Raising Children with Autism Spectrum Disorder: Mothers' Stress Interpretations, and Coping Outcomes

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ABSTRACT

Mothers of children with Autism Spectrum behavior (ASD) exhibit poor behavior. Guided by Family Stress Theory and descriptive research design, I explored the behaviors of mothers in raising children with ASD. I interviewed 12 mothers whom I selected using purposive sampling technique. Through thematic analysis, I found that mothers encountered tantrums and physical outbursts, difficulty communicating with non-verbal children, and high cost of therapy and school. They interpret these stressful events as emotional gateway and safe space, requiring patience, and heavy financial weight. They cope by calming strategy, consistent communication, and seeking financial help resulting to a sense of relief, deepened functional connection, and partial relief of financial burden. Mothers need education and financial assistance to improve well-being. Future research may apply regression, mediation, and exploratory factor analyses to examine mothers' interpretations, copings, and resource use relate to transformed behavior in raising children with ASD.

Keywords: Raising children with autism spectrum disorder, mothers' stress, interpretations, coping outcomes

INTRODUCTION

The Problem and Its Scope

The behavior of mothers in raising children with Autism Spectrum Disorder(ASD) has increasingly been discussed in the global literature as a critical area of concern, particularly when parenting responses are characterized by inconsistency, harsh discipline, emotional withdrawal, or limited responsiveness to the child's developmental needs. In many contexts, such patterns are viewed as problematic because they do not align with recommended caregiving approaches for children with ASD, which emphasize structure, patience, and attuned interaction. Studies across global settings have documented observable instances of maladaptive parenting practices among some mothers of children with ASD, highlighting patterns such as difficulty in sustaining supportive communication, reduced emotional engagement, and the use of ineffective behavioral management strategies (Rodríguez & Hartley, 2023; Nguyen et al., 2024). These behavioral patterns are increasingly framed as a significant issue within the broader discourse on inclusive and responsive caregiving for children with developmental conditions.

Across different countries, the problematic nature of certain maternal behaviors in raising children with ASD has also been reported in diverse sociocultural contexts. In the United States, research has identified patterns of inconsistent discipline and elevated parental frustration reflected in caregiving interactions (Smith et al., 2023). In China, studies have documented maternal tendencies toward overcontrol and emotionally distant responses in managing children's behaviors (Li & Zhou, 2024). Similarly, in the United Kingdom, some mothers have been observed to exhibit limited adaptive communication strategies and difficulty maintaining positive engagement with their children with ASD (Brown et al., 2023). These cross-national findings demonstrate that concerns about suboptimal maternal behaviors are not confined to a single cultural setting but are recognized as a recurring issue worldwide.

In the Philippine context, the behavior of mothers raising children with ASD has also been identified as a problematic situation in emerging local studies. Recent research indicates that some mothers demonstrate inconsistent caregiving practices, including difficulties managing behavioral episodes, limited use of structured routines, and challenges sustaining emotionally responsive interactions with their children (Garcia & Reyes, 2023; Santos et al., 2024). These behavioral patterns are increasingly highlighted in local discourse on special education and family support, as they reflect gaps between recommended caregiving practices and maternal responses in everyday contexts. As such, the issue is gaining attention among educators, practitioners, and researchers in the Philippines.

The persistence of poor maternal behaviors in raising children with ASD carries significant consequences. Studies have shown that such behaviors are associated with increased behavioral difficulties in children, including heightened tantrums, reduced social engagement, and delays in adaptive functioning (O'Connor et al., 2023). Additionally, these patterns may contribute to strained parent–child relationships and limit the effectiveness of therapeutic and educational interventions (Kaur et al., 2024). On the part of mothers, continued engagement in maladaptive caregiving practices has been linked to heightened emotional distress, reduced parenting efficacy, and diminished overall well-being. These outcomes underscore the seriousness of the issue and highlight the need for greater attention to maternal behaviors in the context of raising children with ASD.

Significance of the Study

This study highlights the realities of caring for children with Autism Spectrum Disorder(ASD) and the importance of providing adequate support and opportunities for both children and their caregivers. It aligns with the United Nations Sustainable Development Goal 3 (Good Health and Well-being) as it emphasizes the overall well-being of mothers raising children with ASD. The study also supports the vision of Holy Cross of Davao College (HCDC) to build a more humane world and its mission to cultivate high-quality Catholic education for all, while being attentive to the needs of the less fortunate**,** as it values the voices of mothers who need more attention and support. For students, the findings foster empathy and awareness, while for Social Studies teachers, the results can serve as real examples in teaching about family, community, and society. For the researcher, this study is both an academic task and a personal advocacy to support mothers of children with ASD. Lastly, for future researchers, this study may serve as a useful reference for further research on parenting, inclusivity, and education for children with special needs.

Statement of the Problem

In this study, I explored the behavior of mothers in raising children with ASD. Specifically, I sought answers to the following questions:

1. What are the stressful events encountered by the mothers in raising their child with Autism Spectrum Disorder?

2. What are the interpretations of mothers of their stressful events?

3. What are the mechanisms of mothers using available resources to cope with the stressful events?

4. What are the outcomes of their interpretation and coping mechanisms?

Assumptions

I assumed that mothers raising children with Autism Spectrum Disorder(ASD) encounter specific stressful events, such as tantrums and physical outbursts, difficulty in communicating with non-verbal children, and the high cost of therapy and schooling. I assumed that mothers assign meaning to these experiences by viewing them as an emotional gateway and safe space, purposeful cues that require patience, and a heavy financial burden. I further assumed that mothers respond to these stressful events by engaging in coping mechanisms. Guided by

Family Stress Theory, I assumed that these processes of interpretation and coping lead to transformed behaviors among mothers, reflected in a sense of relief, a deeper functional connection with their child, and partial relief of financial burden.

