

## Happiness in Parents of Children with Autism Spectrum Disorder: A Qualitative Study

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### ABSTRACT

*Literature reports the challenges of parenting a child with Autism Spectrum Disorder (ASD), and its impacts on emotional and psychosocial wellbeing, both generally and specifically in the Hong Kong context. Positive parenting experiences are less well defined; however, research and theory in the positive psychology field suggests that people living with adversity can find and create meaning, positivity and happiness. This study aimed to investigate Hong Kong parents' experiences and perceptions of happiness and well-being in raising their children with ASD. Eight parents (2 fathers; 6 mothers) were interviewed in-depth about their parenting-related perceptions and experiences of happiness and well-being. A thematic analysis generated four themes: A Growth Mindset, Connectedness, Self-Care, and A Better Me, each comprising several related sub-themes. Findings indicated that happiness was crucial for these parents, despite the challenges of raising a child with ASD in Hong Kong, and that they actively sought out activities to enhance their happiness, satisfaction and meaning. Results are in keeping with positive psychology theory, add specific detail relating to this group and could be extended with further research. Findings could also inform policy makers and support services in the development of welfare plans, educational resources and social support for this group of vulnerable families in future.*

**KEYWORDS:** Autism spectrum disorder, happiness, parenting, qualitative, thematic analysis.

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder defined by deficits in socio-emotional communication and restricted or repetitive behaviors, which continue throughout the lifespan (American Psychiatric Association, 2013). ASD is estimated to affect 1 in 44 children globally (Center for Disease Control and Prevention [CDC], 2021). ASD children may experience learning difficulties, such as speech delay and language impairments (Sun et al., 2019). There may also be difficulties with social reciprocity (A. Huang et al., 2017) and adaptive functioning (Towle et al., 2014). Around half of the ASD population also meets the diagnostic criteria for Attention-Deficit Hyperactivity Disorder (ADHD; Dellapiazza, 2021; Murray, 2010). Dellapiazza (2021) noted that the concurrence and severity of ASD and ADHD in children were positively correlated with social impairments, externalizing problems (e.g., aggressive and oppositional behaviors) and internalizing behaviors (e.g., anxiety and mood

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disorders). Complex ASD symptoms seriously affect children’s developmental performance, social communication, and behavior.

Parenting can bring emotional rewards (Schoen et al., 1997), life satisfaction, and a sense of meaning (Nelson et al., 2014). However, parenting a child with ASD is more complex and challenging, and recent research from a variety of geographical and cultural contexts suggests these parents often experience significant levels of stress, anxiety, and depression when compared with parents of neurotypical children (e.g., Al-Oran et al., 2021; C. Huang et al., 2013; Lai et al., 2015; Tsermentseli & Kouklari, 2021). Papadopoulos (2021) conducted a Greece-based qualitative study of mothers’ experiences of raising their ASD children and reported high levels of emotional, family, and social burden. Mothers’ experiences were characterized by feelings of vulnerability, frustration about the child’s future, the fear of stigmatization which reduced their confidence in engaging with the social world, and a sense of isolation from their wider family due to the caregiving responsibilities for their ASD child(ren). Parents suffer from self-blame, low satisfaction in the parent-child relationship, difficulty in managing their ASD child’s behaviors (Lai et al., 2015), and worry about peer bullying (Cappadocia et al., 2011; Forrest et al., 2019). Aktan et al. (2020) found that burnout was negatively related to life satisfaction and quality of life in parents of children with disabilities.

Focusing on the Hong Kong context, the number of students diagnosed with ASD has increased rapidly in the past 10 years (Education Bureau of the Government of the Hong Kong Special Administrative Region, 2019). More than 10,000 ASD students are studying in local mainstream schools, with numbers increasing every year. A survey conducted by the Education University of Hong Kong (The Education University of Hong Kong [EdUHK], 2016) revealed the condition of parents of ASD children in Hong Kong. The survey focused on investigating the discrimination situation and well-being of parents of ASD children. The findings reported that 90% of participants claimed to encounter discrimination and that 60% were suffering from depressive symptoms. A concerning 21.3% of participants reported having thoughts of suicide or self-harm (EdUHK, 2016). The social stigma of ASD in Hong Kong proved very stressful to these parents and may be linked to traditional Chinese culture and values.

Chinese society is considered a collectivist culture that advocates conformity and activities that benefit the group over individual interests; it highly values group cooperation, social support, self-discipline, and respect to others (Crisp, 2020; Trafimow et al., 1991). The cultural norm for parenting is raising a child who can achieve great success in every aspect of their life (Tait et al., 2015). An old Chinese idiom, ‘Nurturing children to become dragons’ (望子成龍) summarizes Chinese parents’ expectations of parenting and of their children. Many parents set high expectations for their children and try to mold them into dragons, the symbol of mastery or the elite (Ng et al., 2014). A child with ASD does not conform to these hopes and expectations, resulting in parental self-stigma and self-blame (Mak & Kwok, 2010; Tait et al., 2015). Ng et al. (2014) noted that Hong Kong Chinese parents (especially mothers) tended to link their own worth and value to their children’s performance more strongly than parents of other cultural backgrounds. Children’s academic and behavioral performances became parents’ report cards, reflecting the success—or otherwise—of the parents (Chao, 1994). The social stigma was particularly strong in more traditional Chinese families in Hong Kong, with ‘abnormal’ children regarded as a family scandal (Tait et al., 2015), resulting in embarrassment, shame, fear of disclosing the ASD diagnosis, and difficulties in accepting their children. High levels of avoidance-style coping and parental anxiety have been found in this population (Voliovitch, 2021). Parents of ASD children in Hong Kong also experience a lack of professional support from the existing health system (Yi et al., 2020). Yi et al. (2020) described delays in screening and diagnosis, causing frustration and confusion and a lack of professional mental health support for parents. Parents reported feeling hopeless, abandoned, and distressed at the diagnostic and post-diagnostic stages and facing enormous internal and external pressures

which greatly impacted their mental health and also affected their children's intervention and improvement (Reed & Osborne, 2012).

