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Martial burnout in mothers of children with autism spectrum disorder: the role of marital communication and sociodemographic factors

Wypalenie w małżeństwie u matek dzieci ze spektrum autyzmu:
rola komunikacji i czynników socjodemograficznych¹

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Abstract: Raising a child with special needs poses a challenge for their parents, not only as caregivers but also as spouses. The aim of the present study was to analyze the relationships between communication behaviors, both mothers' own and their partners', and the level of marital burnout in mothers of children with autism spectrum disorder (ASD). The moderating role of selected sociodemographic factors, such as duration of marriage, number of children, age of a child with the disorder, professional activity of mothers, and perceived parents' contribution to caring for a child with autism spectrum disorder was also tested. The Marital Communication Questionnaire, the Marital Burnout scale and a sociodemographic survey were used in the study. The sample was composed of 100 women, married mothers of a child with ASD. The results showed an inverse relationship between own and partner's supportive and engaged communication behaviors, and the feeling of marital burnout. At the same time, there was a positive relationship between depreciation in their own and partner's communication and female burnout. These relationships were not moderated by any of the sociodemographic variables.

Keywords: ASD, child with autism spectrum disorder, communication, marital burnout, marriage

Abstrakt: Wychowywanie dziecka ze specjalnymi potrzebami stanowi wyzwanie dla jego rodziców nie tylko jako opiekunów, ale i małżonków. Celem prezentowanych badań była analiza związków między zachowaniami komunikacyjnymi własnymi i partnera, a poczuciem wypalenia w małżeństwie u matek dzieci ze spektrum autyzmu (ASD). Testowano również moderacyjną rolę wybranych zmiennych socjodemograficznych, takich jak staż małżeński, liczba dzieci, wiek dziecka z zaburzeniami, aktywność zawodową matki, a dodatkowo ocenę udziału obojga rodziców w opiece nad dzieckiem ze spektrum autyzmu. W badaniach wykorzystano Kwestionariusz Komunikacji Małżeńskiej, skalę Wypalenia Małżeńskiego oraz ankietę socjodemograficzną. Badania objęły 100 kobiet, matek dziecka z ASD, będących w związku małżeńskim. Wyniki wskazują na odwrotną zależność między komunikacją wspierającą i zaangażowaną, zarówno własną, jak i postrzeganą partnera, a poczuciem wypalenia w związku badanych kobiet. Jednocześnie ujawniono pozytywny związek między deprecjacją w komunikacji własnej i partnera a wypaleniem. Związki te nie były moderowane przez żadną ze zmiennych socjodemograficznych.

Słowa kluczowe: ASD, dziecko z zaburzeniami ze spektrum autyzmu, komunikacja małżeńska, małżeństwo, wypalenie w małżeństwie

¹ Polska wersja: <https://stowarzyszeniefidesetratio.pl/Presentations0/2021-3-Kale.pdf>

1. Introduction

Giving birth to a chronically ill child, a child with a disability or with a developmental disorder and then caring for it, is a difficult experience that brings consequences for the entire family system (Cyranka, Rutkowski, Król, Krok, 2012; Greszta, Ryś, Trębicka, Hoffer-Buczowska, 2020; Klajmon-Lech, 2018; Pağowska, 2013). First, it is a burden for caregivers engaged in the process of diagnosis, treatment, rehabilitation or therapy, which is a source of stress, and - in the long term - contributes to emergence of the burnout syndrome (Klajmon-Lech, 2018; Pağowska, 2013). Second, the child's disease affects other subsystems in the family (Fisman, Wolf, 1991), especially the parents' marriage (Chan, Lam, Law, Cheung, 2018; Cyranka et al., 2012). Care for a child with special needs diminishes spouses' physical strengths, as well as intellectual and emotional resources otherwise required to nurture the relationship with the partner (Hoogsteen, Woodgate, 2013). Moreover, negative experiences brought about by everyday child-related difficulties are transferred to the marital dyad and change it unfavorably - this phenomenon is referred to *stressspillover* (Brock, Lawrence, 2008; Neff, Karney, 2004).