Theoretical Lens

This study is anchored in the Family Stress Theory developed by McCubbin and Patterson (1983), which posits that families do not simply break down under stress; they actively adapt and reorganize in response to how they interpret and manage stressors using available resources. Family stress outcomes are shaped more by how families interpret and cope with challenges than by the challenges themselves.

Conceptual Paradigm

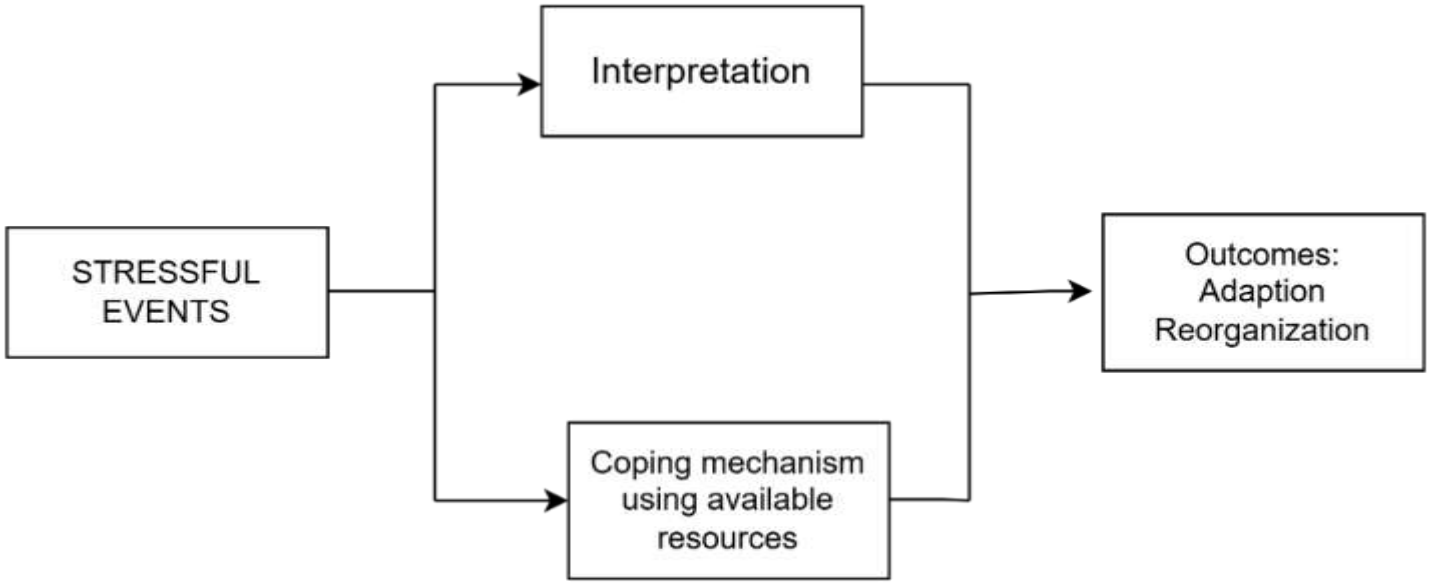

Figure 1: Paradigm based on Family Stress Theory

METHODOLOGY

In this chapter, I presented the research design, the study locale, the sample and sampling technique, the data-gathering technique, the data-analysis technique, and the study's trustworthiness.

Research Design

In this study, I used a qualitative descriptive research design. In my research, I adopted a flexible approach to provide a detailed summary of study participants' perceptions of working at an early age (Ayton et al., 2023). I emphasized the essence of minors' perceptions by setting aside biases and preconceived notions to uncover the participants' reality (Creswell & Poth, 2018).

Locale of the Study

I conducted this study in two learning therapy centers in Davao City. These centers were chosen because they cater specifically to children with ASD and serve mothers who are directly involved in their children's therapy sessions. Their setting was significant as it provided direct access to mothers with relevant caregiving experiences within an intervention-based environment.

Sample and Sampling Technique

The participants of this study were twelve mothers who were selected based on a specific set of inclusion criteria: first, they are mothers of children with a formal diagnosis of ASD; second, their children are currently enrolled in and receiving intervention services at selected therapy centers in Davao City; and third, they serve as the primary caregivers with direct involvement in both daily therapy and home-based care. By focusing on these criteria, the study ensured that the participants possessed the 'information-rich' experiences necessary to thoroughly describe the phenomena of caregiving stress and the subsequent process of adaptation.

For this qualitative descriptive study, I used purposive sampling to select participants based on specific inclusion criteria. Purposive sampling is a nonprobability sampling technique used when researchers intentionally select individuals with direct experience with the phenomenon under investigation who can provide rich, relevant information (Campbell et al., 2020). It is applied in qualitative research when the goal is to identify information-rich participants rather than achieve statistical representation. One of its main advantages is that it allows the researcher to gather in-depth, meaningful data from participants most relevant to the study.

Data Gathering Technique

In this study, I employed In-Depth Interviews (IDI) and Focus Group Discussions (FGD) as data collection methods. An IDI is a one-on-one qualitative technique used to explore the perceptions of mothers raising children with ASD. It is used when detailed, personal accounts are needed, especially for complex or sensitive experiences. One of its main advantages is that it allows participants to freely express their thoughts without outside influence, resulting in rich, detailed data (Kallio et al., 2016). On the other hand, an FGD is a guided group interaction used to gather shared ideas and perspectives on a specific topic. One of its advantages is that it encourages discussion, allowing probing and follow-up questions, leading to a deeper understanding of participants' responses.

Data Analysis Technique

In this study, I employed thematic analysis following the six-phase framework of Braun and Clarke to systematically examine the transcribed in-depth interviews and focus group discussions. I began the analysis by familiarizing myself with the data through repeated reading of the transcripts and notes to gain a holistic understanding of the mothers' narratives. I then generated initial codes by identifying significant statements and meaningful units related to their caregiving experiences in raising children with Autism Spectrum Disorder (ASD).

