because without that we wouldn't have stayed together.

3.2. Teamwork

Each couple discussed the importance of working together as a team to raise their family. In fact, some couples felt that raising a child with ASD strengthened their ability to work together and this brought them closer. They learnt to rely on each other and became each other's most important source of support. For example, *"We both know that without one of us here the household wouldn't run"* (Mr I) and *"If one of us falls in a heap, the other one is hanging on, keeping things floating"* (Ms J).

Couples differed in the way their 'team' operated; for instance, some couples fulfilled traditional gender roles whereby the mother was the primary caregiver and the father was the wage earner, while others had less differentiated roles and shared employment and caregiving equitably. These role divisions appeared to be based on an interplay of many considerations, such as family composition, caregiving needs, availability of support, finances, personal values and career aspirations. However, some of the couples did state they felt the caregiving requirements of their child(ren) with ASD necessitated changes to the employment status of at least one parent. For example, Mr and Ms E explained how having a child with ASD affected their lives:

> Well, I gave up work. We had to change our style of parenting. Everything pretty much changed. For the first few years, it was all about [child] and his therapy…Mr E had to work harder because we'd have to pay for the therapy. It was very expensive because it was all private. It was all out of our pocket. So it was quite difficult (Ms E). Although, I guess we were lucky from that perspective in that we were in a position to pay for the extra help. So we didn't have the financial strain that some probably do (Mr E). We also had parents that would back us up financially. We didn't really want to, but we always had that backup (Ms E).

Another couple reflected on the benefit of the male partner's earning capacity in their ability to assume traditional gender roles as their preferred style of parenting:

> We went from being twin incomes to me being on a very good wage that effectively substitutes our previous income. So that's my role within the arrangement. It allows Ms H, who wanted to be a stay at home mum, to do so. When [child] came along, she

needed to be a stay at home mum even more so (Mr H).

In contrast, Mr and Ms A both worked, but expressed that it required significant juggling and teamwork, especially in the absence of support. It also meant that both had to make compromises to their careers:

> Sometimes I think it would be good to spend more time concentrating on work, but it's just not a reality. It can be difficult at times because all the literature you get surrounding work says that to be successful you have to put the hours in - that to be successful, you must meet certain targets. But there's just no way to do that. You have to readjust your ambitions and thoughts as to what is realistic (Mr A).

Regardless of the role distinction, couples expressed having a mutual understanding and appreciation of each other's roles and felt satisfied that, overall, family responsibilities were shared within their partnership.

> There is no real sense of 'this is your job, that's my job'. That doesn't just refer to [the child] but things that need doing around the house. There are things I might do that Ms A doesn't and vice versa, but I think the load is pretty well shared (Mr A).

This feeling of "We are in this together" appeared to be consistent across couples, regardless of whether they were both the biological parents or not. Two of the parents interviewed were stepfathers, who became involved with the mothers after the child with ASD started school. In both of these cases, the step-father was actively involved in the child's care, and this positively affected the quality of the relationship, as described by Mrs K: *"Mr K has a great relationship with the kids and helps with looking after them. Like, he does his Pokemon or plays games with the kids and that helps our relationship a lot"*.

Couples reflected that through teamwork, they could better achieve common goals, which included nurturing the family, the self and the relationship.

3.2.1. Nurturing the family

Working in partnership to nurture the family was an important part of relationship satisfaction. Couples reported that they were both actively involved in raising their child with ASD. Some couples made an effort to attend appointments together, finding it *"less daunting"* (Ms A) and valuing the support in managing the children. However, circumstances did not always permit this, in which case caregivers actively kept each other involved by communicating outcomes and sharing the goal setting and decision making. Ms F explained:

> Mr F comes along if it's a big appointment with a big specialist. I can't handle driving in the city, never mind managing the children as well. So that becomes a family thing, we all go. But if it's a local appointment – and there just seems to be an endless stream of appointments – it's always me that has to go but I still want Mr F to feel involved and not cut off.