Existing research, both globally and within Hong Kong, clearly articulates the complex challenges and relational burdens associated with parenting a child with ASD. There is a relative lack of research capturing a more balanced, nuanced picture of the experience. However, a few isolated studies have considered the positive, happiness-related experiences of this group. For example, Rafferty et al. (2020) interviewed fathers with ASD children, describing experiences of love, pride, hope, joy, empathy, gratitude, and personal growth. These accounts are reminiscent of the positive focus and findings within the positive psychology field, which expands our understanding of individuals' encounters with adversity beyond distress into meaning, sense-making, positivity, and happiness (Ivtzan et al., 2015).

According to some, finding happiness is one of the most important goals for human beings (Frey & Stutzer, 2010; Veenhoven & Ehrhardt, 1995), and people's choices, priorities, and behaviors can be determined by the goal of happiness (Huta, 2016). Happiness has been a topic of discussion within the positive psychology field for several decades (Boniwell et al., 2019; Seligman, 2004), and measures of happiness have been developed (Boniwell et al., 2019; Boyle et al., 2014); however, as a concept, happiness is not easy to define. Huta (2016) summarized happiness as well-being, including both hedonic and eudemonic experiences. Hedonic experiences involve enjoyment, pleasure, and comfort, and focus on meeting personal desires and a subjective experience of well-being in the moment. Eudaimonia is a broader, abstract, and more psychological concept involving, for example, meaning, purpose, value, personal growth, ethics, and autonomy. Pioneer of positive psychology, Seligman (2004) advocated authentic happiness which referred to a pleasurable life, an engaged life, and a meaningful life. In 2011, Seligman described the 'flourish' concept, the notion that people could act deliberately to achieve a flourishing life characterized by five elements: (1) positive emotions, (2) engagement, (3) relationships, (4) meanings, and (5) accomplishment. Seligman (2011) suggested that people could achieve, review, and evaluate happiness using his PERMA model.

Positive psychology has been criticized from existential and humanist perspectives (Yakushko & Blodgett, 2021), with a common criticism being its oversimplification of the dimension of emotion. It is argued that, in the real world, emotion cannot be polarized into positive or negative but is often mixed (Boniwell et al., 2019). Held (2002, 2004) rejects the simplification and polarization which views positivity as good and negativity as bad, arguing that it is impractical to ask people to reject negativity in life and work to foster positive thoughts and attitudes in pursuit of happiness, health, and wisdom. Furthermore, Held (2002) felt this could develop into a tyranny of positive thinking which blamed someone who failed to display optimism and virtue. A deeper discussion about the "dark side" of life emerged in the second wave of positive psychology (Ivtzan et al., 2015) which suggested that negative can be positive. This perspective suggests that embracing the negativity of life and accepting distress permits learning, the development of agile mindsets, skills for success and life fulfillment. Ivtzan et al. (2015) recognized that people who confront adversity in life underwent positive changes and transformational growth, similar to Calhoun and Tedeschi's (2004) concept of Post-Traumatic Growth (PTG).

Research suggests that having a child diagnosed with ASD is often interpreted by parents as a life crisis or trauma (Carmassi, 2021; Casey et al., 2012). Waizbard-Bartov et al. (2018) investigated crisis-related growth—developed from Tedeschi and Calhoun's (2004) concept of PTG—in parents with ASD children. They concluded that parents had experienced growth in areas that included mastery, personal strength, new perspectives on the value of life, ethics and spirituality, interaction with others, and using their newly acquired parenting knowledge in professional and political contexts. Other studies have reported similar findings (Ooi et al., 2016; Zhang et al., 2015). Two Chinese research teams (Liu & To, 2020; Zhang et

al., 2015) found that PTG was evident in the population of Chinese parents with ASD children with positive impacts on their ability to cope with stress. Waizbard-Bartov et al. (2018) investigated personal growth in parents with ASD children and concluded that parents had crisis-related growth in the forms of enhanced mastery of personal strength; constructing new perspectives on the value of life; ethics; interpersonal interaction and professional or political application of parenting knowledge. However, these studies found that the PTG Spiritual Change dimension, which focuses on spiritual beliefs and living with gratitude, was not evident among Chinese parents. Waizbard-Bartov et al. (2018) suggested that cultural influences, such as parents' perception that having an 'abnormal child' was shameful, might act to restrict personal growth in this area.

Existing evidence about parents of ASD children in Hong Kong paints a bleak picture. There is scope to develop a richer, more balanced, and nuanced representation of these parents' experiences by focusing in greater detail on parents' happiness and well-being experiences. These insights will help raise awareness and enrich understanding of this group's lived experience. They may also help in addressing the stigma of ASD and in informing the development by researchers and policymakers of supportive or educational interventions for parents and families. Much of the evidence that exists is quantitative, applying measures of happiness that may influence, prime, or restrict participant responses (Husser & Fernandez, 2017). Therefore, the current study aimed to explore qualitatively and in-depth the happiness and well-being experiences of parents of ASD children in Hong Kong.

## Method

### Study Design

The research employed a qualitative research design guided by critical realist ontological and epistemological assumptions (Bhaskar, 1978), which recognize that reality has stable and enduring features that exist independently of human perception but that individuals have different experiences of the real. Individual accounts reflect those experiential differences (Fiske & Taylor, 1991) and are appropriately accessed via semi-structured, in-depth qualitative interviews.

### Participants

Parents were considered eligible if they had children aged 10-20 with an ASD diagnosis, were of Chinese ethnicity, had raised their children and lived in Hong Kong for at least five consecutive years, and could communicate in Cantonese. Participants who met the study criteria were recruited by an ASD children's trainer who worked in a local private training provider in Hong Kong. The trainer introduced the study, and interested parents were sent a detailed information sheet, and provided contact details for the researcher, who explained the information and answered questions over the phone. Signed consent forms were required.