Such chronic stress affects marital quality and satisfaction through various processes: less time spent together, poor communication, increased risk of psychological and physical symptoms, or increased likelihood of problematic personality traits revealing between partners (Bodenmann, Ledermann, Bradbury, 2007; Chan et al., 2018). Therefore, the risk of deterioration of the relationship between parents of a disabled child is real. It is especially felt by women, as mothers are usually primary caregivers and experience a greater impact of the child's deficits (Gau, Chou, Chiang, Lee, Wong, Chou, Wu, 2012; Koydemir, Tosun, 2009; Rodrigue, Morgan, Geffken, 1990). While stress, depression and burnout in mothers or both parents of an ill child have been often investigated (Greszta et al., 2020; Klajmon-Lech, 2018; Kütük et al., 2021; Pağowska, 2013), little attention has been paid to the phenomenon of marital burnout, its predictors and methods of prevention. The aim of the present study is to fill in this gap by examining the relationship between marital communication and burnout in mothers of children with autism spectrum disorder (ASD).

1.1. Marital burnout

Although burnout has been most often analyzed in the context of professional (Maslach, Leiter, 2017) or parental roles (Mikołajczak, Gross, Roskam, 2019), it might also be applied to spouses. Their high engagement in the relationship, dedication or enthusiasm may lead to a gradual loss of energy, discouragement, dissatisfaction, exhaustion, frustration and, consequently, burnout in a marriage (Rozen, 2020).

In the literature, the concept of burnout related to the marital relationship is described in three dimensions as physical, mental and emotional exhaustion and their effects. The first dimension of burnout is related to the effects of overpowering stress, which can be manifested through numerous physical symptoms, as well as chronic and mental diseases. Symptoms include fatigue, chronic headaches, abdominal pain, eating disorders, lethargy and many more. The emotional exhaustion includes feelings of emptiness, hopelessness, sadness, depression, unwillingness to solve problems. The mental dimension concerns reduced self-esteem, negative opinion about the spouse, frustration or disappointment with the partner (Koolae, Adibrad, Sedgh Poor, 2010; Ferri, Guerra, Marcheselli, Cunico, Di Lorenzo, 2015).

Marital burnout is a process that develops gradually (Abhar Zanjani et al., 2015). It is affected by various factors which reduce intimacy and love between partners, that in turn may lead to termination of marriage (Pines, 2002). The factors include, among others, discrepancy between expectations of an individual and the reality of the relationship or the spouse. From Beck's point of view (Beck et al., 2010), when love begins to fade away, a single disappointing event is enough for the spouses to attach negative labels to each other. In the case of lack of understanding from their husbands, women perceive them as unemotional. On the other hand, if a wife does not meet her husband's expectations, she is perceived by him as unkind (Beck et al., 2010).

Another problem likely to be faced by couples is burnout caused by stress overload (Sirin, Deniz, 2016). The escalation of various stressors leads to greater burnout which entails increased conflict and aggressive behavior, decreased romantic bond between partners, and ultimately significantly reduces marital quality (Huston, 2009). One of such stressors is childrearing. It has been revealed that the higher the number of children, the lower the overall marital quality and the sense of happiness in marriage, and the greater conflict as well as emotional and mental exhaustion in parents (Glenn, McLanahan, 1982; Akbolat, Isik, 2008; Sendil, Korkut, 2012; Allendorf, Ghimire, 2013). Turkish couples having five or more children reported significantly higher marital burnout levels than couples without offspring (Pamuk, Durmus, 2015). Additionally, results of couples suffering from marital burnout showed a greater sense of burnout in women when compared to men (Pines, Neal, Hammer, Icekson, 2011; Capri, Gökçakan, 2013; Pamuk et al., 2015). The reason for this is greater stress due to multiple responsibilities of a wife and mother when compared to men who play roles of a husband and father (Erickson, 1993), as well as greater women's expectations about marriage and how it should look like.

Unrealistic expectations about marriage have also resulted in reduced marital satisfaction, disappointment, unhappiness, and burnout in the relationship (Babari Gharmkhani, Madani, Lavasani, 2014; Brandbury, Fincham, Beach, 2000; Güven, Sevim, 2007; Ohue, Moriyama, Nakaya, 2011). It has been shown for example, that infertile couples

characterized by stronger irrational beliefs about the relationship (e.g. "your partner should read your mind", "you need to be a perfect sexual partner", "refusal is destructive for the relationship") experienced higher levels of marital burnout in both the physical and mental dimension (Abhar Zanjani et al., 2015).

