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Autistic Motherhood:

The Experience of Raising a Non-Autistic Adolescent Daughter

A dissertation submitted in partial satisfaction of the  
requirements for the degree Doctor of Philosophy  
in Education

by

Natalie Renee Libster

2023

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## ABSTRACT OF THE DISSERTATION

Autistic Motherhood:

The Experience of Raising a Non-Autistic Adolescent Daughter

by

Natalie Renee Libster

Doctor of Philosophy in Education

University of California, Los Angeles, 2023

Professor Connie L. Kasari, Chair

Little is known about the parenting experiences of autistic mothers, yet there is reason to believe that autistic mothers of non-autistic daughters have a unique set of experiences, especially during their daughters' adolescence. Mother-daughter relationships are considered to be the closest of all parent-child relationships – however, the nature of parent-child interactions change during adolescence as children seek autonomy from their parents. Furthermore, differences in communication between autistic mothers and their non-autistic adolescent daughters, as proposed by the double-empathy theory of autism, may influence their relationships. The current study aimed to understand the parenting experiences of autistic mothers who have raised or are currently raising non-autistic adolescent daughters. Seven autistic mothers of adolescent (n=5) and adult (n=2) non-autistic daughters participated in semi-structured interviews. Mothers were asked about the strengths and challenges of parenting an adolescent daughter, as well as ways

that they communicated with their daughters and guided their social development. An Interpretative Phenomenological Analysis (IPA) approach was implemented when analyzing the data to identify themes related to the lived experiences of autistic mothers. Four superordinate themes were identified: 1) Closeness in relationships, 2) Parenting strengths, 3) Identifying own social challenges, and 4) Building daughters' social skills. These themes reflected feelings of affection, understanding, and support that characterized mother-daughter relationships (Theme 1) as well as the parenting strengths that mothers described (Theme 2). Mothers reported difficulties in understanding social dynamics (Theme 3) and expressed concerns about their daughters' social development – however, they were proactive in ensuring that their daughters had opportunities for positive social interactions (Theme 4). This research therefore highlights the strengths of autistic mothers and the loving relationships they have with their daughters. Mothers in the current study also revealed specific challenges, such as interacting with other parents who often ignored or excluded them. Therefore, the current study further emphasizes the need for greater societal awareness, acceptance, and inclusion of the autistic community.

The dissertation of Natalie Renee Libster is approved.

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2023

*To the mothers who participated in this study. Thank you for allowing me the privilege of sharing your stories.*

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Libster, N., Knox, A., Engin, S., Geschwind, D., Parish-Morris, J., & Kasari, C. (2022). Personal victimization experiences of autistic and non-autistic children. *Molecular Autism, 13*(1), 1-11.

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## Introduction

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition marked by challenges in social interaction and communication, difficulties with peer relationships, and restricted, repetitive behaviors, interests, and activities (Maenner et al., 2021; American Psychiatric Association, 2013). Research on autistic adults is minimal, and even fewer studies have focused on parenthood in this population (Pohl et al., 2020). Women are especially underrepresented among research on autistic adults, which is expected given the male-to-female sex ratio of autism being 4:1 (Maenner et al., 2021). Although few studies have explored the lived experiences of autistic mothers, prior research has found that autistic mothers demonstrate numerous parenting strengths, such as their love and dedication to their children and their prioritization of their children's needs (Dugdale et al., 2021; Pohl et al., 2020). Autistic mothers also report experiencing specific parenting challenges, such as providing opportunities for their children to socialize (Winnard et al., 2021; Pohl et al., 2020).

There is reason to believe that autistic mothers may have unique relationships with their non-autistic daughters, especially during their daughters' adolescence. Mother-daughter relationships have been shown to be the closest and strongest among all parent-child relationships (Harrigan & Miller-Ott, 2013; Miller-Day et al., 2014; Penington, 2004). However, the frequency and content of parent-child interactions change during adolescence as children seek autonomy from their parents (Branje et al., 2012). Based on the double-empathy theory of autism, which suggests that both non-autistic and autistic individuals have equal difficulty in understanding and empathizing with one another (Milton, 2012), differences in communication between autistic mothers and their non-autistic daughters may influence their relationships during adolescence. Autistic mothers may also experience challenges in scaffolding their

adolescent daughters' growing social competence (de Waal, 1993). The current study aimed to understand the parenting experiences of autistic mothers who have raised or are currently raising non-autistic adolescent daughters.

