



Navigating Through the Path of Struggle and Building Resilience of Adversity: Lived Experiences of Mothers Having Children With Autism in the West Bank, Palestine

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Abstract

Purpose Autism is a neurodevelopmental disorder that is globally increasing in prevalence. It presents significant challenges, particularly for mothers of children with autism. While extensive research has examined the lived experiences of these mothers in various global contexts, the gap remains in understanding this phenomenon in Palestine, particularly in the West Bank. This study aims to explore the lived experiences of mothers of children with ASD, shedding light on their struggles, challenges, and coping mechanisms.

Methods A qualitative phenomenological hermeneutics design was employed, recruiting sixteen mothers purposively including mothers from various age groups, educational backgrounds, and residential areas across different districts in the West Bank to ensure a diverse sample. Data were collected using in-depth, semi-structured interviews between February and April 2024. The interviews were analyzed using a phenomenological hermeneutics approach to uncover and interpret the meaning of the mothers' experiences.

Results The lived experience of mothers of children with Autism was conveyed in ten subthemes. These subthemes were formulated in condensed descriptions to assemble these three themes: difficult and overwhelming experiences, caregiving challenging and burden, and building resilience.

Conclusion There is a great need for more comprehensive healthcare and social systems that prioritize the unique needs of families with children with autism in the West Bank. Policies and programs should focus on increasing autism awareness, improving access to specialized services, and providing psychological and financial support to mothers and caregivers.

Keywords Mothers · Autism spectrum disorder (ASD) · Phenomenological hermeneutics · Qualitative · Live experience · Palestine

Autism spectrum disorder (ASD) is a pervasive neurodevelopmental disorder characterized by long-term impairments in social communication and restricted, repetitive patterns of behavior, interests, or activities (American Psychiatric Association, 2013). The prevalence of ASD has increased dramatically in recent decades (Chiarotti & Venerosi, 2020),

and the global prevalence of ASD was estimated to be 1 in 100 children (Zeidan et al., 2022). However, the prevalence of ASD has varied widely among different sociodemographic groups. Despite the growing awareness and diagnoses of ASD in Arab countries, a significant gap remains in addressing its prevalence accurately (Al-Khateeb et al., 2019). Likewise in Palestine, despite the growing number of ASD diagnoses among children, its incidence and prevalence have not yet been determined, due to the absence of epidemiological studies and reliable data (Shawhneh, 2017).

However, mothers of children with ASD encounter significant challenges that can adversely impact their well-being and quality of life (Gabrial, 2018). These challenges include emotional stress, financial strain, changes in family dynamics, and social stigma (Iliaset al.,, 2017). In

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Palestine, mothers face additional challenges due to the lack of evidence-based services, shortage of qualified diagnosing professionals, and delayed diagnoses, which can keep them confused and less satisfied (Shawahneh, 2021). Therefore, listening to the voices of Palestinian mothers of children with ASD is crucial for understanding their unique challenges, cultural context, and the support they need. Parents of children with ASD reported a significant shift in their roles and responsibilities following the diagnosis of their child (Papadopoulos, 2021). In particular, the mothers of these children were found to be exhausted as they dedicated substantial time to caring for their children and teaching them various life skills to support their independence and quality of life. The heavy caring responsibilities contribute to sleep disturbances fatigue, headache, anorexia, and palpitations among these mothers (Rafii et al., 2024). It also impacts their emotional well-being throughout their parenting journey (DesChamps et al., 2020). Feelings of anger, anxiety, despair, and depression about the child's condition and future consequences were frequently reported by these mothers (Acharya & Sharma, 2021). Mothers of children with ASD also experience significant social isolation, driven by a combination of the demanding responsibilities of caregiving and the pervasive social stigma surrounding their child's behavior (Nealy et al., 2012). Further, the financial strains of having a child with ASD were reported as a significant challenge for families. The essential therapies of the child often exceed the parents' financial capabilities (Befkadu & Adamek, 2022; Abu-Ras et al., 2018). It deprives the children's opportunity to get services such as specialized therapies, and educational support, which might hinder the developmental progress and quality of life of children with ASD (Al Khateeb et al., 2019).

Studies shown that mothers may cope with challenging experiences through various strategies, such as spiritual coping, seeking medical assistance, utilizing respite care, and gaining support from family and friends (Yaacob et al., 2022; Heydari et al., 2015). The child's welfare became the central focus of the mothers of children with ASD, it enabled them to remain hopeful about the future, despite the challenges that they faced (Iadarola et al., 2019).

However, research on the mother's experiences with ASD children is very limited in the Palestinian context, particularly in the West Bank. Understanding these mothers' experiences is crucial for addressing gaps in health, education, and social systems. There is a great need for narrating and understanding the mothers in the Palestinian context. However, this qualitative study aims to explore the challenges and realities faced by these mothers. The results could provide valuable information for researchers and policymakers to create family-centered interventions and educational programs for children with autism and their families.

Methodology

Research Design

A qualitative Phenomenological hermeneutics design was employed to explore the experience of mothers having children with autism in the West Bank. This approach was guided by Ricoeur's (1976) interpretation theory and further elaborated by Lindseth and Norberg (2004). This design integrates explanation and understanding to uncover the essence of lived experience. Hermeneutic phenomenology emphasizes the exploration of individuals' context to reveal the deeper meaning of lived experiences as they are brought to light through personal narratives. To grasp the meaning of lived experiences, describing and interpreting mothers' narratives is essential.

Setting and Participants

This study was conducted in the West Bank, Palestine, and involved a purposeful recruitment of sixteen mothers of children with autism. The selection process aimed to ensure diversity by including mothers from various age groups, educational backgrounds, and residential areas across different districts in the West Bank. Participants were mothers of children who were clinically diagnosed with ASD. Recruitment was facilitated through health professionals from various rehabilitation centers that serve children with autism across the West Bank, who informed potential participants about the research. Additionally, a snowball sampling method was used to identify more participants. Mothers were eligible to participate if they had at least one child ages 4–12 with a clinical diagnosis of ASD and were willing to participate in the study. Once consent was obtained, interviews were scheduled at the mothers' convenience in the participants' homes or in a private room at the rehabilitation center. Recruitment continued until data saturation was achieved. Saturation was defined as the point at which additional interviews no longer generate new themes or insight into existing ones, and patterns across participants begin to repeat consistently. This iterative assessment was conducted through regular team discussions during data collection and preliminary analysis to confirm that the sample adequately captured the diversity of experiences among Palestinian mothers of children with ASD.

