

## Common Personality Characteristics and Life Experiences of Mothers with Autistic Children

*Haoyu Hu, Lin Shi and Zhe Hu*

Department of Psychology, Beijing Normal University, China

**Abstract:** The study collected materials from seven mothers with autistic children by semi-structured interview. By using grounded theory approach to analyze interview transcription data, through three level coding, we found six common areas of personality and life experiences: 1. Lack of close family and social relation; 2. High working ability; 3. Poor prenatal physical and mental state; 4. High demand for control and approval; 5. Low fertility intention and parenting desire; 6. Negative coping. The failure to establish a secure parent-child relationship in their early childhood is supposed to be a fundamental factor. Meanwhile, by investigation of the influence of behavior pattern of mothers on that of kids, we found that a conciliatory behavior pattern and positive change from mothers can facilitate autistic kids to gain peaceful behavior. The study offers reference to the intervention to autistic kids and appeals to all sectors of society to care more about mothers of autistic kids and provide more social support for this group.

**Key words:** Autism • Parent-Children Relationship • Personality • Qualitative Research

### INTRODUCTION

Autism, also known as Autism spectrum disorder (ASD), which was first described by the American child psychiatrist Dr. Kanner in 1943, refers to a spectrum of neurodevelopmental disorders characterized by impaired social interaction and communication, fixated interests and repetitive behaviors [1]. The earliest behavioral signs of ASD emerge between 1 and 2 years of age and significant clinical features usually manifest before ages 5 while the severity and symptoms varies greatly [2].

As a complex and currently untreatable disorder, the incidence of autism has increased in recent years. The statistical results of the United States Centers for Disease Control and Prevention (CDC) in 2010 showed that for every 68 eight-year-old children in the United States, there was one child with autism and the prevalence of male children, which was about 1/42, was 4-5 times that of female [3]. In the statistic report three years later in 2013, the prevalence of autism has risen a lot. It shows that among minors from age 6 to 17, one in every 50 children has autism [4]. Although China has not done a specific investigation into autism so far, in 2012, the research report of China Philanthropy Research Institute (CPRI) forecasted that the number of autistic people in China is

about 1.64 million, that is to say, every 1 in 166 children has autism. Meanwhile, A Survey of the China Disabled Persons' Federation (CDPF) showed that among the causes of disabled children in China, autism has topped the list. In 2014, related data released from the United Nations (UN) showed that the global prevalence of autism has reached 1 in 150 [5]. In all, as a pervasive disorder which often result in reliance on others, autism has already become a global public health problem, with the increasing incidence of autism, it will continually bring great economic and spiritual burden to families and societies.

Much progress was made in understanding the development of autism, though the cause of autism actually remains not quite clear. During the 1940s to 1960s, the understanding of the causes of autism focused on parenting style of mothers, Kanner [6] and other scholars proposed the theory of "Refrigerator parents", taking a psychoanalytic perspective, suggesting that the cold, unloving mothers were the cause of childhood autism [7, 8]. However, later the theory has drawn much criticism and skepticism, for there is little evidence can prove that autism is caused by deviant parenting practices and it has brought many side effects to society, such as the bias and blaming of mothers with autism [9].

Research findings in the 1960s and 1970s came to indicate that autism is a biologically based neurodevelopmental disorder and genetic factors played an important role in etiology [10-14]. For example, by combining data from twin studies with the incidence of autism, Rutter [14] suggested that the heritability of autistic symptoms and similar behavioral traits is up to 90%. At present, it was generally supposed that genetic factors and environmental factors (including the physical environment and psychological environment) and the interaction between them play important roles in the development of autism [15, 16].

As to the treatment of autism, there is no effective method yet to cure the disease [3] however, many types of treatment and intervention was developed to improve the symptoms of autism, such as applied behavior analysis (ABA), sensory integration therapy, play therapy. Those interventions mainly focused on children's behavior modification, while few study draw much attention to their parents to improve conditions of autism.

