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The Mother–Child Relationship in the Context of Autism Spectrum Disorder

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Abstract: This study examines the mother–child relationship in the context of Autism Spectrum Disorder (ASD), with a particular focus on the specific characteristics of single-parent families and on the mechanisms underlying parental burnout and systemic adaptation processes. The approach is both theoretical and applied, integrating the systemic perspective, the stress–coping model, and the family resilience framework, and is supported by evidence from the specialized literature as well as by an illustrative case study. The findings indicate that, in single-parent families—especially those headed by mothers—vulnerability to parental stress is heightened due to the concentration of responsibilities and the absence of conjugal support. At the same time, the presence of protective factors—such as social support, psychological intervention, and access to specialized services—can facilitate adaptive processes oriented toward resilience. The study proposes an integrative conceptual model that explains family adaptive trajectories in the context of ASD.

Keywords: family functioning; maternal stress; coping strategies; psychosocial support; adaptive processes; vulnerability and resilience

JEL Classification: I12; J13; I31

1. Introduction

The mother–child relationship represents one of the fundamental cores of psychological development. In the context of Autism Spectrum Disorder (ASD), this relationship acquires additional complexity, shaped by the child’s specific developmental characteristics and the increased demands associated with care and intervention. Difficulties in social communication, behavioral rigidity, and the need for ongoing therapeutic support reshape family dynamics, positioning the parent—and particularly the mother—in an expanded role that extends beyond traditional parental functions (American Psychiatric Association, 2022).

Research consistently indicates that parents of children with ASD experience elevated levels of parental stress, driven both by the continuous demands of caregiving and by uncertainty regarding the child’s developmental trajectory (Hayes & Watson, 2013; Bonis, 2016). Within this framework, the family can

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be understood as a system engaged in a continuous process of adaptation, in which equilibrium remains fragile and contingent upon available resources. This dynamic is further intensified in single-parent families, where responsibilities are concentrated on one caregiver. In the absence of a partner, the mother simultaneously assumes the roles of primary emotional support, coordinator of therapeutic interventions, and mediator of the child's interaction with the social environment.

Under these conditions, the mother–child relationship may become increasingly enmeshed, with potential manifestations such as overprotection, difficulties in setting boundaries, and heightened separation anxiety. Although secure attachment remains essential, maintaining a functional balance between emotional closeness and the child's autonomy becomes a significant challenge.

Despite these challenges, several protective factors may support adaptive processes, including participation in parental support groups, access to individual psychological counseling, support from grandparents or extended family members, engagement in community-based networks, effective collaboration with professionals, and the presence of spiritual beliefs or personal value systems that provide meaning to the caregiving experience.

A single-mother family raising a child with ASD represents a system exposed to multiple and overlapping pressures—emotional, economic, institutional, and social. In the absence of adequate support, the risk of parental burnout, depression, and social isolation increases significantly. At the same time, many mothers develop remarkable adaptive competencies, becoming central agents in the child's recovery and social inclusion. Consequently, psychological interventions and public policies must pay particular attention to this family category, providing targeted, flexible, and continuous support.

2. Parental Burnout in Single-Mother Families Raising a Child with Autism Spectrum Disorder

Parental burnout is a syndrome characterized by intense emotional exhaustion, affective distancing from the child, and a pervasive sense of parental inefficacy. In the context of single-mother families raising a child with ASD, the risk of burnout is significantly elevated.

Core dimensions of parental burnout include chronic emotional exhaustion, reflected in persistent fatigue with limited opportunities for recovery; a sustained sense of overload, driven by the continuous therapeutic and educational demands associated with the child's care; diminished parental satisfaction, as daily activities become dominated by interventions and behavioral management; and heightened feelings of guilt and self-criticism, whereby the mother may perceive her efforts as insufficient.

In the absence of a co-parent, the lack of role alternation and shared responsibility contributes to the cumulative buildup of stress. Consequently, parental burnout may lead to increased irritability, social withdrawal, depressive symptomatology, and disruptions in the mother–child relationship.