Data Collection and Procedure

An in-depth, semi-structured interview guide was developed by the authors and reviewed by two independent experts in the field. Face-to-face interviews were carried out between February and April 2024. The duration of each interview

varied from 40 to 80 min. Audio recorders and notebooks were used for effective documentation.

Mothers were encouraged to share their experiences freely, using broad, open-ended questions to foster narrative expression. The opening question was, “*Tell me about your experience of having a child with autism.*” Additional follow-up prompts such as, “*Can you tell me more about...*” and “*How did you feel when...*” helped guide the discussion and delve deeper into their experiences. The interview guide is presented in Appendix A. Sociodemographic data was also collected from the mothers about their age, marital status, education level, place of residence, and employment. In addition to the information about the child’s gender, age, and severity of autism disorder.

Ethical Considerations

Approval to conduct the study was obtained from the Research Ethical Review Committee at Al-Quds University, Palestine. Mothers were provided with a clear explanation of the study’s nature and objectives. They were informed that participation is voluntary and were told about their right to withdraw the study without consequence. The collected data was treated with confidentiality. Written informed consent was obtained from the participated mothers after their agreement about the participation and the audio recording of the interviews.

Data Analysis

The researcher also contacted a psychologist to be available on call at the time of conducting each interview. This is to ensure psychological care for the mothers when needed

because disclosing sensitive information from the participating mothers might provoke hidden feelings and stressful reactions in the mothers about the child with ASD.

The recorded interviews and collected notes were all transcribed verbatim. Then, transcriptions were reviewed several times to ensure familiarity with the content. A phenomenological hermeneutic approach, as described by Lindseth and Norberg (2004), was used to analyze the data. This method involves engaging in the hermeneutic cycle that includes moving between understanding and explanation through three methodological steps: naïve reading, structural analysis, and comprehensive understanding.

Naïve reading is the initial step that provides a broad overview and overall impression of the content. It involves reading the text several times to grasp its holistic meaning. The naïve reading serves as a guide for the subsequent structural analysis. The second phase was a structural analysis which involved a more detailed examination of the text to identify and formulate themes. The text was carefully read to extract meaning units relevant to the study’s aim. The meaning units were critically analyzed in light of the naïve reading. This phase incorporates critical thinking, discussions with others, and reviewing relevant literature to enhance understanding and awareness of meaning within the text. This iterative and reflective process ensures a rich and nuanced interpretation of the lived experiences of the participants. Then subthemes and themes were derived from the meaning units, to reflect the essential meaning of the lived experience. For a comprehensive understanding, the whole text was read carefully several times. The dialectical movements between understanding and interpretation allowed for a deeper engagement in understanding the lived experiences of the mothers.

Table 1 Demographic characteristics of mothers and children ($n=16$)

Mother’s characteristics		Total number (n)
Mean age in years (min-max)		35.5 (28–48)
Marital status	Married	13
	Separated	1
	Divorced	2
Educational level	University	8
	School	8
Employment	Employed	4
	Unemployed	12
Place of residency	North of West Bank	5
	Middle of West Bank	6
	South of West Bank	5
Locality	Urban	8
	Rural	6
	Camp	2
Number of children with ASD in the household	One child	15
	Two child	1

Results

Sixteen mothers participated in this study. The mothers’ ages ranged from 28 to 48 years. Thirteen mothers were married, two were divorced, and one was separated. Half of the mothers had received a university education, while the other half had completed only high school or had fewer qualifications. Approximately three-quarters were unemployed. Geographically, six out of the 16 mothers were from the central West Bank, five from the south, and five from the north. Additionally, eight mothers lived in urban areas, six in rural locations, and two in camps. Among these mothers, fifteen have one child diagnosed with Autism Spectrum Disorder (ASD), while one mother has twins (See Table 1).

The sociodemographic characteristics of the children with ASD as reported by their mothers were as follows: age ranged from 4 to 12 years, with 11 out of 16 being male,

Table 2 Characteristics of children with ASD ($n=17$)

Children's characteristics		Total number (n)
Age of the child with ASD		9 years (4–12)
Mean(min-max)		
Child's gender	Male	11
	Female	6
Severity of ASD	Severe	9
	Moderate	5
	Mild	3

Table 3 Summary of the main study findings: themes, and subthemes

Difficult and overwhelming experience	Caregiving challenging and burden	Building resilience
1. Difficulties in Recognizing and understanding the child's behavior	1. Emotional burden	1. Spiritual coping
2. Struggling to provide care and support	2. Social isolation and stigma	2. Transforming Through Acceptance and Adaptation
3. Accessing and navigating services	3. Burden on family relationship	3. Cultivating Connections and Prioritizing Well-Being
	4. Financial burden	

including two male twins. Among them, 9 were diagnosed with severe autism, 5 with moderate autism, and 3 with mild autism (See Table 2).

Naïve Understanding

Naïve understanding in phenomenological hermeneutic studies involves obtaining a general impression of the phenomena by carefully reading the whole text. Having a child with ASD is considered a difficult experience that burdens the mother's life. Moreover, having children with ASD represents a journey of navigating between challenges and building resilience. When the mother faced the reality of having a child with ASD, they experienced various emotional struggles; denial, endless grief, guilt, and worries. Moreover, they faced practical challenges like financial strain, social isolation, marital conflicts, and time pressure. Despite these burdens, many mothers found that acceptance and truthful faith in God, family support, and increasing their awareness about autism were important elements for overcoming difficulties. By building their resilience, they cope more effectively with their challenges and empower their children, creating a positive cycle of strength within the family.

Structural Analysis

Table 3 shows the structure analysis of the mothers' narratives that revealed ten subthemes that conveyed the meaning of the mothers' experiences of having a child with Autism. These subthemes were formulated in condensed descriptions to assemble the following three themes: difficult and

overwhelming experiences, caregiving challenging and burden, and building resilience.