Table 1 provides participant details. Eight parents participated, 6 mothers and 2 fathers. Age ranged from 36 to 58, with a mean of 47 years. All parents were of Chinese ethnicity and spoke Cantonese as their first language, and all were raised and educated in Hong Kong. All participants were married but one was in the process of divorce. All had high school or above level of education. Most were described themselves as middle socio-economic status.

The average age of the participants' children (all male) was 15.5 years; one participant had twin boys with ASD. All children were diagnosed with ASD by private psychiatrists or psychiatrists from the Hospital Authority (public health system) in Hong Kong. Children in this research had mild to moderate ASD symptoms; seven out of nine boys with a speech delay at

an early age. Four children had an additional diagnosis (e.g., Attention Deficit and Hyperactive Disorder, Global Developmental Delay and Oppositional Defiant Disorder).

**Table 1**

*Participant Demographics*

| No | Pseudonym | Gender | Age | Highest education level | No. of ASD children | Age of ASD children | Children's ASD severity |
|----|-----------|--------|-----|-------------------------|---------------------|---------------------|-------------------------|
| P1 | Ann       | Female | 50s | Secondary               | 1                   | 18                  | Mild                    |
| P2 | Belle     | Female | 40s | Tertiary                | 2, twins            | 12                  | Mild                    |
| P3 | Chris     | Male   | 50s | Secondary               | 1                   | 20                  | Moderate                |
| P4 | Diana     | Female | 50s | Secondary               | 1                   | 18                  | Moderate                |
| P5 | Ethen     | Male   | 40s | Tertiary                | 1                   | 11                  | Mild                    |
| P6 | Faye      | Female | 40s | Secondary               | 1                   | 11                  | Moderate                |
| P7 | Grace     | Female | 30s | Secondary               | 1                   | 12                  | Mild                    |
| P8 | Heather   | Female | 40s | Tertiary                | 1                   | 10                  | Mild                    |

### Data Collection

Each parent participated in semi-structured interviews via Zoom (an online meeting platform) between May and July 2021, which were audio-recorded for transcription with consent. The interviewer (first author) was a psychology graduate student fluent in both Cantonese and English. Interviews lasted between 35 and 70 minutes.

Clarke and Braun (2013) defined an interview as a professional conversation aimed at gathering participants' experiences and perspectives. The interview schedule was designed to help parents consider and describe their personal, individual definition and experiences of happiness and its meaning and function in parenting their ASD child(ren).

In response to Husser et al. (2017)'s observation that questions about happiness can be priming and limiting, we ensured our interview questions were open-ended. The interview guide was pre-prepared, but it was expected that unanticipated issues might arise. Spontaneous and unplanned questions related to the topic were asked, as determined by participants' responses and to follow the train of their thoughts (Clarke & Braun, 2013).

Interview questions were first piloted with three parents with neurotypical children. Changes were made to the wording of some questions based on feedback, and additional retrospective questions were added, for example, how parents felt about hearing about their child's diagnosis and changes in thoughts, feelings, and well-being along their parental journey. In the resulting final schedule, interview questions were designed first to address the participant's general background, and then their understanding of the notion of happiness. Subsequent questions were based on relevant theoretical and empirical literature about emotions, relationships, parental roles, and journeys, and how they derived happiness through their experiences.

### Member Checking

Interviews were conducted in Cantonese, the participants' first language. Audio recordings were transcribed verbatim, pseudonymized, and translated into English by the first author. The second author proofread the English transcripts and corrected grammatical errors. Transcripts in Cantonese were sent to participants, who were asked to check and approve the contents. They were offered the opportunity to add or make amendments. None made amendments, but one participant provided further detailed comments.

## Ethical Considerations

Ethical approval was granted by the University Ethics Committee (AM/RKT/PSP-PF-2/2014-15). Processes of approach, recruitment, informed consent, and data protection complied fully with the ethical principles of respect, competence, responsibility, and integrity, as set out by The British Psychological Society (BPS, 2021).

## Data Analysis

Transcripts were analyzed using reflexive thematic analysis (Braun & Clarke, 2021; Clarke & Braun, 2013), an inductive process of identifying themes and patterns of meaning across a dataset from the bottom up. The data analysis process followed Braun and Clarke's (2021) and Clarke and Braun's (2013) six steps, including familiarization with the data, coding, searching for themes, reviewing themes, defining, and naming themes, and writing up. The first author read transcripts several times to familiarize and immerse herself in the data. Complete coding involved a review of the entire dataset to identify data relevant to the research aims, during which the researcher moved through and beyond description and summary to conceptual analysis, which is crucial for reflexive thematic analysis. In this process, both explicit and implicit meanings were considered, which involves the researcher in conceptualizing and actively interpreting the meaning of participants' responses. Searching for themes was a process of searching for patterns, identifying similarities and overlaps between codes, creating groupings, developing themes, and considering any ungrouped codes. Reviewing themes was a careful process of refining themes, which meant reviewing, checking, merging, and splitting initial groupings to make better sense of the data and organizing concepts. The aim was to capture all relevant data into the most meaningful and coherent thematic groupings. Defining and naming themes involved creating definitions that clearly characterized and demonstrated the distinctiveness of each theme, naming themes in order to best represent the story of that theme, with sub-themes to reflect nuances. Writing up involved representing the participants' experiences and setting out the themes, sub-themes, data extracts and analytic process in a logical and accessible way for the reader.