Another factor contributing to marital burnout is ineffective communication. The use of counter productive communication patterns (Babari Gharmkhani et al., 2014) and the strategy of dominance in conflict (Kulik, Walfisch, & Liberman, 2016) correlated positively with burnout. In addition, when a couple does not talk about their problems or does not seek a solution to a given situation, the pace of the marriage burnout process accelerates. This is due to anxiety, disappointment and anger resulting from the lack of communication between partners (Stackert, Bursik, 2003) and decreased trust and support from the partner (Pamuk et al., 2015). On the other hand, couple communication training programs reduced the intensity and risk of marital burnout (Amini & Heydari, 2016; Nejatian Alami, Momeniyan, Noghabi, Jafari, 2021; Sirin et al., 2016). Communication is the dimension of a spouses' relationship that can predict marital burnout. It is reciprocal and can be effectively changed through education, training and therapy, which makes marital communication research especially valuable.

1.2. Communication between spouses

Interpersonal communication began to be investigated by psychologists in the early 1960s. At that time, it was noticed that there was a link between communicating with others and satisfying important to everyone needs of closeness, belonging, or security (Stewart, 2000). Communication is considered as an important social skill that should be developed over one's lifespan and experience. Communication might be understood as a relationship in which there is a flow of information between at least two people. In this process, a sender's task is to convey the content through the selected information channel to the receiver. As a rule, via a specific content the sender wishes to influence the recipient's behavior or opinion (Baczyński, 2004). One-way dissemination of information takes place when the sender does not expect confirmation of the information he sent. On the other hand, two-way communication arises when the receiver acknowledges the receipt, e.g. by paraphrasing or asking questions on a given topic (Jankowska, 2016). Effective communication occurs when the receiver understands the message and interprets it in line with the intention of the sender (Dobek-Ostrowska, 1999). It is impossible for people not to communicate, because all human behavior is a form of communication by exchanging symbols, signs and words between people (Plopa, 2006). Symbols helpful in interpreting the content are all kinds of body movements, facial expressions, eye contact, gestures, voice tone, pace or volume, i.e. everything that is used freely during the conversation. Such nonverbal communication

makes the message more understandable, helps to understand the relationships between the interlocutors, and affects verbal communication (Nęcki, 1996).

Communication understood in this way is of particular importance in close relationships, such as marriage, and its functions extend far beyond the exchange of information. It is a way of defining a relationship and mutual interactions, expressing emotions and expectations, coping with difficulties, etc. Marital communication is an element of developing a deeper marital bond, as important as sexual intimacy (Ryś, 1999). According to Rostowski (1987), love alone is not enough to maintain a relationship. There is no guarantee of the stability between spouses without effective and adequate communication between them. Good communication between partners favors their engagement and satisfaction (Hou, Jiang, Wang, 2019; Lavner, Karney, Bradbury, 2016), increases the spouses' sense of intimacy, self-realization and similarity (Jankowska, 2016).

According to Plopa (2006), there are three distinct forms of marital communication. All of them may emerge simultaneously and their intensity may vary. The quality of communication and bond between spouses depends on these three forms. They change across time, situations and partners' moods and skills. First, supportive communication consists in recognizing the partner for his or her very existence, awareness of how important this person is for the relationship, an expression of respect and interest in him in various spheres of life. Using supportive communication, partners make attempts to solve problems together. Second, engaged communication is about partners' ability to create a warm atmosphere, intimacy and closeness that makes the other person feel important and special. It is important to be able to prevent conflicts by recognizing partner's expectations or feelings. For intimacy and enrichment of a relationship, it is important to get to know the other person. The third form is depreciating communication. It negatively affects the relationship and makes distance between partners. Depreciation includes aggressive behavior towards a partner or disregarding his or her dignity, e.g. insults or arrogant behavior, a desire to dominate the other party, which may increase the conflict.

The studies (Brisini, Solomon, 2019, 2020) showed that marital communication in parents of a child with autism spectrum disorders changes depending on important life events or transitions concerning their child, which in turn affects the quality of the relationship and may affect burnout in marriage.