In September 2015, in a research interview aimed at investigating the curative effect of Wang Fengyi's Xingli therapy, a Chinese indigenous healing method, we came into contact with Wang Hui, a mother of an autistic child and heard her story. Wang Hui used to be a professional woman with high social status, excellent material conditions and strong individual ability. After her child was diagnosed with autism, she started to systematically study and practice Chinese traditional culture and Wang Fengyi Thought and to take effort to adjust her personality, temperament, mental conditions and behavior patterns to correspond with Tao, the laws of nature and ethics. She has changed a lot in disposition, mind and behavior, in the meantime she resigned from the original work and run up a Traditional Chinese kindergarten named Cihui private school, while her autistic son did not accept any systematical intervention therapy or behavior modification, the symptoms have improved obviously. Her story has aroused our strong curiosity and interest to explore the maternal factors which might be related to the development and treatment of autism.

According to Wang Fengyi thought, the personality, temperament, mental state and physical condition of a mother, especially during the period of pregnancy, have essential influences to their kids' personality, temperament, mental state and physical condition; even after the birth of children, the inner connection between mothers and kids is still very strong and the change of mothers can evoke respondent change in their children [17]. Some previous study indeed found certain link

between mother's conditions and the risk of having autistic child. As to the prenatal status, giving birth in an older age, having prenatal complications and foetal exposure to some teratogens will increase the risk of development of autism [11, 18-20]. As to the psychological state, Gau *et al.* [21] conducted a controlled study comparing 151 families of children with autism and 113 families of ordinary children in Taiwan and revealed that families (Mothers in particular) of children with autism have more psychological problems. As to the personality, Baron-Cohen [12] suggested that parents with hyper-systemizing behaviors such as repetitive, rigid, order-oriented, rules-based behaviors are more likely to have autistic child. Besides, some researchers applied questionnaires, such as the Big Five Personality Inventory, to compare the personality characteristics of parents of children with autism with those of parents of ordinary children, for example, Sun *et al.* [22] found that the parents of children with autism show more emotional instability and neuroticism and Xiao *et al.* [23] found that parents of children with autism have significantly lower scores in terms of agreeableness, conscientiousness and extraversion than parents of ordinary children and scores on neuroticism are significantly higher than those of normal children. However, these quantitative researches can only get a general outline about the personality traits of autistic parents. Besides, raising a child with severe disabilities has tremendous pressure and suffering for parents, therefore, it is possible that they will develop emotional instability and nervousness after giving birth to a child with autism. The qualitative research can allow us to gain a more comprehensive understanding, from detailed and informative narratives, about what personality traits and other possible aspects in mothers of children with autism might have affected the development of autism and give some insight to the intervention of autistic children through working on the parents.

**Research Issues:** From the previous review of the literature, it can be seen that most of the studies on autism have focused on the children themselves while their parents have been studied less. And among the small number of studies on the characteristics of autistic parents, the focus is mainly put on the current personalities of parents with autistic children, while lacking of dynamic investigation of their parents' personality and experience before the birth of their autistic children. The intervention for autism is also mainly focused on the behavior correction of the child and lack of intervention for their parents. This study hopes to lay

a foundation for the psychological intervention of parents of children with autism by exploring the personality and life experience of autistic mothers and to contribute to the prevention of autism.

Combined with existing literature and research results, this study aims to examine the following issues:

- Is there any commonality in the mothers of autistic children?
- If so, what are these commonalities?
- What is the relationship between these commonalities and how does it relate to the development of autism?

## MATERIALS AND METHODS

Considering the large heterogeneity of the family with autistic children and the exploratory nature of this study, qualitative research methods were used in this study. Qualitative data can give us a more detailed picture to understand the personality characteristics of parents.

**Preliminary Study:** We did a preliminary study with parents of autistic children who did not participate in formal study and their surrounding people before the formal study, so as to design a formal interview outline. Open questions were mainly adopted in preliminary study and no word about personality description and behavioral pattern would be mentioned. Questions in the preliminary interview outline included self-assessment from parents of autistic children and evaluations from others who are familiar with the parents of autistic children. Two teachers in Yuanqi Home of Special Needs participated in the preliminary interview and described the mothers of autistic children they are familiar with. They took the initiative to mention that basically all parents of autistic children they knew were alike in their characters and they used expressions such as “Somewhat a little aggressive”, “Strong control desire” etc. to describe. According to the content in preliminary study, researchers adjusted the interview plan.