Reflexive thematic analysis involves an interpretive process guided by the researchers' stance, disciplinary knowledge, epistemology, and lens (Clarke & Braun, 2013). It acknowledges the active engagement between the researcher and their data in order to develop themes conceptualized from codes. The first author is a Hong Kong University academic in the field of nursing; she conducted the first three steps of the analysis process independently, then considered the resulting initial themes with the second author, following which steps four and five included a collaborative process of discussion and refinement. The second author is a UK University academic, chartered psychologist, and qualitative researcher in the fields of social, health, and counseling psychology; she is also an integrative psychotherapist with a practice underpinned by relational, existential-humanistic principles.

## Results

Four themes were generated: a growth mindset, connectedness, self-care, and a better me. These are presented with sub-themes in Table 2.

**Table 2***Themes and Their Associated Sub-Themes Derived from Parents' Happiness Experiences*

| <b>Themes</b>            | <b>Sub-themes</b>   |
|--------------------------|---|
| 1. <b>Growth Mindset</b> | - Redefining the Meaning of Happiness<br>- Using Knowledge to Combat Anxiety<br>- Never Compare with Others |
| 2. <b>Connectedness</b>  | - Life Satisfaction<br>- Stress Coping Strategies<br>- Fueling Up with Recognition                          |
| 3. <b>Self-Care</b>      | - Relaxation<br>- 'Me' Time<br>- Self Compassion  |
| 4. <b>A Better Me</b>    | - Embracing Suffering<br>- Making Sacrifices<br>- Gratitude<br>- Living with Purpose                        |

**Theme 1: A Growth Mindset**

The Growth Mindset theme represented data from all eight parents and reflects the belief that personal development was possible even in the most difficult times. Most of these parents went through a difficult period when they received their children's ASD diagnosis. They spoke about the overwhelming impact of this news, with some characterizing it as the biggest crisis of their lives. Many described responses of shock, denial, depression, and anxiety based on a lack of knowledge about the disorder and anxiety about their children's future. For most participants, the hardest moment in parenting was during and immediately after the diagnostic period.

*I wanted the world to stop; time to stop. I did wish they would stop growing up. If they grew up, there would be even bigger difficulties we'd have to face in life. (Belle, speaking of her 12-year-old twin sons)*

Beyond the initial shock and distress, parents went on to respond positively and with resilience to the challenges posed by this significant event in their lives. This response seemed to reflect a growth mindset, based on Dweck (2006)'s concept of quality. The growth mindset allowed individuals to flourish and achieve despite challenges through personal resilience, determination, and a willingness to learn and grow. Three sub-themes reflected the responses which characterized these parents' growth mindset: (1) Redefining the meaning of happiness, (2) being knowledgeable to combat anxiety, and (3) never comparing with others.

***Re-defining the Meaning of Happiness***

This was a commonly recurring theme in participants' accounts. Re-defining happiness involved changing the source of happiness from 'self' to 'self and children.' The change was evident when parents were asked about their happiness experiences before and after becoming a parent. Before becoming a parent, parents experienced happiness through personal successes in the form of career achievements and fulfillment of personal desires, for example, through leisure activities. With parenthood, participants found happiness through their children. The assertion, "The child's happiness is my happiness" was a frequent response of parents to the question, "What is the definition of happiness to you now?" When they saw their children living

happily, becoming more independent in handling their schoolwork and daily life, these were authentic happiness experiences for parents.

*Before I became a dad (apparently forced smile), happiness, haha, er, er, happiness at that time would be related to my career, job satisfaction, er, er, achieving something. But now, after becoming a dad, I spend more time with my family, especially with my son - and my wife. Especially with my son, I will think about how to be with him and help him. Mainly, my happiness is related to my son's improvement, such as what I have given to him, and his improvement is my reward. (Chris)*

Parents expressed the sense that they were now clearer about what was important to them in life. Parenthood, and the challenges they had faced as parents of neurodiverse children with ASD, had offered them a deeper understanding of the purpose and meanings of life. After parents had accepted their children's condition and faced some of the challenges, as observed by Heather, they found new perspectives on life goals and happiness. Heather mentioned: "If someone has never faced any difficulties in their life - so if you interviewed me 20 years ago, I may not have been able to give you a real answer about happiness."

Redefining the meaning of happiness was the building block which enabled parents to see their children differently and enjoy their company more. As described by two other mothers, authentic happiness came from witnessing their children grow. The meaning of happiness changed when their identities changed. This change was accompanied by an increase in enjoyment and a decrease in negative emotions, characteristic of parents' growth mindsets.

*Before being a mom, my happiness came from being with my friends. Being with them gave me so much pleasure and happy moments. We spent time together, eating, drinking, playing and having fun. We sometimes got drunk. (Laugh) [...] After being a mom, the happiest moment is seeing my son grow up, no matter if he gets sick or learns new things at school. I get satisfaction from seeing him learning. (Grace)*

*Just like other Hong Kong girls, I loved to go on dates with my friends. We played together, shopped, and did some traveling. After becoming a mom, I changed completely. Witnessing the efforts my son and I make is what makes me happy. This is really wonderful and precious. (Diana)*

### ***Using Knowledge to Combat Anxiety***

Parents sometimes experienced a sense of hopelessness about their children's future. Parents were anxious that their children's behavioral, emotional and academic performance would always be inferior to others and were unsure how to help. However, parents also confronted the situation; they accepted their children's condition and started to think about taking action. By doing this, parents gained some control over the situation and strengthened their abilities to work with it. Actions included gaining knowledge about ASD traits and learning how to train and communicate with their children using special techniques. This process involved searching and finding varied resources, such as online or face-to-face courses provided by local health systems and private ASD children's training centers.

*As we were unfamiliar with this disease, I looked for relevant resources and information to learn more. On the contrary, at that time, I had feelings of sadness but 'the sadness' motivated me to find more information. [...] I also geared myself up by taking on a lot of courses, especially about psychology and counseling. (Belle)*

With their new-found knowledge, parents' anxiety and worries gradually shrank over time. Parents mentioned that they began to take a more balanced approach to think about and evaluate their family's situation and future needs. With this mindset change, parents strove for a better future for their children.