After coding, I organized the data into potential themes, carefully reviewed and refined them to ensure coherence, consistency, and alignment with the research questions. Finally, I clearly defined and named the themes to accurately capture their core meanings and represent the essence of the participants' lived experiences.

Trustworthiness

In this study, I ensured trustworthiness using Lincoln and Guba's (1985) criteria: credibility, transferability, dependability, and confirmability. I ensured credibility by validating data sources and crosschecking participants' responses to maintain the accuracy of the findings. I enhanced transferability by providing a thick and detailed description of the research context and procedures to allow understanding in similar settings.

I ensured dependability by consistently following the research design and systematically documenting the research process. At the same time, confirmability was achieved through careful and systematic examination of the data to minimize researcher bias. All ethical guidelines set by the Society for Moral Integrity and Legal Ethics (SMILE) of Holy Cross of Davao College were strictly observed throughout the study.

RESULTS

In this chapter, I presented the results of my study. I also provided a summary of the findings along with the modified paradigm.

Modified Paradigm

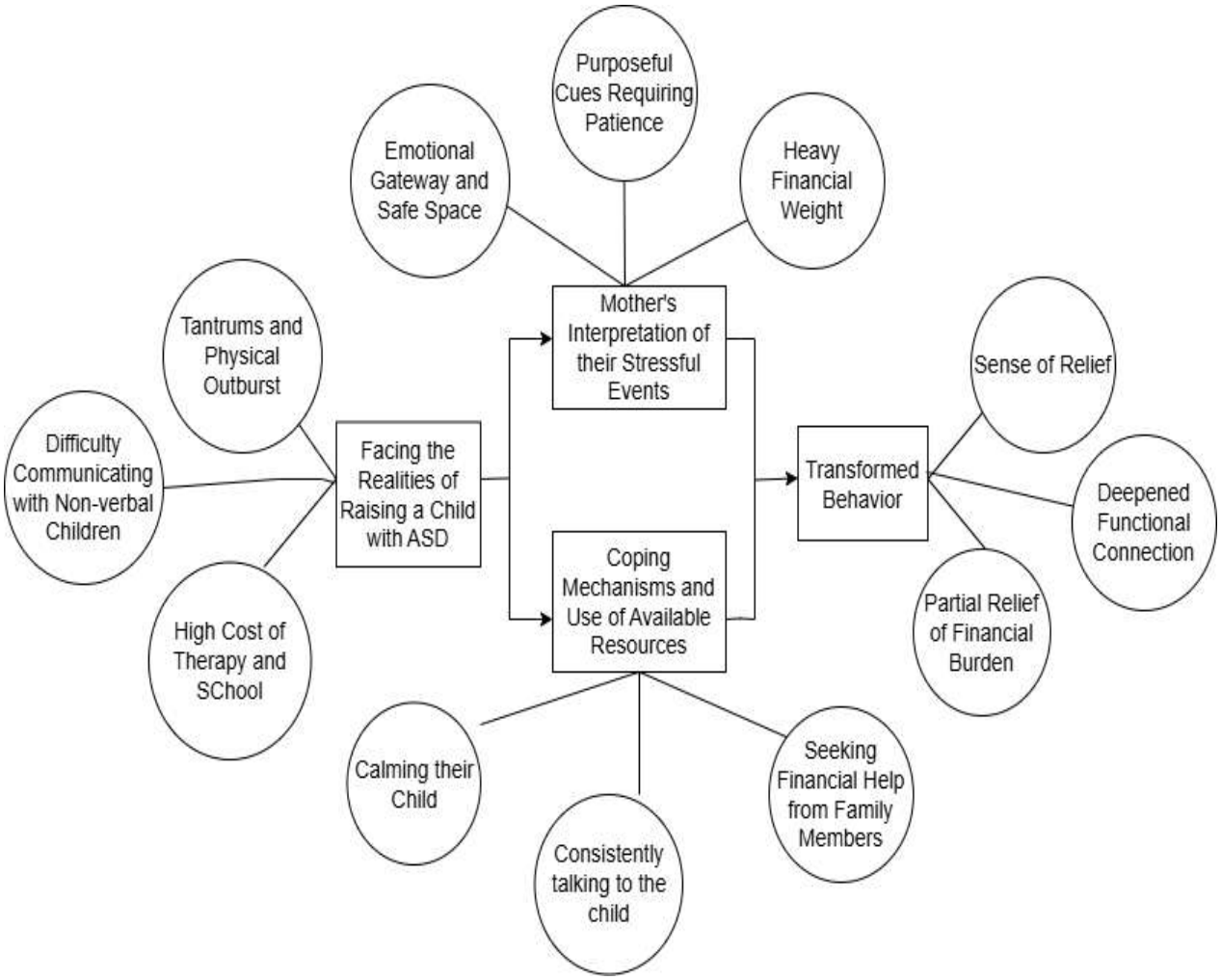

Figure 2: Thematic Analysis Results through the Lens of Family Stress Theory by McCubbin and Patterson (1983)

Stressful Events Encountered by the Mothers in Raising Children with ASD

verbal communication. One participant expressed the helplessness of this situation, stating:

Lisod kayo makipagcommunicate sakong anak ky dili pa sya maka istorya, non-verbal siya . Gina grab lang niya akong hand. Waka kabalo kung unsay gusto niya, kung magsakit wala pud ka kabalo kung unsa imong buhaton kay wala ka kabalo unsay sakit seyaha. - FGD-3 (It is very difficult to communicate with my child because they cannot speak yet and are non-verbal. They grab my hand. I don't know what they want, and when they get sick, I also don't know what to do because I don't know what they are feeling or what hurts.) – FGD-3

Listening to this, I felt a quiet ache settle in my chest, the kind that comes when love is present but language cannot bridge the distance between two people. As my participant shared this, I could clearly see the sadness, worry, and difficulty reflected on her face, and she even demonstrated it by grabbing my hand. Her helplessness in moments of her child's illness was not just a practical problem; it was a wound that reopened every day.

