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# Marital Satisfaction for Military Couples with a Child of Autism

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## ABSTRACT

This study examines a phenomenological study of the experiences of military couples who have a child with autism. The research analysis was conducted with Polkinghorne's (1989) ideas in mind, using a limited number of participants who all share a similar lived experience. The research was carried out with six married couples who are currently serving in the military and have a child with autism. After a brief overview of autism, military families, and marital satisfaction, the research hypothesis of the specific study follows. The present study, therefore, used a qualitative methodology in the form of Creswell's (2014) definition of phenomenology to explore marital satisfaction of each couple.

Marital Satisfaction for Military Couples with a Child with Autism

A Thesis

Presented to

The Faculty of the Department of Marriage and Family Studies

Abilene Christian University

In Partial Fulfillment

Of the Requirements for the Degree

Master of Marriage and Family Therapy

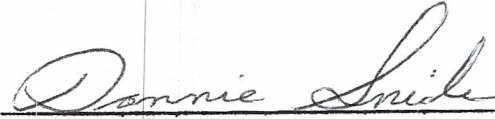
By

Simone Rochelle Deloach

August 2018

This thesis, directed and approved by the candidate's committee, has been accepted by the Graduate Council of Abilene Christian University in partial fulfillment of the requirements for the degree

Master of Marriage and Family Therapy

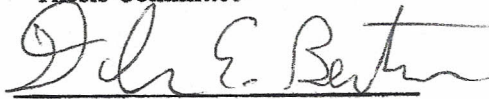


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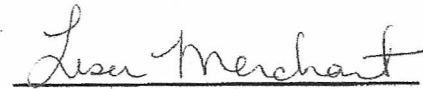
Date

8-10-18

Thesis Committee



Dr. Dale Bertram, Chair



Dr. Lisa Merchant



Dr. Lisa Powell

To my Parents,

Who allow me to be my most authentic self

## ACKNOWLEDGMENTS

My first career out of college was working as an ABA therapist working with children with autism. At the time, I did not know what autism was. I just knew I loved working with kids and this job would help me pay off my car loan. Wide eyed and bushy tailed, I was not aware of the demand that my job was about to bestow on me. Training was hard, but applying what I learned felt natural. I grew in my understanding about children with Autism and their function as well as the function of the family. Before starting my academic career for my second degree, I had already known I wanted to work with military families who were caring for a loved on the spectrum. In my time as an ABA therapist, I could not help but notice the families and couples that would pick up or drop off their little ones that were of military personnel. I wanted to know more about the structure of their system and what it is like for the parents having not only one stressor in the military members job, but also having a child with demanding needs.

I value my dissertation committee. Dr. Dale Bertram, I am grateful for your contribution. Your constant influence and push to reach due dates helped me navigate this study from beginning to end. Dr. Lisa Merchant, you pushed me to stretch myself a little further, and challenged me to immerse myself in qualitative research and handle data diligently. Dr. Lisa Powell, you helped me maintain my focus with a constant reminder and encouragement to continue working even when the semester seemed to drown me.

I also appreciate my participants. How wonderful it was for them to share their lives with me and be vulnerable with me and to one another as they discussed some pretty difficult things. Without the strength that families like these display over the years, I would not have been inspired to study and create. Your stories are important because they are yours. Thank you for sharing a piece of it with me. To my the kids I worked with. Thank you for loving on me and allowing me to get down on all fours and play at your level. I know your personal space is valuable to you, I just want to thank you for liking me enough to invite me down into that space with you.

Last but not least, my family, who has had my back since my beginning. Understanding that canceled trips home, long nights and early mornings, and many tears only meant I was working hard. I am forever grateful for your grace and kindness to my academic career. You have given me the space to roam free as I continue my education. It only inspires me to continue so that I can be all that I can be for others and then some. Thanks for believing in me.

Simone R. Deloach

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## CHAPTER I

### INTRODUCTION

This project examines the marital satisfaction of military couples with a child of Autism Spectrum Disorder (ASD). This document was created for the purpose of understanding the lived experiences of military couples who have a child with ASD. Chapter one will introduce the project with a brief description of ASD, marital satisfaction, and lived experiences in the military. Chapter two follows with a literature review on the subject. During the third chapter we will look into the methodology of a phenomenological study. Chapter four will be the results from the research. The final chapter will finish with the results of the research.