1.3. Moderators

Previous studies have shown that the level of marital burnout depends on such sociodemographic variables as age of the spouses', duration of marriage, number of children, professional activity, and education level (Nejatian et al., 2021). Consistently, burnout increased along with the length of marriage (Alsawalqa, 2019; Ahrari, Miri, Ramazani, Dastjerdi, Hamidi Tabas, 2018; Erickson, 1993), with the larger number of offspring (Nejatian

et al., 2021; Pamuk et al., 2015) and more professional activities of the spouses (Alsawalqa, 2019; Nejatian et al., 2021). Taking into account the results of prior research, the present study proposes sociodemographic variables, such as length of marriage, the number of children, and a woman's professional activity, as moderators of the relationship between marital communication and burnout. Research showed that the older a child with ASD symptoms is, the more distance the parents keep in their marital relationship (Doron, Sharabany, 2013), hence the age of the child was proposed as another moderating variable. As an additional moderator, the perceived parents' contribution to caring for a child with ASD was taken into account. It has been shown that a greater husbands' caring for children was associated with less wives' burnout (Erickson, 1993).

2. Aim of the study

The aim of the present study was to analyze the relationships between mother's own and partner's communication and marital burnout in mothers of children with autism spectrum disorders (ASD), including sociodemographic moderators. Although there is no research on communication and burnout in this sample, it was assumed - taking into account the results from other samples - that spouses' communication would be significantly associated with marital burnout among mothers of a child with ASD. It was hypothesized that there would be a negative relationship between own and partner's support and engagement in communication and female burnout in marriage, and a positive relationship between spouses' depreciation and burnout in married women (H1). The moderation hypotheses were also formulated: the association between communication and burnout would be weaker in women married for a longer period of time (H2), having more children (H3), rearing an older ASD child (H4), working professionally (H5) and reporting less fathers' contribution to caring for the child (H6).

3. Method

3.1. Procedure

The study was conducted online from March to June 2020. The respondents were asked to answer the questions via the Google Forms platform. Purposive sampling was used, as the sample consisted of married mothers of a child with autism spectrum disorder. The invitation to the study was made available to close discussion groups associating people interested in ASD issues. The participants were informed about the purpose of the study, instructed how to respond to the questionnaires, and guaranteed anonymity. Participation in the study was voluntary and no monetary compensation was offered to the respondents.

3.2. Participants

One hundred and thirty four women took part in the study. Data of one hundred respondents who answered all the questions under the applied measurements were used for the analysis. Inclusion criteria included being a woman, having a child with an ASD diagnosis, being married, or - exceptionally - having a long-term romantic relationship.

The data collected in the sociodemographic survey revealed that the age of the females ranged from 24 to 53 years ($M=35.31$, $SD=5.59$). 41% of the respondents lived in cities, 33% in towns, and 26% in the countryside. 73% of respondents had high education, 21% secondary, 3% vocational, and individual answers included in 1%: primary education (1 person), doctorate (1 person) and higher technical education (1 person). 57% of the surveyed women were professionally employed and 55% assessed their financial situation as good. As for marital status, 87% of women declared being married, the rest reported long-term relationships. The shortest relationship lasted six months, the longest - 25 years, with the mean $M=11.19$ ($SD=5.06$). The reported number of children ranged from 1 to 9, with the mean $M=1.98$ ($SD=1.07$). The majority of the families had one child with autism spectrum disorder, but eight women raised two children, and one respondent - three children with ASD. The children were aged 2 to 28 years ($M=6.92$, $SD=3.90$) and 87% of them attended school or care facilities. Other questions pertained to the husbands of the surveyed women. The age of the partners ranged from 25 to 65 years ($M=31$, $SD=6.88$). 49% of men had higher education, 30% secondary, 20% vocational and as much as 95% worked professionally. The females were also asked to rate the contribution of both parents to caring for a child with ASD on a 5-point scale from 1 ("definitely me") to 5 ("definitely husband/partner"). Women assessed the participation of both spouses in caring for a child with disorder as balanced ($M=2.15$, $SD=.87$).

