

# Smiles from the Heart: Humanistic Counseling Considerations for Fathers of Sons with Asperger's Disorder



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**This exploratory, qualitative study analyzed the narratives of four fathers of sons with Asperger's disorder, a form of autism, as they described the rewards, challenges and coping strategies associated with their lived experience. The author identified participants via a typical case sampling method; collected data with one-time, semistructured interviews; and utilized emergent theme analysis to highlight themes across the fathers' narratives. Fathers identified finding a clear communication system with their sons as most rewarding, behavioral issues with their sons as most challenging, and acceptance of their sons' condition as a coping strategy. Implications for humanistic counseling practice and future research are presented.**

*Keywords:* fathers, autism, Asperger's disorder, rewards, coping

The counseling profession has long embraced concepts of humanism in theory and in practice. Rogers (1957, 1961) articulated within the six necessary and sufficient conditions for counseling that counselors should seek to understand the lived experiences of their clients. According to Mize (2003), a primary tenet of humanistic counseling is the belief that clients actively assign meaning to their experiences. Scholl, McGowan, and Hansen (2012) wrote that “humanistic practices and approaches to counseling . . . may be understood as those that highlight relating to people in empathic, respectful, and growth-producing ways” (p. 7).

There is a greater need for counselors to understand the experiences of parents of children with autism as the diagnosis rates of these disorders increase (Centers for Disease Control and Prevention [CDC], 2014). Counselors whose orientations integrate behavioral interventions (e.g., cognitive-behavioral interventions, solution-focused interventions, rational emotive behavioral interventions) help parents use strategies to address the behavioral symptomology of autism in their children. Humanistic counseling interventions (e.g., narrative interventions, person-centered interventions) offer clients an opportunity to share their stories in an effort to develop self-capacities, stimulate change and be empowered when confronted with normative stressors of this experience (Rogers, 1986). The purpose of this exploratory study was to gain a more in-depth understanding of how fathers describe the rewards and challenges of raising their children with autism, and to report coping strategies for the challenges they have in common. Findings from the study help begin the process of using empirically based evidence to better understand the experiences of fathers of children with Asperger's disorder, a specific form of autism, which informs interventions for these fathers should they seek counseling support. The findings also can provide direction for the designs of future studies investigating related topics.

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## Literature Review

Seligman and Darling (2007) reported that there are not enough studies of fathers of children with disabilities, and one must draw conclusions about these fathers' adjustment cautiously. The majority of empirical research on fathers of children with autism has focused on three related and specific areas regarding fathers' (a) reported stress levels, (b) feelings of stigma and (c) coping strategies (Hannon, 2013; Canary, 2008; DeMarle & le Roux, 2001; Dyson, 2010; Flippin & Crais, 2011; Gerstein, Crnic, Blacher, & Baker, 2009; Gray, 2002, 2003; Green, 2003; Hartley et al., 2010; Hartley, Barker, Seltzer, Greenberg, & Floyd, 2011; Meyer, 1995; Nixon & Cummings, 1999; Reichman, Corman, & Noonan, 2008; Rodrigue, Morgan, and Geffken, 1992; Seligman & Darling, 2007; Smith & Elder, 2010; Trute, Hiebert-Murphy, & Levine, 2007; Watzlawik & Clodius, 2011). It is important to note that most of these studies are not exclusive to fathers. The studies attempted to measure effects of autism on parent relationships, compare parent assessments, or compare effects between autism and other disabilities. A review of the literature for this study yielded only three empirical studies since 2000 that focused solely on fathers' reported experiences (Hannon, 2013; Gray, 2002, 2003). Even with these limitations, the current literature does offer insight into the experience of fathers of children with autism and provides a starting point for additional empirical studies to specifically investigate fathers' experiences with this phenomenon. Intentionally investigating the lived experiences of fathers—by using increasingly diverse methodological traditions—is important because of fathers' historic and current roles in the family and influence on their children's development.