#### **Overview**

In a recent government survey, 1 in 45 children have been diagnosed with autism spectrum disorder (ASD), a significantly higher number than the official government estimate of 1 in 68 (Autism Speaks, 2012). According to Christensen et al. (2016), ASD occurs in all racial, ethnic, and socioeconomic groups and is 4.5 times more common among boys (1 in 42) than girls (1 in 189). There are 1.4 million children in the United States who have a parent serving in the military (Nuguyen, Berry-Caban, & Hoedebeeke, 2014). Close to one million of those children have a parent who has been deployed. The number of children affected by the deployment of a parent is significant as there are over 23,000 military dependents who have a diagnosis on the autism spectrum (Autism

Speaks, 2012). Looking at military marriages, the prevailing sentiment is that the marriages of service members are at elevated risk for negative outcomes compared with civilian marriages (Karney, Loughran, & Pollard, 2012). According to Newby et al. (2005), service members believe that military stress leads to marital distress and an increased risk of divorce. As parents of children with ASD have been reported to have poorer psychological outcomes, they have been reported to experience higher parenting stress (Hayes & Watson, 2012). Although there is research on the individual topics of autism, the military, and marital satisfaction, there are not many studies that include the combination of all three. If we understand that military marriages are challenged in a unique way and parenting children of autism brings about its own challenges, what is the lived experience under both accounts? How is the marriage challenged, and how do the couples measure satisfaction?

### **Statement of Problem**

A family with a child with autism is faced with several unique challenges in the home, at school, and out in the community. At times these challenges are left unsaid and misunderstood by schools, communities, and even in the homes of these families. Because marriage is difficult within itself and having children brings up challenges of its own, I would like to bring into question the dynamic of a marriage that not only has a child with autism but that of which has an active member in the military. Because research has few insights on this unique combination of a family system, there are many holes to fill. Questions include: how much is the military assisting these families? Is the child receiving adequate help? Does the couple feel they are receiving adequate assistance for their marriage? In addition to understanding the marital satisfaction of a

military couple with a child of ASD, this thesis searches for those answers as well as discovering other holes within the research. By questioning the satisfaction of the marriage, this thesis hopes to identify other issues affecting the marriage.

### **Research Questions**

A phenomenological study was conducted to gather data in answering questions as to what the lived experiences of a military couple with a child with ASD are like. How a couple lives under the demands of the military as well having a child on the ASD spectrum might be key in understanding the couple's marital satisfaction. One way of understanding this information is through data collection of a lived experience. According to Hatami, Habi, and Akbari (2009) one of the influential factors is the stability and persistency of family. Their research focused on exploring stability through phenomenology. Edmund Husserl's (2012) understanding of phenomena is signifying the understanding of the essential features of any experience. The research proposed space for couples to disclose about their experience from the first-person point of view, allowing their narrative to be heard.

### **Research Rationale**

This phenomenological study described the lived experience of military couples who have an autistic child and measured their marital satisfaction. In looking at the couple's lived experience the study discovered a closer understanding at what it is like to be a parent of an autistic child, to be a family of the military, and to bring light to the effect this has on a marriage.

CHAPTER II  
LITERATURE REVIEW

**Marital Satisfaction**

Fazel, Haghghshenas, and Keshavart (2011) found that marital satisfaction is one of the most important aspects of a marital system. Marital satisfaction can play a very important role in the strength and durability of the family structure as well as having an important role in the nurturance and development of the children's personality. Marital satisfaction is shaped by the perceived quality of the interaction between couples. The level of happiness with the relationship between couples and their feelings about their own marriages in general determine the level of marital satisfaction (Harway, 2005; Holman, 2002; Nichols, 2005). A healthy family environment primarily requires couples to trust each other, to equip themselves with love and respect, to develop problem-solving skills, and to maintain healthy communication with each other (Canel, 2013). Hatami et al. (2009) proved that marital satisfaction is one of the influential factors in the stability and persistency of family as it is related to mental hygiene of couples and children.