*When I gained more knowledge, the catastrophic feelings I'd had about my son disappeared little by little over time. I no longer catastrophized the situation. Maybe by taking this action, I found that my son was not 'incurable'. I used to think that his problems would last for the rest of his life but in reality, it is not like that. After fixing the catastrophizing issue, I could find the way out. (Heather)*

### ***Never Comparing with Others***

All parents strongly stated that they had given up comparing their ASD children with neurotypical peers. They perceived that comparing their children with others was pointless and, instead, believed that parents should be aware of their children's limitations while taking satisfaction from small gains and signs of progress. They appreciated examples of their children's competence and mastery rather than focusing on academic and performance achievements. Many parents reported being surprised that their children's performance exceeded their expectations, which brought them great joy and satisfaction. Chris explained, "When my son reaches standards that I didn't expect, I feel very happy. For example, my son's learning journey, we rarely need to push him to study. He is a self-disciplined person."

Furthermore, parents valued their children's positive character traits, such as being studious and willing to listen to parents' advice and showing self-discipline, kindness, and honesty. All parents believed that they experienced happiness no less than parents of neurotypical children and that every child has strengths and weaknesses, whether neurotypical or neurodiverse. Parents considered that it was their responsibility to discover their children's strong points and avoid blaming them for any limitations, as explained by Chris and Grace.

*As parents, we should always see and help children to use their strengths but not patronize them. [...] Parents with normally developed children may place higher expectations on their children. [...] But for us, we know our kid's limitations, he may not live as a normal person, and we need to adjust our expectations. (Chris)*

*First, you have to accept that your children have deficits. Second, you need to adjust your mindset. If you do not do that, how can you ask others to accept your child? You need to learn how to help and support your children. You need to understand your child's condition well so as to teach your child to understand themselves too. [...] It is important that you and your child accept the ASD condition. This is the key to being happy. (Grace)*

## Theme 2: Connectedness

Connectedness reflected parents' thoughts about engaging with the social world and the functions it served for them. Data suggested that they tended to categorize their social contacts and networks into three tiers: intimate, external, and professional. Each of these played a different role in maintaining happiness. Three sub-themes reflected these functions: (1) life satisfaction, which reflected the function of the intimate and close family; (2) Stress coping strategies, which reflected the benefits of connecting with friends, work colleagues, church, and support groups; and (3) fueling up with recognition, reflecting the support offered by connecting with health professionals, teachers, and therapists.

### *Life Satisfaction*

Intimate sources of connection and support included parents' immediate family relationships with children and spouses. For the parents in this research, their immediate families were held in the highest regard, had the greatest importance, and were seen as the core of their lives. For some, parenthood fulfilled their childhood dreams. These parents were greatly influenced by the high importance placed on Chinese traditional values of consanguinity. They felt that raising a child was the extension of their lives to the next generation, therefore, simply being a parent was a source of life satisfaction.

*I have loved children since I was a small girl. [...] Taking care of children and being a housewife to take care of my own children are my dream jobs. [...] I feel that I wanted to have a child to extend my life in the future. (Grace)*

Contributing to their family members, seeing them happy, and spending time with them were vital to parents' sense of purpose and personal contentment.

*My family is my first priority and I see them all the time. My family refers to my wife and my children. If they are happy, I will be happy too. [...] Their happiness is the source of my happiness. (Ethen)*

Like some others in this sample, Ethen found both happiness in his children and a way to pass on what he had learned, his core values and life experience, which was a source of real satisfaction to him:

*We (he and his son) discussed a lot of things and people around us when we were alone. We talked about people around us and judged whether their behavior was appropriate. This is a good approach - talking to him and sharing my way of thinking with him would make him more accepting of what I suggest. (Ethen)*

Parents expressed contentment when seeing their children happy and making gains. Parents received love, a sense of status and respect from their children, and experienced satisfaction and happiness through being valued by their family members. Fathers also appreciated their wives and mentioned wanting and valuing time alone with them. They cherished the intimate relationship with their wives which acted as a powerful source of support and satisfaction for them. Chris said, "I have just jogged with my wife, and we saw the sunset, this is also a kind of happiness that you do not really need to chase after."

### ***Stress Coping Strategies***

Parents' external networks referred to people they connected with outside their immediate families, such as friends, the workplace, church, and parent support groups. Parents indicated that these networks were the core of their interpersonal relationships before they became parents. However, the importance of these forms of friendship now varied among parents. Some preferred to keep their worries within the intimate family and resisted sharing these externally. Others continued to value their external network, which allowed them to connect to the world. Speaking with others, getting information, and hearing their views and experiences offered new ideas to help them cope with stress. Although these differences might reflect personality trait differences (e.g., along the introversion–extraversion spectrum), in this study, differences seemed gender-related or linked to church membership.

Mothers typically said that when under stress, they spoke with members of their external network. Sharing was an important stress moderator for mothers as they enjoyed sharing their worries and benefited from advice from their peers. In return, they showed their love and care to their friends in order to maintain the relationship.

*When my son does something that makes me really angry or if I encounter family problems, when these unhappy events happen, I will talk to them (her friends). Even though they may not comfort me, they listen to me, and we exchange our opinions. This makes me feel better straight away. I do not need to face the problems alone. I do not need to hide; I do not like to hide my feelings. (Ann)*

However, this aspect was different for fathers in this study. Fathers knew that friends could provide new perspectives and information on the issues that they were facing, but preferred to share their worries with their wives, seldom proactively talking about serious issues with their external networks. Though fathers rarely shared worries beyond the immediate family, they reported finding it acceptable to share with peers in parent support groups, whom they knew would understand their ASD children's difficulties. Support groups helped them release stress, share, and compare their experiences with others in similar positions, and changed their perspectives on their own children's situation in a positive direction. Chris added, "During training, I met some other parents and kids, we shared our experiences and our kids' situation. This changed my mindset, and I became less pessimistic. Escaped from my (pessimistic) world."