### Fathers of Children with Disabilities

The transition to fatherhood affects men's mental health. This experience is even more pronounced for fathers of children with disabilities. Studies have documented that fathers of children with disabilities respond to stress differently, interpret experiences differently and cope differently from mothers of children with disabilities (Garfield, Isacco, & Bartlo, 2011; Guzzo, 2011; Chin, Daiches, & Hall, 2011; Shezifi, 2004). It is appropriate to consider how childhood disability can affect the family life cycle and to share research associated with the experience of fathering children with disabilities, and specifically autism.

### Theoretical Framework: Disability and the Family Life Cycle

One way to understand the impact of disability on the family is to consider the situation through a family systems lens. Carter and McGoldrick's (2005) family life cycle theory offers a family systems theoretical framework that captures the ways a childhood disability might both enrich and cause the family stress at different times. Carter and McGoldrick (2005) articulated six stages within the family life cycle, all requiring some emotional transition and possessing the potential for stress, which the authors refer to as *vertical* and *horizontal stressors*. Vertical stressors are family memories, traditions and expectations passed down through generations (e.g., family attitudes, expectations, taboos). Vertical stressors represent how individual family members respond to experiences based on a collective family identity and constructions of what is or is not acceptable. In contrast, a family experiences horizontal stressors over time as they cope with and adjust to the transitions in the family life cycle. Horizontal stressors can be predictable (e.g., young adults leaving home for education or career) or unpredictable (e.g., untimely death). The combination of vertical and horizontal stressors influence functioning based on a number of factors that include but are not limited to economic resources, community resources and coping strategies. The experience of becoming a father can be considered a horizontal stressor based on the normative social, emotional and familial changes associated with the transition (McGoldrick & Carter, 2003).

### Autism's Influence on Fathers

The CDC reported in March 2014 that approximately one in 68 children living in the United States is diagnosed with autism, and that diagnosis rates have been on the rise in recent years (CDC, 2014). Counselors

in various settings (e.g., schools, rehabilitation centers, community agencies) have confronted the individual and ecological effects of the increase in diagnoses. The term *autism* generally encompasses a range of more specific autism spectrum disorders (ASDs), referred to as pervasive developmental disorders (PDDs) in the text revision of the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*. PDDs are considered Axis I diagnoses in the *DSM-IV-TR*, and described as being “. . . characterized by severe and pervasive impairment in several areas of development: reciprocal social interaction skills, communication skills, or the presence of stereotyped behavior, interests, and activities” (APA, 2000, p. 69).

When data were collected for this study (September–October 2011), the professional counseling community was employing the *DSM-IV-TR*. However, since the 2013 publication of the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, there are new and revised diagnoses and associated diagnostic criteria for what is now considered autism spectrum disorder. One major change was the incorporation of previously separate autism diagnoses (e.g., autistic disorder, Asperger’s disorder, child disintegrative disorder and pervasive developmental disorder not otherwise specified) and the categorization of symptoms as severe, moderate or mild. Therefore, while Asperger’s disorder is not listed as a specific diagnosis in the *DSM-5*, individuals diagnosed with Asperger’s disorder would be considered to have autism spectrum disorder or autism, with severe, moderate or mild symptoms. The specific diagnosis influences treatment interventions that counselors, speech therapists, occupational therapists and other specially trained helping professionals may deliver. While some research has documented effective interventions or support for family members caring for children with autism, a significant amount of research has illuminated how families adjust to the diagnosis.

**Stress, coping and stigma.** An abundance of research exists on how children’s disabilities influence the experiences of their parents and typically developing siblings. A comparatively small amount of research has investigated how children’s disabilities specifically affect their fathers (Atkins, 1991; Barr & McLeod, 2010; Barr, McLeod, & Daniel, 2008; Canary, 2008; Dyson, 2010; DeMarle & le Roux, 2001; Gerstein et al., 2009; Green, 2003; Hannon, 2013; Iriarte & Ibarrola-García, 2010; Meyer, 1995; Nixon & Cummings, 1999; Reichman et al., 2008; Ross & Cuskelly, 2006; Seligman & Darling, 2007; Smith & Elder, 2010; Trute et al., 2007; Watzlawik & Clodius, 2011). Childhood disability places a horizontal stressor on families, challenging them to confront their own assumptions and beliefs about people with disabilities, and to adjust to the stress (i.e., vertical stressor) associated with the experience. The level of stress that families experience can be influenced by the type and severity of disability and contextual influences that might support or stigmatize disabilities. With autism diagnosis rates continuing to increase, special attention from the health care and science communities has yielded a deeper and broader understanding of autism including etiology, symptomology and effective interventions.