Snyder (1997) believed that levels of marital satisfaction can be ascertained by looking at couples' dissatisfaction. Further, he explored marital satisfaction as it related to the stress factors in their relationship, their communication with each other, spending time together, disputes in financial matters and their role orientation. Others have viewed marital satisfaction as:

One's satisfaction with matrimonial life is regarded as one's satisfaction with family. On the other hand, one's satisfaction with family is regarded as one's satisfaction with life, thereby facilitating the growth and development of material and spiritual progress of societies. (Larson & Holman, 1994, p. 84)

The term 'marital satisfaction' denotes one's overall happiness and satisfaction with matrimonial life (Janjani, Haghazari, Keshavarzi, & Rai, 2017). The term 'marital satisfaction' denotes one's overall happiness and satisfaction with matrimonial life (Janjani, Haghazari, Keshavarzi, & Rai, 2017). The qualities that define marital satisfaction is seen to be in relationship to the qualities that are dissatisfying with in a relationship. The pieces of a relationship that cause partners to be dissatisfied are in relation to the pieces of a relationship that causes partners to be satisfied. Canel (2013) states that "the changes in the quality and the quantity of the relationship are the primary factors reducing the level of marital satisfaction and harming the proper functioning of the relationship" (p. 98). It can be understood that Canel was speaking about the substance of the relationship and suggesting that without meaningful time together inside a certain amount of time, the marital satisfaction of a relationship may ultimately decline.

### **Autism**

Autism spectrum disorder (ASD) is a childhood-onset developmental disorder. Dagnosis is dependent upon evidence of impairments in social communication and social interactions, in addition to persistent restricted, repetitive patterns of behavior interest (Kincaid, Doris, Shannon, & Mulholland, 2017). According to *The Diagnostic and Statistical Manual of Mental Disorders* (5<sup>th</sup> ed.; American Psychiatric Association, 2013), ASD is characterized by impairments in social interaction, delays in communication, and

patterns of stereotyped behavior. It ranges from severe to mild and it should be screened and diagnosed by trained professionals. According to Lord, Cook, Leventhal, and Amaral (2000), autism is a heterogeneous condition: no two children or adults with autism have exactly the same profile, but the difficulties do fall into core domains that are reliably measured and consistent across time. As researched by Leatherland and Chown (2015), individuals with autism experience barriers to achieving their potential. According to Equality Act (2010), the current medical 'deficit/impairments' criteria for diagnosing autism show that autistic individuals are recognized as disabled by law. Conceptualization of autism is therefore typically framed by theoretical models or approaches developed by disability scholars (Leatherland & Chown, 2015).

### **Autism Challenges for Marital Satisfaction**

The family system plays an important and central role in the development and outcome of a child with autism (Katangian, 2016). Altieri and von Kluge (2009) suggested that moderate levels of cohesion and adaptability are associated with higher levels of positive coping, and that the more coping strategies a family implements, the greater the satisfaction with daily functioning. As a result, Altieri and von Kluge (2009) indicate that families with a child with autism have a similar style of cohesion and closeness when compared to families who do not have a diagnosis. However, Siman-Tov and Kaniel (2011) gathered that parents of children with autism report higher levels of stress than parents of children with Down syndrome, developmental disabilities, or psychological difficulties. As stated before, ASD is dependent upon evidence of impairments in social communication and social interactions, in addition to persistent restricted, repetitive patterns of behavior interest (Kincaid et al., 2017) Therefore, this

creates a few more stressful aspects to the disorder than other developmental disabilities and psychological difficulties. Brobst, Clopton, and Hendrick (2009) showed that there is a negative correlation between stress and marriage quality for parents of children with autism. Katangian (2016) concludes that the more stress present in parenting relationships, the lower the marriage quality. Katangian's (2016) study focuses on difficulties in average marriages, marriages amongst the military, as well as difficulties in a marriage with a child with ASD. The desire of Katangian's (2016) study is to combine the three dimensions in measuring marital satisfaction. Each category struggles within the natural context of their environments. The research would like to measure marital satisfaction considering each one as a natural dimension for a family.

### **Military Life Challenges for Marital Satisfaction**

A broad literature informed by family stress theory (McCubbin & Patterson, 1982) indicated that spouses who are under stress find that staying connected and maintaining their relationships suffer. This leads to lower marital satisfaction, which increases the risk for divorce. During their study measuring the effects of deployment on an army couples marital satisfaction, Karney and Trail (2017) convey a longitudinal survey to conduct their assessment. Underlining that:

Among the specific stresses associated with deployments are: the need for one spouse to maintain the household and raise children in the absence of the deployed spouse, difficulty arranging times to communicate and interact, challenges associated with preparing for deployment and reintegrating with the family after deployment, as well as concern for the safety of the spouse. (Karney & Trail, 2017, p 148)



Military families consider deployments to be the most stressful aspects of military service (Rosen & Durand, 2000). According to Kritikos, DeVoe, and Emmert-Anderson (2018), couples form the foundation of military families. However, on average, couples become significantly less satisfied with their relationships and marriages across the deployment cycle. Reduced satisfaction places partners at risk for psychological distress and family problems.