Some parents had reduced both the effort to maintain their pre-parenthood external networks and the amount of time they spent with them. For example, the only non-Christian participant claimed that she had almost no external contacts outside of her immediate family. However, for some of the parents describing themselves as Christian, the fellowship group at church and its weekly gatherings were an important external source of contact and support, including during the COVID-19 pandemic restrictions. Belle explained, "I did online worship so I did not need to physically go to the church. This gave me more opportunities to connect with other people, communicate and interact [...] I think this is one of the things makes me happy."

### ***Fueling Up with Recognition***

Parents had many opportunities to meet the professionals working in their children's learning and health services, such as teachers, therapists, psychologists, and doctors. The relationship between parents and helping professionals was defined as a professional network. Most parents initially struggled to adapt and accept their ASD children's traits and diagnosis, but these parents' stories demonstrated that stress and frustration characterized their whole

parenting journey. Parents whose children showed a serious developmental delay early in life expressed not wanting to miss any opportunity to ensure they received the support they needed at the “golden” period for training, that is, before six years old. They saw themselves as fully responsible for their children’s future and determined to do their best for them. Parents invested a great deal of time, money, and hope in engaging with various forms of training with their children.

*We took him for a lot of training, a lot of intensive training every day. He had attention deficits; his eye-motor coordination was weak. The training helped him a lot, we took him for horse riding, piano lesson and table tennis. Therefore, it was really busy. (Chris)*

Parents received strong support from the helping professionals in the hospitals, training centers, and schools. The relationship between parents and helping professionals was essential to parents. Parents valued this relationship as they needed professional advice to raise their children and monitor their development progress. Not only did professionals support their children, but their involvement was also rewarding and reassuring for parents:

*My son’s therapists gave me and my son an award to praise our efforts in the training program. They said that I was a hardworking mom and willing to listen to their explanations. I received professional advice from them and this helped me to demystify the situation. (Heather)*

The extract from Heather’s interview reflected the importance of professional recognition of her work and achievements. This validation was a very positive experience that contributed greatly towards her well-being, reinforced her involvement in their children’s program, and increased her willingness to face challenges and difficulties.

### **Theme 3: Self-Care**

Activities in which parents actively engaged to maintain their happiness and well-being along the stressful parenting journey formed the Self-Care theme. Three sub-themes within this theme were: (1) relaxation, (2) ‘me time,’ and (3) self-compassion.

#### ***Relaxation***

Parents spoke about feeling relaxed and happy with their children. They also enjoyed being with them when undertaking shared activities such as traveling, watching football matches, and enjoying the beauty of nature.

*Most of the happy moments are about play. We watched football, basketball matches, we hiked. My son loves sports, er, as he has ASD, he has the privilege to go to the theme park for free. So, we always go there to spend time there. We have the same hobbies, so, always, I go out with him after work, we play together and spend time together. These are unforgettable moments to me. (Chris)*

*For example, we cannot go traveling (to other countries) now. Maybe we will go to the countryside together and have experiences that we share together. We also discover new things; for example, we (with her*

*children) enjoy having a day trip to the local island. [...] these experiences are really valuable to me. (Heather)*

### ***‘Me Time’***

All parents agreed that they needed ‘me time,’ which was time for being alone. Parents took pleasure in many different activities when alone, including watching TV and movies, enjoying good food, reading books, and meditation. Parents tried to squeeze some leisure time into their routine every day, which offered them a brief escape and an opportunity to destress. Heather said, “I like being alone in a quiet place. I like to think deeply about things for a long time. I like to go to the seaside. I feel relaxed when I hear the waves.” Similarly, Ethen added, “Even though the movie is not that appealing, in that hour I can escape from reality. On the other hand, it is too much of a luxury for me to spend a lot of time on a hobby.”

As Ethen explained, however, participants found that their opportunities for personal hobbies were few, given the needs of their families. Some had previously enjoyed hiking and outdoor activities, but as these activities were considered too time-consuming, they had given them up since the birth of their child(ren).

### ***Self-Compassion***

Self-compassion was related to nurturing oneself with kindness and gentleness (Neff et al., 2003). Parents described engaging in concrete efforts to treat themselves better and support their positive emotional well-being. One mother said she would dress-up and have a manicure because enhancing her appearance was a way of showing love and caring for herself. Other deeper self-compassion activities included using self-talk to bring comfort when under stress, avoiding self-blame when making mistakes, and accepting and reframing their difficult situations, as demonstrated in the following extracts. Chris said, “I told myself, ‘This is not the end of the story; many things are still uncertain.’” Grace added,

*They (Her husband’s family) thought my son was just stupid. They did not pay attention and were not willing to understand more about my son and ASD. They just thought he was stupid just like his father. His father was a slow learner. [...] I talk to myself: it is no use being angry or thinking too much about something that has distressed you. I tell myself to allow myself some space to adapt to the fact. I will do something else. I talk to myself: when I am unhappy, I would cry. This is an emotion. (Grace)*

## **Theme 4: A Better Me**

This theme reflected participants’ inner strength, which allowed them to maintain a good life and find a “better me.” Under this theme, there were four sub-themes: (1) embracing suffering, (2) making sacrifices, (3) gratitude, and (4) living with purpose.

### ***Embracing Suffering***

Experiencing and overcoming difficulties was considered a meaningful experience that contributed to the happy experiences of parents. Heather explained:

*I encountered some obstacles in my life. The obstacles were very difficult to overcome, difficulties I could never have imagined. When I reached the lowest point in my life, I then bounced back. I finally understood that this is the feeling of happiness.*

In the current study, seven out of eight participants were Christians. Though there were a lot of difficulties and painful experiences when raising their ASD children, parents' interpretations of these experiences were influenced by their Christian faith. For example, they believe that suffering in life is not purely negative but has meaning.

