Holding Space for Struggle and Strength: Challenges and Self-Compassion among Parents of Children with Autism

Arnel S. Galamiton[1,2*], Hanna Leah E. Relacion[2]

[1]Xavier University - Ateneo de Cagayan, Philippines

[2] Central Mindanao University, Philippines

***Corresponding Author**

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ABSTRACT

This study was conducted to explore the challenges and how self-compassion is experienced among parents of children with autism. Using an interpretative phenomenological analysis (IPA), the study focused on six (6) parents of children with autism enrolled at a public Special Needs Education (SNED) program in Valencia City, Bukidnon. Participants were recruited through snowball sampling, and data were gathered using an open-ended interview guide. Following IPA principles, three superordinate themes for challenges were identified: daily caregiving as relentless work, marginalization, and confronting the child's challenging behaviours; and one overarching theme for self-compassion: reconstructing suffering into strength.

Parents described chronic emotional and psychological strain, difficulties with toilet training and basic self-care, limited access to medical and support services, stigma in public spaces, and distress associated with self-injury, aggression, and communication barriers. Despite this, parents' experience of self-compassion demonstrates remarkable resilience by drawing on self-kindness, recognizing shared struggles, reframing adversity into purpose and family resilience, and holding on through faith.

These findings add depth to earlier quantitative studies on self-compassion by exploring the lived experiences of Filipino parents, underscoring the importance of integrating self-compassion and spirituality into support programs. This study also recommends expanding accessible autism and related services, embedding self-compassion parent intervention, such as mindfulness, and conducting further quantitative studies to see how self-compassion relates to other Filipino values among parents of children with developmental needs.

Keywords: autism, parenting, challenges, self-compassion, interpretative phenomenological analysis

INTRODUCTION

When one becomes a parent, it is always necessary to adjust to a new way of life. Parenting plays a vital role in children's holistic development, and research shows that the parent-child dyad and the family environment—which includes all primary caregivers—are at the foundation of children's well-being and healthy development (National Academies of Sciences, Engineering, and Medicine, 2016). Yet, some parents are raising children with special needs, some of which are neurodevelopmental disorders such as autism spectrum disorder. Parenting always entails profound adjustment, but raising a child with autism spectrum disorder (ASD) places parents in a qualitatively more demanding context that reshapes daily life, emotions, and family systems (Yesilkaya & Magallón-Neri, 2024).

Autism Spectrum Disorder is characterized by "persistent deficits in social communication and social interaction across multiple contexts including deficits in social-emotional reciprocity, deficits in nonverbal communicative behaviors used for social interaction, and deficits in developing, maintaining, and understanding relationships, and restricted, repetitive patterns of behavior, interests, or activities" (Diagnostic and Statistical Manual of Mental Disorders-5, 2013, p. 50). When symptoms are present and evident to a child, parents should seek professional help, such as a developmental pediatrician, psychiatrist, or psychologist, for a clinical diagnosis, so that parents can be introduced to early interventions.

According to the Centers for Disease Control and Prevention (2017), an estimate identified that in Europe, Asia, and North America, the rate of individuals with ASD is between 1 % to 2 %. Wherein approximately 1 in 68 children are diagnosed with autism and related disorders annually, which also resulted in 4 out of 5 children being boys (Markel, 2007; Myers, Johnson & Council on Children with Disabilities, 2007). As of 2025, there was still no accurate data on the prevalence rate of autism in the Philippines. However, the Autism Society Philippines (2018) has already recorded 13,000+ members spread over 97 chapters in 2017, and has an estimate of 1.2 million Filipinos, constituting 1 of every 100 Filipinos, dealing with Autism Spectrum Disorder. Thus, to meet its growing needs, the Philippine government previously established various specialized education centers nationwide. In the Province of Bukidnon, the disability-inclusive schools, as recorded in the National Council on Disability Affairs (2016), are Welcome Home Foundation, Inc., Pre-school for the Deaf in Malaybalay; Malaybalay City Central School; Manolo Fortich Central Elementary School; Talakag Central Elementary School; and Valencia Central Elementary School that caters to diverse disabilities, including autism.

These statistics were associated with struggles encountered among parents of children with autism. Such struggles are revealed through scholarly works: societal discrimination, adaptation to the situation, considerable stress, as well as feelings of depression, anger, self-blame, shock, denial, confusion, and guilt (Heiman, 2002); time burden of medical treatment and other therapeutic interventions, restrictions on social activities, parental sense of loss and grief, changes to family goals and achievements, dealing with challenging behaviours, changes to routine, sensory and social problems, lack of support and impact on family (Ludlow, Skelly & Rohleder, 2011). Struggles are also present in work and the community due to mental exhaustion and failure to cope with the disability (Thwala, Ntinda, & Hlanz, 2015), and also stigmatization (Brennan & Rosenzweig, 2004). Educational challenges are particularly prominent, including difficulties communicating with their children, managing hyperactive behaviors, and securing financial support for therapies (Campilla et al., 2023). The emotional toll is substantial, with parents experiencing high stress levels, feelings of guilt and blame, confusion about their child's behavioral presentation, and devastation following diagnosis (Bashir et al., 2014; Altiere & von Kluge, 2009).