1.3. Measures

3.3.1. Marital Communication Questionnaire

The Marital Communication Questionnaire (KKM) by Kaźmierczak and Plopa (2008) was used to assess communication between spouses. In its assumptions, the tool allows to measure communication behaviors in marriage. There are two versions of the questionnaire: the self-behavior report and the description of partner's behaviors. Each version consists of 30 items that allow to evaluate marital communication in three dimensions: support, engagement, depreciation. The particular subscales contain from 9 to 11 items. The respondents estimate the frequency of the described behaviors on a 5-point scale from 1 ("never") to 5 ("always"). Sample items include: "I give my husband mental, emotional and spiritual support"; "I humiliate my husband." The higher the score, the more the specific communication behaviors. In the current study, the reliability of the scales (Cronbach's α)

was for mother's own behaviors: support .93, engagement .88, depreciation .91, and for partner communication, respectively: .97, .92, 95.

3.3.2. Marital Burnout

To assess the level of marital burnout, the Marital Burnout scale (Erickson, 1993) in the Polish translation provided by B. Lachowska from the Catholic University of Lublin was used. The scale contains 12 items. Respondents indicate on a 7-point scale from 0 ("never") to 6 ("always") how often they experienced certain states regarding their marital relationship, such as emotional exhaustion, disappointment, burnout, insensitivity etc. Sample items include: "My relationship makes me feel emotionally drained", "I feel like I treat my partner as if he were an inanimate object". The overall score might be calculated by adding up the answers to all the items including reverse scoring in questions 3 and 10. The possible score ranges from 0 to 84 points. The higher the score, the more severe the marital burnout symptoms. In the present study, Cronbach's α was .94.

4. Results

To explore the relationships between marital communication, burnout and sociodemographic factors, correlational analyses were performed. Table 1 shows intercorrelations (Pearson's r) between analyzed variables.

Table 1. Pearson's correlations between analyzed variables

	1	2	3	4	5	6	7	8	9	10	11
1. respondents' support	-										
2. respondents' engagement	.85**	-									
3. respondents' depreciation	-.46**	-.46**	-								
4. partner's support	.73**	.67**	-.45**	-							
5. partner's engagement	.65**	.61**	-.38**	.89**	-						
6. partner's depreciation	-.52**	-.46**	.49**	-.71**	-.62**	-					
7. female marital burnout	-.59**	-.60**	.51**	-.81**	-.76**	.77**	-				

8. relationship duration	.02	.02	-.08	.07	-.02	-.14	-.04	-			
9. number of children	.07	-.01	.05	.02	-.03	.03	.02	.19	-		
10. age of a child with ASD	.11	.16	-.12	.14	.08	-.09	-.08	.45**	.12	-	
11. assesment of care of an ASD child	.36**	.31**	-.11	.61**	.53**	-.37**	-.56**	.19	.03	.14	-

* $p < .05$; ** $p < .01$; *** $p < .001$

As shown, women’s own communication was significantly linked to perceived partner’s communication. The declared own support and engagement showed a positive correlation with the assessment of husband's support and engagement, and negative with the husband's depreciation. Respondents’ depreciation was negatively related to the partner's support and engagement, and positively linked to depreciation from him. The results also showed an inverse relationship between own and partner’s support and engagement, and female marital burnout. Both spouses' depreciation turned out to be positively correlated with wives' burnout. The correlation coefficients, however, were clearly higher for the partner's communication behaviors and women's sense of burnout than for female communication behaviors and burnout. It was also observed that greater partner's contribution to caring for a child with ASD was associated with more both partners’ support and engagement, and less depreciation from husbands. None of the examined demographic variables, i.e. length of the relationship, number of children, age of a child with disorders, and professional work of women, correlated significantly either with spouses communication, or with wives’ marital burnout.

To examine whether sociodemographic factors moderated the relationships between marital communication and burnout, we conducted moderation analyses using the Process macro for SPSS (Model 1, version 3.5, Hayes, 2018). Moderation models have been proposed with dimensions of spouses' communication as predictors, marital burnout as an outcome variable, and marriage duration, number of children, age of a child with ASD, professional work of women, and contribution to caring for an ASD child as moderators. Tables 2 and 3 present the indirect effects of perceived support, engagement and depreciation from respondents and then from their partners on female marital burnout.