*I think I have humbled myself to follow God's will. All the sufferings are arranged by God and he wants to test me. He wants me to learn the God of love through life experience. Therefore, I always try my best to live according to God's commandments when making decisions in my life. Through this, I find peace of mind. (Faye)*

Many participants believed that their faith had brought them hope in difficult times and that God had helped them overcome their difficulties. They also perceived their unique parenting experiences as tools they could use to help others. They participated in voluntary work to share their experiences and help other less experienced parents and gained happiness through helping others. Participants also expressed that parenting their special needs children had given them a deeper life experience, greater empathy, and understanding of others' feelings. Diana added, "I learned to 'play it by ear', I find God is so good to me. [...] Be kind to others, help others, keep doing these things can sustain happiness."

### ***Making Sacrifices***

Most parents considered parenthood an exceptional and extraordinary opportunity to experience and find the meaning of life. A key meaning of parenthood was to make sacrifices based on responsibility or love. Parents were willing to sacrifice based on the responsibility of parenthood. When parents were asked whether they created happiness for themselves, half responded that they did not really think in that way. Instead, mindful of their new responsibilities, they put aside their own desires and put others ahead of themselves.

*If I visualize the situation now, I am at the center of this picture. Other subjects in this picture are drawn from the center, the center is me. After I became a mom, there were more people in this picture. These people were brought by me, I need to be responsible for my choices. Therefore, I need to respect this picture. (Heather)*

The love parents experienced through the parent-child relationship led them to make sacrifices for their children. Examples of love and sacrifice could be found in the accounts of several mothers whose experience of pregnancy and parenthood had been complicated by suffering from depression. They all agreed that without love, they could not go through those difficult times.

*I think I can bear witness to love. (sobbing...) I never imagined being a mom could be so harsh. (sigh...) When I look back on the time of my pregnancy, I had expected that it would be tough but it was way beyond what I could have possibly imagined. [...] I felt very uncomfortable, extremely uncomfortable. I remembered I suffered from depression*

*during pregnancy. [...] I never imagined that I would have such a great love for overcoming all these difficulties. [...] I discovered that being a mom means sacrificing so much and the love I feel is so great. This is what I feel about being a mom, a mom is really great. (Belle)*

### **Gratitude**

All parents expressed that gratitude was very important for maintaining a positive mindset. Many explained this concept using the same metaphor, ‘The glass is half full or half empty.’ They preferred to consider what they possessed rather than what they did not. The simple things in their everyday lives brought them peace and life satisfaction because they were grateful for what they had.

Ann said, “I am satisfied with my life, I have a place to live, food to eat. That’s enough.”

*Positive thinking is like the metaphor of the half-full glass of water. You can keep yourself positive by being grateful all the time because I am a religious person. Always being kind to others is very important, this builds up the interaction among people. (Diana)*

### **Living with Purpose**

Many parents defined happiness as living with purpose. They explained that they enjoyed achieving or, even better, exceeding the goals and purpose they had set for themselves and others. For example, purpose included achieving career goals, raising children, or adapting to a new life after immigration. These participants made plans to help them achieve their goals, bringing them life satisfaction and happiness.

*Happiness is related to having a purpose and goal. It is hard to be happy without a purpose and a goal, regardless of whether I have an ASD child or not. During the process of raising my own child, I need to find my purpose and goals as a parent. (Heather)*

### **Discussion**

This study aimed to gather the lived happiness experiences and meanings of Hong Kong parents of children with ASD. The experiences, perceptions, and meaning of happiness for our participants formed four themes: a growth mindset, connectedness, self-care, and a better me. Parents considered happiness to be a crucial element in their life, so, despite the challenges of raising a child with ASD in Hong Kong, they actively sought it out. They engaged actively in activities to enhance the sense of happiness, satisfaction, or meaning in their life.

Consistent with existing literature (C. Huang et al., 2013; Lai et al., 2015; Papadopoulos, 2021; Tsermentseli & Kouklari, 2021), parents in the current study spoke of their anxiety about their children’s future and developmental delay during the diagnostic period. Most spoke of a ‘dark period’ following their children’s diagnosis with ASD, which was a traumatic experience for most and led them to depressive symptoms and catastrophizing thought patterns. Some parents reported themselves as suffering from depressive symptoms, which also aligns with the existing evidence that parents of ASD children have poor psychological outcomes, including self-stigma, distress, and low levels of happiness (Al-Oran et al., 2020; Aktan et al., 2020; EdUHK, 2016). One mother described experiencing significant stigma within her wider family, in keeping with previous research demonstrating the social stigmatization of ASD children and families (Tait et al., 2015). In fact, most parents in our research did not explicitly raise the issue

of stigma; however, the preference of some to reduce sharing their worries outside the immediate family may implicitly reflect this. It is also possible that these parents achieved a degree of protective personal resilience and growth (Calhoun & Tedeschi, 2004).

Despite, and perhaps because of, their challenges and difficulties, our parents had gone on to experience PTG or personal growth and development, leading them to achieve the authentic happiness they described and maintain a positive well-being. Waizbard-Bartov et al. (2018) noted that when parents of ASD children become conscious that the original, traditional parenting schema does not fit their own family's situation, they need to alter their mindset in order to be resilient in the face of the crisis that having a child with ASD represents. Our findings suggested that many of these parents had indeed undergone that mindset change and developed some resilience to the various challenges they had faced. The parental adjustments evident in the current study were resonant with the adjustments described by Calhoun and Tedeschi (2004) in their model of PTG, including an appreciation for life, changes in perception of what is important, meaningful relationships with others, sense of personal strength, new opportunities and spiritual or existential development.