Recent studies of Filipino parents during and after the COVID-19 pandemic further reveal how disruptions in schooling and therapy, combined with heightened caregiving responsibilities at home, amplified stress while simultaneously prompting families to improvise new routines, home-based activities, and informal peer support networks (Quijano & Eclarin, 2020). These conditions underscore the importance of examining not only what parents find challenging, but also how they make sense of and cope with those challenges in a resource-constrained context.

However, parents demonstrate resilience by mobilizing resources and seeking support through formal channels, non-verbal communication strategies, and adaptive parenting practices (Campilla et al., 2023; Altiere & von Kluge, 2009). Despite hardships, many parents report significant positive experiences from raising their autistic child (Altiere & von Kluge, 2009). Additionally, although parents of children with autism faced such enormous life struggles, they often expressed the need for a keen perception of the child and the child’s future. It could be by maintaining an optimistic outlook on the situation, along with a realistic viewpoint and acceptance. According to Neff and Faso (2015), developing compassion for themselves can help them more easily move through difficult material, forgive themselves and others, and become more productive and happier human beings. Self-compassion offers an opportunity to understand, acknowledge, and transform life-changing struggles through self-kindness, mindfulness, and an awareness that adversity is inevitably part of one’s life. Thus, self-compassion plays a vital role in the ability to cope and bounce back from adversity among parents of children with autism. By treating themselves with kindness and remembering that suffering is part of the shared human experience, self-compassionate parents have more emotional resources to meet life challenges successfully (Neff, 2011).

This study was conducted in Valencia City, Bukidnon, among parents of children with autism. Despite the paper conducted in 2020, this study remains highly relevant because the intersection of parenting a child with autism and self-compassion is still underexplored, particularly in socioeconomic status and contextualization in the Philippines. Quantitative studies have established that self-compassion is a robust predictor of well-being among parents of autistic children; positively associated with life satisfaction, hope, and meaning, and negatively associated with stress, depression, and anxiety (Neff & Faso, 2015; Ahmed et al., 2022). Although these studies are scale-based measures showing that self-compassion matters, it does not entail the "how" parents actually cultivate and experience it in the midst of challenging behaviours, service gaps, and stigma. Only a few qualitative or mixed-methods studies globally have explicitly examined self-compassion in parents of autistic children, mostly in high-resource, Western settings, and they conclude that rich, experiential accounts of self-compassion remain limited (Bohadana, Morrissey & Paynter, 2021).

Moreover, existing qualitative research in the Philippines on parents of children with autism focuses on burden, coping, and educational challenges. By employing an interpretative phenomenological approach with Filipino parents in Valencia City, this study addresses these gaps, providing contextually grounded narratives of how parents reconstruct suffering into strength, thereby offering nuanced evidence that can inform sensitive support and intervention programs.

Statement of the Problem

This study seeks to explore the lived experiences of parents of children with autism. Specifically, this study aims to answer the following research questions:

1. What challenges do parents of children with autism experience?
2. How is self-compassion experienced by parents of children with autism?

METHODS

This section presents the study's methodology, describing how the researcher gathered the necessary data. It highlights the respondents and the research focus. Moreover, this also shows the research design, respondents, sampling techniques, and ethical data gathering procedures.

Research Design

This study employed a qualitative exploratory research design, specifically using the framework of Interpretative Phenomenological Analysis (IPA), to explore and understand the lived experiences of parents of children with autism in Valencia City, Bukidnon. A phenomenological study is most appropriate as it seeks to capture the richness, depth, and meaning of participants' experiences while allowing them to articulate how these experiences influence their well-being. This design directly aligns with the study's objectives, as it highlights participants' perspectives in a respectful and ethically sensitive manner, without imposing preconceived categories or assumptions. Considering the three principles of IPA, the analysis focused on idiographic, phenomenological, and interpretative (hermeneutic) analyses, first examining each case in detail and then looking across cases for convergences and divergences (Smith, Flowers, & Larkin, 2009).

Moreover, following Smith and colleagues (2009), the researcher also ensured that the following seven (7) steps of IPA will be followed: (1) reading and re-reading, (2) initial noting, (3) developing emergent themes, (4) searching for connections across emergent themes, (5) moving to the next case, (6) looking for patterns across cases, and (7) taking interpretations to deeper levels.

Research Respondents and Sampling Techniques

The respondents for this study were parents of children with autism in Valencia City, Bukidnon. A snowball sampling method was used to determine the respondents. Six (6) parents served as the respondents by the following inclusive criteria: 1) A resident in Valencia City, Bukidnon, 2) Primary caregiver—either the mother or the father of the child clinically diagnosed with autism spectrum disorder, 3) Enrolled their child at the Valencia City Central School- Special Needs Education SY 2019-2020.