### Formal Study

**Participants:** By cooperation with Yuanqi Home of Special Needs (A Waldorf Special School) in Changping, Beijing, we issued recruitment notice offline to invite mothers who have autistic children for our interview. Here were the recruitment criteria: Child has diagnosed with ASD; it has been above 1 year since the diagnosis; the interviewee herself has language skills and can

communicate normally in mandarin. After the interview, we would organize related group counseling and training for participants for free. No more samples would be accepted after data saturation. Finally, 7 mothers with an age distribution of  $38 \pm 4.47$  were involved in the study. Information of interviewees is shown in Table 1.

**Data Collection:** Semi-structured interview was adopted in the study and open-ended questions were used to communicate with participants, to learn the experience of having autistic children and the personality characteristics of interviewee themselves. No expression for personality description would be mentioned proactively. If the interviewee did not mention related words during the interview, the researcher will indirectly ask the interviewee how she went with friends and her ideal career. If the interviewee took the initiative to mention her personality as, for example, aggressive or competitive, the researcher would ask further: “Will you request your kids the same as you request yourself in the process of getting along with your child? If he does not reach your expectation, how will you do?”

Interview outline was used as a procedural tip and guidance to determine the interview direction. In actual interview, it would be appropriately adjusted according to actual situation. The interviewer took not hurting the participants as the primary principle and consciously maintained value neutrality, openness, acceptance and to be a good listener with empathy in the process of interview. Meanwhile, the researcher always kept a good attitude to learn related theories to deeply understand and know the study objects.

Before the interview, the researcher will tell the interviewee the topic of the study and all interviewees have the right to quit at any time in the interview. An *Interview Consent* was signed. After getting the approval of interviewees, the interview started and there would be recording to collect information. Each time the interview lasts for 30 to 100 minutes.

After the interview finishes, the researcher will summarize, revise and adjust interview strategy according to the content in this interview and record matters needing attention. Since the first several interviewers have great similarities in their emotion tendency during and after pregnancy, in later interview the emotion tendency of interviewees in and after pregnancy was regarded as one of topics in the interview. If interviewees do not mention it, they will be asked “How did you feel when you were pregnant? Then how about after giving birth?”

Table 1: Information list of interviewees

Number	Age	Marriage age	Child-bearing age	Degree of Education	Present Career	Past Career	Length of diagnosis	Marital status
01	48	27	28	Bachelor	Civil servants	Civil servants	18 years	Divorced
02	35	24	24	Bachelor	Psychological consultant	Foreign trade work	7 years	Married
03	35	29	32	College	Full-time mother	Interior design	1 year	Married
04	35	27	29	Bachelor	Full-time mother	Copyright trade	5 years	Married
05	35	28	30	Master	Full-time mother	Enterprise personnel	2 years	Married
06	38	30	34	Bachelor	Full-time mother	public relations	1 year	Married
07	40	30	34	Bachelor	Special-education teacher	Civil servants	6 years	Married

**Data Analysis:** All recording materials of the interview was converted to text information and formed the original material with a total of 67,035 words, 9,577 words per person.

Qualitative analysis of materials was gained by referring to the qualitative study method and operating procedure [24]. Firstly, to conduct the first level coding, i.e. open coding for original materials. Try best to eliminate the interruption of researcher's presupposition of the study result on encoding process, then conduct content splitting and concept extraction of original materials and further classify the extracted information by concepts. Secondly, to associate the concept extracted in the first step, i.e. relational coding, to find and establish the category relations between concepts among the concepts extracted in the first step and combining situational comprehension, to conduct category analysis of concepts and classify materials. Thirdly, to conduct core coding. To find the core and dominant category in concept categories in previous analysis and summarize the classification to form the third step coding result. In the coding process, the researcher shall always follow the principle of combination of situation and categorization analysis, give priority to research materials

and depend on existing theoretical and practice foundation to keep reflecting and improving in analysis.