Theme One: Difficult and Overwhelming Experience

The mothers described the difficulties they faced in understanding the changes in the behavior of their children. They were struggling to meet their child's healthcare needs and to provide effective support services to manage changes in the child's behavior. Three key subthemes emerged from their experiences: difficulties in recognizing and understanding the child's behavior, struggling to provide care and support, and accessing and navigating services.

Subtheme 1.1: Difficulties in Recognizing and Understanding the Child's Behaviors

Many mothers in this study reported difficulties in recognizing and understanding the challenging behavior of their children, particularly when it was their first experience with parenthood. One mother said: "My child did not respond to his name. People around me recognized that he had a problem, but I wasn't paying attention because he was my first child." (M12). During the early stages of symptom recognition, they had difficulties determining whether their children's behaviors fell within typical developmental patterns or indicated potential concerns. One mother, who later discovered that her twins had autism, reflected: "My children had a delay in talking until 2 years of age, but I thought it was normal since I was a first-time mother. The nurse noticed the delay during their vaccinations." (M2). Some mothers did not notice changes in their child's behavior. They initially interpreted behaviors like speech delays or motor difficulties as normal developmental variations. However, the observations or feedback from family members or healthcare providers raised the mother's concerns about their child's development. One mother said: "At 2 years, my child lost eye contact, and did not respond to his name. My aunt suggested he might have autism, but I was unfamiliar with what autism means" (M3). The mothers often reported communication delays, repetitive movements, and difficulties with social interaction as initial signs of ASD. Some mothers conveyed that these signs became more problematic as their children got older. One mother said: "By the age of 3 years, it was clear that my child was different from other children. She had poor eye contact, didn't respond to her name, and was very introverted." (M10).

A common challenge many mothers faced was a lack of awareness and understanding about autism. They reported the confused thoughts that they experienced regarding the

meaning of autism especially when they first received the diagnosis. Mothers were unable to differentiate between typical and atypical child behavior. Without adequate information, the majority of mothers find it challenging to understand what autism is, its symptoms, whether it could be cured, and what it means for their child's future. One mother noted that she only became aware of the condition after searching online. Others mentioned that they noticed developmental delays but were initially told by doctors that their children were normal. One mother said: *"At the age of 1 year and 7 months, my child stopped talking and stopped eye contact and did not respond to his name. So, my husband and I felt that he had a problem, my aunt told me that maybe he had autism but I did not know what autism means"*(M3).

Mothers faced difficulties in coming to terms with their children's diagnosis of autism. They expressed their feelings of denial and disbelief. The unexpected nature of the diagnosis makes it difficult for them to comprehend the situation. Many mothers turn to the internet to seek more information, but the vast amount of data can be overwhelming, further complicating their understanding and acceptance of their child's condition. Although some reported awareness of the problem they could not believe it in their heart. It becomes harder for them to accept and comprehend the realities of their child's condition. One woman said *"unexpected experience to have a child with disability. I never expected to go through such an experience to have a child with a problem like autism. It was shocked"*(M4).

Subtheme 1.2: Struggling to Provide Care and Support

Mothers reported feeling overwhelmed by their caregiving responsibilities and the complete dependency of their children, which involved constant monitoring and teaching. This led to exhaustion and a sense of self-neglect. They explained that they lost their typical life, jobs, and consistent sleep. One woman shared her experience: *"I devoted my life to my child with ASD. He needed my help. Caring for him is not easy, and I lost my job. It is difficult to live my daily life as before"*(M10). Furthermore, mothers faced significant challenges in understanding their children's needs and managing their behaviors, which often led to feelings of frustration and helplessness. While they recognized the importance of behavioral therapy as a means to improve their children's communication and social skills, they struggled with the slow and incremental nature of the progress. This slow improvement often compounded their feelings of uncertainty and doubt about the effectiveness of the therapy. One mother said: *"I'm worried about the ability of my child to communicate. I can't understand what makes him happy,*

angry, or bored. He cries a lot, and it often takes over an hour for me to understand his needs." (M4).

Subtheme 1.3: Accessing and Navigating Services

Mothers of ASD children faced challenges within health services. The diagnostic process is frequently overwhelming, marked by long wait times and poor communication from healthcare providers. Many mothers experienced psychological distress and caregiving responsibilities while seeking clarity about their child's condition. Once a diagnosis is obtained, securing appropriate educational place often requires further advocacy to meet their child's specific needs. All mothers described challenges in navigating the diagnostic process. Achieving a confirmed diagnosis was often a long, exhausting, and confusing process involving several evaluations and visits. In some cases, the diagnosis was unreliable or changeable. They also, expressed frustration over the lack of professional support in terms of explanation, guidance, and follow-up. Some mothers reported receiving inconsistent information, leaving them feeling confused.

The overall sentiment reflects a need for better support and clearer, more consistent explanations regarding autism. One mother said *"I moved from one doctor to another to confirm the diagnosis. When my child was 1 year and 4 months old, one doctor mentioned that there was a problem but did not specify what it was. He referred us to a pediatric neurologist, who finally confirmed the diagnosis"*(M11). Mothers also experienced concerns regarding the quality and accessibility of crucial services. They feel overwhelmed by the scarcity of evidence-based services and qualified professionals, with many available options being private clinics. Additionally, they face inadequate support systems, poor cooperation between relevant ministries, and insufficient legal protections for their children, which exacerbates feelings of marginalization and vulnerability. Another woman stated *"At 1 year and 3 months, my child stopped talking..... I took her to many clinics. Though her hearing test was normal. I was anxious about why she wasn't talking; I just wanted someone to give me answers"*(M14). All mothers reported difficulties in finding suitable kindergartens and schools for their children with ASD. They conveyed their struggles and frustrated feelings about the insufficient resources for integrating these children into mainstream classrooms. The available schools that they found are not well prepared to accommodate their children with developmental delays and are lacking well-trained and qualified teachers who can deal with ASD children. Therefore, these mothers were holding the burden of caring for and teaching the children who were rejected from kindergarten at a young age. One mother expressed: *"My child doesn't respond to*

instructions in the school, constantly screams and won't stay in his place. His condition seems to getting worse with the school's general environment" (M3).

Theme Two: Caregiving Challenges and Burden

The second theme of this study emphasizes the profound impact on mothers' daily lives, revealing that they experienced several challenges, including emotional burdens, social isolation and stigma, burden on family relationship, and financial burdens.