## CHAPTER III

### METHODOLOGY

Phenomenology is the study of the lived experience of a specific population (Creswell, 2014). It describes the meaning of participants' lived experiences of a particular view or a phenomenon. In addition, phenomenological research also ascribes to the experiences of a singular phenomenon, discovering themes that become evident in their lived experience between them. It is Edmund Husserl, the twentieth-century philosopher, who argued that phenomena are the necessary starting points for understanding the essential features of any experience (Phenomenology, 2007).

Giorgi (1985) reiterated the importance of reading through the transcripts over and over again. Among identifying "meaning units" within the text as the initial step in the transcribing process, the researcher is encouraged to code a second time as they create larger categories that captured the meaning units expressed from various participants. Lastly, the researcher is to synthesize this material, looking for research questions using the coded data to answer questions. Through Giorgi steps, this proposal was able to capture out lived experiences through the position of looking at the meaning that is ascribed to the phenomena(on) by the person(s) (Giorgi, 1985). Rooted in asking questions, this proposal was able to flesh out which meaning units came from it. It revealed six themes connected to the couple's circumstances and how they measured their marital satisfaction. While examining the lived experience of a military couple with

a child with autism, this thesis intends to also investigate some unanswered questions within the research.

### **Participants**

The researcher used connections at two autism centers in the southwestern United States. With permission from the CEO of the company, the researcher created and posted flyers in the centers. The flyers included contact information, a brief description of the research to be conducted, and a deadline for participation. When contacted, the researcher asked three screening questions that ensured the participants fell within the desired criteria. The screening questions included: Are you married? Are you or your spouse an active member in the military? Do you have a child who has been medically diagnosed with autism? The specific variables each couple must obtain are: that the participants must be married and have at least one member currently serving in the military. Participants must also have a child who has been diagnosed by a licensed professional to have ASD. These are the only limitations of the participants in which this study investigated. Other factors such as race, length of marriage, and number of children are all unique factors; however a participant was not to be excluded because of these. This research study explored the lived experience of both partners regarding their relationship. Once the screening questions were completed, we were able to schedule an interview and proceed with the research.

### **Interviews**

Interviews were conducted in participants' homes and lasted between 60 and 90 minutes. Using a structured interview method, the focus of the interviews was related to marital satisfaction as it pertains to participants' experience as a military couple who has

a child with autism. Interviews were conducted after approval from Abilene Christian University's Institutional Review Board (IRB) was received (see Appendix). The participants were asked two broad, general questions (Moustakas, 1994): What have you experienced in terms of the phenomenon? What context or situations have typically influenced or affected your experiences of the phenomenon? These questions were adjusted in terms of study of marital satisfaction if military couples with a child with autism and were organized as such: What is like to have a child with autism and be in the military? What has made your experience better? What has made your experience better, what has made it worse? Demographic questions are structured in the form of a hand out that were given to each individual before the two broad, general questions. As the interview is recorded through the iPhone recording app, additional questions were asked to gain more of a contextual view of the couple's lived reality. These additional questions included:

Pertaining to the child:

- What outside resources have you had for your child's development?

Pertaining to the marriage:

- How is intimacy affected?
  - How often do the two of you spend time alone (without the children)?
- How parental roles are affected?
  - What are your roles in the house?
    - Financial provider, housekeeper, child care provider, etc.?
- The overall satisfaction of the marriage?
  - Why have you scored your marriage where you did?

Pertaining to military involvement:

- How hard is your position?
  - How often are you gone/home, hours a week do you work, is your position made to travel the world a lot?
- How has the military assisted your unique family?

Though the questions are structured in this way, the researcher did allow the description of the participants' lived experience to be directed by the open-ended questions. The expectation was that the more structured questions would be answered as a result of the open-ended questions asked in the beginning of the interview. The structured questions are tools to gain a more contextual view of the couple's lived experience.

### **Participants**

Polkinghorne (1989) suggests that phenomenological research is conducted interviewing from 5 to 25 individuals who have experienced the phenomenon. In wanting to obtain a variety of perspectives, the researcher was mindful in contacting about fifteen potential participants. In this, it was desired to keep the group small and manageable. Six couples responded back and were scheduled to proceed in the rest of the study. The informed consent document was reviewed and signed during the couples scheduled appointment. The interviews were recorded, coded, and then written about by the researcher. The participants cannot be identified by name, although there is always a small risk of a breach of confidentiality in research studies. The participants were not compensated for participating in the research. Although the participants did not directly

benefit from their participation, they did contribute to the body of knowledge related to treating military families and couples who have children with autism.