## RESULTS

After transcribing and proofreading the sound recording file in interview, texts related to parents' personalities, parents' experience and children's disease was extracted. The researcher mainly focused on what kind of personalities parents of autistic children have before and after pregnancy, what kind of universalities they have in their life experience, the interaction between mothers and the autistic children and the cognitive and coping ways for ASD. To conduct open coding for all related texts and keep summarizing and eliminating concepts that do not much relate to the study topic, then there gets 29 first level codes. To analyze and classify the relation of the first level coding with the study object, then there get 13 second level codes. Finally, 6 third level codes are refined to get core universalities, i.e. lack of close family and social relation, high working ability, poor prenatal physical and mental state, high demand for control and approval, low fertility intention and parenting desire and negative coping. Table 2 to 7 list the content of 6 third level codes and related second and first level codes and some text description examples.

Table 2: Codes of Common Personalities and Experience of Mothers of Autistic Children (1)

Third level coding	Second level coding	First level coding	Examples of text description
Lack of close family and social relation	Estrangement from original family	Separation from parents in early childhood (3)	"When I was 1 year old, my brother was 2 years younger. He happened to be born in a year with the strictest family planning policy. My parents had no energy to take care of me, so they had to send me to my grandma's. So I was separated from my parents when being young" (06).
		Stringent demand from parents (2)	"It's mainly due to the blow from my parents. They always blamed me on not being excellent enough" (02); "They kept making requests on me" (02).
		Absence of role of mother (3)	"Mother is playing lots of roles, esp. after kids enter into puberty etc. But my mum does not act like a mum" (06).
	Lack of close friends	Introversion (2)	"I'm introverted and cannot play well with many people. Generally, I prefer to focus on my own work, but not sociable" (04).
		Difficulty in handling close relationship (3)	"I feel there's something wrong when I handle close relation. I lack a sense of security" (01).

Note: the number in the bracket of the second level coding refers to mentioned frequency. The number in the bracket of the third level coding refers to the number of participants. Same in the table below.

Table 3: Coding of Common Personalities and Experience of Mothers of Autistic Children (2)

Third level coding	Second level coding	First level coding	Examples of text description
High working ability	Smooth work	Taking charge independently in work (2)	<i>"At that time, I could almost take charge independently" (02); "work goes relatively smooth" (05).</i>
		Fast promotion (1)	<i>"Salary increase and then promotion" (05).</i>
	Leaders' attention	Trust by leader (2)	<i>"The leader took me to the new organization together when he transferred" (01); "I gain the appreciation from the leader" (01).</i>
	Assuming social responsibility initiative	Activity organizer (2)	<i>"I wrote a letter to municipal party secretary with joint signature of 14 parents. It's submitted by a secretary-general I know" (01).</i>

Table 4: Coding of Common Personalities and Experience of Mothers of Autistic Children (3)

Third level coding	Second level coding	First level coding	Examples of text description
Poor prenatal physical and mental state	Poor physical condition	Having miscarriage experience (3)	<i>"Even after getting married, I gave up my first baby. At that time I did not realize that the baby was a life that I should protect" (01); "I lost the first two kids due to I was playful" (07).</i>
		Unpleasant antenatal care (2)	<i>"One of the antenatal care was Down's syndrome screening. At that time it was found to be with high risk" (02).</i>
	Negative psychological state	Unharmonious relation with husband (3)	<i>"At that time I had a bad relation with my husband. We were quarrelling every day" (01); "I felt I always complained to my husband. But even in such a case he still could not earn much money" (03);</i>
		In low spirits (5)	<i>"I was in low spirit from being found pregnant to giving birth" (01); "I was not in a good mental state and usually in depression" (05).</i>
		Much work stress (3)	<i>"There was still a lot of work pressure during my pregnancy" (05); "Party A requested to modify the plan every day, even one or two months before I gave birth to the baby" (03).</i>

Table 5: Coding of Common Personalities and Experience of Mothers of Autistic Children (4)