Another participant shared the same reality, saying:

Same pud sakoa. Non-verbal pud akoa. Lisod kaayo kay kanang kung naa siyay gusto dili niya maistorya pero gina-ano niya grab akong hand. IDI-1 (Same with me. My child is also non-verbal. It is very difficult because when she wants something, she cannot say it, but she grabs my hand.) – IDI-1

As the participant spoke, I noticed how she gestured with her own hand, recreating the small pull of her child's grip, a gesture so habitual it had become part of her own body's memory. Her words revealed that the absence of spoken language did not mean the absence of communication, but rather a translation that only a mother, exhausted by love, could learn.

Similarly, another participant described the unique challenge her child's limited verbal ability posed, saying:

Dili jud siya usually mag-istorya jud straight. Short lang jud iyahang maistorya.– FGD- P4 (They usually don't speak in full sentences. They only say very short words or phrases.) –FGD-P4

In my engagement with the participants, behavioral challenges, particularly tantrums, meltdowns, and sensory sensitivities, surfaced as recurring sources of stress that followed mothers into every corner of their daily lives. One of my participants shared:

Kanang iyahang struggle sa pagtulog, dili siya matulog sa foam. Gusto niya sa duyan. Kanang struggle kaayo inig maglakaw-lakaw, magdala dalag duyan. Maglisod syag adjust seyahang nasanayan. Magtantrums jud siya og dili ma-follow iyang gusto. FGD-2 (Her struggle is with sleeping — she cannot sleep on a foam mattress. She wants to be in a hammock. It is very hard to travel because we have to carry a hammock. She has difficulty adjusting to a change in routine. She throws tantrums when her wishes are not followed. – FGD-2

Another participant expressed:

Kanang moabot pud dria sa therapy center, kanang dili sila kahulat og dugay. Gusto na daun mosaka sa room.- IDI- P4 (Even when arriving at the therapy center, they cannot wait long. They want to go up to the room right away.) – IDI-P4

This feeling deepened when another participant described the broader unpredictability, stating:

Overwhelming jud, Iyahang ugali jud mam magtantrums jud siya. Naay pagka hyper, dili kayo maminaw. – IDI- P1 (It is really overwhelming. Their behavior often involves tantrums. They are somewhat hyperactive and do not listen very well. IDI-P1)

The participant's voice carried the particular tiredness of someone who had learned to live inside unpredictability, not as an exception, but as the permanent condition of her days. The word 'overwhelming' landed quietly but heavily, as a stone dropped into still water.

Indeed, another participant put words to what many mothers in the group seemed to feel. The participant expressed:

Naa juy mga stressful moments labi na kanang nay meltdowns, especially in public. – FGD-5 (There are really stressful moments, especially when there are meltdowns, particularly in public.) – FGD-5

This statement brought into view the added dimension of public judgment, the stares, the silence, the invisible audience that transforms a child's meltdown into a mother's trial. Managing a child's crisis while managing the world's gaze is a burden no one should carry alone, yet these mothers carried it quietly, every time they stepped outside their doors.

Another participant added that her child's aggression is directed only at her:

Kuan pud siya, kanang manakit siya pero sakoa rapud siya manakit kay mahadlok pud siya seyahang teacher. – FGD-4 (Her behavior is really to throw tantrums. She does not usually talk straight. Only short words come from her. She also hurts, but she only hurts me because she is afraid of her teacher.) – FGD-4

When I asked them what else they encountered apart from tantrums, one participant mentioned financial difficulties:

Ano kanang financially jud ang pinaka una na stress part because of that therapy, schooling. – IDI-4 (The primary source of stress is financial, because of therapy and schooling.) – IDI-4

Hearing this, I understood that the cost of care for a child with ASD is not merely monetary; it is the daily arithmetic of sacrifice, of choosing which needs to meet and which to defer.

A participant added another dimension to this financial burden, saying:

Stressful lang siya kay wala koy pangita. Though naa koy pangita pero dili jud siya enough. – IDI-4 (It is stressful because I have no income. Though I have some income, it is really not enough.)– IDI-4

As the participant spoke, I noticed how the correction in her own sentence, 'wala koy pangita... though naa koy pangita,' reflected a kind of financial reality that refuses to be named cleanly.

Another participant described the loneliness of caregiving without a partner's daily presence:

Maglisod ko kay wala koy kuan katimbayayong. Ako rajud nagbantay seyaha. Akong partner naa sa layu nag-trabaho, stay-in siya. IDI-6 (I find it hard because I have no one to share the burden with. I am the only one taking care of her. My partner is working far away and stays there.) – IDI-6

Her words traced the outline of a particular loneliness, not the loneliness of being unloved, but of being the only one available. The physical absence of her partner, though driven by necessity, left her as both caregiver and decision-maker, with no one to hand the child to at the end of an exhausting day.

This concern was further echoed by another participant who said:

Naapektuhan akong trabaho kay kinahanglan pirmi nako bantayan akong anak kay delikado siya. Basin makakuryente o makakupot og sharp objects. –IDI-5 (My work was affected because I always have to watch my child since he is at risk, he might get electrocuted or hold sharp objects.) – IDI-P5

Another participant expressed confusion, pain, and financial worry after her child’s Autism Spectrum Disorder diagnosis, saying:

Ang pagkanhibalo nako nga ang akong anak gi-diagnose sa Autism Spectrum Disorder human sa assessment sa doktor, nga nakahatag nako ug kalibog, kasakit kay asa me mangitag kwarta pang therapy. – IDI-P3 (When I learned that my child was diagnosed with Autism Spectrum Disorder after the doctor’s assessment, it brought me confusion and emotional pain, especially thinking about where we would get money for therapy.) –IDI-3

Hearing these accounts, it was heartbreaking to realize how much the financial burden of therapy adds to their suffering. It is not just about the money; it is the constant worry of where to find the funds to sustain the treatment their child desperately needs.

