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ABSTRACT

The paper reviews literature on the family-ecological perspective regarding autism and examines the bidirectional influences among child, family, professional, and school. It is noted that, in contradiction of psychogenic theories of autism, research suggests that parents of autistic children are not more pathological than parents of otherwise handicapped children. The effects of marital and sibling subsystems are considered, and lack of research on the topic is noted. It is asserted that medical professionals and educators can interact with parents and family members in ways that either reduce stress and help ameliorate a difficult situation or exacerbate existing difficulties. (Author/CL)

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Autism: A Family-Ecological
Systems Perspective

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Abstract

The autistic child is embedded within several systems including the family, medical system, and school. The interactions of these systems exert strong effects upon the behavior of the child and the other members of these systems. This paper reviews the extant literature and describes the nature of the bidirectional influences among child, family, professional, and school. In contradiction of psychogenic theories of autism, researchers have observed that the parents of autistic children are not more pathological than the parents of handicapped children. The confusion, frustration, and uncertainty experienced by these parents seem related to the problems presented by their autistic child as well as other systemic variables. Although researchers have rarely evaluated the influence of autism upon the marital relationship and siblings, both beneficial and detrimental outcomes seem feasible. Medical professionals and educators can interact with parents and family members in ways that either reduce stress and help to ameliorate a difficult situation, or exacerbate existing difficulties.

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Autism: A Family-Ecological Systems Perspective

During the past 30 years researchers of child psychopathology have shifted their perspectives in recognition of two principles. First, the child is embedded within multiple systems which interact in direct and indirect fashions to influence behavior (Bronfenbrenner, 1979). Second, behavior occurs within relationships that are characterized by reciprocal and bidirectional interactions (Bell, 1968; 1971).

There are several systems that influence and are influenced by the child's behavior. Most important is the family system which includes parent-child subsystems as well as the marital relationship and sibling subsystem. Other pertinent systems include peer groups, neighborhood, schools, and the professionals who interact with the autistic child and his or her family. In addition to the impact of these systems, the interactions between systems influence child behavior. The quality of parent-school relations, for example, may serve to exacerbate or ameliorate maladaptive child behavior. Consideration of interactions within and across systems is necessary in order to more fully understand and appreciate the ramifications of childhood autism.

Behavior is not unidirectional; it is reciprocal and bidirectional in nature. Researchers of child psychopathology have frequently and erroneously attributed child behavior problems to certain parental behaviors. For example, researchers have observed that the parents of aggressive delinquent adolescents are sometimes hostile and rejecting toward their children. From a unidirectional perspective, parental rejection has been posited to cause delinquency. However from a bidirectional perspective, it is equally probable that repeated child noncompliance

and obnoxious delinquent behavior caused parental rejection. The family-ecological perspective (Henggeler, 1982) emphasizes the reciprocal nature of such parent-child interactions and attributes behavioral difficulties to the system rather than the child or the parent, per se.

The purpose of this paper is to examine the effects of the autistic child on the systems in which he or she is embedded and upon the interactions between these systems. We focused upon the family, school, and medical/professional systems and identified those factors that are most likely to exacerbate the difficulties posed by the autistic child. Recommendations are made for minimizing the negative effects of autism across systems.

The Family System

Undoubtedly the system most strongly affected by the autistic child is the family. Effects are felt by all family members and family subsystems.

Parent-Child Interactions

Parents, as primary caregivers, have received a great deal of attention from researchers of childhood autism. Traditional clinicians and researchers, employing a unidirectional model of causality, have concluded that parental psychopathology is a major etiological factor in autism (Eisenberg & Kanner, 1956; Goldfarb, 1961; Kanner, 1949). For example, Meyers and Goldfarb (1961) characterized parents of autistic children as passive, uncertain, lacking in spontaneity, bewildered, and unresponsive to socially unacceptable behavior. The authors attributed much of the autistic child's behavior to such parental pathology.

The psychogenic position has been challenged by researchers operating out of two different perspectives. First, there is extensive evidence that the mental health of parents with autistic children does not differ from the

mental health of parents with handicapped children (Cantwell, Baker, & Rutter, 1978). Although Goldfarb and his colleagues reported that parents of autistic children are especially psychopathological (Goldfarb, Goldfarb, & Scholl, 1966; Goldfarb, Levy, & Myers, 1972; Goldfarb, Yudkovitch, & Goldfarb, 1973), their findings have not been replicated. Cantwell et al. (1978) suggested that the findings of Goldfarb and his colleagues resulted from methodological inadequacies including poor sampling methods, inappropriate control groups, and the failure to differentiate between autism and other developmental disorders.