### **Data Analysis**

In searching for “meaning units”, all written transcriptions were reviewed a number of times, attaining an understanding of the content (Creswell, 2014; Giorgi, 1985). From each transcript, significant phrases or sentences that pertain directly to the lived experience of a military couple with a child with autism were identified. Following methods conducted by Giorgi (1985), the researcher formulated the meanings of significant statements and phrases. Formulating the significance of statements allows for the emergence of themes common to all the participants’ transcripts. The results are then integrated into an in-depth, exhaustive description of the phenomenon (Anderson & Spencer, 2002). The themes within the transcriptions allowed the researcher to explore the significance of this theme for the couples, highlighting patterns in statements as well as experiences that result in a lived experience for all the couples. This led into a discussion of the research process, interviews, and results. The researcher also explored implications of possible research for the future.

## CHAPTER IV

### RESULTS

#### **Demographics of Participants**

The gender dynamic was even between both women and men who participated. All the couples were heterosexual couples. With a total of 12 participants equaling six couples, the results showed a 50% male attendance and a 50% women attendance. Participants ranged in age from 30 to 41 with an average of 34. In most of the pairings, spouses were either the same age or were very close in age by two or three years. The largest age gap between couples was six years and the lowest age gap other than zero was one. There were only three ethnicities represented within this study, White, Hispanic/Latino, and Black. One participant identified as both Black and Hispanic; therefore the division of percentages was taken into consideration when calculating. One Hispanic and African-American woman, one Hispanic/Latino man, two Caucasian women, three Caucasian men, and two African-American men. Though the children who were diagnosed with ASD were not a part of the research study, their demographic information was interesting to the results. As the children were all under the age of ten, with the oldest being nine and the youngest five, the children who were identified as being on the ASD spectrum were all male children. The average time a couple has been married was about 10.5 years, and the average number on the sliding scale question about how satisfied a couple was in their marriage was eight. Many of the couples dated for a

significant time before marriage. The average time before marriage is five years. The range results of the length of time the couples had been married was eight through fifteen years. Lastly, the average annual household income earned was less than \$42.

### **Coding Results**

Six different themes emerged within the results that helps to understand how a military couple who have a child of autism maintain marital satisfaction. As outsiders, it could be assumed that couples would struggle with a healthy balance of family, life, and each other. However, the research discovered that the military couples found strength in their lived experiences and are constantly educating themselves and searching for new ways of supporting their child but more importantly, one another. The combination of having a child of autism and serving in the military does not stop these couples from providing and searching for harmony within their families. This does not mean that these couples do not struggle, make mistakes, and fail to understand one another. If anything, the combination of their child and serving in the military helps to make communication healthier as they work together to problem solve. There is a lot to learn from the following couples. The couples will be addressed as “Couple 1-6” and “Husband/Wife 1-6.” This is done to help separate what is stated in the interview and keep the name of the participants confidential. There were six themes found in coding the interviews: The foundation, accepting the diagnosis, communication, intimacy, providing for the family, and personal struggle. Collectively these themes reiterate the resiliency that these couples experience in their marriage.



## **The Foundation**

The family of origin was a common theme throughout every interview. Every couple used examples of their upbringing that help to understand their worldview. Many of them grew up military; therefore, they have a prior understanding of the stresses that comes with being a military child, moving about, and waiting for a parent to return. Because of this pre-existing understanding of military life, couples have been able to band together in their style of communication. Wife 1 mentioned watching her father fighting for his military benefits. She watched him contest daily for disability after his retirement. Her husband was also able to watch a bit of this in the last years of her father's life. This never-ending advocacy for his life was a value Wife 1 carried with her as she advocated for her son to get the services he needed in his diagnosis. This foundational value in watching her father carried over into the parenting style as for the couple. As they worked together as a team to find help for their son, their resiliency came from watching Wife 1's father never giving up gaining his benefits. It was through that struggle and fight that the couple find encouragement to stick together and provide for their children. As she continued to search for clearer understanding of her son, she knew early in his development that if she did not fight for her kid no one would. Her husband, who experienced a different upbringing, views his role as a father and a husband differently as he is present in his wife and kids' lives. With that, he is able to support his wife and be the father for his children that he never experienced.

Once I did decide to have a wife and family there was no way that I would let them experience the things I experienced growing up. When I'm home, I'm home and I'm going to make sure my kids have everything they need. I want to make

sure my kids do not have to fight for themselves. (Husband 1).