Subtheme 2.1: Emotional Burden

The emotional burden experienced by mothers of children with autism is profound and multifaceted. All mothers reported feelings of sadness, shock, and sorrow following their child's diagnosis. Many had tearful reactions and a strong desire for social isolation. This emotional response often began with denial and a struggle to accept the diagnosis, evolving into feelings of frustration, despair, and guilt over perceived personal responsibility for in their child's condition. This emotional turbulence sometimes led to delays in seeking treatment and follow up as they grappled with their feelings. One mother described her initial reaction: "When I recognized the diagnosis, I was shocked and stayed in my room several days. I refused to see or to speak with anyone. It was hard to accept and I found myself crying continually" (M11). Many mothers reported experiencing ongoing emotional distress and mental health challenges, including depression and frustration. One mother reported "I was so sad, I felt like it was the end of the life" (M2). Another mother said: "Feeling lonely, always in a bad mood, and have dark outlook on life, not engaging in social gatherings" (M10). They also faced sleep disturbances, often worsened by their child's own sleep problems, resulting in fatigue and increased stress. One mother noted: "I have sleeping troubles. My child sleeps late and wakes up several times at night. This make me always distressed and tired" (M1). Self-blame and guilt is common experiences. Four mothers felt responsible for their child's diagnosis, believing that certain actions, such as allowing prolonged TV watching might have contributed to the child's condition. One mother said: "I thought that I was responsible because I left my child watching TV for a long time." (M3).

Many mothers experienced strong emotions such as anger and embarrassment in social situations regarding their child's behavior. These feelings were exacerbated by societal expectations and the challenges of caregiving. One mother said: "During visits, my child does not calm

down and begins to move and explore, and I became embarrassed" (M14). The mothers expressed a range of emotions regarding their child's potential for improvement. Some felt deep hopelessness, believing there was little chance for their child to be improved or accepted in the community. One mother remarked: "Autism feels like frustration. I'm not optimistic for his future. There is no solution and no treatment.....I've given up" (M8). However, others maintained hope, finding encouragement in early intervention and celebrating any signs of improvement in child's behaviors. One mother shared, "I felt that my child improved with extensive intervention at an early age. When he reached this stage of improvement, I forgot everything I had done" (M5.) Most mothers expressed fear or anxiety about future pregnancies, worrying about the possibility of having another child on the autism spectrum. One mother said: "I fear having children again. I do not think about bringing another baby." (M2). All mothers expressed deep concerns about their child's future, including fears of dependency and lack of support as the child grows older. They worried about different aspects of their children's lives, such as the ability of their children to integrate into society, find employment, and navigate adolescence and avoid potential harassment. One mother shared her worries: "My child's future needs someone to care of him, as he may never marry in the future. I'm always thinking about him and teaching his brother to take care of him and not leave him alone in the future. The child needs us and has no one else." (M12).

Subtheme 2.2: Social Isolation and Stigma

Many mothers experienced social isolation due to fear of judgment, stigma, and the disruptive behaviors of their children. Some chose to withdraw from social interaction to avoid embarrassment, while others minimized their social relationships due to increased demands of childcare. One mother said: "My social relationships are limited. Not everyone accept my child with ASD. He will jump, move to the kitchen... I feel embarrasses by his behaviors." (M1). In addition, some mothers described the negative reactions from the neighborhood and people around the society, in which they tend to mock, tease, and label the child's behavior. Sometimes they blamed the mothers for their inability to control the child's behavior and related this to the poor discipline. Accordingly, most of the mothers of children with ASD in this study decided to decrease their social activities and limit their social interactions with the neighborhood to protect the child from negative judgments and bullying. One mother said: *It frustrates me how people perceive and label my child's behavior. They called him "crazy" for his hyperactivity. I felt sad that people did not accept him and judged him as an aggressive child" (M11).*

Subtheme 2.3: Burden on Family Relationship

Having a child with ASD has increased the burden on the family in different dimensions. Most mothers reported that their time and attention are primarily directed towards the child with autism which took almost all their efforts and little was left to satisfy the needs of other family members. Mothers expressed their worries about the impact of this on their emotional relations with their spouses, and on the socioemotional development and academic achievement of their children for being neglected and deprived of social activities and parental support. These mothers noted that conflicts within the family are exacerbated by the child's behaviors. One mother explained: *"my child takes up all my time and I neglect my husband and everyone else to take care of him. Because of the child's behaviors and continuous screaming, my husband's frustration has increased and the conflict between us has grown"* (M9). Many mothers described feelings of unhappiness within their family dynamics after getting the child's diagnosis. They mainly experienced the unsupportive role of their spouses and rejection or avoidance behaviors towards the child. One mother noted that her husband discouraged her from pursuing the child's treatment to avoid the social stigma, which escalated the conflicts between them. She stated: *"My husband sometimes viewed it as shameful, which led to conflicts between us. He prevented me from going out with her and from taking her treatment counseling sessions"* (M9). Some mothers have reported facing stressful situations with their husbands due to having a child with autism, which occasionally led to temporary separations. Additionally, some individuals have suggested that the husband should remarry, further increasing the family's burden.

Subtheme 2.4: Financial Burden

Financial burden emerged as a major concern of all the participating mothers. Having a child with Autism and the consequent therapies for the child's condition including investigations, psychotherapy, special education, speech, occupational, behavioral therapies, hiring shadow teachers to assist their children in school have increased the financial demands of the family.

A mother said: *"I cannot provide a shadow teacher to integrate my child into mainstream education. The cost is high and may reach 1500 New Israeli Shekel per month in addition to other follow-up costs"* (M4). Many mothers indicated that they could not afford all the necessary therapies. They reported having to neglect or stop these essential services because of financial constraints, compounded by a lack of insurance coverage and financial support. One mother said: *"More financial responsibilities, therapies, regular investigations, and transportation, it is beyond our capacity to offer financial coverage"* (M14).

Caring for a child with autism was on behalf of the mother's responsibility which increased the mother's burden and forced some worker mothers to quit their jobs to spare time for the child's care. This exacerbated their financial difficulties. One mother expressed that she resorted to using some financial assistant (zakat) to cover the session's costs: *"The financial situation is difficult. I have some assistant (zakat) from my family to cover for my child sessions"* (M11).