Normative responses to the stressors of raising children with autism can include mourning, stigma and partner/marital adjustment (Seligman & Darling, 2007). Another stressor for parents is the social challenges (e.g., peer interactions) that children with autism confront. Davis and Carter (2008) found that fathers experienced stress particularly about their children’s externalizing problems (e.g., interpersonal/behavioral challenges), whereas mothers were more concerned about their children’s ability to regulate their emotions. In a study measuring the interaction effects between stressors, social support, locus of control, coping styles and negative outcomes in parents of children with autism, Dunn, Burbine, Bowers, and Tantleff-Dunn (2001) found that fathers were more inclined to engage in escape/avoidant coping styles in response to stress. This type of response increased feelings of depression and isolation and predicted problems between parents.

In a comparative study of 60 fathers of children with autism, children with Down syndrome and typically developing children (20/group), Rodrigue et al. (1992) found that fathers of children with autism and Down syndrome reported more negative effects on their families than those in the comparison group and reported

more avoidant coping strategies than other fathers, and that fathers of girls with autism reported lower levels of social support. These types of comparisons are useful because they place fathering children with autism within the context of the fathers raising the children. The findings seem consistent with more general studies of parents, but offer more specific implications about how gender may influence how fathers make meaning of their experiences. Hartley, Seltzer, Head, and Abbeduto's (2012) study measuring the psychological well-being of 240 fathers of adolescents and young adults with autism, fragile X syndrome and Down syndrome found that fathers of children with autism reported higher depressive symptoms than fathers in the comparison groups, and that factors contributing to between-group differences in well-being included father's age, extent of child's behavior problems, presence of additional children with disabilities and maternal depressive symptoms. Two major limitations from this study include sample (majority of sample was college-educated, White men) and no reporting of the specific autism diagnosis.

Gray's (2003) study illuminated how gender differences in coping occur. However, one of the study's limitations is that it fails to provide any subsequent discussion on the influence that parents' respective coping strategies have on the marital partnership or the entire family system. Gray (2002) studied how parents of children with Asperger's disorder experienced *felt stigma* and *enacted stigma*, and found that the majority of parents in the study experienced felt stigma, or were made to feel different because of their children's diagnoses. Parents' feelings of embarrassment were the most common manifestations of this felt stigma. Gray (2002) defined enacted stigma as behaviors toward or in response to the parents based on the child's disability (e.g., people staring, being avoidant or making rude comments). Fathers in the study reported experiencing less felt and enacted stigma than mothers.

It is important to acknowledge that there have been positive outcomes associated with raising children with autism and other disabilities. Reichman et al. (2008) argued that positive outcomes for families can include increased awareness, capacity for resolve, and enhanced family cohesion. In sum, these interrelated and complex findings shed important light on how differently fathers perceive this experience and cope with the stress related to it. Variations in parent perception, assessment of children's needs and challenges, and strategies for coping with the challenges warrant attention. The present exploratory, qualitative study on the singular experiences of fathers of children with autism can offer a contribution to the counseling knowledge base.

## Method

The author used a narrative inquiry design for this study in order to obtain the perspectives of fathers of children with autism and to report their self-described coping strategies for the challenges associated with this lived experience. Narrative inquiry seeks to understand what stories reveal about individuals, recognizing that people form and share identities as they recount and disclose their stories to others. The products from the study's data analysis process include a paradigmatic analysis of the data, which produces categories from common elements across the database (Polkinghorne, 1995).

Some studies about fathers of children with autism and other disabilities have used qualitative methodologies (Hannon, 2013; Gray, 2002, 2003), but much of the existing research has employed quantitative methodologies (Brobst, Clopton, & Hendrick, 2009; Freedman, Kalb, Zablotsky, & Stuart, 2011; Hartley et al., 2010; Hastings et al., 2005). The present study relied on the narratives of fathers of children with autism—derived from one-time interviews—as data. Their narratives offered new insight into how their specific experiences have influenced their identities. Given the current empirical literature on fathers of children with autism, this study's primary research questions were as follows:

1. What are the rewards of being the father of a child with autism?
2. What are the most significant challenges associated with being the father of a child with autism?
3. In what ways do fathers cope with the challenges of raising children with autism?