### **Parent-Child Communication During Adolescence**

Three types of communication have been examined in parent-adolescent relationships: closeness, disclosure, and conflict (Branje et al., 2012). The following section will discuss these three types of communication and their occurrence in mother-daughter relationships.

**Closeness.** Closeness refers to the extent to which two individuals are emotionally connected in terms of affection, intimacy, support, and trust (Branje et al., 2012; Laursen & Collins, 2009). As children enter adolescence, they begin to experience hormonal changes that result in a desire to seek autonomy from their parents (Blos, 1979; Branje, 2018). Parent-child closeness decreases moderately from early adolescence to middle adolescence, but then increases in late adolescence (Laursen et al., 2010; Piquart & Silbereisen, 2002). Mothers and children who have closer relationships prior to early adolescence experience lesser declines in closeness from early to middle adolescence (Laursen et al., 2010). This decrease in closeness does not indicate the complete absence of closeness (Piquart & Silbereisen, 2002) – both adolescents and their parents generally report warm, supportive interactions with few incidents of conflict (Collins, 1995; Collins & Repinski, 2001). However, displays of closeness change throughout development (Collins & Laursen, 2000). While closeness in earlier parent-child relationships is displayed through physical affection and interdependence, closeness in parent-adolescent relationships is displayed through shared conversations and time spent together (Hartup & Laursen, 1991). Overall, adolescents spend more time with their mothers than their fathers and report feeling closer to them (Miller & Lane, 1991). Mothers tend to report higher

levels of warmth and affection than do adolescents (Silverberg & Steinberg, 1990), but parent and adolescent perspectives of relationship quality begin to align over time (Collins & Laursen, 2004).

Mother-daughter relationships have been shown to be the closest and strongest among all parent-child relationships (Harrigan & Miller-Ott, 2013; Miller-Day et al., 2014; Penington, 2004). Since mothers and daughters tend to prioritize their relationships with others, and since mothers tend to be the primary caregiver, mother-daughter relationships are especially close (Bengtson & Harootyan, 1994; Harrigan & Miller-Ott, 2013; Lawton et al., 1994). However, as daughters enter adolescence, they strive to form an identity that is different from their mothers' (Smith et al., 1995a). According to Flax (1978), daughters aim to establish "a firm sense of differentiation from the mother, of possessing one's own physical and mental boundaries" (p. 172). This aim for separation was demonstrated in an interview conducted by La Sorsa and Fodor (1990) where an adolescent daughter expressed her desire to attend a large university, despite her mother's wishes for her to attend a small college like she did: "The school I want is huge... I don't know if I want to go there just to be different or because I want to go there" (p. 604).

Studies have further found that adolescent daughters want both autonomy as well as nurturance from their mothers (Flax, 1978; La Sorsa & Fodor, 1990). Adolescent daughters particularly seek approval and validation from their mothers (Kenemore & Spira, 1996). In a qualitative study by de Waal (1993), adolescent girls believed that disappointing their mothers was more threatening to their relationships than conflict. Daughters felt worse when their mothers said, "We're not angry, but we are disappointed" (p. 40), than when their mothers became angry. One girl stated, "I really care about what my mum thinks. I hate disappointing

her, that makes me feel terrible” (p. 40). Maternal emotional support is associated with closeness and intimacy in mother-daughter relationships (Harrigan & Miller-Ott, 2013; Schwartz et al., 2005). While daughters establish their own identities during adolescence, they do so while maintaining relationships with their mothers (Smith et al., 1995a; Smith et al., 1998). Overall, the majority of mother-daughter relationships are characterized by warmth and companionship throughout the lifespan (Smith et al., 1995a).

**Disclosure.** Closeness in parent-child relationships has been shown to influence adolescent disclosure. Adolescents who have warm, supportive relationships with their parents are more likely to voluntarily disclose information (Branje et al., 2012). Meanwhile, parents who use intrusive methods to control adolescent behavior are more likely to evoke secrecy from their children (Branje et al., 2012). A meta-analytic review by Liu et al. (2020) found that among strategies used to provide parents with knowledge about their adolescents, children’s disclosure was the strongest predictor of parental knowledge. The researchers further discovered that parental warmth and behavioral control explained nearly half the variance in children’s disclosure. This suggests that adolescent disclosure typically occurs in warm, supportive parent-child relationships where parents are motivated to stay informed.