Mothers' Interpretation of Their Stressful Events

In my conversations with my study participants, they interpret their stressful experiences not just as communication gaps but as a continuous test of their intuition and emotional endurance. One participant interpreted her child's behavior this way:

Akong nasabtan nga ang pag-grab sa akong kamot mao ang iyang paagi sa pag-communicate, ug taas jud nga pasensya aron mahibal-an ang iyang tinuod nga kinahanglan". FGD- 4 (I understood that grabbing my hand is their way of communicating, and it requires a lot of patience to understand their real needs.) - FGD-P4

Listening to this, I observed that her child, who was with her, tried to grab her hand as she was speaking. She responded by gently demonstrating the gesture, and I sensed her patience and effort in understanding her child's needs.

Another participant shared her child's limited communication skills, as she said:

Nasabtan nako nga akong anak naningkamot pa syag communicate o gamay pa ang iyang nahibal an nga words" – FGD-2 (I understood that my child is still trying to communicate and… they still have limited vocabulary. FGD- 2

As the participant spoke, I observed her concern about her child's limited communication and her desire for him to develop independence over time. She paused briefly when saying that her child still had a limited vocabulary, showing emotion and thoughtfulness about his current communication struggles.

Another participant shared:

Lisod jud sabton ang iyang gusto kay kutob ra siya sa pag-grab sa akong kamot. Pero akong nasabtan nga mao na iyang paagi para makuha niya iyang gusto- FGD-6 (It is really difficult to understand what they want because they only grab my hand. But I have come to understand that this is their way of getting what they need.)- FGD-6

The participants also viewed their child's difficult behaviors not as intentional stubbornness but as a struggle to express emotions. One participant explained:

Isip inahan, para nako ang iyang tantrums ug pagka-hyper dili lang kay pasaway, kundi tungod kay naa siyay kalisod sa pagpahayag sa iyang gibati. –IDI, P3 (As a mother, for me, their tantrums and hyperactivity are not just misbehavior, but because they have difficulty expressing their feelings.) - IDI, P3)

Another participant further reflected, stating:

Akong pagsabot nga kung manakit akong anak nako, dili tungod kay gusto siya manakit, kundi mas komportable siya nako ug dira niya gipagawas iyang kasuko o kalagot. –IDI - P2 (My understanding is that when my child hits me, it is not because they want to hurt me, but because they feel more comfortable with me and express their anger or frustration in that way.) –IDI - P2

I felt deep admiration for the mother's unconditional love, as she selflessly prioritized her child's emotional release over her own physical pain. I observed a striking resilience in her steady, gentle voice, which lacked any hint of resentment or anger.

A succeeding participant also highlighted:

Nasabtan nako nga ang akong anak lisod mo-adjust sa pagkatulog kay naanad siya sa duyan, mao ng mag-meltdown o magtantrums kung dili masunod iyang gusto. - IDI - P3. (I understood that my child has difficulty adjusting when sleeping because they are used to a hammock, which is why they have meltdowns or tantrums when his/her preference is not followed.) – IDI- P3

The participants also emphasized the heavy financial burden of raising a child with ASD, expressing deep concern that the high costs of therapy significantly increase her financial strain and create uncertainty regarding her child's future. One participant shared:

Kabalo ko nga ang pag-atiman sa bata nga ASD nagkinahanglan og dako nga budget para sa pang therapy og makadugang sa akoa ug kabalaka sa iyang kaugmaon.)- FGD- P4. (I know that caring for a child with ASD requires a large budget for therapy, and it adds to my worry about his/her future. (FGD- 4)

Another participant additionally conveyed:

Prayoridad nako ang kaluwasan sa akong anak maong naka stop jud ko sakong trabaho. Gusto nako nga safety sya- IDI- 1 (I prioritize my child's safety, which is why I had to stop working. I want them to be safe.) -IDI-1

I felt a deep respect, tinged with sadness, as the mother's voice grew somber as she discussed her decision to leave her job. Her sorrowful tone revealed the weight of her sacrifice, trading her career and independence for her child's safety.

Another participant also shared:

Akong pagsabot doble jud akong kakapuy og sakripisyo tungod kay wala koy kauban sa pagbantay.- FGD - P4 (My understanding is that I experience double exhaustion and sacrifice because I have no one to help me take care of my child. FGD - P4)

Hearing this, I felt a deep sense of compassion for the mother, as I noticed the exhaustion in her voice. I interpreted her words as a reflection of "caregiver isolation," where the lack of a support system doubles her physical and mental burden.

Coping Mechanisms and Use of Available Resources

The study participant demonstrated a strong commitment to her child's development through consistent verbal engagement, emphasizing her role as an active participant in her child's language learning process. One participant said:

Kanunay nakong istoryahon ang akong anak; akong i-verbalize o isulti ang iyang posibleng gusto aron makat-on siya". – IDI - P2 (I always talk to my child; I verbalize or express his/her possible wants so that he/she can learn. -IDI - P2)

I felt admiration for the mother's dedication as I observed her lean forward with an animated, patient tone. Her face lit up with a determined smile, and she used gentle hand gestures as if she were demonstrating how she talks to her child. She shared:

Taas jud nga pasensya aron mahibal-an ang iyang tinuod nga kinahanglan. IDI - P4. (It requires a great deal of patience to understand their real needs. - IDI, P4)

Listening to this, I was touched by her emotional strength. I noticed how she nodded slowly and spoke with a very steady voice.