## Recruitment

The author utilized a typical case sampling method for the study. Inclusion criteria of participants were fathers over 18 years old who spoke and understood English and had a child between the ages of 4 and 20 with autism. There was no incentive or compensation for participating. Miles and Huberman (1994) articulated that typical case sampling represents the average example of a particular phenomenon of study, which was useful in this case because it afforded the researcher the ability to study this phenomenon on an individual basis.

After the study received approval from the Institutional Review Board, the author sent 68 recruitment letters to parents and guardians of children currently receiving mental, rehabilitative, and behavioral health and support services from the local site of a multistate human service agency. The agency served children and adults diagnosed with addictive diseases, autism, and intellectual and developmental disabilities. Of the 68 letters, 54 went to parents whose children were receiving services specifically for diagnoses within the ASDs, as per the *DSM-IV-TR*. The letters asked potential participants to contact the author directly in order to confirm study eligibility. The author sought a sample of at least five participants in order to reach data saturation (Polkinghorne, 1989), although Boyd (2001) regarded 2–10 participants as sufficient to reach saturation. The letters yielded four inquiries from potential participants, all of whom were eligible. However, one participant was excluded from the study because of the inability to coordinate an appropriate interview time. The author identified one additional participant through snowball sampling recruitment, which is a method of expanding a study's sample size by asking current study participants to recommend additional participants (Babbie, 1995; Crabtree & Miller, 1992; Dane, 1990). Therefore, the author conducted four interviews.

## Participants

The author recruited participants from a small town in the northeastern region of the United States. This rural town has a predominantly White population. The recruitment letters asked for fathers of children with autism without specifying a particular diagnosis, and yielded four men reporting to be the biological fathers of sons diagnosed with Asperger's disorder. The participants were all White, ranging from 36–59 years old. Their sons ranged from 6–16 years old and had been diagnosed with Asperger's disorder between the ages of 3 and 8. Table 1 highlights descriptive information about the study's participants and their sons.

**Table 1**

### *Description of Participants*

Participant	Age	Marital status	Highest level of education	Occupation	Age of son with Asperger's disorder	Son's age at diagnosis
A	59	Divorced	Post-secondary certification	Oil professional	14	8
B	37	Remarried	Master's degree	Meteorologist	16	6
C	54	Married	Master's degree	Historian/ Stay-at-home dad	11	7
D	36	Married	Doctoral degree	Professor	6	3

*Note.* Mean participant age = 46.5 years; mean age of son with Asperger's disorder = 11.75 years; mean age of son at diagnosis = 6 years old



## Data Collection and Analysis

**Collection.** The author collected data during one-time, semistructured interviews with each participant, conducted at locations convenient for participants. One interview took place in a participant's home, one in a participant's work location and two in the author's work location. The author conducted, audio-recorded and transcribed the interviews, which ranged in length from 35–60 minutes. The author inquired specifically about what the fathers identified as rewards of being fathers of children with Asperger's disorder, the challenges of being the fathers of children with Asperger's disorder, and the fathers' coping strategies. The interviews also included broader, descriptive inquiries (e.g., tell me about your son) to better understand the complexities and nuances of the fathers' experiences.

**Analysis.** Bogdan and Biklen (1998) offered theoretical and practical suggestions for appropriately analyzing qualitative data, which include systematically searching and rearranging interview transcripts, memos and other accumulated materials in order to increase understanding about these materials and to assist in presenting the researcher's discoveries to others. Data analysis for this study included organizing the data, sorting them into manageable parts, synthesizing, looking for patterns, realizing what was important and what was to be learned, and determining what and how to report. The author analyzed data through analysis of narratives, using the *emergent themes approach* (Glaser & Strauss, 1999). This method required an extensive review of interview transcripts to identify at least two things: (a) commonalities in experiences and shared perspectives, and (b) interpretation of participants' experiences. The emergent themes approach assumes that conceptual themes will emerge from the data. Analysis of narratives uses paradigmatic cognition to deduce categories and create order among narratives from the interview data (Polkinghorne, 1995). The analysis required identifying common themes and conceptual categories between the narratives by reviewing the interview data and member checking. Identifying the common themes and concepts required recursive movement from recognized themes to researcher-proposed categories (Hammersly, 1992).