Compared to fathers, mothers are often more involved in childrearing, place more value on parenting and adolescent disclosure, and are more knowledgeable about their children (Crouter & Head, 2002; Keijsers et al., 2010a). Fathers often turn to their spouses for information about their children (Crouter & Head, 2002; Keijsers et al., 2010b; Smetana et al., 2006a). Mothers are more likely than fathers to accept their adolescents’ ideas and opinions, and adolescents are more likely to disclose information to their mothers than their fathers – though sons discuss certain topics more openly with their fathers (Keijsers et al., 2010a; Smetana et al.,

2006b; Noller & Bagi, 1985). Adolescent daughters also disclose more information to their parents compared to sons (Kerr & Stattin, 2000; Stattin & Kerr, 2000), and secrecy among adolescent daughters has been shown to be related to poorer parent-child relationship quality (Keijsers et al., 2010b). De Waal (1993) found that adolescent girls primarily spoke with their fathers about “business” topics, such as progress at school and plans for the future. Meanwhile, they spoke with their mothers about personal topics, including problems with friends, romantic relationships, and insecurities.

**Conflict.** As adolescents begin to seek autonomy from their parents, they adopt different views of parental authority – adolescents begin to view certain issues as personal matters outside of parents’ control, whereas parents continue to see these issues as being under their authority (Laursen & Collins, 2009; Smetana, 2000). This renegotiation of authority ultimately leads to conflict (Branje, 2018; Laursen & Collins, 2009). A moderate amount of parental conflict is a normal component of adolescent development and does not negatively affect the quality of parent-adolescent relationships (Van Doorn et al., 2009). However, high levels of conflict are associated with adolescent maladjustment (Branje et al., 2009, 2012). Conflict between adolescents and their parents was once thought to increase in early adolescence, peak in middle adolescence, and then decrease. Meta-analytic methods have revealed that, in fact, the frequency of parent-child conflict decreases across adolescence. The anger associated with parent-child conflict, however, increases from early to middle adolescence, and then remains relatively stable (Laursen et al., 1998). The incidence of conflict therefore decreases as negative affect increases, creating the perception of heightened familial conflict (Laursen & Collins, 2009).

The topics of parent-adolescent conflict tend to remain the same across adolescence, but the conflict management strategies that adolescents and their parents use tend to change.



Throughout adolescence, children become less likely to submit to parental objections and more likely to disengage during conflict. They are more likely to resolve conflict through compromise during late adolescence (Laursen & Collins, 2009; Smetana et al., 2003). A study by Van Doorn et al. (2011) found that adolescents demonstrated an increase in positive problem solving (seeking compromise) in conflicts with their mothers from early to middle adolescence. Their use of conflict engagement (responding emotionally, aggressively, or defensively) increased at first and then decreased around middle adolescence. The use of conflict engagement by both mothers and fathers also decreased as their children entered middle adolescence. Conflict management strategies are further associated with the quality of parent-adolescent relationships. Compared to adolescents who have dismissive-avoidant attachments with their parents, those with secure attachments report fewer conflicts overall, are more likely to resolve conflict through compromise, and are less likely to disengage during conflict (Ducharme et al., 2002; Laursen & Collins, 2009).

Several studies have found that mother-daughter relationships experience greater conflict and negative affect compared to other parent-child relationships (Branje et al., 2012; Laursen & Collins, 1994, 2009). However, mothers are more likely than fathers to engage in compromise during conflict, and daughters are less likely than sons to disengage (Smetana et al., 2003; Vuchinich, 1987). Despite heightened conflict between mothers and their adolescent daughters, these relationships are still closer than other parent-adolescent relationships (Harrigan & Miller-Ott, 201; Miller-Day et al., 2014; Penington, 2004). Since mothers and adolescent daughters spend more time together and communicate more frequently, this may lead to greater closeness as well as higher conflict (Harrigan & Miller-Ott, 2013). The ability of mothers and daughters to be both close and autonomous allows them to experience heightened conflict without threatening

the relationship (Smith et al., 1998).