Table2. Marital duration as a moderator in the relationship between dimensions of female communication and marital burnout

Marital burnout		<i>B</i>	SE	<i>t</i>	<i>p</i>	LLCI	ULCI
model 1	constant	68.17	19.72	3.46	.001	29.00	107.34
<i>R</i> ² =.35 <i>F</i> (3,90) = 16.54 <i>p</i> <.001	support (S)	-1.13	.47	- 2.42	.018	-2.06	-.20
	duration (D)	1.16	1.64	.71	.48	-2.09	4.41
	S x D	-.03	.04	-.78	.44	-.11	.05
model 2	constant	55.18	13.66	4.04	.000	28.05	82.31
<i>R</i> ² =.41 <i>F</i> (3,90) = 20.60 <i>p</i> <.001	engagement (E)	-1.11	.42	-2.66	.009	-1.94	-.28
	duration (D)	1.18	1.15	1.03	.31	-1.10	3.47
	E x D	-.04	.04	-1.16	.25	-.11	.03
model 3	constant	0.48	12.59	.04	.97	-24.47	25.42
<i>R</i> ² =.24 <i>F</i> (3,90) = 12.56 <i>p</i> <.001	depreciation (De)	.080	.50	1.67	.10	-.16	1.81
	duration (D)	-.66	1.12	-.58	.56	-2.86	1.57
	De x D	.03	.05	.58	.56	-.06	.12

Table 3a. Marital duration as a moderator in the relationship between dimensions of perceived husbands' communication and wives' marital burnout

Marital burnout		<i>B</i>	SE	<i>t</i>	<i>P</i>	LLCI	ULCI
model 1	constant	60.28	9.49	6.35	.000	41.43	79.12
<i>R</i> ² =.64 <i>F</i> (3,90) = 52.34 <i>p</i> <.001	support (S)	-1.13	.25	- 4.59	.000	-1.62	-.64
	duration (D)	.70	.79	.88	.38	-.88	2.28
	S x D	-.02	.02	-.85	.40	-.06	.02

Table 3b. Marital duration as a moderator in the relationship between dimensions of perceived husbands' communication and wives' marital burnout

Marital burnout		B	SE	t	p	LLCI	ULCI
model 2	constant	55.26	10.98	5.03	.000	33.44	77.07
R2=.57 F(3,90) = 39.70 p<.001	engagement (E)	-1.15	.37	-3.16	.002	-1.88	-.43
	duration (D)	.75	.94	.79	.43	-1.12	2.61
	E x D	-.03	.03	-1.05	.30	-.10	.03
model 3	constant	-9.39	7.43	-1.26	.21	-24.14	5.37
R2=.56 F(3,90) = 37.69 p<.001	depreciation (De)	1.15	.29	3.97	.000	.58	1.73
	duration (D)	-.15	.59	-.25	.80	-1.33	1.03
	De x D	.02	.02	.66	.51	-.03	.06

As presented in Tables 2 and 3, the analysis revealed no interaction effect of dimensions of spouses' communication and marriage duration in relation to female marital burnout. The length of the relationship did not moderate the association between marital communication and burnout. Similar models were tested for further variables as moderators, with similar results.

The number of children was the next tested moderator. The interaction between the respondents' support and the number of children was insignificant for female burnout ($B=-.34$, $SE=.22$, $t=-1.52$, $CI95\%=(-.78, .10)$), as was the interaction between their engagement and the number of children ($B=.06$, $SE=.29$, $t=.20$, $CI95\%(-.51, .63)$), and depreciation and thenumber of offspring ($B=.10$, $SE=.22$, $t=.46$, $CI95\%(-.34, .55)$). The interaction between husband's support and the number of children also turned out to be insignificant ($B=-.10$, $SE=.10$, $t=-.98$, $CI95\%(-.33, .11)$), as was the interaction between husband's engagement and the number of offspring ($B=.05$, $SE=.16$, $t=.31$, $CI95\% = (-.27, .36)$), and depreciation and the number of children ($B=.06$, $SE=.15$, $t=.43$, $CI95\% = (-.23, .36)$) were not significant for wives' burnout.

Then, the moderating role of the age of an ASD child was examined. The interaction between female supportive communication and the age of a child turned out to be insignificant ($B=-.002$, $SE=.07$, $t=-.04$, $CI95\%(-.14, .13)$) for marital burnout of the respondents, as well as the interaction of engagement and child's age ($B=-.03$, $SE=.07$, $t=-.41$,

CI95% = (-.18, .12)), and depreciation and age ($B=.12$, $SE=.08$, $t=1.46$, $CI95\%=(-.04, .27)$). Interactions between perceived husband's support and age of a child with ASD ($B=-.006$, $SE=.04$, $t=-.16$, $CI95\%=(-.08, .07)$), husband's engagement and child age ($B=.03$, $SE=.05$, $t=.57$, $CI95\%=(-.07, .13)$), and depreciation and child's age ($B=.04$, $SE=.05$, $t=.82$, $CI95\%=(-.05, .13)$) were not significant for wives' feeling of burnout.