Mr and Ms F gave a further example of how they were both involved in the medical management of their child with ASD:

> We made a joint decision that we're going to give him this medication. We had a lot of discussion about it. We both did our own research and then we talked about, you know, the various findings (Ms F) and – [Mr F interjects] the side-effects. Like, with the current one he's on, one of the side-effects is obesity. We've noticed that there's significant weight-gain with him. As I have always done the cooking, it's my responsibility to try to make sure his diet is as balanced as can be, given that he eats all the time! (Mr F). Yeah, and it's my responsibility too, because I'm here all day at home schooling him so if you were planning the main meal and I was stuffing him full of junk food during the day it wouldn't work. So, we are working together towards the same goals (Ms F).

Many couples placed significant value on spending time together as a family to create a sense of belonging, connectedness and a semblance of what they considered to be 'normal' in family life. This required a level of adaptability to balance things that had to be done with things they enjoyed, and accommodating for the often-restricting needs of their child with ASD. A quote from Ms J captured this:

> We do things together, but things we can involve the kids in. Like, Mr *J* likes watching the baseball so all four of us went and watched our local club play the other weekend. Now, if you asked me what kind of activity I would like to do on a Friday night, I probably wouldn't pick a baseball game! But I got to sit there and chill out for a bit and the kids enjoyed going and Mr *J* enjoys going and it's our club…We also eat at the table; we all sit at the table for our tea every night. I think we try and maintain that connectedness between the four of us, that's just one of the ways we keep all the people together.

Several couples expressed the importance of parental solidarity in their relationship. For example, Mr and Ms F stated:

> We do try to keep a united front with each other because [the children] could so easily divide and conquer - you know? Play us off against each other. Also, they don't get conflicting messages. If we do have a problem with each other and our parenting styles or skills, we try to keep that conversation until after they've gone to bed. But, you know, if I disagree with the way Mr F handled something, I won't undermine his authority in front of the children. But after they've gone to bed I will say something. (Ms F).

3.2.2. Nurturing self

Couples recognised that an important aspect of being in a satisfying relationship was nurturing the self: *"We are a couple but we are still individuals within the relationship and everyone needs to have some 'me' time"* (Mr H). By working as a team, couples could provide opportunities for self-nurturing. For example, one partner would assume caregiving responsibilities to allow the other to relax or

pursue their own interests. This not only aided their management of stress and improved quality of life, but promoted feelings of being valued by their partner and consequently a fondness and appreciation for each other. Ms E explained:

> One thing we do to stay close is…I like to go for a run and if I don't I go crazy. So, when there's crap everywhere and I really should be staying home, Mr E gives me half an hour to go for a run. That makes me feel close to him because I think 'well, that's pretty nice of him'.

3.2.3. Nurturing the relationship

Couples stated the need to prioritise the relationship and perceived it as a joint responsibility that required effort. Mr I captured this by saying: *"As much as the therapy and the specialists and the medical appointments are important, your relationship is also important. If you are wanting to stay married, you need to work on it".* To nurture their relationship, couples ensured they spent quality time together without the children. For some couples, this involved scheduled time or formalised events, such as date nights. However, not all couples had the means (or desire) to do this and found alternate ways to enjoy time together. Most couples stated they simply enjoyed being in each other's presence, be it watching television, reading, gardening or having a drink on the porch together. For example, Ms E described the stress around going out and leaving their child in the care of others and went on to say: *"…so we didn't do date nights. But just sitting on the couch when [the child] was in bed was enough, you know? We didn't need to go out."*

Maintaining intimacy was also a priority for several couples: *"…and sex! We actually quite enjoy our love life…it's something which we work on and try to take time to get that intimacy"* (Mr I).

3.3. Shared experiences

Couples voiced that they were united by shared experiences and mutual understanding; they both knew what it was like to raise their child with ASD and they were aware of the compromises and effort each other made. These shared experiences provided grounds for appreciation of each other and promoted positive couple interactions – such as communication, humour and emotional support.

3.3.1. Communication

In order to work effectively as a team to raise a family, couples spoke of the need to practice open and honest communication. However, effective communication was not limited to coordinating parenting responsibilities; couples proclaimed that they felt comfortable in sharing their feelings and opinions about almost anything. Mr C explained: *"We are always talking about everything, because if you don't communicate, you make assumptions."* Mr A stated that communication was necessary for effective problem solving: *"It's in the talking discourse that the knowledge about what to do arises."* Several couples felt that learning to listen was vital to effective communication, as was remaining calm: *"In the heat of the moment you can't achieve anything, you have to walk away for a bit, calm down and then talk about it"* (Ms D).