Another participant shared:

Kanunay nako siya ginaistorya og ginaampo nga unta makaistorya na siya sa iyang gusto og istoryahon permente. –FGD, P2. (I always talk to them and pray that they will eventually be able to express what they want, so I constantly encourage them to speak. - FGD - P2)

As the participant spoke, I was deeply touched by the mother's spiritual devotion, observing her clasping her hands tightly and looking upward with a hopeful yet tearful gaze. Her voice carried a soft, pleading quality as she spoke of her constant prayers for her child to speak finally.

In my engagement with the participants, the ability to adapt, to adjust approaches, expose children gradually, and remain flexible in the face of resistance, emerged as a defining characteristic of how these mothers coped.

One of the participants shared:

Sakoa karon kay wajud na siya nagatantrums na. Dali ra siya makaadjust kay cguro sa cge nakog expose. Kanang bag-ong lugar okay ra seyaha. (Now she no longer throws tantrums. She adjusts easily, maybe because I have always been exposing her. New places are okay for her now.) – FGD P4, PAGE 4, LINE 127-128

Hearing this, I felt the quiet pride of a mother who had found a strategy that worked, not through a manual or a specialist's recommendation, but through her own patient, repeated experiment. Gradual exposure, offered

consistently, had expanded her child's world. What once provoked a meltdown was now simply a new place.

Another participant described her practice of social exposure as a deliberate strategy, saying:

E-socialize jud nimo sila sa ubang bata. (You really have to socialize them with other children.) – FGD P6, PAGE 4, LINE 120

Another participant described the philosophy behind her persistence, stating:

Sakoa kay permente ko naga-ano sa plan B. Pagkanang dili jud siya ganahan sa una kay ipush manjud nako. Karon kay hinay-hinayon nako para matolerate niya ba, para dili siya magtantrums, para mas masocialize siya. Bisan sa palengke lang na, akoa jud ginauban para naa ghapon siyay makat-unan ana. (For me, I always have a plan B. When she really does not like something at first, I push it anyway. Now I do it gradually so she can tolerate it, so she will not tantrum, so she socializes more. Even just in the market, I always bring her along so she can still learn something from it.) – FGD P4,PAGE 4 LINE 114-117

In my engagement with the participants, the strategic resourcefulness and the presence of family, friends, and community proved indispensable pillars of their coping. One of them shared:

Katong naa nay diagnosis, akoang giingnan akong family og friends. Mas na-love noon nila akong anak. Mas lahi na ilang trato nga nakabalo na sila. (When the diagnosis came, I told my family and friends. They loved my child even more. Their treatment became different once they knew.) – FGD P1

Hearing this, I felt the profound importance of naming; how speaking the diagnosis aloud to those who loved them transformed not just awareness but behavior. The knowledge softened where misunderstanding had once hardened. Disclosure became a gift, not a burden, as the people around them leaned in rather than pulled away.

One participant described how that support translated into daily, practical relief:

Mobantay man noon akong mama, og mga igsoon og amego pud. (My mother, siblings, and friends help take care of him.) – FGD P4

Another participant said:

Sa friends, emotionally kanang advise nga, 'Oh ayaw give-up. Nay reason ang Ginoo nganong gihatag na semoha.' Dili ka tagaan og ingon ana. Murag gi-uplift ka nila ba. (From friends, emotionally, they advise, 'Don't give up. God has a reason for giving you this.' You would not be given that if you could not handle it. It feels like they lift you.) – IDI P5

Another participant shared the extended reach of her support network, saying:

Tapos akong mga ig-agaw nga naa sa gawas gitabangan pud me para ma-continue ang therapy niya. (And my cousins who are abroad also helped us so that his therapy could continue.) – IDI P4

This statement showed how care spanned geographical distances, with cousins abroad serving as a financial bridge that kept therapy alive when local resources fell short. It was a reminder that the network of love for these children was not confined to a household or a neighborhood, but stretched wherever the family had gone.

Outcomes of Interpretation and Coping

In my conversations with the participants, witnessing their child's progress, however small by external standards, emerged as the most powerful source of hope and sustaining joy. One of them shared:

Nalipay ko kay karon hinay hinay nag response akong anak- FGD - P2 (I feel happy because now my child is gradually starting to respond. (FGD, P2)

Hearing the mother say "Nalipay ko," I felt that this joy was the most powerful behavioral outcome of her journey. It marks her transition from a mother struggling with a diagnosis to a mother empowered by progress. This joy is not just a fleeting feeling; it is the "peace of mind" she sought, born of the realization that her "best effort" at replicating therapy at home has finally opened a door to communication.

Another participant shared the same feeling, saying:

Nalipay sad ko kay nabuhat nako akong best nga tudloan sya sa balay . Og nakalearn sya sakoa. IDI, P3 (I am also happy because I did my best to teach them at home, and they learned from me.) (IDI, P3)

In my engagement with the participants, they also shared that their journey of raising a child with ASD had quietly and profoundly changed who these mothers were. One of them shared:

Nahimo kog flexible ug strategic kay maski unsa nalang akong buhaton nga paraan para mapaundang ang tantrums sakong anak. IDI, P1 (I became flexible and strategic because I do whatever I can to stop my child’s tantrums. (IDI, P1)

Another participant shared:

Nahimo sad kog transparent ug open. Nalipay ko kay dili na nako itago tago akoang anak sa iyang diagnosis. Sona mas love nila akong anak. – IDI, P5 (I also became more transparent and open. I am happy because I no longer hide my child’s diagnosis, and as a result, others have come to love my child more. - IDI- P5

Another participant stated:

Karon dali rasad ko makaadjust dal on najud nako iyang needs kung asa me moadto. –IDI - P4 (Now I can easily adjust, and I already bring their needs wherever we go.- IDI, P4

Hearing this, I noticed a steadier and more confident tone in the participant’s voice. There was a sense of preparedness in the way she expressed her thoughts, as if she had already embraced this routine as part of her daily life. Her expression appeared composed, reflecting her gradual learning to anticipate and respond to her child's needs.