The professional activity of the responding mothers was another tested moderator. The interaction between their supportive communication and professional work turned out to be insignificant for marital burnout ($B=.44$, $SE=.41$, $t=1.05$, $CI95\%=(-.39, 1.26)$), as well as the interactions between engagement and work ($B=.46$, $SE=.39$, $t=1.17$, $CI95\%=(-.31, 1.23)$), and depreciation and work ($B=-.41$, $SE=.39$, $t=-1.04$, $CI95\%=(-1.18, .37)$). Interactions between husband's support and wife's work ($B=-.01$, $SE=.21$, $t=-.05$, $CI95\%=(-.42, .40)$), husband's engagement and the wife's work ($B=-.05$, $SE=.27$, $t=-.19$, $CI95\%=(-.60, .49)$), and his depreciation and work ($B=.14$, $SE=.23$, $t=.58$, $CI95\%=(. -33, .60)$) were found to be insignificant in the moderation analysis.

The perception of parents' contribution to caring for children with ASD was the last proposed moderator. The interaction between female support and the assessment of partners' participation in caring for the child turned out to be insignificant ($B=.08$, $SE=.23$, $t=-.35$, $CI95\%=(-.54, .37)$), just as the relationship between engagement of assessment of care ($B=.07$, $SE=.21$, $t=.33$, $CI95\%=(-.35, .50)$) and depreciation and care ($B=-.19$, $SE=.18$, $t=-1.07$, $CI95\%=(-55, .16)$) for marital burnout in women. The interaction of the husband's supportive communication and the assessment of child care also turned out to be not significant ($B=-.05$, $SE=.15$, $t=-.35$, $CI95\%=(-.34, .24)$), as well as between husband's engagement and the assessment of care ($B=.28$, $SE=.17$, $t=1.61$, $CI95\%=(-.07, .62)$), and his depreciation and care ($B=.02$, $SE=.13$, $t=1.18$, $CI95\%=(.85, -.23)$).

Thus, the relationships between the dimensions of perceived own and partner communication and marital burnout in mothers of ASD children were not moderated by any of the considered sociodemographic variables.

5. Discussion

The aim of the present study was to analyze the relationship between marital communication and burnout in mothers of children with autism spectrum disorder. In the face of highly demanding child-rearing, spouses usually experience negative changes in their relationship, which is a consequence of increased stress, physical and time limitations, or poor communication (Bodenmann et al., 2007; Brobst, Clopton, Hendrick, 2009; Chan et al., 2018; Cyranka et al., 2012; Doron et al., 2013; Hoogsteen et al., 2013). As a result, they are at risk for marital deterioration and burnout (Doron et al., 2013; Rodrigue et al., 1990). Identification of factors predicting feelings of burnout is therefore not only significant in

theoretical but also practical terms. Preventive and training programs might be developed on the basis of such research and carried out in support groups for parents of children with ASD. Preventing marital burnout is important not only for the spouses, but also for all family members (Kaleta, 2011; Morgan, 1988).