Theme Three: Building Resilience

The third theme captured by the mother's experience was building resilience. They reported adopting various strategies to build resilience and cope with the challenges of raising a child with ASD. These included spiritual/religious coping, transforming Through Acceptance and Adaptation, and cultivating connections and Prioritizing Well-Being. These approaches helped enhance their emotional well-being and ability to cope with the challenges.

Subtheme 3.1: Spiritual/Religious Coping

Initially, some mothers experienced feelings of sadness and denial upon receiving their child's diagnosis. However, being religious and having a strong faith in God helped these mothers to accept and overcome adversities. Most of the mothers considered the child as a gift given to them by God and took the responsibility of the child's care as surrender to God. This connection with God helps them to manage their emotions and reinforce their commitment to advocating for their children, despite knowing that conditions like autism cannot be cured. One mother said: *"I am responsible for the child and God gave me this responsibility, my child is a gift from God and I have to accept and take care of him"* (M1).

Subtheme 3.2: Transforming Through Acceptance and Adaptation

Mothers of children with autism shared narratives of their journey from denial to acceptance, illustrating profound personal growth and transformation. Acceptance played a pivotal role in fostering a positive outlook and enabling mothers to take proactive steps in supporting their children. Many mothers described overcoming initial struggles with denial and reaching a point of acceptance that reshaped their perspectives. One mother explained: *"After thinking, I was convinced that I should accept the hard situation and do something to help the child by starting treatment."* (M11). This shift in mindset allowed mothers to build stronger emotional bonds with their children. By embracing their children's uniqueness, many mothers moved beyond societal labels, viewing their

children as different rather than disabled. This positive outlook enhanced their relationships and emotional well-being. As one mother articulated: *“my children are not ill or disabled. I started to see them as normal children, just different in characteristics. They are my life and give me strength”* (M2). In parallel with acceptance, mothers adapted to their new realities, acknowledging the permanence of their child’s condition. They reorganized their lives to prioritize their children’s needs, experiencing personal growth through increased patience, empathy, and tolerance. One mother reflected: *“I have grown more patient and less anxious. I no longer strive for perfection in my tasks as I did in the past.”* (M14). Adapting also meant confronting societal challenges and stigma with resilience and advocacy. Many mothers became determined to ensure their children’s inclusion in society, actively seeking opportunities for interaction and understanding. One mother shared: *“I often get harsh comments from women at the market about my child being too noisy. I used to cry from their remarks, but now I stand up for him and sometimes explain his condition”* (M11). Another mother demonstrated her advocacy efforts: *“I am not discouraged about finding a place that will accept my child. It’s important for my child to interact and play with other children. When I see that my child is being rejected, I start looking for another option.”* (M12). By embracing acceptance and adaptation, mothers not only transformed their outlook but also became stronger advocates for their children, navigating challenges with resilience and determination.

Subtheme 3.3: Cultivating Connections and Prioritizing Well-Being

Mothers of children with autism often sought support through various networks and emphasized the importance of self-care to navigate the challenges of caregiving. Building connections with others in similar situations, including spouses, extended family, and especially other mothers of children with autism, proved to be a vital coping strategy. These networks provided emotional solace and practical assistance, enabling mothers to manage daily demands effectively. Peer interaction was particularly valuable for sharing experiences, exchanging advice, and fostering a sense of community. One mother shared: *“I created a Facebook page to connect with mothers of children with ASD to share and exchange our experiences and build support connections.”* (M2). Accessing information about autism through workshops, online resources, and peer networks further empowered mothers. These efforts enhanced their understanding and fostered positive attitudes toward their children’s conditions. One mother described her proactive approach: *“I utilized YouTube to learn about occupational therapy and how to support a child with autism, and as a result, I became his teacher.”* (M1.) Recognizing the intense emotional and physical demands of caregiving, many mothers also prioritized

self-care. They understood the necessity of taking personal time to recharge and maintain their well-being, which, in turn, allowed them to be more present for their children. Mothers engaged in activities such as spending time with friends, relaxing, or seeking help from family members or hired caregivers to create space for self-renewal. One mother explained: *“When I’m feeling exhausted, I often ask a family member to stay with my child at home, or I might hire someone to help so I can take a break.”* (M3). By cultivating support networks and focusing on self-care, mothers found a balance that helped them meet the demands of raising a child with autism while preserving their emotional and physical health.

Comprehensive Reading

The mother’s journey in this study was fraught with challenges. Emotional burdens were the main challenge that faced these mothers compounded by social, economic, and familial difficulties. The difficulties that mothers face in recognizing and understanding the diagnosis aggravated by caregiving demands and accessing and navigating services reflect the mother’s struggles.

Despite all the difficulties that the mother’s narratives explored, it showed their valuable efforts to handle the necessary daily life skills that promote the child’s health and quality of life. They were able to accept the child’s behavior and support their children in overcoming adversities. Their spiritual values and family support empowered them to create a new dynamic to promote family health and well-being. Group therapy and meeting other mothers to share similar experiences were important therapeutic measures that helped shift the mother’s feelings of sadness and despair to focusing on the child. The lived experience of these mothers described the bath of struggle in which women found the light to continue their lives with self-awareness and an unwavering commitment to their children.

Discussion

Palestinian women play a pivotal role as caregivers for the family members, particularly in nurturing and supporting their children. Traditionally, Palestinian society is patriarchal, with defined gender roles where men are often seen as the primary breadwinners, and women are responsible for domestic duties and child-rearing (UN Women, 2018). This dynamic positions mothers as the central figures in their children’s upbringing and daily care. However, the challenges faced by Palestinian women as caregivers have been exacerbated by ongoing conflicts and socio-economic hardships (UN- ESCWA, 2023). The compounded effects of traditional gender roles, economic challenges, and ongoing

conflicts place a significant burden on them, impacting their well-being and that of their children (UN-ESCWA, 2023). These challenges are further intensified when raising a child with autism, amplifying the emotional and physical burden on Palestinian mothers.