The current research also extended Waizbard-Bartov et al.'s (2018) hypothesis that the notion of PTG is adaptable to the cultural context in its capacity to change core values and fixed parental roles. For instance, these Hong Kong parents were rooted in traditional Chinese culture and values, which set demanding parental roles and high expectations of children (Chao, 1994; Chen, 2015; Ng et al., 2014; Tait et al., 2015). Reconstructing and reorganizing the parental schema brought these parents a new perspective on and expectations for their children. Most became less concerned with or influenced by the pressure to raise an elite child. Besides, parents' openness led them to be more appreciative of their children's abilities outside academic achievement, focusing instead on their kindness, conduct, determination, and filial piety (孝順). This shift in perception could buffer the effects of self-stigma and social stigma on raising children with disabilities in Chinese society.

The findings were also reminiscent of concepts encapsulated within the PERMA model (Seligman, 2011). One concept within the PERMA model was positive emotion, which was evident in various themes in the current study. In the Connectedness theme, parents spoke about the positive contributions of others to their positive emotions. In the *self-care* theme, parents found ways to destress and show themselves compassion. In the *a better me*, the gratitude sub-theme, parents spoke about feeling grateful for what they had and resisting focusing on what was missing, leading to greater satisfaction with their children and their life. Similarly, Timmons et al. (2017) found that mothers of ASD children who proactively embraced thankfulness and gratitude experienced enhanced child-parent relationships and appreciation of their children. This is in keeping with literature that demonstrates an association between positive emotions in parenting and parental fulfillment, gratitude, and pride (Nelson et al., 2014; Rafferty et al., 2020). Positive emotion also enhances adaptive coping (Lai et al., 2015), helping parents to accept difficulties or limitations in their ASD children's social functioning, communication (G. Lee, 2009; Ling et al., 2010; Rao & Beidel, 2009) learning (L. Lee et al., 2007) and behavior (Lecavalier et al., 2006; C. Huang et al., 2013). Positive emotion, therefore, plays a significant role in mitigating parental stress.

A second relevant PERMA concept was meaning (Seligman, 2011). The notion of meaning was significant to these parents and was reflected in the *a better me* theme. Parents saw meaning in the distress and difficulties they had encountered in the parenting journey with their children with ASD. The meaning of these experiences lay in accepting suffering, growing stronger as people, developing greater empathy, and helping others. Wang et al. (2007) found that recognizing meaning and purpose in life reduces stress and suicidal behavior. Although parents spoke about the importance of meaning, and there was the sense that this contributed to their overall happiness, quantitative research would be required to support a clear or causal link.

This study has provided novel insights into the experiences and meaning of happiness among parents of children with ASD in Hong Kong. The small sample and qualitative design mean that the findings may not be generalizable to other parents. Additional quantitative research with larger samples could be conducted to investigate possible links which emerged. For example, there seemed to be differences between male and female participants in preferences for and impact on the happiness of sharing outside the family and for spending time with spouse. For the male participants, the couple's intimacy was an invaluable source of happiness, but female participants rarely mentioned their partner's importance to them and the family. Numerous quantitative studies (Higgins et al., 2005; Hoseinnejad et al., 2020) have found that couples with ASD children have lower levels of marital happiness and relationship satisfaction compared with control group couples. The importance of couple satisfaction as a predictor of family functioning (Gau et al., 2012; Greenlee et al., 2022; Pedro et al., 2015) and quality of life (Benson, 2014; Brisini & Solomon, 2020) is well established. Johnson and Piercy's (2017) qualitative study specifically explored the couple intimacy experiences of parents with ASD children and led to the development of a new process model of how couples raising children with ASD negotiate intimacy. This model highlighted the cognitive and relational shifts couples had to make in negotiating couple intimacy. These shifts included changing expectations, consenting to find moments for intimacy, making conscious efforts towards intimacy, and sharing childcare to facilitate Me and couple time. Relationship intimacy mitigated stress and enhanced family functioning. Recent studies on fathers' perspectives in ASD families consistently report a lack of couple intimacy-related and 'me time,' as well as fathers taking on the traditional breadwinner role and taking less of a parenting role (e.g., Cook et al., 2005; Lewington et al., 2021; Lien et al., 2021; Rafferty et al., 2020). Similarly, in our Self-Care theme, parents described having very limited time for themselves, giving up previous hobbies, or feeling guilty about personal interests, and in the Connectedness theme, some parents had not maintained their earlier close friendships. Future research on gender differences associated with marital satisfaction, couple intimacy, and happiness in Hong Kong families with ASD children would help develop our understanding of psychological well-being within this group.

The research also has implications. Because of the apparent relevance of the PERMA model to parenting experiences within this participant group, the model could be considered an educational tool to support parents in focusing on or developing skills and attitudes to boost their well-being. Its impact on well-being could be measured using, for example, the Satisfaction with Life Scale (Diener et al., 1985) or the General Health Questionnaire (Goldberg et al., 1997). These findings could be helpful to researchers and policymakers in developing welfare policy and social support for these vulnerable families and parents.

This is the first study to capture the happiness experiences of Chinese ethnic parents of children with ASD in Hong Kong. It adds to the small existing body of knowledge and research in the area and highlights the relevance of existing theoretical frameworks, such as the PERMA model (Seligman, 2011), PTG, and crisis-related growth (Calhoun & Tedeschi, 2004; Waizard-Bartov et al., 2018) in parents of ASD children. Current interventions to support children within the local health system (Yi et al., 2020) could be accompanied by parental support and education, helping parents to enhance their psychological well-being, and through family-related counseling based on theoretical concepts from the PERMA model and PTG ideas. This could fill the current policy and support gap and address the unmet psychological support needs for this minority group.

## Acknowledgments

We would like to thank all the study participants for sharing their experiences so honestly and openly with us. We would also like to express our appreciation to all faculty members and classmates from the MSc Psychology course at Sheffield Hallam University and City University of Hong Kong, SCOPE, whose company and support we have greatly enjoyed and valued.

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*Manuscript received October 7, 2022*  
*Final revision received December 25, 2022*  
*Accepted February 8, 2023*