A second challenge to the psychogenic view of autism emerges from a growing body of developmental literature, as well as from family system theory. Developmental researchers have demonstrated that individual differences in infants regarding mood, temperament, and regularity, affect parental perceptions of the child and parent-child interactions (Bell, 1968; 1971; Korner, 1971). At birth the autistic child is relatively unresponsive to social stimulation and infrequently reciprocates maternal and paternal overtures. Faced with an unresponsive infant, most parents initially increase their level of stimulation in the hope of prompting increased behavior. However, as the infant continues to withdraw, the parent is naturally confused, perplexed, and may feel rejected and inadequate. Although parents may further increase their efforts to interact with the child, such efforts are doomed to failure. Parents learn that their efforts are not productive and they eventually withdraw and decrease their attempts to elicit responses from the infant. Such parental behavior may appear to be cold and rejecting from an outside perspective several years after birth. However, when viewed within a bidirectional and

longitudinal context, parental withdrawal is a natural outcome of a difficult situation.

In summary, the parents of autistic children tend to manifest characteristics that are consistent with those found for parents of children with developmental disorders. Parents might react with confusion, uncertainty, perplexity, frustration, and a general sense of inadequacy. In some cases they will respond to their child with greater than normal nurturance and permissiveness (Wolchik & Harris, 1982). In other cases parents may respond with rigidity and rejection (Goldfarb, 1961). The particular response is a product of several interrelated factors including the individual qualities of the parent, the child's behavior and level of functioning (Goodman Campbell, 1979), parental child-rearing attitudes (Yule, 1975), and the availability of extrafamilial resources.

The Marital and Sibling Subsystems

Although there is growing interest in the effects of autism on parent-child interaction, few efforts have been made to assess the effects of autism upon other family subsystems. It is highly likely that the extreme stress, frustration, time, and financial demands of raising an autistic child impact upon the marital relationship. Successful marriages require joint activities, privacy, relations with extrafamilial social systems, and emotional responsivity. The increased child-rearing burden that typically falls upon the mother may lead to resentments of the husband's apparent freedom. The obvious nature of the autistic child's problems make it difficult to take the child out in public, thus limiting joint family activities. The behavior problems can also make it difficult to find an appropriate babysitter so that the parents can have some time alone.

Moreover, management of the autistic child's behavior problems can become a battleground of marital conflict (Kysar, 1968). On the other hand, for some couples increased stress can enhance their emotional bond. Successfully coping with their child's problems enables them to become more mature, compassionate, and giving. It is essential that researchers begin to address the parameters of both the positive and negative impact that autism exerts upon the marital relationship.

The effects of autism upon the autistic child's siblings have not been evaluated. Normal siblings may resent the amount of attention given to the autistic child by their parents, thus impairing parent-normal child relations. Similarly, siblings may be reluctant to invite playmates to their home, thus impeding peer relations. Siblings may also have greatly increased responsibility to care for their autistic brother or sister, thereby further limiting the development of social relationships. On the other hand, the family may develop in a way that allows siblings to acquire a tolerance for differences among people, compassion, and empathy. Unfortunately, research has not identified those factors which mitigate or exacerbate the effects of living with an autistic sibling. Variables such as severity of the autism, effects on the marital relationship, modeling of attitudes by parents, and the ages of both the sibling and the autistic child likely play a role in the siblings' response.

Family-Medical System Interface

The professional's conceptualization of the etiology of childhood autism significantly influences his or her relations with the child's family (Kysar, 1968). Professionals who hold strong organic perspectives may absolve the parents of responsibility for the child's behavior and inadvertently fail to make the necessary demands on parents for adequate

treatment. Adherence to a psychogenic view may provoke increased parental guilt as well as a devaluation of parental observations and concerns. For example, Zuk's (1959) warning to professionals not to accept parental assessments of their autistic child at face value has probably resulted in an inappropriate distrust of parents by clinicians. Professionals who disregard parental input may unwittingly isolate parents, leaving them discouraged, frustrated, and delaying appropriate interventions. In fact, parents are realistically aware of their autistic child's limitations and rarely distort their assessment in a favorable direction (Kysar, 1968; Schopler & Reichler, 1972). It is important to remember that although the parent might give accurate assessments of the autistic child's behavior, this does not necessarily mean that he or she will understand the implications of this behavior in terms of prognosis and treatment.