During adolescence, mother-daughter communication may differ among non-autistic mothers versus autistic mothers. This can be explained by the double-empathy theory of autism, which suggests that both non-autistic and autistic individuals have equal difficulty in understanding and empathizing with one another. Autistic individuals experience empathy, but their expressions of empathy differ from those of non-autistic individuals. These differences in empathy result from the varying ways that autistic and non-autistic individuals understand and experience the world (Milton, 2012). Differences in empathy may further affect the social understanding and dynamics of autistic mothers, which will be discussed in the following section.

### **Maternal Social Competence and Child Outcomes**

**Social Competence of Non-Autistic Mothers.** Several studies have explored how the social competence of non-autistic mothers influences their children's social development. The children of mothers who emphasize the importance of social skills and who demonstrate more adaptive social skills have been shown to be more socially competent, have greater acceptance by classroom peers, and have more playmates in their social networks (Prinstein & La Greca, 1999; Rubin et al., 1989). The children of mothers with larger social networks have also been shown to have more playmates in their social networks (Homel et al., 1987; Prinstein & La Greca, 1999) and to have more adaptive social skills (Homel et al., 1987). Finally, maternal, but not paternal, social anxiety is associated with social anxiety in children (Bogels et al., 2001).

As adolescent girls seek more autonomy, their mothers begin to scaffold their developing social competence. Rather than directly instructing their daughters what to do in social situations, mothers guide their daughters' growing independence by encouraging them to internalize social

norms and make their own decisions. One way mothers achieve this is by telling stories about other people and using approving and disapproving tones to indicate acceptable and unacceptable behaviors (de Waal, 1993). Another way mothers achieve this is by telling their daughters about how they behaved in certain situations when they were teenagers (de Waal, 1993). In a study by de Waal (1993), one adolescent daughter reported, “My mother tells me a story about when she was young and what she thought then... and then I think: ‘So that’s what she wants, that’s what she thinks is best’” (p. 39).

**Social Competence of Autistic Mothers.** Based on the discussed findings, which demonstrate a relationship between non-autistic mother and child social competence, there is reason to believe that the social difficulties of autistic mothers may impact their children’s social development. In a qualitative study by Winnard et al. (2021), an autistic mother found interacting with other parents particularly difficult: “The school thing was a nightmare because that made me make contact with other parents, which I had to avoid like the plague because I didn’t want to get, because I never, because you are totally unscripted” (p. 5). Another autistic mother in Winnard et al.’s study noticed how her reluctance to engage in social interactions may have impacted her children’s social skills: “...they didn’t really play with their friends that much outside of school. But then I suppose, whether they could pick up on the fact that I didn’t want to do it I don’t know” (p. 6).

Autistic women often have smaller social networks than non-autistic women (Sedgewick et al., 2019a; 2019b), tend to have greater difficulty with social communication skills (Baldwin & Costley, 2016; Kanfischer et al., 2017; Milner et al., 2019), and are more likely to experience social anxiety (Tyson & Cruess, 2012). The children of autistic mothers may therefore be more likely than those of non-autistic mothers to have smaller social networks (Homel et al., 1987;

Prinstein & La Greca, 1999), less adaptive social skills (Prinstein & La Greca, 1999; Rubin et al., 1989), and greater social anxiety (Bogels et al., 2001). Furthermore, autistic mothers may experience greater difficulty scaffolding their non-autistic daughters' growing social competence during adolescence (de Waal, 1993). The following section will further describe the social and parenting experiences of autistic mothers.

### **Autism in Women**

**The Female Autism Phenotype.** On average, autistic females receive a diagnosis at a later age compared to males (Begeer et al., 2013; Kirkovski et al., 2013; Rutherford et al., 2016). Findings have also revealed that females are more likely than males to receive a diagnosis as adults, suggesting that autism in females often remains undetected and undiagnosed during childhood but becomes more apparent in adulthood (Happé et al., 2016). Since many diagnostic assessments were originally tested with autistic male participants (Kreiser & White, 2014), autistic females often need to exhibit behaviors that meet traditional diagnostic criteria to receive a diagnosis (Schuck et al., 2019). Underdiagnosis in females may be explained by their presentation of autistic behaviors, which tends to differ from that of autistic males. This female autism phenotype is suggested to be a behavioral expression of autism that is qualitatively different from that of males (Hull et al., 2020). For example, autistic girls demonstrate higher levels of social motivation than autistic boys, increasing their opportunities for group acceptance. Observational studies of autistic children in middle childhood reveal that autistic girls tend to stay in close proximity to their peers during free play, optimizing their social opportunities, whereas autistic boys tend to play alone away from peers (Dean et al., 2014). The social motivation of autistic girls is further reflected in their use of language. Autistic girls in middle childhood and adolescence are more likely than autistic boys to talk about social groups in

conversations (Song et al., 2021) and to refer to friends during semi-structured interviews (Cola et al., 2022).