Third level coding	Second level coding	First level coding	Examples of text description
High demand for control and approval	High control	Impatience and anxious (3)	<i>"The doctor says that there's something wrong with me rather than me. He said I have anxiety" (02); "I am very impatient" (03).</i>
		Dominated (2)	<i>"He totally listens to me and I decide everything in my family" (03).</i>
		Stringent requirement (4)	<i>"I take care of him in details. But sometimes I demand too much that I want everything to be good in each detail" (02); "I cannot bear any setback" (03); "Humans always need recognition" (06).</i>
	Self-abasement	Low self-esteem (3)	<i>"I don't gain much sense of worth, or in another words, I feel a little self-abased inside" (02); "I find myself good for nothing. I am living my life with deep inferiority" (06).</i>
		Arrogance (1)	<i>"I start to look down upon my parents. I told them that their several decades' efforts even could not compete with the achievement I made at 30" (07); "Relatively speaking, both of us are self-proud and a little arrogant. My husband is quite a senior leader in the school and looks down upon those little people" (07).</i>

Table 6: Coding of Common Personalities and Experience of Mothers of Autistic Children (5)

Third level coding	Second level coding	First level coding	Examples of text description
Low fertility intention and parenting desire	Excluding kids	Don't want kids (1)	<i>"When I was found pregnant, I terribly exclude this kid. We two wanted to go to hospital to give it up, but kept it finally" (05).</i>
		Don't like kids (3)	<i>"I cannot find the kid lovely" (01), "I keep blaming on the kid" (05), "I don't like kid, or why I have the kid so late?" (06).</i>
	Denying kids	Don't recognize kids (5)	<i>"Later I find I never accept the kid" (05); "As to me, my kid is like that, I feel meaningless to be a mother." (06).</i>
		No desire and fun to take care of kids (5)	<i>"I cannot find any fun in taking care of the kid" (01); "I basically find no fun from taking care of kids" (02).</i>

Table 7: Coding of Common Personalities and Experience of Mothers of Autistic Children (6)

Third level coding	Second level coding	First level coding	Examples of text description
Negative coping	Negative treatment	Separation with kids in early stage (3)	<i>"It's hard for me to take care of him when he was about 4 or 5. Then I sent him to his grandparents" (01); "we separated for 1 month when he was one and a half years old" (02).</i>
		Negative mood (5)	<i>"At that time I endured too much, but I still often cried" (01); "Later I felt so painful that I even had no private space because of him" (02); "My mental state is not very good, I felt rather depressed" (05).</i>
		Avoidance (3)	<i>"After my husband goes outside to work, I cannot see him. Then I hope he hurries to come back to rescue me from taking care of kids" (03); "I love him very much, but I will not hurry home after work" (06).</i>
	Harsh treatment	Violence against kids (3)	<i>"The more he cries, the more I want to hit him" (03); "I blame on him in a bad temper. Sometimes I even give him a pinch" (05);</i>
		Forcing kids (3)	<i>"I'm not sure what he wants, so I impose my standard on him" (02); "I asked him not to cry anymore and there's one time I put something in his mouth to make him shut up" (02); "I remember clearly that on that day I kept forcing him to speak" (06);</i>
		Imposing definite requirement on kids (2)	<i>"I think at all events my kid shall go to study in a normal school" (01); "I hope him to be like what I want" (03).</i>

## DISCUSSION

By analyzing the findings of the common life experiences and personality traits of the mothers with autistic children, we tried to outline the relationship between these commonalities and their connection with autism.

An important clinical feature of autism is the deficits of social interaction and communication and we could find some kind of consistent connection with the mother's lacking of close family and social relation. Firstly, mothers of autistic kids do not keep an intimate relationship with the family of origin. It seems that they failed to establish a safe parent-child relation/attachment in their childhood. Most interviewees have experience of long-time separation from their parents in childhood. And parents' stringent requirements on interviewees (Some interviewees even used the word "Abnormal" to describe their fathers' request) make them fail to feel the close relation from families. Meanwhile the interviewee thinks that her mother does not play the role of mother well, so that she fails to learn how to play the role of women well from her mother. The interviewee said that she grew up with the high requirement from their parents on school work and casual treatment in daily life. So before pregnancy, they held "It's ok as long as the kid is born" and meanwhile "Don't know how to be a mother", thinking that kids can grow up naturally as long as they provide economic and financial support. Secondly, mothers of autistic children generally lack close social relation. Though they take up different occupations, they act excellent and can take charge of tasks independently.