Data Gathering Procedure

First, a request letter was sent to the Principal of Valencia City Central School. After it was approved, the researcher used a snowball sampling to determine the study respondents. Informed consent was obtained from the respondents for their voluntary participation in the study. It highlights the day they were available to formally begin the in-depth interview. The nature and the purpose of the study were explained verbally in the local vernacular to the respondents. It means knowing their rights, the research procedures, the research benefits, and that the data being gathered is handled with ethical considerations. After all these things were settled, a week-long period was scheduled for the open-ended researcher-made interview with the six (6) respondents. However, due to the advent of COVID-19 during the study, the researcher was unable to conduct the in-depth face-to-face interview with the remaining two respondents. Instead, the researcher had the option to perform it via a phone call while still ensuring that ethical guidelines were strictly followed.

Hence, this study, conducted in Valencia City, Philippines, included six (6) parents who were recruited through snowball sampling. An open-ended interview served as a guide and was translated into the local vernacular. Bracketing sessions were utilized throughout the entire process to reduce bias in the study (Rolls & Relf, 2006). In addition to bracketing before data collection began, the researcher consistently wrote memos throughout the study. These memos documented the researcher's experiences during the process, capturing personal reflections, emotions, thoughts, and observations regarding the events that unfolded across the entire duration of the study.

Furthermore, participants' orientation covered informed consent, rights and responsibilities as participants, and criteria for withdrawal/termination, which highlights voluntary involvement. Each interview lasted for 40-60 minutes. All personal sensitive information in the transcription was removed to ensure the confidentiality and anonymity of the respondents.

RESULT AND DISCUSSION

Table 1. Socio-demographic Profile of the Respondents

Biographical Data			
	Father	**Mother**	**%**
Age Bracket			
31 - 40 years old	0	2	33.33
41- 50 years old	1	2	50.0
51 - 60 years old	0	1	16.67
Total	1	5	100.00
Educational Attainment			
College Graduate	1	3	66.67
College Level	0	1	16.67
High School Graduate	0	1	16.67
Total	1	5	100.0
Monthly Income			
< 15, 000	0	3	50.0
15,001 - 30,000	1	2	50.0
Total	1	5	100.0

The respondent group comprises six parents—one father and five mothers—of children with autism in Valencia City, Bukidnon. The age distribution indicates that the majority (50%) are within the 41–50 age bracket, suggesting that midlife parenting is a familiar context for caregiving in this sample. Educational attainment reveals that two-thirds (66.67%) are college graduates, reflecting a relatively high level of formal education among participants.

Monthly income data shows an even split: half of the respondents earn below ₱15,000, while the other half fall within the ₱15,001–₱30,000 range. This suggests an undesirable socioeconomic profile, which may shape the lived experiences of caregiving, particularly with respect to stress, resilience, and accessibility.

Table 2. Challenges Experienced by Parents of Children with Autism

Superordinate Theme	Subthemes
Daily caregiving as relentless work	Emotional and psychological strain in caregiving
	Toilet-training and basic self-care
Marginalization	Limited access to medical and support services
	Stigma in Public Spaces
Confronting the child’s challenging behaviors	Self-injurious and aggressive tendencies
	Communication difficulties and hyperactivity

Daily caregiving as relentless work. The participants depict everyday caregiving as a continuous, demanding labour that wears down both their bodies and emotions, yet leaves them with little choice but to continue. The routines required to keep their child safe, clean, and regulated blur the line between ordinary parenting and the extra effort of caregiving.

Emotional and psychological strain in caregiving

All parents reported feeling “continually” stressed, describing the presence of autism in the family as a constant source of pressure because of the difficulty of meeting their child’s needs and wants. One mother of Joy shared, *“lisod kaayo si ate Joy sabton, grabi ka stressful”* (It is difficult to understand Joy. It is very stressful), capturing how daily misunderstandings accumulate into emotional exhaustion.

When these emotions peak, some parents describe losing control, then being overwhelmed with guilt afterward. A father recounted, *“Naa gyuy panahon nga kintahay masagpaan nako ang bata kay dili man gyud ko makasabot na sa iyaha, gasakit akong ulo”* (There are really times when I feel like I might hit the child because I just can't understand, and it gives me a headache) later recognizing this as “one of his lapses” and acknowledging, *"Mao ni akong usa kakulangon dira, makompara nako sya sa pareha gani natog hunahuna nga di man diay jud tungod sa iyang utok ba. Iyang edad 16 iyang mindset nasa 1-year-old"* (This is one of my lapses. I tend to compare her to us, who can understand, but I should not because of the way she thinks. She's 16 years old, but her mindset is like a 1-year-old). Such episodes illustrate caregiver burnout as a product of prolonged emotional strain, consistent with descriptions of caregiver burden as physical, emotional, and mental exhaustion arising from ongoing demands (Killian, 2008).