The first theme in this study was the difficult and overwhelming experiences of mothers as caregivers. Mothers faced challenges in recognizing and understanding their child's behaviors. The findings support previous studies indicating that mothers have diverse perceptions of autism, interpreting it differently as a behavioral problem, developmental issue, or intellectual disability (Acharya & Sharma, 2021). Mothers in the study reported a lack of understanding about ASD and its management, reflecting similar findings from research in Saudi Arabia that highlighted the need for better explanations regarding ASD's causes, diagnosis, and treatment (AlAlmaei Asiri et al., 2023). Many mothers struggled with denial and disbelief upon receiving their child's diagnosis, which complicated their ability to accept the situation (Abdallah et al., 2022). Mothers in this study felt overwhelmed by the demands of caring for children with ASD, requiring constant monitoring and teaching. This aligns with findings from (Ntre et al., 2018), which indicated that mothers in Greece were the primary caregivers, responsible for coordinating care for their children with ASD. This study highlights that mothers of children with ASD faced stress and confusion due to inconsistent and misleading diagnoses. These mothers struggled with inadequate communication from healthcare providers while navigating healthcare and educational systems. The misdiagnosis often stemmed from varied diagnostic measures leading to incorrect classifications like mental retardation or pervasive developmental disorder. This aligns with findings by Himdi & Delay (2017), emphasizing the urgent need for better public awareness and interventions for diagnosing and supporting children with ASD. They also highlighted a lack of accessible healthcare, rehabilitation, and educational services, primarily Operated through expensive private institutions. Mothers also frustrated by the shortage of qualified teachers and resources available for their children, which aligns with findings from a study in India that highlights a gap of treatment centers and effective educational support for children with ASD (Tathgur & Kang, 2021).

Palestinian mothers of children with disabilities face significant challenges due to the political conflict that limited their autonomy and access to essential services, which contribute to psychological, social, and economic hardships (Nahal et al., 2017). The second theme emerging from this study emphasized the challenges and burdens faced by mothers caring for children with ASD. They face significant emotional challenges, including feelings of sadness, denial, frustration, guilt, and anxiety regarding their child's future.

Research indicates that they experience heightened stress and a sense of being overwhelmed, especially concerning their child's independence and safety (Acharya & Sharma, 2021; Tathgur & Kang, 2021). Studies consistently show that mothers of children with ASD are at a higher risk for anxiety and depressive symptoms compared to mothers of children without ASD (Kousha et al., 2016). Mothers of children with ASD in this study face social isolation due to fears of judgment and stigma related to their children's behaviors. This aligns with research showing that negative perceptions cause mothers to limit their social interactions, exacerbated by community misunderstandings and blaming, which are often viewed as reflections of poor parenting (Nealy et al., 2012; Reddy et al., 2019). Close family relationships were significantly influenced by having a child with ASD. Mothers in this study often prioritized their children's needs over those of their spouses, and other children. This created emotional strain, imbalance, divorce, and distance within the family. Similarly, a study in Greece reported significant transformations within the family system, highlighting the challenges mothers faced in maintaining balanced relationships with their spouses and other children (Papadopoulos, 2021). Family emotional strain and marital tension often arise from a lack of awareness of a child's ASD signs, leading to conflicts between couples (Tathgur & Kang, 2021). These issues increased the incidence of divorce among parents of children with ASD (Freedman et al., 2012).

Mothers caring for children with ASD face financial burdens, often limiting necessary therapies due to high costs and insufficient insurance. A study conducted in Ethiopia reveals that raising a child with a disability can cost about three times more than raising a typically developing child (Befkadu & Adamek, 2022). Research indicates that many families, particularly in regions like the West Bank, struggle with the high costs of medical procedures and the lack of access to health insurance. As a result, some parents are compelled to reduce their work hours or leave their jobs altogether to care for their children, exacerbating their financial difficulties (Opoku et al., 2024; Abu-Ras et al., 2018).

Resilience, or 'Sumud', is vital in Palestinian culture, representing steadfastness against challenges. Palestinian women have historically advocated for their rights despite facing occupation, violence, gender discrimination, and patriarchal norms (Marie et al., 2018; Ryan, 2015). Palestinian women show remarkable resilience across many facets of life, particularly in managing the complexities of raising children with autism within their families. The third theme of this study highlights mothers' commitment to fostering resilience where their attitudes and coping strategies significantly influence outcomes. This dynamic process of resilience allows them to adapt positively to adversity. Strong faith in God or deep religious beliefs helps mothers cope with challenges, viewing children

as blessings. Research indicates that the spiritual connection for parents of children with ASD can be a vital source of comfort and resilience and shifting towards acceptance (Gona et al., 2016; Yaacob et al., 2022). However, not all experiences are positive, as some mothers perceive the birth of a child with autism as a form of punishment from God (Tan et al., 2011). Families build resilience by accepting their circumstances, actively seeking solutions, maintaining a positive outlook, and focusing on available options. A study shows that when parents stop viewing their child's disability as a problem and instead recognize their strengths, it reduces stress and fosters resilience, leading to better developmental outcomes for the child (Ghannouni & Eves, 2023; Zhao & Fu, 2022). Mothers have adapted to their circumstances by prioritizing their children's developmental needs and changing family lifestyles. They engage in proactive parenting, focusing on consistent home practices such as structured activities, limiting screen time, and encouraging social interactions. This proactive approach aligns with studies showing that parents modify their routines to support their children's interventions and foster their independence, reflecting a strong commitment to their children's future (Siah & Tan, 2016; Yaacob et al., 2022). Support networks for mothers of children with ASD create a nurturing social environment that enhances emotional well-being and resilience (Zhao & Fu, 2022). These networks facilitate the sharing of resources and knowledge about autism, which allows mothers to set realistic expectations and appreciate small developmental progress in their children, ultimately contributing to their well-being (Yaacob et al., 2022).

Conclusion and Implications

This study provides valuable insights into the experiences of mothers raising children with autism in the West Bank, Palestine. The findings highlight significant challenges, including emotional, familial, social, and financial strains. Mothers identified their children's behaviors, parenting demands, and community stigma surrounding autism as major stressors, compounded by inadequate support during the diagnosis and follow-up process. This lack of support fosters persistent anxiety and despair about their children's futures. Despite these difficulties, the mothers' narratives reveal remarkable resilience and the use of various coping strategies to manage their challenges. The results emphasize the urgent need for comprehensive, family-centered healthcare services that enhance parenting skills, address emotional and practical needs, and improve support for families of children with Autism Spectrum Disorder (ASD). These findings can guide the development of services aimed at improving the well-being of children with ASD and their families.