Due to their strong working ability, they get their boss' appreciation but not good at social contact. In their own circle of friends, because of self-abasement and introversion in personality or egotistical, they get accustomed to lack of close social relationships. Some interviewees even expressed that "Not sure what's intimacy. Never have experience of close friends or private words". Thirdly, mothers of autistic kids failed to build a sound emotional connection with kids since pregnancy. There are almost half of mothers in the interviewees who once had pregnancy experience but failed to have kids because of various causes. Besides, these mothers expressed that they did not love kids before babies were born. Some even don't expect to raise kids after having them. Instead, they just feel "It's ok as long as they are born" and "After giving birth to the baby, I will be free". Before kids were diagnosed with autism, some of them were taken care by grandparents. Even these mothers who take care of kids in person cannot feel the joy of raising kids.

Among those manifestations, the failure to establish a safe parent-child attachment relationship in their childhood might be a more critical and fundamental factor. This is consistent with the findings of many studies. Study shows that if there's no safe parent-kid attachment in childhood, esp. alienation from the mother, after growing up they will get depressed and vulnerable personalities such as being sensitive and aggressive, closed and defensive, self-absorptive and concessive etc. [25]. There is intergenerational transmission of maternal and infant attachment; the mother's own attachment pattern is one of the important factors that affect maternal

and infant attachment [26]. Lots of studies showed that lack of maternal love in the early stage will damage kids' development of social competence, recognition and language. Even when they grow to be adults, they often show some tendencies or features such as personality disorder, interpersonal relation damage, crime and weak sense of role of parents and poor ability [27]. Therefore, mothers' own safe parent-kid attachment is of great importance to the physical and psychological health and the lifetime happiness of the rearing children.

The physical and mental state of a mother has an important influence on children, as the study shown that the negative psychological state of the mother, especially during pregnancy, is a risk factor for the development of autism. Among interviewees in this study, some mothers felt depressed because of a strained relationship with their husbands, some complain about their husbands due to economic pressure; some feel grieved due to too much work pressure; some feel anxious because of feeling under the weather; some blame on kids for their unwanted birth; and some feel worried because of failure to keep their kids. These mothers feel depressed and restless during pregnancy because of various causes. Though two mothers among the interviewees did not mention the negative emotions in pregnancy, they both reported a low desire for giving birth and rarely have a good feeling for expectation for the upcoming birth of kids and to be a new mom. They are more struggling in their own living environment and waiting for the coming of kids with grievances.

Parents of autistic kids usually impose relatively stringent requirements on themselves and others. The stringent requirements also reflect some kind of rigidity, which might have some subtle connection with another important feature of autism, the repetitive and stereotyped behavior. The stringent requirements along with the anxiety and impatience in personalities make them used to exert relatively high standards on kids after they become mothers, thus, they tend to use negative ways more often to get along with kids in early stage. They tend to give a feedback rudely when kids are weak in understanding and learning and even impatiently scold or beat kids. When contacting with the outside world, mothers do not accept and recognize kids. Instead, they put themselves and kids in a low position. And they tend to show some negative response such as crying, expression and escape etc. in front of kids' symptom and bad external reaction. Even after kids are diagnosed with autism, mothers still tell kids "You must go to the ordinary school", "I'll not hug you

if you don't acquire it well", "I force him to speak". If failing to do as mothers want, kids usually display extreme behaviors, such as "Pulling his own hair", "Crying" etc., or even "Saying it unconsciously and saying nothing when under pressure" etc. When facing kids diagnosed with autism, mothers used to negatively position themselves and kids, such as "Taking kids to stand at the foot of walls" and "Feeling humble" etc. When compared with peers, kids show relatively slow growth and low functional state, parents used to treat kids with crude approaches, such as "Beating him", "Pinching him" and "scolding him with no patience" etc. Usually under this high requirement and rude treatment, kids get an intense reaction, such as "Kicking mom", "Beating mom" and "Pull mom's hair" etc.