Parents also expressed a desire to escape, revealing how relentless caregiving can erode hope. According to Killian (2008) concurred with Lawton, Moss, Kleban, Glicksman, and Rovine (1991), parents are susceptible to caregiver burnout and caregiver burden that is used to describe a state of physical, emotional, and mental exhaustion that is primarily accompanied by a change in attitude, that may have resulted to the ongoing demands inherent in caring for a dependent individual. Hence, due to these overwhelming emotions associated with their child's situation, it is not impossible that parents often become physically exhausted and emotionally drained. Some might want to avoid their situation like respondent 2 said, *"Kanang moabot sa imohang… kanang point ba sa imong life nga murag ka surrenderon naka, kung pwede palang mo disappear kadali, nganong kuan man kaayo… nganong hassle man kaayo. Ay grabi ang mga luha, balde balde diili matabang"* (There's a point in my life where I wanted to surrender; if I could just disappear for the meantime. Why is this a hassle? I can't help but shed buckets of tears).

If parents are not able to release these overwhelming emotions, it may likely result in psychological distress. It has been a struggle for respondent 3 raising the child alone, who shared, *"Ana unta ba naay mka comfort unta nako ba kay mahutdan kog kailob… dugang kusog nga makasabot gyud sa tanan panahon"* (I hope there will be someone who can comfort me when I am out of patience, and would help me gain strength to be more understanding at all times).

Moreover, it is essential to note that parents' struggles in the emotional and psychological axis of well-being, which is considerably distressing to them, actually stems from feelings of fear and anxiety. These feelings are also predominantly present from parents during the interview. Raising a child who has special needs can, at times, affect parents in ways that cause them to worry and wonder what their future will hold (Iannielli, 2016). In connection, respondent 2 shared, *"Ang main gyud nga kabalak-an sa parents kay kining.. dili man gyud ta immortal diring kalibutana, sa amoa nga parents kinsa nalang kaha ang mag atiman?"* (Our main worry as parents is that we know that we are not immortal in this world. When we are gone, who will take care of our child?) Respondent 1 also shared the same thoughts on a father's perspective, *"Sa ako pud pamalandong gani, kung matiguwang nami, knsay moatiman ni Elsa."* (During one of my reflections, when we get old, who will take care of Elsa?) It has been strongly supported that parents of children with ASD have the anxiety of losing their lives first before their child, simply because of the dependence, and the thought of what might happen to their child's life without them (Domalanta et al., 2017). Thus, parents of children with autism have a greater pessimism about the future of their child (Cappe, Wolff, Bobet & Adrien, 2011).

These narratives align with literature showing higher rates of stress and depression among parents of children with ASD than parents of typically developing children, and they underscore how daily caregiving becomes an emotional burden that risks parents' psychological well-being.

Toilet-training and basic self-care

Toilet-training and basic hygiene tasks emerged as how "simple" developmental milestones become major, recurring battles in families raising a child with autism. One father described his struggle: *"Pagpadako ni Elsa, akong kalisdanan jud naa akong kapungot, kalagot, labi na kung ingani mag ingkod sya sa bangko, buhian gyud na niya iyang ihi ug tae, panahon nga malibang sya, dili kabalo mudagan sa cr"* (In raising Elsa, I got frustrated and angry when she urinates and defecates in the chair. She does not know how to go to the comfort room). His account shows how repeated accidents do not just create extra work; they trigger anger, shame, and feelings of inadequacy as a parent.

Another mother, caring for Mau, narrated, *"Bisan asa buhian ang ihi. Mapungot nasad ko. Mogawas ko, ignon nko ako kaugalingon, always adjust, always adjust, always. Naa gyud panahon nga makapa ngayo kog sorry niya tungod sa akong kalagot dli nako masabtan"* (She urinates everywhere. I get angry again. I go out telling myself, 'to always adjust.' There are times when I end up apologizing because my anger reaches a point that I can no longer understand). Her self-talk, "always adjust," and subsequent apology reveal how toilet-training becomes a site where stress, love, and moral self-judgment intersect.

For some, looming puberty intensifies these anxieties, particularly for menstruation care and personal hygiene. Respondent 2 noted, *"kini dayong hapit na sya mag menstruation, oh kana mura mig mga ma kuan sa balay sa tanan kay apil naman mi iyang gina awayon"* (When she is about to have her period, we become cautious in the house because she tends to get angry at us), suggesting how fundamental self-care transitions can escalate behavioral tension and family vigilance. Literature on Filipino parents of children with autism similarly reports frustration with children's difficulty in eating, bathing, and managing personal necessities, reinforcing that everyday bodily care is a central arena of struggle and a chronic stressor in caregiving.

Marginalization. Beyond the household, parents' experiences show how structural and social contexts marginalize families of children with autism, limiting their access to support and exposing them to stigma. Marginalization appears both in the form of systemic barriers to medical and support services and in interpersonal reactions in public spaces that make families feel judged, excluded, or unsafe.

Limited access to medical and support services

Parents frequently described medical and support services as financially and geographically out of reach, which compounds the stress of caring for a child with complex needs. Respondent 6 shared, *"Kana iyahang speech kung pwede.. nanginahanglan gyud kog speech therapist bitaw. Actually gi therapy man nako na sya sauna pero grabi dili maagwanta. Mahal kaayo"*. (I badly needed a speech therapist. Actually, we went to therapy before, but we could no longer sustain it since it was too expensive.) It highlights how economic constraints force families to discontinue needed interventions.