Appendix A: The Interview Guide

Lived experience of mothers having a child with autism in the West Bank, Palestine.

Interview guides

Interview number.....	Date
Name of interviewer.....	Time.....
Centre.....	

Demographic characteristics of mothers

Age.....	Place of residence.....
Educational level.....	Work

Demographic characteristics of child

Sex.....	Age.....
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- Can you tell me about your experience? How is it to be a mother to a child with Autism?
 - When did you start to notice that something going wrong with your child?
 - What did you notice that urges you to seek help?
 - What did you do when you realized that your child has a problem?
- Can you describe your feelings when you understood the diagnosis? Can you tell me about that?
 - How do you feel about that?
 - How did you react upon the diagnosis of Autism?
 - How did you perceive the initial information you received about (autism) and the treatment?
- How did other members of the family and people around you react to your child's condition (Autism)? How does this make you feel?
 - Could you tell me about the family's relationship before and after the diagnosis?/Marital relationship?
 - How has having a child with autism affected your relationships with others?
 - How did they treat you?
- Can you tell me about your experience with your child's treatment/interventions? Could you give me an example? How do you feel about it?
 - Has your child improved with treatment/interventions?
 - How did it go?

- Can you describe your daily life experience? What are some of the challenges you face on a typical day?
 - What is the best part of your day?
 - Could you describe your relationship with your child and how your child communicates emotions to you?
 - What is the most difficult part about your relationship with your child?
- Could you please tell me about your experience while raising your autistic child after the numbers of years passed with your child?
 - What are your additional responsibilities when raising an autistic child?
 - How do these responsibilities affect your daily life? Your social life/social relationship/marital relationship/your job? Your personal needs?
 - Could you tell me about the effect of your child's condition (Autism) on your financial condition?
 - And "Looking forward, what worries do you have about your child's future?"
 - What have been the main challenges for you as a mother of an autistic child?
 - Do you feel you have changed as a person since the day you had your child? How?
 - What advice would you give to a new mother whose child have autism?
 - Tell me about your experience as a mother of a child with autism in the Palestinian culture? How do you feel about this.
 - What is your experience with community/school/healthcare professionals, social workers/psychologists?
 - How do you see the relationship between a child with autism and society? How do you find social acceptance of your.
 - What type of support and services are available to your child? How would you describe support and services in the community to your child?
 - Would you like to add something else that we have forgotten to discuss?

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Declarations

Conflict of interest The authors declare no conflicts of interest with regards to this study.

References

- Abdullah, H., Mohd Asraf, R., Ali, M. A. M., Wahab, A., & Baharudin, D. F. (2022). The challenges in raising autistic children: The voices of mothers. *International Journal of Evaluation and Research in Education*, 11(1), 78–87.
- Abu-Ras, W., Saleh, M., & Birani, A. (2018). Challenges and determination: The case of Palestinian parents of children with disabilities. *Journal of Family Issues*, 39(10), 2757–2780. <https://doi.org/10.1177/0192513X18757830>
- Acharya, S., & Sharma, K. (2021). Lived experiences of mothers raising children with autism in Chitwan District, Nepal. *Autism Research and Treatment*, 2021(1), Article 6614490. <https://doi.org/10.1155/2021/6614490>
- Al Almaei Asiri, W. M., Shati, A. A., Al-Qahtani, S. M., Al-Qahtani, Y. A., Aldarami, M. S., Alamri, F. D., & Esam Mahmood, S. (2023). Assessment of parental knowledge, awareness, and perception about autism spectrum disorders in Aseer region, southwestern Saudi Arabia. *International Journal of General Medicine*. <https://doi.org/10.2147/IJGM.S377521>
- Al Khateeb, J. M., Kaczmarek, L., & Al Hadidi, M. S. (2019). Parents' perceptions of raising children with autism spectrum disorders in the United States and Arab countries: A comparative review. *Autism*, 23(7), 1645–1654. <https://doi.org/10.3390/healthcare12161596>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (Vol. 5). American Psychiatric Association.
- Befkadu, B., & Adamek, M. E. (2022). The financial challenges of parents of a child with autism in Addis Ababa, Ethiopia: A qualitative study. *Integrated Journal for Research in Arts and Humanities*, 2(1), 5–10. <https://doi.org/10.55544/ijrah.2.1.7>
- Chiarotti, F., & Venerosi, A. (2020). Epidemiology of autism spectrum disorders: A review of worldwide prevalence estimates since 2014. *Brain Sciences*, 10(5), 274.
- DesChamps, T. D., Ibañez, L. V., Edmunds, S. R., Dick, C. C., & Stone, W. L. (2020). Parenting stress in caregivers of young children with ASD concerns prior to a formal diagnosis. *Autism Research*, 13(1), 82–92.
- Freedman, B. H., Kalb, L. G., Zablotzky, B., & Stuart, E. A. (2012). Relationship status among parents of children with autism spectrum disorders: A population-based study. *Journal of Family Issues*, 33(6), 793–814.
- Ghanouni, P., & Eves, L. (2023). Resilience among parents and children with autism spectrum disorder. *Mental Illness*, 2023(1), Article 2925530. <https://doi.org/10.1155/2023/2925530>
- Gobrial, E. (2018). The lived experiences of mothers of children with the autism spectrum disorders in Egypt. *Social Sciences*, 7(8), 133.
- Gona, J. K., Newton, C. R., Rimba, K. K., Mapenzi, R., Kihara, M., Vijver, F. V., & Abubakar, A. (2016). Challenges and coping strategies of parents of children with autism on the Kenyan coast. *Rural and Remote Health*, 16(2), Article 3517.
- Hemdi, A., & Daley, D. (2017). The needs of mothers of children with autism spectrum disorder (ASD) in the Kingdom of Saudi Arabia