Preventive approaches include access to psychological counseling, respite care services (temporary caregiving support), involvement of the extended family network, and participation in support groups specifically designed for single mothers.

Comparison Between Single-Parent and Two-Parent Families in the Context of ASD

From a systemic perspective, family structure plays a critical role in shaping the distribution of responsibilities and the overall level of resilience. In two-parent families, caregiving and decision-making responsibilities can be shared, allowing for greater flexibility and emotional buffering. In contrast, single-parent families—particularly those headed by mothers—often face increased

vulnerability due to role overload, reduced support, and heightened exposure to chronic stressors.

Two-Parent Family

Challenges:	<i>Conflicts related to therapeutic strategies Risk of withdrawal of one of the parents</i>
Potential Advantages:	<i>Distribution of responsibilities Reciprocal emotional support Greater capacity for role balancing Increased financial stability (in general)</i>

Single-Mother Family

Advantages	<i>Exclusive caregiving responsibility Increased financial strain Lack of spousal/partner support Elevated risk of exhaustion (parental burnout)</i>
Challenges	<i>Decision-making coherence (presence of a single decision-maker) A deep and close mother–child relationship Development of extended parental competencies</i>

Research indicates that parental stress levels tend to be higher in single-parent families; however, adaptive outcomes depend more on the availability of resources than on family structure itself. Key determinants include social support, access to services, occupational flexibility, and the quality of the parent–child relationship.

Illustrative Case Study

Family Context: Maria (38 years old) is a single, divorced mother of a 6-year-old child diagnosed with Autism Spectrum Disorder, requiring Level 2 support. The father is not actively involved in the child's upbringing.

Initial Situation: The child presents with significant difficulties in verbal communication, engages in repetitive behaviors, and exhibits emotional outbursts in social contexts. Frequent absences from kindergarten have been reported due to challenges in adaptation.

Maria works part-time in order to accommodate her child's therapeutic schedule, which includes Applied Behavior Analysis (ABA) therapy (20 hours per week), speech therapy, and sensory integration interventions.

The main difficulties identified include physical and emotional exhaustion, anxiety regarding the child's future, financial strain, social isolation, and a lack of personal time.

Intervention: The intervention plan included individual psychological counseling for the mother, participation in a parental support group, access to social benefits, close collaboration with the educator and therapist, and the introduction of respite care services.

Outcomes After 8 Months: Following the intervention, several positive changes were observed: a reduction in maternal anxiety, improvements in the child's communication abilities, partial reintegration into social activities, and an increased sense of parental competence.

Systemic Interpretation: This case highlights the critical role of external support in preventing parental burnout and strengthening family resilience. Although single-parent family structures involve specific vulnerabilities, appropriate and timely intervention can transform the family environment into a stable and functional system.

3. An Integrative Conceptual Model of Family Adaptation in Single-Mother Families in The Context of Autism Spectrum Disorder

In order to synthesize the dimensions analyzed above—family typology, family functions, stages of diagnostic acceptance, the impact on family subsystems, and the specific characteristics of single-mother families—we propose an integrative conceptual model that explains systemic family adaptation in the context of ASD.

The model is grounded in several complementary theoretical frameworks, including the systemic perspective, which emphasizes the balance and interdependence of family subsystems; the stress–coping model, which accounts for individual and relational responses to chronic stressors; the family resilience framework, which highlights the capacity for adaptation and recovery under conditions of adversity; and the dynamics of role organization within single-mother family structures.

Model Structure

The model can be conceptualized across four interdependent levels:

1. Triggering Event

The diagnosis of Autism Spectrum Disorder (ASD) acts as a critical life event that generates emotional disequilibrium and initiates systemic reorganization within the family.

Primary stressors (risk factors) include parental exhaustion, financial pressure, social isolation, institutional bureaucracy, lack of partner support, and the child’s challenging behaviors.

2. Stressor Level

At this level, the cumulative impact of stressors influences both individual functioning and family dynamics. The persistence and intensity of these stressors may compromise emotional regulation, reduce coping capacity, and destabilize the balance between family subsystems.