### **Accepting the Diagnosis**

When it came to accepting the diagnosis of their children, many of the wives took it upon themselves to educate and find answers to their child's behavior, searching the internet, local support groups, and therapies. Wife 6 stated that it was not until she joined a support group that she was able to find the answers she needed. Wife 1 stated that she just simply Googled it one night and was able to find the therapy practice that specializes in autism. The husbands had a different experience however. A few of them struggled initially with accepting the diagnoses of their children. Husband 2 mentioned that it caused him to struggle to connect with his son because he thought it was just his son being disobedient. However, as he and his wife collaborated on parenting their child of autism, it brought understanding and unity into their relationship.

I'm not going to lie, I don't understand autism at all. Like I said, I'm always gone all the time so I don't always understand his diagnosis. (Husband 2). And it was hard for you to accept it. (Wife 2). And it was. It was hard for me to accept it at first because not going to lie, I was kind of the mindset that there is no autism or anything like that. There is just kids misbehaving and it is all (parental) training. However, after he got diagnosed, I accepted it and I kind of saw where he is not quite where he should be. (Husband 2).

### **Teamwork and Communication**

Teamwork is a huge component to the couples' success and failure in being able to work through their stressors. Many of the couples have teamed up on parent-teacher

meetings, therapy appointments, and school functions. Unfortunately, a few of them have had to do many of those activities on their own for extended periods of time while their spouse is deployed. The couples advocated that teamwork is structurally important to the function of their marriage as their communication is challenged in multiple ways. Couple 2 has run into roadblocks in the husband's return home due to the new dynamic of the family system the wife had created in his absence. While the husband was deployed, his son's developmental stages grew. Each time the husband would return home, he would have to learn a new way of communicating with his son. The banter between father and son allowed for the couple to form a line of communication about their son's progress while dad is gone. Couple 1 has had to learn their rhythm but has not missed a beat since finding services for their son. Adjusting as things change, their teamwork has carried them through many of their son's meltdowns and rough patches, drawing them closer to one another.

We are both very strong, like parent wise, we don't back down like from our kids. We make sure they know right from wrong and when it comes to discipline, we are both on the same page. When it comes to our son we had to learn how to gain a different level of patience. And once we got to the point where we knew the difference of his behaviors, we had educated ourselves, we know him. (Husband 1).

We're not just married, we are each other's support system. If we weren't individually strong then we wouldn't be as strong together. We use our individual strength to be strong together because we have to be strong for him. We have to teach him how to cope with his anger and we can't do that if we're wrapped up in

our individual problems, so we learn from how to get over our own issues and how to be a team together. (Wife 4).

### **Intimacy**

Timmerman (2009) finds that a quality relationship depends on the reciprocal feelings of trust and emotional closeness towards one another. A relationship in which they are able to openly communicate thoughts and feelings to one another. In considering Timmerman's understanding of intimacy, many of the couples have had to "fight" for even a fraction of that time together. Several themes were found in the coding of the interviews, one of which is the demands of the military. Staying up late was a common theme that for a few couples have resorted to.

I think if anything, the impact of our marriage is just the daily, normal stressors that comes with the everyday grind. From appointments, school, and extracurricular activities, it was stressful, and it impacted our marriage in the fact that we lost a lot of time for ourselves . . . We were not taking care of ourselves or each other and our days were just so packed in. We were always constantly going . . . So we try to make up for it and we end up having a lot of long nights or late nights just because that's the only time we can fit it in but we make it work when we can. (Husband 1).

We make time, now we consciously try to do lunch once a week like he'll come home during his lunch. (Wife 1).

Like she said, we have to make that time now. That time doesn't just come, we have to fight to get that time (together). (Husband 1).

In the time we do get, we typically tend to stay up longer than we should to get (points to four-month-old) to sleep. But if he is asleep then you know, we're getting an hour or two late in the evening together. (Wife 2).

There is a significant amount of guilt and feeling at fault that plays into why the intimacy between the parents is so limited and that is finding and having child-care. I explored this in a previous section but wanted to emphasize how much intimacy is impacted for these couples on different levels. In conclusion of the topic on intimacy, one couple in particular has taken a unique direction into how they not only choose to support one another but show one another the intimacy that is needed for their relationship to be successful. Hesitant to describe it at first, the couple called it "workarounds" but eventually came to terms with using the language of an open relationship. These extra-marital relationships are discussed in detail between couple 4 and there is an understanding of commitment between them and a process that the couple establishes together.