Theme identification began with coding, in which the author labeled the raw data (Strauss & Corbin, 1990). The author examined participants' narratives to determine what statements or phrases seemed essential or revealing about the nature of being the father of a child with Asperger's disorder. The author categorized codes based on the frequency and consistency of shared experiences, perspectives and interpretations reported by participants (Laviani, 2011). After organizing the identified codes under more abstract categories, with each category containing a cluster of codes that pertained to broader themes, the author created a matrix to identify and display the prominent themes that emerged across narratives (Miles & Huberman, 1994) and to determine which themes occurred most frequently.

**Trustworthiness.** Hays & Singh (2012) articulated that various aspects of the research endeavor involve trustworthiness, including the research process and design, data analysis, and reporting of findings. Furthermore, they wrote that there are criteria or standards for trustworthiness in a research study and strategies to maintain trustworthiness throughout the study. The strategies to meet the criteria for trustworthiness for this study included reflexive journaling, simultaneous data collection and analysis, member checking, and creating an audit trail. The author also met with two faculty mentors experienced in qualitative data analysis throughout the data collection and analysis process to discuss his personal experiences with this phenomenon and his own biases that could have influenced the data collection and analysis processes. The committee members also assisted in the review of transcripts and the coding process. The cumulative effect of these strategies provided a source of data triangulation and enhanced the study's credibility, transferability, dependability and confirmability.

**Researcher-as-instrument statement.** Qualitative researchers have discussed the ways in which researchers should document their role in the context of their work (Anfara, Brown, & Mangione, 2002; Glesne, 2011; Hays

& Singh, 2012; Wang, 2008). The author is a 37-year-old father of an elementary school-aged son diagnosed with a specific form of autism, PDD-NOS, and is married to the child's biological mother. The author and his wife also are parents of a daughter 19 months older than their son. The author was a school counselor and cofounded a nonprofit advocacy organization with his wife to support parents of children with developmental disabilities, particularly autism, prior to enrolling in doctoral studies.

**Reflexive exercises and simultaneous collection and analysis.** Before beginning this research, the author engaged in *epoche* as an early reflexive exercise. Patton (2002) and Creswell (2006) wrote that *epoche* requires researchers to fully document and describe their personal experiences with the studied phenomenon in order to increase their awareness of how they are biased, and to be clear about the ways they are personally affected by the research process and eventual results. The author also engaged in reflexive journaling. He made journal entries after each interview and included reactions to participants, inclinations about potential findings, and thoughts and feelings about the data collection and analysis process.

**Member checking.** Member checking is the researcher's ongoing consultation with participants to test the "goodness of fit" of developing findings, and Lincoln and Guba (1985) cited it as a key strategy for establishing trustworthiness. Member checking requires involving participants in the research process in order to ensure that the researcher accurately communicates their intended meanings when outlining overall themes. The member checking process for this study took place at two points—during interviews (e.g., asking for clarity and confirming understanding) and after interviews (e.g., sharing transcripts for review and validation).

## Results

Data saturation was achieved for each of the three research questions. Results from the interview data yielded three themes. The fathers described in detail the rewards of fathering children with Asperger's disorder, the challenges of fathering children with Asperger's disorder, and the ways the fathers cope with those challenges. The fathers described the most rewarding aspects of fathering their sons with Asperger's disorder as experiences in which they could experience clear communication with their sons. The fathers described the most challenging aspects of fathering their sons with Asperger's disorder as those related to behavioral symptoms. The fathers described their coping strategies for those challenges as activities that allowed them to experience respite and acceptance. Quotations from the fathers elucidate the identified themes.