Comparative Dimensions of Family Functioning in the Context of ASD

Dimension	Two-Parent Family	Single-Mother Family
<i>Emotional stress</i>	Distributed between parents	Concentrated on the mother
<i>Financial pressure</i>	Potentially shared	Often borne entirely by the mother
<i>Management of challenging behaviors</i>	Alternation of responsibilities possible	Continuous exposure
<i>Institutional navigation</i>	Shared involvement	Sole responsibility

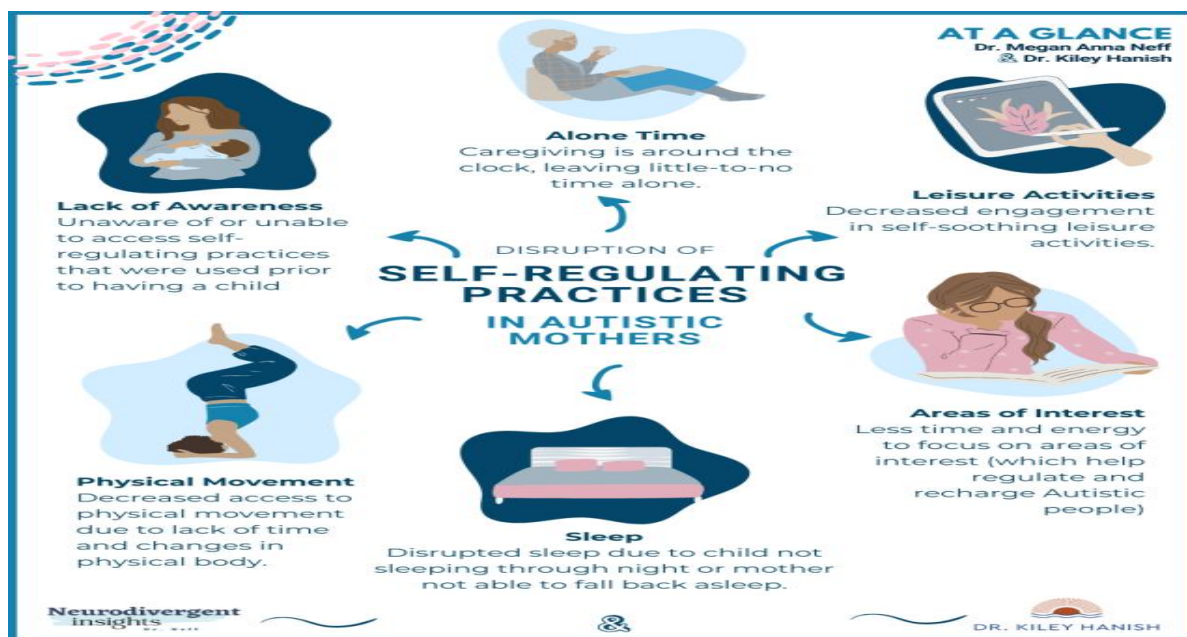


Figure 1. These factors determine the initial level of vulnerability

Mediating Factors (Coping and Resources)

At this level, adaptive processes are shaped by a set of mediating factors related to coping strategies and available resources. These include support from the extended family, access to psychological counseling, participation in support groups, availability of appropriate educational services, personal belief systems and meaning-making processes, as well as the mother's cognitive and emotional flexibility.

This level is essential in determining the family's adaptive trajectory, as it influences the capacity to regulate stress, mobilize resources, and maintain functional balance within the family system.

4. Systemic Outcomes

At this level, the family's adaptive trajectory becomes visible, reflecting the dynamic interplay between stressors and available resources.

In the absence of adequate resources, a negative trajectory may emerge, characterized by parental burnout, social isolation, deterioration of the mother-child relationship, and stagnation in the child's development.

Conversely, in the presence of supportive resources, a positive trajectory can be observed, marked by enhanced family resilience, strengthening of parental competence, progress in the child's development, and gradual social integration.