For a while our intimacy suffered and it was just dead. (Husband 4).

I haven't worked under 10 hours in months so when I come home I just want a bath and a muscle relaxer and want to go to bed. So, I understand his needs, and that is why we have workarounds for satisfying those needs (Wife 4).

Later the couple goes into detail as to how they have come to the conclusion of needing the workarounds. Stating how the military has directly affected their inability to individually satisfy one another. They only see the extra activities as a benefit for them as a couple. Unfortunately, the need to have workarounds is believed to be directly related

to their stressors of being a military member and having a child on the spectrum. We will go in further detail about this in the section titled Personal Struggles.

### **Providing for the Family**

There is an intense need for the military member to continue serving because of the demand of their child's therapy needs and the cost that follows those needs. The therapy model that is most successful in working with individuals of autism is Applied Behavior Analysis (ABA). ABA therapy will cost families a great deal. According to Funding Overview (n.d.), ABA ranges from \$46,000-47,000 per year, at a rate of \$120 per hour of Board Certified Behavior Analyst (BCBA) consulting services, including the average supplementary materials cost. The cost will then range along a continuum depending on type of services needed; in home, or in clinic, as well as the number of hours the child is needing daily or weekly. With Tricare insurance, the military is able to supply the majority of those funds so that the families do not have to. If those insurance benefits are gone, the family is left with the expensive cost so that their child can continue therapy. Within the interview outcomes, it is found that there were a couple conflicting ideas about whether or not a family should stick to serving in the military because of the insurance benefits that come with being in the military. Husband 3 states that it is beneficial for a family of autism to have Tricare benefits as Husband 2 would advise not joining because of the demand of the job and loss of time spent with family. Although they both agree that the military Tricare is helpful, the two fathers had a different view on the value of staying in service. As their wives joined the conversation, it was made evident that the decision to stay has been overtly discussed between them and although it may not be a favorite option, they have chosen to continue to support their husbands.

Like her struggles with you know, being here all the time and what not, my struggle is being away from them all the time. With deployments all over the country, you know, I go away for so long that I don't get to know him (gestures to his son) as well as she does. Even his therapist, or his new goals, like I am out of the loop unfortunately. If I add my deployment up it would show I've been gone for almost two years. If I could change one thing, it would be to not be in the military anymore. I am done. But I have to because, he can't get to therapy he needs on the outside, at least paid for like it can be in the military. But when you start looking at the benefits, particularly with the insurance and what it covers right now, it's a strong enough motivator that you have to give up you know (Husband 2).

I will tell you, he's given up really what he wants to do right now because they need that insurance. (Wife 2).

### **Personal Struggles**

Within this realm of personal struggles, the military couples communicated having to make and continue to make some intense sacrifices for their family, putting a strain on the marriage. Although many of the couples have since found resourceful ways of coping and working through such struggles, each individual communicated a personal struggle that has been significant enough that it did, or continues to, affect their marriage in some way. Below are a few examples of how these individuals have had to make sacrifices that have weighed on them personally that in turn have affected their marriage as a whole.

I stress about everything . . . it gets annoying sometimes for me because I feel like

he expects me to be as strong as he is and I am not. So I let things get to me and it feels like I disappoint him a little bit. (Wife 5). The thing is I don't expect that so. (Husband 5). Yeah, but I think that. (Wife 5).

Separation is difficult. My satisfaction with my wife is fantastic, but the marriage means that I am also married to her career. The difficult part of that is that it was hard for both of us to be away from family . . . when our son became hard to manage, there was no partner to share the burden with. At one point we were mad at him because we were always arguing about how we handled him. (Husband 4).

We found ourselves angry over everything. Like home was supposed to be somewhere you come to relax, we went to counseling and we fought so hard to have a good marriage. Because I had postpartum really bad after our son was born. And I came back with no medication and I told Husband 4, there was something wrong with me but I'm going to fix it. (Wife 4).

For me, I think it has tested my patience and I am not a patient person but it has opened my eyes to see . . . sometimes I just think about what we are going to do to help him (son) become a successful person in the world and hopefully one day able to manage by himself. (Wife 3).

I don't open up sometimes. Particularly if it's something struggle wise between us (pointing to Husband 2) that I know is going to lead into a fight, I shut it down. I don't want that to lead to a fight which is going to lead into a fight, and I don't want to end up where my parents did, essentially. I internalize stress a lot and there are somethings that I will communicate but there are somethings I won't. This kills him. (Wife 2).