### Clear Communication as Most Rewarding

All of the fathers discussed the various ways clear communication with their sons shaped the rewards of this lived experience. The symptomology associated with autism makes this description logical. Individuals with Asperger's disorder may not experience the verbal language communication barriers that others face with different forms of autism, but individuals with Asperger's disorder can have great difficulty reading and interpreting social cues. The feelings associated with clear communication patterns, especially when communication barriers exist, can yield feelings of relief and reward.

Participant D, whose son was 6 years old, expressed the rewards in terms of his son effectively communicating his affection and love.

The thing I love about him most . . . like I've said before is his reciprocal love to people which is sort of, you know, not typical for Asperger's children. But, you know, he loves to hug and those sorts of things.

Participant B discussed the rewards of communication with his son regarding their shared interests in certain video games and how shared interests deepen their relationship.

I know he went through a phase where he loved Texas Hold 'Em Poker and I like poker, too. So, we sat down and for months we would . . . just play for 3 to 4 to 5 hours and he didn't get tired of it.

Devising an effective communication method can be important to fathers of children with autism. Hannon (2013) found that the process of becoming oriented to autism, which includes learning about the condition and helping others learn about the condition, can be stressful for fathers. The subsequent adjustments to autism—including adjustment of attitudes and defining success—can take a toll on fathers. The data indicated that fathers from the present study found effective ways to communicate, thereby helping them identify those processes as rewarding.

### **Behavioral Issues as Most Challenging**

According to the data from this study, the most challenging aspects of fathering sons with Asperger's disorder pertained to the behavioral symptoms associated with autism. Prior research has confirmed this finding. Davis and Carter (2008) found that behavioral symptoms, particularly interpersonal behavioral problems (e.g., inability to behave appropriately in social settings) in children with autism are a significant source of stress for their fathers. Each father discussed a different behavioral challenge. Participant C expressed frustration about his 11-year-old son's arguing, manipulating and lying, even when the truth about a situation was obvious.

He'll be caught in a lie and he'll just deny it. . . . We know his mom didn't do it . . . no one in the house did it. But he continues to not acknowledge that he was the one . . . running up some bills [on the cable bill ordering games and movies]. . . . So, the arguing, the lying, the manipulation . . . we're trying to get him to be honest, is just one of the things we're trying to work through with the therapist and in school a little bit.

Participant D shared his frustration with public outbursts and how it is hard for him not to be able to control or defuse the situation quickly. He shared the following:

Sudden outbursts . . . crying, being stubborn, "I'm not gonna do this, I'm not gonna do that," . . . taking something very small and blowing it out of proportion. Whether it's in the privacy of our house or in public . . . those are the kind of things that . . . sometimes I have to, as a father. I kind of lose it. . . . Those are the things I still have a really hard time dealing with. Like, this just came out of nowhere. This just doesn't make any sense.

### **Acceptance as a Coping Strategy**

Henderson and Bryan characterized coping mechanisms as "emotions and behaviors that allow an individual to adjust to problems. The survival of all people depends on their being able to regulate personal feelings, beliefs, and actions so that their anxiety remains at a manageable level" (2011, p. 157). All four participants reported coping strategies that indicated the value of accepting their sons' conditions in order to cope effectively with the challenges.

Participants A and B talked about how they have come to accept the challenges of their sons' conditions. Participant A shared how his Christian faith has helped him accept the challenges. He shared the following:

First of all, pray. Put your faith in Jesus and find Jesus and give it to him and he'll walk you all through it together and it'll all be all right. But you . . . can't give up on the kid. It ain't his fault he's got what



he's got. So first of all don't bail on him. You've got to be rock-solid for him because it's hard enough for him because he's already different.

Participant B discussed a similar acceptance of the emotional highs and lows of this experience:

You understand that there's going to be certain situations where he's not going to be able to deal well and you just have to understand that. And, [if] you as a parent or caretaker can't understand that . . . society in general is definitely not going to understand that. Just dealing with knowing what he has to deal with. [He does] not look you in the eye when you're talking to him, talk[s] under his breath instead of talking to you. I understand all those as part of his disorder . . . I don't hold that personally, I don't find that as a lack of respect. It's just how he is.