Autistic females are also more likely than males to conceal or “mask” their autistic behaviors to fit in with their non-autistic peers (Hull et al., 2017a; Hull et al., 2017b; Hull et al., 2020; Lai et al., 2011). Examples of masking include forced attempts to make eye contact, giving scripted responses to questions, imitating the gestures and facial expressions of others, and suppressing the desire to talk about a restricted interest (Green et al., 2019; Hull et al., 2020). While masking increases opportunities for social success and acceptance (Dean et al., 2014; 2017; Sedgewick et al., 2019b), autistic individuals who use masking behaviors report higher rates of stress and anxiety compared to those who do not use these behaviors (Cage & Troxell-Whitman, 2019; Hull et al., 2017a). Autistic women report that masking is physically and emotionally exhausting, and they often need to spend time alone to not become overwhelmed (Bargiela et al., 2016; Hull et al., 2020; Milner et al., 2019). In a qualitative study conducted by Milner et al. (2019), an autistic woman explained, “It’s kind of like a duck on water you know it’s calm on the surface but sort of paddling really hard underneath” (p. 2396). In addition, autistic women report that masking causes them to struggle with their own sense of identity (Bargiela et al., 2016; Green et al., 2019; Hull et al., 2020).

**Social Relationships of Autistic Women.** Friendship satisfaction and stability among autistic women have been shown to increase with age (Sedgewick et al., 2019a). During adolescence, both autistic and neurotypical girls emphasize the importance of shared conversations and emotional support in friendships. Autistic and neurotypical girls report having stronger best-friendships than autistic and neurotypical boys during adolescence, though neurotypical girls report their best-friendships to be stronger than those of autistic girls

(Sedgewick et al., 2019b). Autistic girls also experience more conflict in their friendships than neurotypical girls and greater difficulty handling this conflict (Sedgewick et al., 2019b).

Furthermore, while autistic and neurotypical adolescent girls both report having a small number of close friends, neurotypical girls are more likely to also have a wider group of acquaintances (Sedgewick et al., 2019b).

According to autistic women, difficulties with social interactions often impact their friendships (Baldwin & Costley, 2016; Kanfiszter et al., 2017; Milner et al., 2019; Sedgewick et al., 2019a). An autistic woman in a study by Baldwin and Costley (2016) explained, “I was unable to understand the inane ‘rules’ of teenage girls which meant I was continually saying/doing the wrong thing” (p. 490). Autistic women continue to report difficulties with social interactions during adulthood, including challenges with initiating conversations, understanding humor, and recognizing whether they are saying something rude or offensive (Kanfiszter et al., 2017; Milner et al., 2019). Autistic women have also reported that the fear of “getting it wrong” (p. 119) often made them anxious in social settings, causing them to limit the amount of time they spent with friends (Sedgewick et al., 2019a). As is seen in adolescence, autistic women tend to have a small number of close friends and not a wider group of acquaintances (Sedgewick et al., 2019a; 2019b). Autistic women also have greater difficulty than neurotypical women in managing conflict within friendships, though both autistic and neurotypical women experience this conflict (Sedgewick et al., 2019a).

Despite these challenges, autistic women report being satisfied with their friendships and value the emotional support and mutual understanding that their friends provide (Baldwin and Costley, 2016; Sedgewick et al., 2019a). Autistic women’s perceptions of friendships have also been shown to develop with age. In a study by Sedgewick et al. (2019a), an autistic woman

stated, “Now I actually have an understanding of what I’d like out of friendship” (p. 118). A study by Crompton et al. (2020) further found that autistic adults often feel more comfortable spending time with friends who are also autistic. Autistic adults report being better able to understand the communication patterns of their autistic friends, making interactions with them more comfortable. Autistic adults also report that they can be their authentic selves around their autistic friends, and that their autistic friends understand and accept them for who they are. One participant from the study explained, “We can talk and laugh and challenge ideas and be philosophical, or we can sit together and draw and be silent. We simply allow each other to be and accept everything that we are” (p. 1444). This aligns with the double-empathy theory of autism, as previously discussed (Milton, 2012). Communication difficulties between autistic and non-autistic adults seem to stem from mutual differences in empathy and understanding, rather than communication deficits demonstrated by autistic individuals (Crompton et al., 2020; Milton, 2012).