3.3.2. Humour

"You've got to have a sense of humour" (Mr D). Couples expressed the importance of being able to share jokes with each other and laugh at themselves and the situations they found themselves in. Ms I described it as a coping strategy: *"If you don't laugh, you cry!"*. Often, the humour related to their specific circumstances so that only their partner would appreciate it; for example, quirks the children have or do. Ms I explained: *"We can laugh at each other's jokes without having to explain the situation or whatever. We both just look at each other and know what we are laughing about."* One parent appreciated the freedom to be honest in their humour with their partner without judgment and the need to be politically correct.

3.3.3. Emotional support

Couples stated that they looked out for each other and made themselves available to their partner when they needed it, even if they could only afford five minutes. This often involved merely being listened to, as Ms H described: *"All he has to say at the end [of my rant] is a little bit of validation and I still love you and don't worry…a verbal hug."*

When the need for emotional support was communicated, partners would ask what they could do, or simply take over tasks to give their partner time and space to manage their distress. Ms *J* captured this with her description:

> So, if Mr J's having a really flat 'I'm at the end of my tether' kind of time then I recognise that…or if he sees that I'm ready to throw someone against the wall, he'll say 'Look, mum's feeling really tired, let's leave her alone for a bit'…so one of us will take responsibility for the kids and it's like putting an emotional or mental buffer around the other person. You don't let the kids go in and cause an upset, or if the phone rings you answer it, or if dinner needs to be put on you put on dinner. So, give the other person a bit of time and space to come back to reality.

Being emotionally supportive and empathic involved avoiding taking things personally. Couples understood each other's need to vent or take time out without making it a personal reflection on them.

4. Discussion

The purpose of this study was to gain insight into the relational experiences of couples raising a child with ASD who report

relationship satisfaction, acknowledging them as an important source of resilience for families. The overall essence of "We are in this together" encapsulated three main themes: 1) Shared beliefs, 2) Teamwork, and 3) Shared experiences, which closely paralleled the three interactive domains of the family resilience framework (Walsh, 2003, 2016a). Resilience is the capacity to withstand and recover from disruptive life challenges to emerge strengthened and more resourceful in facing future challenges (Walsh, 1996). Even relatively low levels of resilience can buffer against stress associated with raising a child with ASD (Bitsika, Sharpley, & Bell, 2013; Pastor-Cerezuela, Fernandez-Andres, Tarraga-Minguez, & Navarro-Pena, 2016). The couples interviewed not only managed the challenges but also demonstrated personal and relational transformation. The three domains of the family resilience framework (Walsh, 2003, 2016a) are discussed below with reference to the themes extracted from the data.

4.1. Belief systems

An important component of a resilient family structure is shared beliefs as they govern family functioning; shape relationship expectations and interactional patterns; and influence adjustment to challenging situations (Walsh, 1996). All of the interviewed couples shared the belief that raising a family was a joint responsibility and challenges were best overcome if they worked as a team. Together, couples gave meaning to their situation and contextualised it as comprehensible and manageable. This sense of coherence can act as a protective factor, buffering stress and enhancing quality of life, wellbeing and relationship quality (Bekhet, Johnson, & Zauszniewski, 2012; Kaniel & Siman-Tov, 2011; Pozo & Sarria, 2014; Siman-Tov & Kaniel, 2011). By making sense of their situation, couples were able to focus on strengths and mobilise resources for change (Walsh, 2003). However, raising a child with a disability can impact on parents' sense of coherence (Pisula & Kossakowska, 2010). Therefore, providing clear and consistent information about ASD, treatment options and available support can help parents comprehend their situation and reduce stress (Pozo & Sarria, 2014).