As these sacrifices look and sound different with each season the military couple is in, they seem to all be similar in the fact that each couple had their own unique struggles. However, the value in putting struggles and discomfort aside, the military couples banded together for the sake of their families.

## CHAPTER V

### CONCLUSION

This phenomenological study explored military couples' experiences in having a child with autism. I was interested in seeing if there were significant disadvantages that affected the couple's marriage, causing the system of the family to fall apart. This offers relative insight for researchers, systems family therapists, and behavioral therapists working with people who have a disability. The lived experience of six couples from two military bases were captured through face-to-face interviews, categorized by their marriage and then further distilled into the six emergent themes along all six couples.

Each couple displayed a unique difficulty with the deployed military member going and coming essentially disrupting the family system every time. Many of the couples understood this importance and vocalized how their military schedules often threw off the schedule of their child, thus throwing the marriage for a loop as the couple attempt to juggle the three components all at once. Similarly, Canel (2013) believes that marital satisfaction is created within a healthy family environment primarily requiring couples to trust each other, to equip themselves with love and respect, to develop problem-solving skills, and to maintain healthy communication with one another. The average number on the sliding scale question about how satisfied a couple was in their marriage was eight. The couples seemed to score high because they have an equal understanding of their situation. Many of the couples stated that they choose not to score

a 10 because they believe there is always room for improvement. As expressed in the themes in chapter IV, the couples really have had to work for their understanding of their situation, each other, and themselves. I would be curious if the couples were to be asked the same scaling question about 10 years from now if they would state the same score. Many seemed confident in the stability they had at the time of the interview, displaying satisfaction for their marriage in their interview.

Rosen and Durand (2000) help to bring home one final point in their understanding of military stress in stating that military families consider deployments to be the most stressful aspect of military service. This too was a running theme through the coding as couples described how difficult it was to spend time with spouse, the demand to provide for their families, and how deployments affected the couple individually as they both recognized personal struggles and sacrifices they were making. Several of the husbands mentioned how important it was for them to retain their position so that their child with autism could keep their benefits and the couple would not have deal with the large cost. However, a few other husbands briefly declared the desire to get out or excitement that they were out because of the high stress and work environment.

In interviewing my participants, I found that it was a split agreement with the notion that their child's diagnosis of autism affected their intimacy as a couple. Some of the couples felt that it has directly affected it, while others felt like it has not. There was one individual who felt like it was about in the middle. There was the limitation of interviewing six couples in West Texas. The results may have varied if more participants across the state could have been interviewed. Another limitation is that as a single researcher, there is only a range of things that one can pick up on. In the coding process,

there may have been more themes recognized to determine more of the couple's marital satisfaction status at the time of the interview.

Moreover, this research provided a deeper understanding in the lives of those caring for a child with autism and the structure of their family system. The purpose was designed to focus on the voice of the couple as the participant as it involved 12 men and women who serve and have served our country. Their stories demonstrate that through their circumstance, there is resiliency in their pursuit for solidarity and satisfaction in their marriage. It is the hope of the researcher that this research will continue to ignite conversations around unique families and how they function, giving us insight on how to best work alongside them as therapists, behavior specialists, and military employers.

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## APPENDIX

### IRB Approval Letter

#### ABILENE CHRISTIAN UNIVERSITY

*Educating Students for Christian Service and Leadership Throughout the World*

Office of Research and Sponsored Programs  
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103  
325-674-2885

01/04/2018



Simone Deloach  
Department of MFT  
Abilene Christian University

Dear Simone,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled "Marital Satisfaction of Military couples of Autism"

was approved by expedited review (46.110(b)(1) category 7 ) on 01/02/18 for a period of one year (IRB # 17-106 ). The expiration date for this study is 01/02/19 . If you intend to continue the study beyond this date, please submit the [Continuing Review Form](#) at least 30 days, but no more than 45 days, prior to the expiration date. Upon completion of this study, please submit the [Inactivation Request Form](#) within 30 days of study completion.

If you wish to make any changes to this study, including but not limited to changes in study personnel, number of participants recruited, changes to the consent form or process, and/or changes in overall methodology, please complete the [Study Amendment Request Form](#).

If any problems develop with the study, including any unanticipated events that may change the risk profile of your study or if there were any unapproved changes in your protocol, please inform the Office of Research and Sponsored Programs and the IRB promptly using the [Unanticipated Events/Noncompliance Form](#).

I wish you well with your work.

Sincerely,

*Megan Roth*

Megan Roth, Ph.D.  
Director of Research and Sponsored Programs