A SPED-teacher parent emphasized systemic gaps: *"Grabi gyud lisod jud kaayo! Labi na sa atoa. Kanang mga assistance ba. Financial assistance, medical services, mahal kaayo sa nga tanan. Kay kung pareha lang gyud* *sa lain country ang services nga kuan, dghan bya jud potential among mga pupils kay mga mild lang gyud ang uban. Mga therapy lang gyud ang kulang ba nga mka cope up sila… maglisod jud tag pangayo ug assistance. Mga needs nila lisod kaayo e-address sa government"* (It is tough here. Financial assistance and medical services are very expensive. If only our services were like those in other countries, many of our pupils, who are only mildly affected, could cope with therapy. However, it is tough to ask for assistance, and their needs are difficult to address by the government.)

This contrast with experiences abroad was echoed by a mother who worked and settled in Brunei. In fact, she received the ASD diagnosis for her child with autism abroad. Respondent 5 shared her experience in support groups, *"Sa Brunei, gina kuan gyud nila ang mga ginikanan gina seminar jud nila unsaon sa ginikanan pag control kung mag tantrum imong anak, unsay mga ideas, unsay angay buhaton. Dapat mosulod ka sa world sa bata nga autistic. Grabi nga adjustment. Mura kag mobata pud apil"* (In Brunei, they have provided seminars to the parents on how to control the tantrums of the child, sharing their ideas on what to do. You need to enter the world of autism. There is so much adjustment. It seems like you become a child too.)

However, given the situation here in the Philippines, there is only limited access to support groups among parents of children with autism. A large support group for ASD here in the country is the Autism Society Philippines (ASP). This national, non-profit organization primarily empowers individuals with autism to be self-reliant, independent, and accepted into the mainstream. They have programs and services spread over 97 chapters, with 13,000+ members nationwide. Perhaps it is a great help to both the parents and their child with autism in dealing with their life situation. However, it does not apply to all parents who lack awareness of existing support groups, wish to send their child into therapy, seek support, and other medical interventions.

Despite the country's limited support groups- particularly local support groups and other therapeutic interventions- some parents are still eager to send their child into therapy. Although they did it only once or twice, they are still looking forward to making it consistent. It brings satisfaction whenever there is at least a slight improvement in their child. It may be in their speech, way of socializing, challenging behaviors, or breaking their maladaptive routines. It is evident when respondent 4 said, *"Lisod baya kaayo kay wala... dili bya sya verbal... oh, so naka idea ko. Kaloy an lang pud sa Ginoo, karun murag mkasabot na sya, mka storya na syag tinagsa, 1 word ba. Nalipay ko nga maskin ginagmay nga mga improvement murag dali nalang sa akoa ba"* (It's very hard since he is not verbal. So I had an idea. By God's grace, he can now understand and speak even just one word. I am happy that even with a little improvement, it makes my task easy.)

These stories show that marginalization is not only about individual poverty but also about a broader service system that fails to meet families where they are. Limited access delays diagnosis, reduces continuity of intervention, and leaves parents carrying the full weight of behavioural and developmental challenges with minimal institutional support, echoing prior work on constrained autism services in low- and middle-income settings.

Stigma in public spaces

Parents' accounts implicitly point to stigma when they describe needing to control or anticipate their child's reactions in public and social environments. A mother explained that when her daughter nears menstruation, *"we become cautious in the house because she tends to get angry at us,"* which can be read as an attempt to manage not only family conflict but also how these outbursts might appear to others.

Similarly, narratives about being afraid to leave the child alone or in community spaces—such as Respondent 1's practice of locking doors and rushing home within three hours *"because I am afraid of what may happen to her"*—reflect a perception that the environment is not safe or accommodating for a child with autism. Literature describes how parents often anticipate judgment or misunderstanding from neighbours, co-workers, or strangers, and while not elaborated in detail here, the Philippine parents' vigilance and caution suggest that stigma and fear of misinterpretation are part of their everyday navigation of public life.

Confronting the child's challenging behaviors. Parents described their children's behaviours as unpredictable, intense, and sometimes dangerous, making behavioural management a central and exhausting component of daily life. These behaviours include self-injury, aggression, seizures, communication difficulties, and repetitive or fixated actions, all of which heighten parental fear and emotional pain.

Self-injurious and aggressive tendencies

Self-harm emerged as one of the most distressing aspects of caregiving. Respondent 2 stated, *"Ang pinaka worst gyud niya nga manifestation is kanang mag pasakit sya sa iyang kaugalingon kay grabi man sya ka self-injurious"* (The worst part of her manifestation is that she tends to hurt herself. She is very self-injurious), adding that Joy bangs her head on the wall and bites herself. As a mother, she said, "*It is tough to see your child hurt herself,*" yet intervening sometimes worsened the behaviour, so they would "let her continue until she stops," illustrating the painful calculation between immediate safety and escalation risk.

Another parent, Respondent 1, recounted that during tantrums, *"Kana pud pasakitan niya iyang kaugalingon, kanang gitawag nila diri nga tantrum... kanang mag wild. Iyang gina laparo iyang nawong. Sakit kayo isip usa ka ginikanan"* (It is tough as a parent seeing your child hurting herself. They call it a tantrum; she becomes aggressive and slaps her face).