Making meaning from life's challenges requires acceptance and for the interviewed couples this involved recognising aspects of their lives that were outside of their control and learning to live with *the uncontrollable* through positive reframing. This enabled them to become action-focussed and prioritise situations that were amenable to change. Positive thinking was also believed to contribute to relationship satisfaction in the couples, a finding supported in other ASD studies (Ekas et al., 2015; Lickenbrock, Ekas, & Whitman, 2011; Sim et al., 2016). This is because positivity creates feelings of optimistic expectations in couples about their lives together and makes it harder for negative events to disrupt their equilibrium (Gottman & Silver, 2015). Hope can be a source of energy, motivating couples to search for solutions, surmount challenges and seize opportunities (Walsh, 2003). In fact, one study of caregivers of a child with ASD found that positive cognitions can mediate the effect of caregiver burden on their resourcefulness (Bekhet, Johnson, & Zauszniewski, 2012). Couples can be supported to examine their own belief systems, affirm strengths and envisage a better future. There is preliminary evidence for the effectiveness of positive thinking training in caregivers of children with ASD (Bekhet, 2017) and future research would benefit from evaluating its effects on caregiver outcomes such as relationship satisfaction.

Spirituality has been identified as a resilience factor in a number of studies (Bayat, 2007; Phelps, Hodgson, McCammon, & Lamson, 2009; Walsh, 2002; Zhang, Yan, Barriball, While, & Liu, 2015) and some of the interviewed couples confirmed its role in maintaining relationship satisfaction. Spirituality does not necessarily involve religious associations; spiritual nourishment may come from personal connection with nature, music or the arts. In fact, anything that provides meaning and purpose beyond ourselves and immediate circumstances can be perceived as spiritual experiences (Walsh, 2003).

4.2. Organisational processes

According to the family resilience framework, resilience can be fostered through organisational processes, such as flexibility, connectedness, shared leadership, mutual support and teamwork (Walsh, 2002). Teamwork emerged as a key theme for couples in maintaining relationship satisfaction by facilitating connectedness in their mutual commitment to the family, their relationship and themselves; a finding supported in other studies (Bayat, 2007; Hock et al., 2012; Marciano et al., 2015). Couples showed flexibility in making changes to meet the needs of their child with ASD. For example, couples prioritised the need to spend time together and in situations where it was difficult leaving their child in the care of a babysitter, they found alternate ways to get this time. There was also recognition that while family cohesiveness was important, so was the need to respect individual differences, separateness and boundaries (Walsh, 2003) and couples enacted this by supporting each other to nurture the self.

4.3. Communication and problem-solving processes

Family resilience can be fostered through communication processes that clarify ambiguity, encourage open emotional expression and empathic responses, and enable collaborative problem solving (Walsh, 2003). Couples explicitly stated that in the absence of clear communication assumptions are borne which can cause unnecessary stress and conflict in the relationship and that solutions to problems are usually identified through discussion. Couples felt that communication was fundamental to working as a team to raise their child with autism; however, it went beyond that to encompass the expression of feelings and concerns, and being listened to, validated and supported emotionally. The partner's response to the communication was also important, for example, if one partner communicated needing space, the other would respond by allowing them space, which reinforced the communication as successful and made the partner feel closer to them. Open communication also meant that couples felt free to share jokes, and they were connected by humorous moments that only they could jointly understand.

4.4. Strengths, limitations and future research

By virtue of design, the findings cannot be generalised to other couples with a child with ASD. Paradoxically, this is also a strength of the study as individual differences are recognised. The interviewed couples had experiences with common, as well as unique, characteristics and this highlights the need for a non-prescriptive approach to intervention that accounts for different perspectives and circumstances. These findings are from a relatively homogenous sample. Future research should compare these findings against families with children with ASD from different cultural backgrounds, living in rural and remote areas, of low socioeconomic status, same sex couples, and couples with very young children or children with more recent diagnoses.

Another limitation is the potential for premature cessation of data collection; some researchers argue that the concept of saturation is arbitrary and may never truly occur (Strauss & Corbin, 1998). Thus, it is plausible that eleven couple interviews, capturing the narratives of 22 parents, were not enough to gain an exhaustive account of experiences and further data collection may have revealed new information. However, the data collected was becoming repetitive and further sampling would have involved unjustifiable cost and effort to recruit couples and screen them using the relationship satisfaction questionnaire, as the original list of participants had been exhausted. From the list of eligible couples, 20 declined to be interviewed, however, the reasons for declining are unknown. One possible explanation could be that their levels of relationship satisfaction had changed since first completing the CSI a year earlier (the predictive validity of the CSI has not been established). Certainly, previous research has demonstrated that parents raising a child with ASD experience a general decline in relationship satisfaction over time, with fluctuations significantly associated with child behaviour (Hartley et al., 2012).