Another participant added:

Nahimo kog flexible. Kay effective akoang 'Plan B' ug hinay-hinay nga 'exposure. –FGD, P4 (I became flexible and strategic because my “Plan B” and gradual “exposure” strategies are effective. (FGD, P4)

As the participant spoke, I observed confidence and assurance in her voice. Her voice was steady and slightly emphatic, especially when she mentioned "Plan B" and "exposure," highlighting the importance of these strategies in her caregiving. There was a calm but purposeful tone that reflected her growing competence and control over challenging situations.

SUMMARY OF FINDINGS

1. Mothers of children with ASD encountered tantrums and physical outbursts, difficulty communicating with non-verbal children, and the high cost of therapy and school.

2. Mothers of children with ASD interpret these stressful events as an emotional gateway and a safe space, purposeful cues requiring patience, and a heavy financial weight.

3. Mothers of children with ASD cope by calming their child, consistently talking to the child, and seeking financial help from family members.

4. Mothers of children with ASD experience a sense of relief, a deepened functional connection, and Partial Relief of Financial Burden.

DISCUSSIONS

In this chapter, I presented a discussion of the findings based on the themes generated from the results of the study. I presented the implications for practice and the future direction of the study.

Facing the Realities of Raising a Child with ASD: Stressful Events Encountered by Mothers

In this study, I ascertained how mothers encountered tantrums and physical outbursts, difficulty communicating with nonverbal children, and the high cost of therapy and School. With this finding, I agree with the study of Hume et al. (2021), who emphasized that children with autism spectrum disorder commonly exhibit behavioral challenges such as tantrums and difficulties in communication, which significantly affect daily family functioning. My study is also consistent with Karst and Van Hecke (2021), who reported that families of children with ASD often experience substantial financial strain due to ongoing therapy, educational needs, and related support services.

However, my study contradicts Liddle et al. (2022), who found that behavioral challenges and financial demands in families of children with ASD are primarily associated with persistent high levels of parental stress and reduced well-being, especially when coping resources are limited. In my study, although mothers experienced these challenges, they were able to interpret and manage them in ways that reduced distress and supported adaptive coping.

Mothers' Interpretation of Their Stressful Events

My findings highlighted that mothers interpret these stressful events as an emotional gateway and a safe space, purposeful cues requiring patience, and a heavy financial weight. In a related manner, my finding is corroborated by the study of Stuart et al. (2021), which highlights that parents of children with ASD often engage in cognitive reframing, interpreting challenging behaviors as meaningful signals of communication and opportunities for understanding rather than purely disruptive actions. My study is also consistent with Jones and Smith (2022), who found that caregivers may perceive caregiving stressors, including behavioral and financial challenges, as manageable responsibilities that require patience and adaptive understanding, which helps in reducing emotional strain.

However, my findings are inconsistent with those of Dunn et al. (2023), who reported that caregivers of children with ASD often interpret behavioral difficulties and financial demands as overwhelming stressors that contribute

to sustained emotional burden and anxiety. In my study, mothers reframed these stressful events as emotional cues and manageable challenges, thereby contributing to more adaptive coping and reduced distress.

Coping Mechanisms and Use of Available Resources

In this study, I further found that mothers cope by calming their child, consistently talking to the child, and seeking financial help from family members. I agreed with the study of Smith et al. (2021), who found that parents of children with ASD commonly use emotion-focused coping strategies such as calming techniques and consistent verbal engagement to manage behavioral challenges and improve parent–child interaction. My study is also consistent with Brown and Lee (2022), who reported that active communication and responsive caregiving strategies help reduce behavioral escalation and strengthen emotional bonding between caregivers and children with developmental disabilities.

Conversely, I disagree with Garcia et al. (2023), who indicated that caregivers of children with ASD often experience limited coping resources and therefore rely less on structured calming and communication strategies, leading to higher levels of stress and dependence on external support systems. In my study, mothers actively implemented calming and communication strategies alongside seeking financial assistance from family members, which contributed to more adaptive coping outcomes.

Transformed Behavior of Mothers

My findings also highlighted that mothers experience a sense of relief, a deepened functional connection, and partial relief of financial burden. With this finding, I agree with the study by Hastings et al. (2021), which reports that parents of children with ASD who employ adaptive coping strategies often experience positive emotional outcomes, such as reduced stress, emotional relief, and improved parent–child relationships. My study is also consistent with Benson (2022), who found that effective coping and cognitive reframing among caregivers lead to stronger functional relationships with their children and a partial reduction in perceived caregiving burden, particularly in the emotional and financial aspects.

In contrast, my study contradicts White and McIntyre (2023), who indicated that caregiving in families of children with ASD is commonly associated with persistent emotional strain and financial burden, resulting in limited experiences of relief or positive relational outcomes. In my study, mothers reported a sense of relief, a deepened functional connection, and partial alleviation of financial burden as outcomes of their adaptive coping strategies.

Implications for Practice

School leaders may organize family-centered activities for mothers raising children with ASD to help them manage the stressful events, such as tantrums and physical outbursts, difficulty communicating with non-verbal children, and the high cost of therapy and School. They may also conduct seminars to help mothers better understand their child's behavior and respond with patience and empathy. In addition, schools may strengthen coping through parent support groups, effective communication strategies, and partnerships with stakeholders. NGOs may offer financial support for therapy, while LGUs may provide livelihood programs to ease financial burdens. Through these efforts, mothers may experience better coping, improved relationships with their children, and gradual positive adjustment despite ongoing challenges.