Respondent 3, meanwhile, linked her daughter's seizures to triggers as stated, *"Kanang ma nerbyos na sya basin bitaw kutsara nga mahagbong, patulon. Singki sa plato, seizure. Maskin ang pultahan nga gihapak ug hangin, seizure. Kung naa syay taas nga seizure, luya gyud kaayo sya"* (She gets so easily startled that even something as small as a spoon dropping or the clinking of a plate can trigger a seizure. Even a door slammed by the wind can set her off. And when she has a prolonged seizure, it leaves her completely exhausted."

These challenges add a medical emergency dimension to behavioural episodes. These accounts support research indicating that self-injurious behaviour in autism not only poses direct physical risk but also significantly increases caregiver stress and fear.

Communication difficulties and hyperactivity

Communication difficulties were described as both a core impairment of autism and a key driver of behavioural crises. Respondent 2 explained, *"lisod man kaayo nato mahibaw-an man gud kung unsa iyang gusto, kung naa siyay gibati or sakit ulo, sakit tiyan ba kaha, or unsa ang sakit sa iya ba dili niya ma storya mao pud cguro nga ma divert syag maoy or tantrums"* (It is tough to know what she wants or what she feels—whether she has a headache, a stomach ache, or some other pain—because she cannot express it; maybe this is why it diverts into distress or tantrums.) Behaviour, in this sense, becomes a communication strategy of last resort, which parents find frightening and hard to decode.

Respondent 4 highlighted the double-sided misunderstanding involved: *"Lisod jud kaayo oy kay kanang kay wala man jud koy knowledge aning unsay special so perteng lisora jud sa akoa kay kanang akong storya dili sya kasabot, ako pud dili kasabot"* (It is tough because I don't know what 'special' is; it is tough for me because he cannot understand what I say, and I also cannot understand him). This mutual incomprehension underscores how communication challenges threaten not only practical caregiving (e.g., knowing about pain) but also parents' sense of connection and competence, consistent with findings that language deficits are major predictors of parental stress.

Parents also described their children's repetitive actions, unusual interests, and hyperactivity as challenging, especially when these behaviours interfere with daily routines or social norms. Respondent 2 said her daughter *"becomes hyper"*, has *"unique behaviors"* and repeatedly engages in actions that feel like she is *"ungit ungiton"* (constantly pestering or tugging at you), adding, *"I can't explain it since she cannot speak."* Although the term fixation is not explicitly used, these descriptions reflect restricted and repetitive behaviour patterns characteristic of autism, which can dominate family life.

In another case, Respondent 4 noted that Noah had begun to hurt himself by biting his thighs, interpreting this as "maybe because he has something to express," again linking repetitive or unusual behaviours with unmet communicative and emotional needs. Literature on ASD highlights how such stereotyped behaviours and fixations may serve self-regulatory functions for the child but are experienced by parents as challenging to manage, disruptive to daily tasks, and socially stigmatizing. For these parents, confronting challenging behaviours means constantly balancing safety, acceptance of neurodivergent traits, and the demands of social environments that may not understand or tolerate such differences.

Overall, these three superordinate themes: daily caregiving as relentless work, marginalization, and confronting challenging behaviours—depict parents living under sustained pressure at multiple levels: intimate, practical, systemic, and social. Their narratives show that the challenges of raising a child with autism are not only located in the child's impairments but are co-constructed by scarce services, stigmatizing environments, and the emotional toll of loving and protecting a vulnerable child in a context with limited support.

Table 3. How Self-Compassion is Experienced by Parents of Children with Autism

Superordinate Theme	Subthemes
Reconstructing Suffering into Strength	Self-kindness and gentle self-talk Recognition of shared struggle Reframing suffering into purpose, hope, and family resilience Holding on through faith

Reconstructing suffering into strength. Self-compassion among these parents emerges as an active, meaning-making process in which they soften their inner dialogue, recognize their struggle as shared, reinterpret suffering as purposeful, and ground their endurance in faith. Rather than denying pain, they reconstruct it into a source of strength that sustains caregiving and protects their well-being.

Self-kindness and gentle self-talk

Parents describe an intentional effort to treat themselves kindly amid the exhausting demands of raising a child with autism. Self-kindness here means acknowledging their limits, permitting themselves to rest, and seeing self-care as necessary rather than selfish.

Respondent 6 captured this stance clearly: *"Dili gyud na mawala nga kailangan nimo atimanon imong kaugalingon. Mao ra man gyud na atong ma focus pirmi"* (You need to take care of yourself. We should be focusing on that as well)." She added, *"Dili jud limtan ang kaugalingon. Usa man gyud na sa pag ampo nga maayo imong panglangwas kay unsaon man nato paglihok kung luya ta para ma atiman nimo sya"* (Do not forget yourself. It is in one of my prayers to have a healthy body because how can we take care of him if we are unhealthy.) In these statements, caring for her own body is framed not as indulgence but as a moral and practical requirement for sustaining caregiving.