Schematic Representation (Theoretical Model)

The model can be conceptually represented as follows:

ASD Diagnosis

↓

Emotional and Systemic Disequilibrium

↓

Stressors (financial, emotional, social)

↓

Coping and Resources (support, counseling, services)

↘

Systemic Reorganization

↓

Outcomes: Burnout ↔ Resilience

Specific Features of Single-Mother Families

In single-mother families, the model reveals a distinct pattern of functioning. The level of stressors tends to be more concentrated, while the absence of a conjugal subsystem limits the distribution of responsibilities. Consequently, resilience depends to a large extent on the availability and accessibility of external support networks.

Therefore, the model emphasizes that it is not the single-parent family structure per se that determines maladaptive outcomes, but rather the lack of compensatory resources.

Schematic Representation of the Dual Adaptive Model**ASD Diagnosis**

↓

Increased Systemic Demands

↓

<u>Two-Parent Family</u>	<u>Single-Mother Family</u>
Distribution of responsibilities	Concentration of responsibilities
Conjugal support	Individual self-regulation
Risk of conjugal conflict	Risk of maternal burnout

↓

Mediating Factors (internal and external resources)

↓

Adaptive Trajectory: Dysfunction ↔ Resilience

Schematic representation of the dual adaptive model in families raising a child with Autism Spectrum Disorder. The model illustrates how the ASD diagnosis increases systemic demands, differentiating adaptive processes in two-parent and single-mother family structures. While two-parent families benefit from shared responsibilities and conjugal support, they may also face relational conflict, whereas single-mother families experience a concentration of responsibilities, requiring increased individual regulation and presenting a higher risk of maternal burnout. Mediating factors, including internal and external resources, shape the adaptive trajectory, which may range from dysfunction to resilience.

5. Theoretical Interpretation

The proposed model highlights several key aspects. Two-parent families benefit from a structural advantage, particularly in terms of shared responsibilities and emotional support; however, they may remain vulnerable to conjugal conflict. In contrast, single-mother families present a structural vulnerability, yet they can develop strong compensatory mechanisms that support adaptation.

Across both family structures, the determining factor is the level of social and institutional support available to the family. Importantly, resilience is achievable in both contexts, depending on the capacity to mobilize internal and external resources.

From a systemic perspective, optimal adaptation requires the maintenance of functional boundaries, a balanced relationship between parental involvement and the child's autonomy, access to external resources, and adequate psychological support.

6. Conclusions

In the context of disability, family functions are not diminished but rather transformed. The family becomes simultaneously a space for caregiving, therapeutic intervention, emotional support, and social protection. Adaptive capacity depends on both internal resources—such as cohesion, flexibility, and communication—and external resources, including social support, access to specialized services, and public policies. In the absence of these factors, the risk of chronic stress and parental burnout increases significantly.

Within an integrative framework, psychological intervention should support not only the child's development but also the systemic balance of the family, by valuing parental competencies and strengthening resilience. The diversity of family typologies in Romania reflects a complex and dynamic social reality; however, across all configurations, the family remains the fundamental context for child development.

In families raising children with intellectual disabilities or Autism Spectrum Disorder, systemic adaptation becomes essential. Emotional resources, marital cohesion, community support, and access to specialized services significantly influence overall family well-being.

The child's disability exerts a complex impact on both the conjugal relationship and the sibling subsystem. While it may constitute a major source of stress, it can also foster relational growth, depending on the family's internal and external resources. Maintaining conjugal cohesion and safeguarding the emotional development of siblings represent essential conditions for systemic balance. In the absence of appropriate intervention, the risk of conflict, social isolation, and relational imbalance increases.

Acceptance of the diagnosis represents a complex psychological process, comparable to symbolic grief. The progression through stages such as shock, denial, anger, bargaining, sadness, and integration facilitates the reorganization of parental identity and the strengthening of family resilience. Adequate professional support, scientifically validated information, and community resources play a decisive role in fostering healthy adaptation.

Family adaptation to disability is not a uniform process but one shaped by cognitive appraisal, internal and external resources, and the relational structure of the family system. Understanding these explanatory models enables the development of evidence-based psychological interventions aimed not only at reducing stress but also at enhancing resilience and maintaining systemic balance.

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