Future Directions

Future studies may use multiple linear regression analyses to examine mothers' interpretations of their stressful events, coping mechanisms, and use of available resources as determinants of mothers' transformed behavior. Mediation analysis may also be conducted with mothers' interpretation of their stressful events and coping mechanisms, and use of available resources serving as mediators on the correlation between realities in raising a child with ASD and transformed behavior.

Future studies may also incorporate additional data sources, such as observations or perspectives from other caregivers, to strengthen credibility through triangulation. Furthermore, exploratory factor analysis (EFA) may be conducted to develop questionnaires or quantitative instruments to address the realities of raising a child with ASD, mothers' interpretations of stressful events, coping mechanisms, and use of available resources, and transformed behavior, using the emerging sub-themes of this study as indicators.

REFERENCES

1. Ayton, D., Tsindos, T., & Berkovic, D. (2023). Qualitative descriptive research. In P. Liamputtong (Ed.), Handbook of social sciences and global public health (pp. 1–20). Springer. https://doi.org/10.1007/978-3-030-96778-9_112-1
2. Benson, P. R. (2022). The impact of child symptom severity on maternal well-being in families of children with ASD: The mediating role of coping and cognitive reframing. Journal of Autism and Developmental Disorders, 52(2), 654–668. https://doi.org/10.1007/s10803-021-04987-2
3. Brown, A., et al. (2023). Maternal communication and engagement strategies in neurodiverse families: A UK-based observational study. Journal of Autism and Developmental Disorders.
4. Brown, C., & Lee, H. (2022). Responsive caregiving and communication: Strategies for strengthening the parent–child bond in neurodiverse families. Family Relations, 71(3), 1102–1118. https://doi.org/10.1111/fare.12654
5. Creswell, J. W., & Poth, C. N. (2018). Qualitative inquiry and research design: Choosing among five approaches (4th ed.). SAGE Publications.
6. Dunn, M. E., Burbine, T., Bowers, C. A., & Tantleff-Dunn, S. (2023). Moderating factors in the child-autism-stress relationship: A replication and extension. Journal of Autism and Developmental Disorders. (Advance online publication).
7. Garcia, M. C., & Reyes, J. B. (2023). Parenting experience and behavioral changes in children diagnosed with autism spectrum disorder in Metro Manila, Philippines. Journal of Public Health and Emergency, 7, 15. https://doi.org/10.21037/jphe-23-45
8. Garcia, R., et al. (2023). Resource scarcity and coping limitations among caregivers of children with developmental disabilities in low-resource settings. Global Journal of Special Education.
9. Hastings, R. P., et al. (2021). Systems of support and positive outcomes for parents of children with autism. Current Opinion in Psychology, 42, 22–26. https://doi.org/10.1016/j.copsyc.2021.02.003
10. Hume, K., Steinbrenner, J. R., Odom, S. L., Hall, L. J., Tomaszewski, B., Boynton, J. S., Hume, K., Morgan, L., Nowell, S. W., Sam, A. M., & Thompson, J. L. (2021). Evidence-based practices for children, youth, and young adults with autism: Third generation review. Journal of Autism and Developmental Disorders, 51(11), 4013–4032. https://doi.org/10.1007/s10803-020-04844-2
11. Jones, L., & Smith, K. (2022). Adaptive understanding: Managing the financial and behavioral load of ASD caregiving. Journal of Family Social Work.
12. Karst, J. S., & Van Hecke, A. V. (2021). Parent and family impact of autism spectrum disorders: A review and proposed model for intervention evaluation. Clinical Child and Family Psychology Review, 15(3), 247–277. https://doi.org/10.1007/s10567-012-0119-6
13. Kaur, R., et al. (2024). The impact of maternal caregiving practices on the effectiveness of therapeutic interventions for ASD. Global Health Action.
14. Li, X., & Zhou, Y. (2024). Parenting stress and maternal control: Investigating caregiving dynamics in Chinese families of children with ASD. International Journal of Psychology.
15. Liddle, M., Gibbs, V., Williams, K., & Haslam, C. (2022). "It's a constant struggle": The lived experience of families of children with autism and the impact on parental well-being. Research in Autism Spectrum Disorders, 96, 101991. https://doi.org/10.1016/j.rasd.2022.101991
16. McCubbin, H. I., & Patterson, J. M. (1983). The family stress process: The Double ABCX Model of adjustment and adaptation. Marriage & Family Review, 6(1-2), 7–37. https://doi.org/10.1300/J002V06N01_02
17. Nguyen, T., et al. (2024). Global patterns of maladaptive parenting in developmental conditions: A systematic review. Lancet Child & Adolescent Health.

18. O'Connor, R., et al. (2023). Bidirectional effects of maternal behavior and child tantrums in neurodevelopmental disorders. Development and Psychopathology.
19. Rodríguez, G., & Hartley, S. L. (2023). Profiles of the parenting experience in families of autistic children. Autism, 27(5), 1234–1248. https://doi.org/10.1177/13623613221147399
20. Santos, L., et al. (2024). Challenges in emotionally responsive caregiving among Filipino mothers of children with ASD. Philippine Journal of Psychology.
21. Smith, J., et al. (2021). Emotion-focused coping and verbal engagement: Improving interactions in ASD caregiving. Clinical Child Psychology and Psychiatry.
22. Smith, J., et al. (2023). Inconsistent discipline and parental frustration in the U.S. ASD context. Family Process.
23. Stuart, M., et al. (2021). Cognitive reframing and meaningful signals: A qualitative study of parental interpretations of ASD behaviors. Autism: The International Journal of Research and Practice.
24. White, S. W., & McIntyre, N. S. (2023). Persistent strain vs. resilience: Longitudinal outcomes in autism caregiving. Journal of Clinical Child & Adolescent Psychology.