Self-kindness also appears when parents repair moments of failure rather than using them to fuel ongoing self-attack. Respondent 1 admitted, *"Naa gyud panahon nga makapa ngayo kog sorry niya tungod sa akong kalagot"* (There are times wherein I would ask an apology because I got so mad), indicating that instead of staying stuck in guilt, he chooses a compassionate response—apologizing, reflecting, and moving forward. This echoes Neff and Faso's (2015) view that self-kindness helps individuals respond to shortcomings with understanding rather than self-criticism, which, in turn, supports psychological adjustment.

Recognition of shared struggle

Parents' narratives show a clear movement from "why us?" to "we are not alone," reflecting the common humanity component of self-compassion. Seeing their situation as part of a broader human experience reduces feelings of isolation and softens the burden of blame.

Respondent 6 described this shift: she initially felt anxious about their situation but later observed, *"Naguol jud ko pero saon taman nga naa naman na sya. Mangita nalang gyud mig way"* (I got anxious, but we have to find ways since we were already in this situation)." She went on, *"Hinuon, daghan man gyud ingana gyud na sitwasyon* (Although there are many who have experienced the same situation)," highlighting an awareness that many other parents share similar struggles. This recognition that "there are many like us" functions as a cognitive and emotional reframing of the feeling of being uniquely burdened.

The literature notes that common humanity “involves recognizing that the human condition is imperfect and that they are not alone in their suffering,” a perspective that appears to lessen their emotional load (Neff & Faso, 2015). By interpreting their difficulties as part of a broader landscape of parenting children with disabilities, they transform solitary suffering into a shared, more bearable reality, consistent with research linking common humanity to lower isolation and greater resilience.

Reframing suffering into purpose, hope, and family resilience

Self-compassion in this context also involves reframing adversity—viewing their child’s diagnosis and daily challenges as experiences that can carry meaning, growth, and hope. This reframing aligns with cognitive reappraisal and the “meaningfulness” aspect of resilience, in which hardship is integrated into a purposeful life story.

Respondent 4 provided a vivid example. She recalled, *“Pag confirm nga autism, perte nakong hilak syempre wala ko ka accept oy nga inagana akong anak. Dili ko katulog”* (I cried hard after confirming he has autism. I was not able to accept my child’s situation. I could barely sleep.) Yet later she said, *“Kadugayan na accept ra nako kay yearly naa syay improvement. So dili na difficult sa akoa mag handle sa iyaha”* (Later on, I was able to accept it because he has yearly improvement. So, it was no longer that difficult for me to handle him). Her narrative shows a progress from shock and sleeplessness to acceptance, anchored in noticing small, cumulative gains, turning suffering into a story of gradual progress.

For parents of children with autism, reframing is essential based on the resources the family has. In this case, the family itself as a unit is a valuable resource. It means that some parents may perceive their situation as less threatening to others and still hold a glimmer of hope. It is evident when Respondent 6 said, *"Mao lagi pud, naa lagi na purpose atong pag angtos. Malipay ra gihapon ta"* (There is a purpose in all of our sufferings. We will eventually be happy).

Similarly, parents interpret the family as a functional unit that grows stronger together under strain. Respondent 2 described how she and her husband share responsibilities: *“Ga puli puli raman mi sa akong husband, ga tinabangay ug mga ways kung unsaon namo si ate. Dako gyung tabang ang pamilya”* (My husband and I work together in finding ways on how to handle ate. The family is of huge help). This cooperative framing suggests that adversity has catalyzed marital collaboration and family resilience rather than only fragmentation. She added a notable resilient statement, *"Actually, akong bana nakatabang na maka imitate si ate Joy ug action. Kay akoa ang theory na akong nahibaw-an ako epasa sa iya dayon iya gina pa perform ka ate. Masukot jud ba. Mapuno na jud kas kalagot. At least dili mi magdungan ug kalagot. Tinabangay ra jud intawon"* (Actually, it is because my husband that ate Joy can now imitate actions. I have applied a theory I once learned. You will really be tested until you are on the brink of anger. Luckily, we do not get angry at the same time. We just have to work together.)

This part notes that self-compassion is associated with life satisfaction, hope, and goal reengagement, and that it “appears to facilitate resilience by moderating people’s reactions to adverse events.” In these parents’ stories, reframing suffering as purpose and family strength allows them to continue caring, hope for their child’s progress, and see themselves as capable despite ongoing hardship, echoing findings that self-compassion encourages motivation to change and to avoid repeating past mistakes.

Holding on through faith

For the parents, self-compassion is inseparable from spirituality: being kind to oneself and making meaning of suffering are deeply intertwined with faith in God.

Respondent 1 exemplified this when he said one of his prayers, *"Nag hangyo gyud ko sa Ginoo ba nga 'Lord, kung gihatagan man ko nimog trabaho para mangusog dugangi akong kailob nga andam makasabot, nga mosabot gyud sa tanan panahon'* (I pleaded to God, “Lord, if you have given me such task to gain strength, please extend my patience to be ready to understand things, and to be understanding at all times”). In this prayer, he situates his caregiving role as a divinely given “task” and asks not for escape but for expanded patience and understanding—an attitude that reflects both self-acceptance, acknowledging his limits and compassionate aspiration, wanting to respond better.