- (KSA): A qualitative study. *International Journal of Academic Scientific Research*, 5(3).
- Heydari, A., Shahidi, L. H., & Mohammadpour, A. (2015). Spiritual journey in mothers' lived experiences of caring for children with autism spectrum disorders. *Global Journal of Health Science*, 7(6), 79. <https://doi.org/10.5539/gjhs.v7n6p79>
- Iadarola, S., Pérez-Ramos, J., Smith, T., & Dozier, A. (2019). Understanding stress in parents of children with autism spectrum disorder: A focus on under-represented families. *International Journal of Developmental Disabilities*, 65(1), 20–30. <https://doi.org/10.1080/20473869.2017.1347228>
- Ilias, K., Liaw, J. H. J., Cornish, K., Park, M. S. A., & Golden, K. J. (2017). Wellbeing of mothers of children with "AUTISM" in Malaysia: An interpretative phenomenological analysis study. *Journal of Intellectual & Developmental Disability*, 42(1), 74–89.
- Kousha, M., Attar, H. A., & Shoar, Z. (2016). Anxiety, depression, and quality of life in Iranian mothers of children with autism spectrum disorder. *Journal of Child Health Care*, 20(3), 405–414.
- Lindseth, A., & Norberg, A. (2004). A phenomenological hermeneutical method for researching lived experience. *Scandinavian Journal of Caring Sciences*, 18(2), 145–153.
- Marie, M., Hannigan, B., & Jones, A. (2018). Social ecology of resilience and Sumud of Palestinians. *Health*, 22(1), 20–35. <https://doi.org/10.1177/1363459316677624>
- Nahal, M. S. H., Wigert, H., Imam, A., & Axelsson, Å. B. (2017). From feeling broken to looking beyond broken. *Journal of Family Nursing*. <https://doi.org/10.1177/1074840717697436>
- Nealy, C. E., O'Hare, L., Powers, J. D., & Swick, D. C. (2012). The impact of autism spectrum disorders on the family: A qualitative study of mothers' perspectives. *Journal of Family Social Work*, 15(3), 187–201. <https://doi.org/10.1080/10522158.2012.675624>
- Ntre, V., Papanikolaou, K., Triantafyllou, K., Giannakopoulos, G., Kokkosi, M., & Kolaitis, G. (2018). Psychosocial and financial needs, burdens and support, and major concerns among Greek families with children with autism spectrum disorder (ASD). *International Journal of Caring Sciences*, 11(2), 985–995.
- Opoku, M. P., Ashour, S., Shah, H., Alameri, S., Aldarmaki, A., Gamil, A., & Algheilani, F. (2024). Lived experiences of Arabic working mothers raising children with disabilities: Navigating rehabilitation and support services. *Disability & Society*. <https://doi.org/10.1080/09687599.2024.2368564>
- Papadopoulos, D. (2021). Mothers' experiences and challenges raising a child with autism spectrum disorder: A qualitative study. *Brain Sciences*, 11(3), 309. <https://doi.org/10.3390/brainsci11030309>
- Rafii, F., Seyedfatemi, N., & Asgarabad, H. E. (2024). The life of mothers of children with autism: A grounded theory study. *Revista Latinoamericana De Hipertension*, 19(4).
- Reddy, G., Fewster, D. L., & Gurayah, T. (2019). Parents' voices: Experiences and coping as a parent of a child with autism spectrum disorder. *South African Journal of Occupational Therapy*, 49(1), 43–50. <https://doi.org/10.17159/2310-3833/2019/vol49n1a7>
- Ricoeur, P. (1976). *Interpretation theory: Discourse and the surplus of meaning*. Christian University Press.
- Ryan, C. (2015). Everyday resilience as resistance: Palestinian women practicing Sumud. *International Political Sociology*, 9(4), 299–315. <https://doi.org/10.1111/ips.12099>
- Shawahna, R., Fahed, B., Qadri, D., Sharawi, L., Soroghli, M., & Dweik, M. (2017). Awareness and knowledge of autism spectrum disorders among pharmacists: A cross-sectional study in Palestinian pharmacy practice. *Journal of Autism and Developmental Disorders*, 47(6), 1618–1627.
- Shawahna, R., Jaber, M., Yahya, N., Jawadeh, F., & Rawajbeh, S. (2021). Are medical students in Palestine adequately trained to care for individuals with autism spectrum disorders? A multi-center cross-sectional study of their familiarity, knowledge, confidence, and willingness to learn. *BMC Medical Education*, 21(1), 1–13. <https://doi.org/10.1186/s12909-021-02865-8>
- Siah, P. C., & Tan, S. H. (2016). Relationships between sense of coherence, coping strategies and quality of life of parents of children with autism in malaysia: A case study among Chinese parents. *Disability CBR & Inclusive Development*, 27(1), 78–91.
- Tan, H. M., Wilson, A., Olver, I., & Barton, C. (2011). The experience of palliative patients and their families of a family meeting utilised as an instrument for spiritual and psychosocial care: A qualitative study. *BMC Palliative Care*, 10, 1–12. <http://www.biomedcentral.com/1472-684X/10/7>
- Tathgur, M. K., & Kang, H. K. (2021). Challenges of the caregivers in managing a child with autism spectrum Disorder—a qualitative analysis. *Indian Journal of Psychological Medicine*, 43(5), 416–421. <https://doi.org/10.1177/02537176211000769>
- UN ESCWA (2023). *Social and economic situation of Palestinian women and girls July 2020–June 2022*. Available at https://www.un.org/unispal/wp-content/uploads/2023/03/ESCWAREPORT_090323.pdf
- UN Women (2018). *Caught up between a rock & a hard place: Occupation, patriarchy and gender relations a case study of Palestinian women in area C & H2*. Available at <https://palestine.unwomen.org/sites/default/files/Field%20Office%20Palestine/Attachments/Publications/2019/2/English.pdf>
- Yaacob, W. N. W., Yaacob, L. H., Zulkiffi, M. M., & Muhamad, R. (2022). A journey towards resilience: Coping strategies adopted by parents with children having autism spectrum disorder in Northeast Malaysia. *International Journal of Environmental Research and Public Health*, 19(4), 2458. <https://doi.org/10.3390/ijerph19042458>
- Zeidan, J., Fombonne, E., Scorah, J., Ibrahim, A., Durkin, M. S., Saxena, S., & Elsabbagh, M. (2022). Global prevalence of autism: A systematic review update. *Autism Research*, 15(5), 778–790.
- Zhao, M., & Fu, W. (2022). The resilience of parents who have children with autism spectrum disorder in china: A social culture perspective. *International Journal of Developmental Disabilities*, 68(2), 207–218. <https://doi.org/10.1080/20473869.2020.1747761>

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