Studies assessing the ways fathers of children with autism cope have been limited, and results have been mixed. Dunn et al. (2001) studied the interaction effects between stressors, social support, locus of control, coping styles and negative outcomes among parents of children with autism. Their study's results indicated that escape/avoidant coping styles, which were higher among the fathers, correlated with increased feelings of depression, isolation and spousal problems in parents.

There is evidence suggesting that specific coping strategies predict more positive moods and overall greater psychological well-being in parents of children with autism. Pottie and Ingram (2008) found that coping strategies that were problem-focused, engaged social support, and used positive reframing, emotion regulation, and compromise predicted more positive psychological well-being and better moods in parents. A recent study found that effective coping among six fathers of children with autism meant engaging in activities that helped the fathers achieve a sense of personal balance (e.g., prayer, exercise, disk jockeying; Hannon, 2013).

## **Discussion**

It is worth considering the integration of humanistic counseling tenets when working with fathers of children with Asperger's disorder. The results of this study point to the need for counselors to understand the lived experiences of fathers of sons diagnosed with Asperger's disorder. The importance of instilling hope by focusing on the rewards of this fathering experience and demonstrating empathy can potentially assist counselors in their work with these fathers.

### **Instilling Hope Through Strength-Based Interventions**

The instillation of hope has been associated with Yalom and Leszcz's (2005) curative factors of group therapy. However, across theoretical orientations, counselors assist clients in finding hope in the ability to adjust to or overcome their presenting issues and eventually experience wellness. A humanistic, strength-based approach to counseling is one attempt toward this goal. Strength-based counseling interventions intentionally encourage clients to identify, acknowledge and take pride in their strengths and assets versus solely focusing on the challenges that presenting issues may elicit; such interventions also align with humanistic approaches to counseling (Whitmarsh & Mullette, 2009). As a result, clients are ideally better able to reconceptualize their presenting issues and construct a different, less pathologizing identity.

The participants articulated the rewards of fathering children with Asperger's disorder as being able to communicate clearly (through verbal and nonverbal language) with their sons. Counselors can assist fathers with their adjustment to Asperger's disorder by learning about ways Asperger's disorder positively and uniquely enhances a child's experience, and by helping fathers embrace the positive attributes associated with the disorder. For example, researchers have appropriately identified communication barriers as a symptom

of autism. The notion of limited communication can be interpreted as absence of communication. Counselors can remind fathers that all family members communicate and can assist fathers in reconstructing ideas about communication to extend beyond verbal communication and highlight the ways their children do communicate (i.e., nonverbally through body language and other communication systems). The fathers in this study discussed how rewarding it was to find and use effective communication systems, most of which were not verbal. Counselors can use this example to highlight the strengths of fathers and sons in this situation. The fathers engaged with their sons enough to find effective communication systems, and the sons learned and practiced skills that require interpretation of verbal and nonverbal language, which can be delayed or impaired in children with Asperger's disorder.

### **Empathy**

Empathy is the ability to communicate an understanding of another's worldview or experience and is a core value in humanistic counseling (Hazler & Barwick, 2001; Krebs, 1975; Lyons & Hazier, 2002; Rogers, 1957, 1961). Integrating a humanistic orientation can facilitate counselors' heightened understanding of how fathers of children with Asperger's disorder make meaning of their experiences and, consequently, allow the fathers to experience empathy in ways they may have never experienced it before (Mize, 2003), particularly regarding the aspects of parenting that the fathers in this study described as most challenging. Scholl et al. (2012) wrote, "humanism is unified by an overarching philosophy of human irreducibility. Accordingly, humans can be understood only as whole beings and should never be viewed as by-products of other processes" (p. 7). Helping fathers grasp that neither they nor their sons can be reduced to a particular diagnosis or symptoms associated with the diagnosis might facilitate a healthier conceptualization of their experience as fathers of sons with Asperger's disorder. Counselors can use the findings from this study along with Seligman and Darling's (2007) work to better understand how fathers may make sense of the more challenging parts of fathering children with Asperger's disorder. Seligman and Darling (2007) noted the following:

Fathers tend to perceive the diagnosis of the disability as an instrumental crisis, whereas mothers see it as an expressive crisis. . . . Fathers tend to be more concerned than mothers about the adoption of socially acceptable behavior by their children—especially their sons—and they are more anxious about the social status and occupational success of their offspring. (p. 223)

### **Limitations**

This study provides counselors with valuable information on the experience of fathers of children with Asperger's disorder. However, there are three limitations within the study that warrant attention: (a) the small sample size, (b) the lack of racial and ethnic diversity, and (c) the inability to generalize the findings to the broader population of fathers of sons with Asperger's disorder.