Bias may also have been introduced as a result of assumptions built on the researchers' knowledge and experience. It is believed that the fewer the preconceived notions, the less chance of bias (Streubert, 2011). However, the nature of the research project was such that the first author was already familiar with the phenomenon under study through background research, clinical experience working with families with ASD and shared experiences of a married parent of a child with ASD. To address this, the first author journaled her reflections and debriefed regularly with the other researchers.

The decision to interview partners together may have limited full disclosure; however, it was believed this impact would be minimal given the strengths-based approach. Another limitation of this method is that one partner may assume responsibility and do all the talking. The interviewer was aware of this potential and endeavoured to involve both partners by directing questions accordingly. Overall, the potential for the presence of these limitations was outweighed by the benefits of observing couple dynamics.

4.5. Implications for practice

A child with ASD can have a pervasive, long term, reciprocal impact on the family, thus, family-centred approaches are considered best practice (Coogle & Hanline, 2014; Cridland, Jones, Magee, & Caputi, 2014; Gabovitch & Curtin, 2009; Hodgetts, McConnell, Zwaigenbaum, & Nicholas, 2017). To authentically achieve this, attention ought to be given to the couple relationship as the core of the family system. The present study shows that shared beliefs, teamwork and shared experiences are integral to relationship satisfaction, which is a promising finding as they are variables amenable to change. This is also consistent with the understanding that dynamics within couples are stronger predictors of relationship satisfaction than demographic variables (Karney & Bradbury, 1995), a finding supported by the previous cross-sectional study in couples raising a child with ASD conducted by the authors (Sim et al., 2017b). Thus, strategies exist for strengthening relationships in ways that could be accessible to most couples raising a child with ASD.

Many couples may experience the negative impact of raising a child with ASD by the time of diagnosis (Bower Russa et al., 2015; DePape & Lindsay, 2015) making early relationship intervention imperative. However, intervention should not be restricted to families in distress; instead, a strengths-based approach targeting key processes for resilience can promote positive family adjustment, empower families, bring hope, reduce family vulnerabilities and equip families with the ability to effectively manage future challenges as they may arise over the course of the family life span (Bekhet et al., 2012b; Walsh, 2016b).

Professionals can support families with a child with ASD through therapeutic interactions, education and referral to relevant services. Raising awareness of the importance of the couple relationship to the entire family and highlighting the possibilities for satisfaction, is fundamental. Couples can be supported to prioritise their relationship as a goal alongside other therapy goals and identify strengths and ways to fortify their relationship. Clinicians can encourage both parents to be 'in it together' by sharing responsibilities, goal setting and problem solving together. This can be facilitated through service delivery, for example, offering appointments outside of work hours, home visits or provision of child minding at clinics so that both parents can be present. It is important that professionals are aware of the resources available to families, such as respite and couple therapy programmes and provide this information as necessary. Through the therapeutic relationship, clinicians can also model and encourage acceptance, positive reframing and open communication.

Families with a child with ASD would benefit from relationship education and enrichment programmes as an adjunct to other parenting- and child-focussed intervention. Involving parents in therapy improves outcomes, but their capacity for involvement depends upon their stress and coping (Burrell & Borrego, 2012; Hodgetts et al., 2013; Karst & Van Hecke, 2012; Mackintosh et al., 2012; Osborne, McHugh, Saunders, & Reed, 2008). Strengthening the couple relationship and dyadic coping strategies can enhance parental wellbeing, parenting efficacy and maximise the effectiveness of child-centred interventions; in fact, there is emerging evidence that couple-focused interventions can be just as effective as parenting-focused interventions in promoting positive child adjustment in children with behavioural challenges (Zemp, Milek, Cummings, Cina, & Bodenmann, 2016).

There is a need for intervention approaches that focus on strengths, not just in the individual but within the couple as a source of

family resilience. Raising a child with ASD places couples at a greater risk for relationship dissatisfaction (Sim et al., 2016) but with greater attention to factors such as shared beliefs, teamwork, and shared experiences couple relationships can be enriched and families better equipped to manage challenges as they arise throughout their child's development.

Conflict of interest

The authors declare that there are no conflicts of interest.

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