In the current research conducted among mothers of children with ASD, the effect of perceived own and partner's communication behaviors and sociodemographic factors on marital burnout was analyzed. The first hypothesis was supported - the more support and engagement, and the less depreciation the spouses communicate to each other, the lower the wife's burnout. The findings are consistent with previous studies in different populations linking communication and marital burnout. They revealed an inverse association between communication skills and spouse burnout (Arfa-ee, Far, Fallahi, 2015). Women referred to outpatient clinics due to increased symptoms of burnout in their marriage and participating in communication skills training, reported lower levels of burnout (Nejatian et al., 2021). Wives' earlier participation in communication skills training was also negatively related to their burnout in marriage (Nejatian et al., 2021). Taking part in such training by married women reduced stress in the marital dyad, increased their satisfaction in marriage and reduced burnout (Amini et al., 2016; Sirin et al., 2016). During communication programs, participants develop skills such as empathy, conversation, conflict resolution, which has been significantly associated with greater marital satisfaction (Askari, Mohd Noah, Aishah Bt Hassan, Bt Baba, 2013; Haris, Kumar, 2018) leading to less burnout (Nejatian et al., 2021). After experiencing marital infidelity, women who participated for three months in weekly sessions developing couple communication, along with the change of the communication model, reported a lower feeling of burnout (Aqqabozorgi, Keshavarz Mohammadi, & Shariat, 2020). Even in a divorce situation, women engaging in more constructive forms of communication experienced a lower level of marital burnout (Babari Gharmkhani et al., 2014). The results obtained in the present study showed the positive role of constructive communication behaviors, such as support and engagement, in reducing marital burnout also in a sample of mothers raising children with ASD. When both spouses communicate in a supportive and engaged way, they perceive their relationship as a source of support, closeness and happiness (Jankowska, 2016). This may be of particular importance for a couple with a child with disorders. Due to the fact that an autistic child occupies a central place in a family, care for the balance of the roles is necessary for the spouses in the adaptation process (Hoogsteen et al., 2013). Good communication is also helpful in coping with the challenges faced by parents while bringing up a child with ASD, such as resolving guilt, expressing difficult emotions, organizing time, sharing responsibilities, caring for the stability of the marriage. Better marital communication can also strengthen the alliance between those parents who feel that a disabled child makes them more committed to each other, and that experiencing fears, difficulties and suffering together makes them closer to

each other (Walsh & O'Leary, 2013). Depreciation, in turn, can exacerbate all the phenomena that pose a threat to a couple with an ASD child - blame, anger, frustration, stress, fatigue, and crisis leading to burnout (Doron et al., 2013).

The significance of the relationship between communication behaviors and the sense of marital burnout in mothers of children with ASD may be indirectly confirmed by the fact that the next hypotheses were not supported - the revealed associations were not moderated by any of the sociodemographic variables, i.e. duration of the relationship, number of children, an ASD child's age, a woman's professional work, or partners' degree of participation in caring for a child. Previously published results showed that the longer marital duration, the higher number of children and the more wives' professional work, the greater burnout in marriage (Ahrari et al., 2018; Alsawalqa, 2019; Erickson, 1993; Nejatian et al., 2021). These studies, however, did not include couples raising children with special needs. Their results cannot be generalized to the discussed population, for which sociodemographic factors might be of less importance. The age of an ASD child also turned out to be insignificant, despite the fact that a positive relationship between the child's age and the distance within a marriage had previously been demonstrated (Doron et al., 2013). The same was found in the case of perceived spouses' contribution to caring for a child, although research by Erickson (1993) revealed a negative relationship between the husband's involvement in caring for the children and the wife's marital burnout. In mothers of children with ASD who participated in our study, a negative relationship between support and engagement in communication and marital burnout, and a positive relationship between depreciating behaviors during communication and burnout turned out to be independent of external circumstances.

Study limitations

Although the present study revealed interesting associations, it is not free from limitations. First, we used self-report measures, which entails the risk of creating an image of participants' marriage in accordance with their or the researchers' expectations. In addition, they require responding to questions formulated in a specific way, at the expense of spontaneous statements or assessments (Schwarz, 1999). It is difficult to determine what is the relationship of such a description with actual behavior. Future research should rely more on behavioral data directly accessed through experiment or observation, or more free self-description using qualitative research. Another weakness of the study is a cross-sectional design and relying on correlation analyses. Testing of moderation models, despite the setting of the independent variable, dependent variable and moderator, does not allow for cause-and-effect inference. In the future, experimental or longitudinal studies would need to identify causal relationships and the impact of particular variables. Moreover, the examined

moderation models did not include the variables significant for families with children with ASD, i.e. social support and the severity of autistic behavior. Previous studies have shown that greater social support was associated with more intimacy in marriage (Doron et al., 2013) and less marital burnout (Ardic, 2020). Marital satisfaction was also related to the degree and type of child's autistic symptoms (Hartley, Barker, Baker, Seltzer, Greenberg, 2012). Finally, the study did not include a control group (such as in the case of Gau et al., 2012), which does not allow to draw conclusions about the specificity of the results.

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