However, during the interview with these parents, researcher also found that when they described the process of getting along with children, their different treatment to sick kids aroused different responses from kids. Some mothers may make some changes in copying style after relatively long time contact with kids. Others learned Chinese traditional thought and culture including Wang Fengyi Thought when they felt helpless and confused during the relatively long period of diagnosis of their kids. They adjusted their cognition and generated some new orientation like "Kid is a great resource I have", "I should thank the kid for he/she helps me". And they also are able to convert to a relatively positive and gentle behavior pattern such as "I shall give him enough time", "I shall allow kids to go to special schools", "I will not tit for tat. Instead, it's better to use a roundabout way" and "I will not beat him anymore". Correspondingly, after parents change their behavior pattern, kids also have an obvious change, esp. the good change like "Act of violence apparently become less", "Being quiet and obedient" and "Being happy to join in campus activities" etc.

The researcher also finds that it's the inner positive resources that facilitate the change of mothers of autistic children. Their emotion recognition converted from the initial negative tendency such as "The sky is falling and everything is lost", "How could I be so unfortunate" etc. to "Kids are my great resources" and "I can also help other parents when necessary". And the access to positive resources comes from social support and self-growth, such as by means of "Joining in the group guidance for parents of special kids", "Learning Buddhist doctrine and studies of Chinese ancient civilization", "gaining help from Wang Fengyi thought" and "being enlightened as time goes on" etc.

In the later period of the study, we invited Miss Wang Yuanwu, the communicator of Fengyi thought and Mr. Ye Feng, a teacher of Chinese traditional civilization, to conduct 3 lectures and sharing activities for parents of autistic kids in Home of Special Needs. During the 3 activities, some parents who did not attend the interview shared their experiences. Though there was no structures question, in their narration (Detailed information is not to be shared due to no informed consent is signed), the researcher could feel their negative emotions caused by various trifles during pregnancy, their helpless for their own family of origin and guilt for their kids due to the bad manner of treatment. In these activities, not only the study result is verified by the information they shared, but also we can learn the recognition of parent-kid relation theory in Chinese traditional culture. And parents showed that they'd like to change themselves first to facilitate kids' change.

In a word, it is very helpful for the mother of autistic children to achieve self-growth through mobilizing their inner positive resources and changing the negative parts of their own personality and coping styles and the positive change of the mothers can benefit the improvement of symptoms of their autistic children.

## **CONCLUSIONS AND IMPLICATIONS**

This research explores the life experience and personalities of parents of autistic kids and finds that there's a great universality in their behavior and recognition tendency.

Due to the influence of family of origin and growth environment, parents of autistic kids cannot fully recognize the role of being a mother, so that they cannot make a good psychological preparation before giving birth to a baby. And then because of their own personalities and factors in family and work, they failed to build a good connection with kids after kids were just born. Then in the later getting on with kids, their own personalities and behavior habit etc. exerted a negative influence on kids. But more social support and group guidance can drive self-growth of parents and endow them with more positive resources. Positive resources can help these parents to generate more positive recognition and form more mitigating behavior pattern to positively affect the behavior pattern of sick kids.

Therefore, psychological counseling for parents of autistic kids can be added in interventions for autistic kids and the relation with family of origin can be taken as a

problem to solve in the consultation. Related organizations and agents can organize lectures to interpret the importance of the role of mother to women of the right age and conduct related activities to popularize parenting knowledge. But as to whether these practical activities can reduce the morbidity of autism or not, it deserves to be expected. Meanwhile, related organizations can organize the sharing and communication activities for parents of autistic kids and group guidance etc., to provide emotional support and channels for pressure release and for them to gain more positive resources to help them and kids to make a better change.

However, the study also has some deficiencies. For example, the number of participants is relatively small and there might be deviation in sample selection. The recruited mothers of autistic kids in the study were all active parents with good psychological status and most of them are outsiders in Beijing, so they have a good working ability and can provide a relatively good environment for children rehabilitation. In another word, it deserves further discussion if parents of autistic kids on a larger scale have universalities as mothers in this study. For example, we can conduct quantitate study of patents of autistic kids in terms of personality and life experience etc. to get more data to make the study result more reliable and persuasive. As an exploratory study, we hope this will stimulate further work that can give us an even clearer picture of the relationship between autism and related parental factors.

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