Therapeutic interventions are usually a direct function of the theoretical orientation adopted by the professional (Bartak & Rutter, 1973). These interventions become the ongoing basis of the interaction that occurs between the professional and family. Parents generally respond quite favorably to treatment interventions if professionals are sensitive to their impact on family functioning (Kysar, 1968). Professionals who fail to consider the effect of their directives on the parents' feelings, marital relationship, sibling relations, and financial resources, seriously undermine therapeutic goals (Howlin, Marchant, Rutter, Berger, Hersov, & Yale, 1973). However, by directly responding to these systemic issues the professional may enhance treatment efficacy and family functioning.

There is a growing body of research which demonstrates that parents perceive treatments differentially depending upon the behaviors targeted

for change, the efforts of the professional, and the congruence between treatment strategies and parental attitudes toward child management. The behaviors targeted for change that have the most impact on the family are those related to improved social skills and reduction of bizarre behavior. Behaviors such as speech, self-stimulation, tantrums, play, and cooperation heavily influence global impressions of autistic children and if these behaviors are modified some negative effects on the family can be alleviated (Schreibman, Koegel, Mills, & Burke, 1981). In addition, specific information regarding child management techniques has been found to favorably impact upon the parents' ability to cope with the difficult situations presented by their autistic child (Gardner, Pearson, Bercovici, & Bricker, 1968).

Demonstrations of the professional's interest, effort, and concern have a positive effect on the family's attitude toward treatment (Holmes, Hemsley, Rickett, & Likierman, 1982; Howlin, et al., 1973). This concern and effort can be demonstrated by a willingness to make home visits (Holmes, et al., 1982), to discuss problem issues such as guilt and resentment and to be sensitive to family functioning (Kysar, 1968). In addition, professionals who explain treatment goals in a manner consistent with the child-rearing attitudes of the parents increase the probability that behavioral changes will be effectively maintained (Yule, 1975).

Finally, professionals who work with families of autistic children must remember that there will certainly be instances when the autistic child does not respond to treatment. In the face of such failure the clinician's sense of professional competence may be threatened and he or she may feel a need to blame someone for the lack of progress. This may

lead to the unfortunate displacement of guilt and anger toward the parents and family or even toward the autistic child (Aug & Ables, 1971). In order to minimize frustrations and displacement, professionals need to monitor their emotional response to working with autism as well as the subtle effects of their behavior upon the family.

Family-School System Interface

The school system interacts with the family system in several significant ways. In many cases this relationship is manifestly unidirectional, that is, the school provides programs for the child and information to the parents without considering the family's readiness and ability to carry out the instructions. If parents are overburdened by expectations of the school they may withdraw from school contacts and the school's ability to intervene effectively is reduced. Efforts aimed at systematically increasing positive mutual interactions between school and family are warranted, especially in light of evidence suggesting that manipulation of the school environment to more closely resemble home conditions facilitates generalization of educational gains (Handleman & Harris, 1980).

To facilitate increased reciprocity between home and school, Ruttle (1981) suggested that the school psychologist serve as a liaison and coordinator of treatment efforts. For example, the psychologist would be responsible for on-going assessment, consultation, and support of the educational staff as well as for insuring that parents and teachers are well informed about the autistic child's behavior in both settings (Sloan & Marcus, 1981). The professional might encourage specific activities such as parental observations in the classroom, team planning of treatment strategies, and home visits to observe the efficacy of those strategies. Hopefully, such coordination would increase therapeutic consistency across

settings and facilitate the behavioral gains of autistic children (Schopler, Brehm, Kinsbourne, & Reichler, 1971). Moreover, such an approach should enhance parental understanding of treatment procedures and demonstrate a high level of concern on the part of the school. Each of these factors have been shown to contribute to treatment gains and maintenance (Wetzel, Baker, Roney, & Martin, 1966).

Finally, Kelley and Samuels (1977) suggested that schools provide support and discussion groups for the families of autistic children. The efficacy of such groups in terms of reducing isolation, anger, frustration, and guilt has been demonstrated with parents of retarded children (Tavormina, Hampson, & Luscomb, 1976), and the parallels for parents of autistic children are evident. In addition, such groups could be used by the school system as an opportunity for further parent training and refinement of treatment strategies.

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