The small sample size of the study simultaneously strengthens and limits the findings. Qualitative methodological traditions usually do not engage large sample sizes due to their focus on collecting in-depth data and investigating processes of human interactions and phenomena (Buckley, 2010). The sample size in this study was particularly small for at least two significant reasons: low response rate to recruitment efforts, and the fact that mothers typically act as primary caregivers and coordinators of their children's therapeutic services. The low response rate was no surprise considering the larger phenomenon of researchers not actively sampling fathers of children with various forms of autism for research about their experiences. Mothers of children receiving services at the recruitment site were overwhelmingly the most consistent parent with whom the agency interacted. Consequently, mothers were likely the ones who received and opened recruitment letters, and responses depended on whether they encouraged the fathers to participate.

A second and related limitation of the study is the lack of racial and ethnic diversity in the sample. It is important for counselors to intentionally find more diverse samples of fathers of children with Asperger's disorder in an effort to understand this phenomenon more accurately. For example, Hannon (2013) sampled six African-American fathers of children with different forms of autism, and among the findings was a need to assess the fathers' social and financial capital and consequent ability to secure quality services for their children based on their racial identity. Members of different racial and ethnic populations may or may not report the same concerns, but additional inquiry is important. A more diverse sample can inform the counseling knowledge base on any potential similarities and differences in experiences compared to the results from this study. Additional research can inform the broader and more effective practice of counseling fathers, but also help others understand the subtleties that may exist for members of different racial and ethnic groups; such work will enhance the counseling profession's quest to provide culturally competent clinical interventions for diverse populations.

The last limitation of the study is the inability to generalize the findings to the broader population of fathers of sons with Asperger's disorder. The importance of this topic for the professional counseling community warrants more qualitative, in-depth studies to inform the counseling knowledge base about the intricacies and nuances of the Asperger's disorder experience that qualitative methodological traditions can reveal. However, the knowledge base also can greatly benefit from studies that use larger sample sizes to discover the extent to which findings can be generalized to the larger population of fathers of sons with Asperger's disorder.

## Conclusion

This study is a step toward better understanding the family and ecological influence of autism because it provides the counseling community with the knowledge necessary to more effectively offer counseling and related services to fathers of children with Asperger's disorder. Counselors should continue to pursue this research agenda as the prevalence of this lived experience continues to increase in the identified population of fathers. As a result, effective strength-based interventions that consider the distinct needs and requests of this population must be further researched and developed. Continuing to investigate this phenomenon is beneficial for both research purposes and practical application.

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## Appendix

### Eligibility and Interview Protocol

#### Eligibility/Screening Questions

1. Are you over 18 years old?
2. Are you able to speak and understand English?
3. Are you the father of a child with autism?
4. Is your child with autism between the ages of 4–20?

#### Demographic Questions

1. How old are you?
2. How old is your child with autism?
3. When was he diagnosed with autism?
4. Does your child with autism have any siblings? If so, how many?
5. What is your highest level of completed education?
6. What is your occupation?
7. How many people live in your household?

#### Semistructured Interview Questions

1. Tell me about your son.
2. Describe your experience as a dad of a child with autism.
3. Discuss the most rewarding aspects of being a dad of a child with autism.
4. Discuss the challenges associated with being the dad of child with autism.
5. How do you cope with the stress of parenting a child with autism?
6. Have you considered seeking help (counseling, support group, etc.) to adjust to the challenges of being the dad of a child with autism?
7. Describe your relationship with the mother of your child with autism.
8. How has your child's diagnosis affected that relationship?
9. How would you advise other dads of children with autism to prepare for the rewards and challenges of this unique experience?