Faith also shapes how parents face their deepest fears about the future. Respondent 2, worried about who will care for Joy when they are gone, trains siblings and hopes they will find kind spouses, but she also says, *"Mao nang mag ampo nalang gyud nga unta puhon mangawala dili lang pud unta sya lifetime nga mka hassle ba"* (That is why I pray that when we are gone, we hope that she won't be a lifetime hassle to them.)This prayer reveals a compassionate concern not only for the child but also for future caregivers, and it demonstrates how faith becomes a channel for anxiety, turning paralyzing worry into an act of entrusting.

The integration of spirituality into self-compassion aligns with findings that resilience is strongly associated with spiritual growth and that religious frameworks can promote coherence, purpose in life, and self-transcendence (Sari & Sari, 2023; Howard, Roberts, Mitchell & Wilke, 2023). For these parents, "holding on through faith" is not passive resignation but an active, compassionate stance: acknowledging pain, asking for help (from God, family, and themselves), and believing there is a larger meaning to their caregiving journey.

Taken together, these narratives show that self-compassion among parents of children with autism is not a soft, abstract ideal but a lived, dynamic process of reconstructing suffering into strength. Through gentle self-talk, recognizing shared struggle, reframing hardship into purpose and resilience, and grounding their lives in faith, parents create an inner climate that allows them to continue caring, hoping, and growing despite the relentless challenges they face.

CONCLUSION AND RECOMMENDATION

The findings of this study show that being a parent of a child with autism in Valencia City, Bukidnon, means living with daily caregiving as relentless work, experiencing marginalization, and constantly confronting challenging behaviours, while at the same time reconstructing suffering into strength through self-compassionate ways of thinking and relating to oneself. Caregiving tasks such as toilet training, hygiene, safety monitoring, and managing self-injurious or aggressive behaviours are emotionally and physically draining. Yet parents still persevere, often at the cost of their own well-being. Limited access to affordable therapies, uneven government support, and stigma in public spaces intensify these burdens, especially for families in low to middle-income brackets who must stretch limited resources to meet both basic and therapeutic needs. Despite this, parents demonstrate remarkable resilience by drawing on self-kindness, recognizing shared struggle, reframing adversity as purpose and family resilience, and holding on through faith, reflecting Filipino culturally grounded strengths such as pagpapasensya (patient endurance), pagpupunyagi (persistent striving), and pananampalataya (faithfulness or steadfast faith).

In the Filipino context, these findings highlight the need to see parents not only as "service recipients" but as active meaning-makers whose inner resources can be strengthened. First, at the policy and systems level, there is a pressing need to expand and decentralize affordable developmental and mental health services for children with autism and their families, including in provincial cities like Valencia City. This includes increasing the availability of developmental pediatricians and allied professionals, subsidizing therapies for low-income families, and strengthening school-based support programs in public SNED centers. Second, psychosocial services for parents should explicitly incorporate self-compassion through parent support groups, mindfulness, counselling, and psychoeducation that help parents normalize their emotions, practice self-kindness, and recognize that their struggles are shared rather than personal failures. Third, schools, LGUs, and church-based organizations can collaborate to create safe community spaces where families of children with autism are welcomed rather than stigmatized.

Finally, for future research, this study suggests the value of more qualitative and intervention studies on self-compassion among Filipino caregivers, including fathers, grandparents, and siblings, and across different regions and socioeconomic groups. Building locally grounded evidence on how self-compassion can be nurtured in collectivist, faith-oriented communities can guide the development of low-cost, culturally sensitive interventions that strengthen both parent well-being and family resilience.

Ethical Approval

Research ethical protocols in this study were adhered to the Institutional Ethics Review Committee (IERC) of Central Mindanao University, with protocol #20086 under the behavioral category. The permit follows strict compliance with: 1) informed consent was obtained from the respondents; 2) ensured that the data gathered is bound with the utmost confidentiality and anonymity of the respondents; and 3) the respondents have the right to withdraw at any time during the conduct of the study without any cost.

Limitation of the Study

This study was initially conceptualized as a quantitative investigation. However, data collection coincided with the onset of COVID-19 and the implementation of the first nationwide lockdown in the Philippines in March 2020. As a result, the intended sample size was significantly reduced, yielding only 15 participants for the descriptive component, of whom six completed in-depth qualitative interviews. Consequently, the primary limitation of this study lies in its limited generalizability. The findings reflect a localized context and cannot be assumed to represent the broader experiences of Filipino parents raising a child diagnosed with autism spectrum disorder.

Conflict of Interest

The authors affirm that they have no conflicts of interest related to this study and have fully adhered to the journal's ethical standards.

Author Contribution Statement

Arnel S. Galamiton conceptualized the idea during his undergraduate thesis at Central Mindanao University under the guidance and supervision of Hanna Leah E. Relacion. Hence, all drafts were written primarily by the main author, who had access to all data repositories, and then reviewed by his adviser for refinement.

Data Availability Statement

The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

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