**Motherhood.** Since autistic women are more likely than autistic men to receive a diagnosis during adulthood (Happé et al. 2016) and autism is genetically based (Hallmayer et al., 2011; Sarris, 2014), many mothers of autistic children may be autistic but remain undiagnosed, or they may not receive a diagnosis until their child does (Pohl et al., 2020; Zener, 2019). Several studies have explored the parenting experiences of autistic adults (Crane et al., 2021; Hwang & Heslop, 2023; Lau & Peterson, 2011; Lau et al., 2016; Murphy, 2020), but only a few known studies have specifically focused on motherhood (Dugdale et al., 2021; Pohl et al., 2020; Winnard et al., 2021). Prior studies on autistic motherhood have further focused on the relationships between autistic mothers and their autistic children (Dugdale et al., 2020; Pohl et al., 2020).

A study by Pohl et al. (2020) found that among mothers of autistic children, autistic mothers felt as confident as non-autistic mothers in prioritizing their children's needs and building their children's self-confidence. However, autistic mothers were more likely than non-autistic mothers to have difficulty with the multi-tasking and domestic responsibilities associated with parenting, and with creating opportunities for their children to socialize. Autistic mothers were also more likely to find motherhood to be isolating, to feel as if their parenting was being judged, and to feel unable to turn to others for support. Many autistic mothers were further reluctant to disclose their diagnosis to professionals out of fear that they would be treated differently. Yet despite these challenges, the majority of autistic mothers found motherhood to be a rewarding experience (Pohl et al., 2020).

In a study by Dugdale et al. (2021), autistic mothers of autistic children reported that their shared diagnosis created a connection or "special bond." One mother explained, "We're the same... I can usually figure out what they want or need when they can't always verbalize it and help them in ways that other family members can't" (p. 1977). Mothers also discussed how their ability to ensure routine and structure was beneficial for both them and their children. However, as Pohl et al. (2020) discovered, autistic mothers expressed difficulty with the demands of parenting and with socializing with other parents. They also reported feeling misunderstood, judged, or dismissed by professionals, and they feared disclosing their diagnosis due to stigma associated with autism. This created challenges when mothers sought support services for their autistic children (Dugdale et al., 2021).

Despite these challenges, Dugdale et al. (2021) found that autistic mothers reflected on the amount of love they had for their children. Mothers also noted how their children reciprocated their love and affection. One mother explained, "Well, they both come to me when



they're upset about something, they both take comfort from me and if we go into a new situation they like to be close to me and they use me as a safe base" (p. 1980). Autistic mothers also explained how becoming a parent led to self-growth and taught them how to overcome their difficulties to support their children's needs. One mother stated, "I'm not a very touchy-feely person, but... I had to get used to not minding... if my son [is] like climbing all over me... at first it got to me... but once I'd got used to it, you know, I just get on with it" (p. 1979). Autistic mothers routinely prioritized their children's needs and strove to become a better parent (Dugdale et al., 2021).

### **Research Significance**

Prior literature has demonstrated that autistic mothers have numerous strengths, such as prioritizing their children's needs and striving to become a better parent (Dugdale et al., 2021; Pohl et al., 2020). However, autistic mothers of non-autistic daughters may experience specific challenges as their daughters develop increased social competence during adolescence (Homel et al., 1987; Prinstein & La Greca, 1999; Winnard et al., 2021). Furthermore, differences in empathy and understanding between autistic mothers and their non-autistic daughters, as proposed by the double-empathy theory of autism (Milton, 2012), may affect communication in their relationships, which has been shown to be a predictor of relationship quality (Dolgin, 1996; Smetana et al., 2006b; Noller & Bagi, 1985). The current study therefore aimed to understand the parenting experiences of autistic mothers who have raised or are currently raising non-autistic adolescent daughters. The following research questions guided this overarching aim:

- 1) How do autistic mothers describe their strengths and challenges of raising an adolescent daughter?

- 2) How do autistic mothers describe communication with their non-autistic daughters during adolescence?
- 3) How have autistic mothers guided the social development of their non-autistic daughters during adolescence?

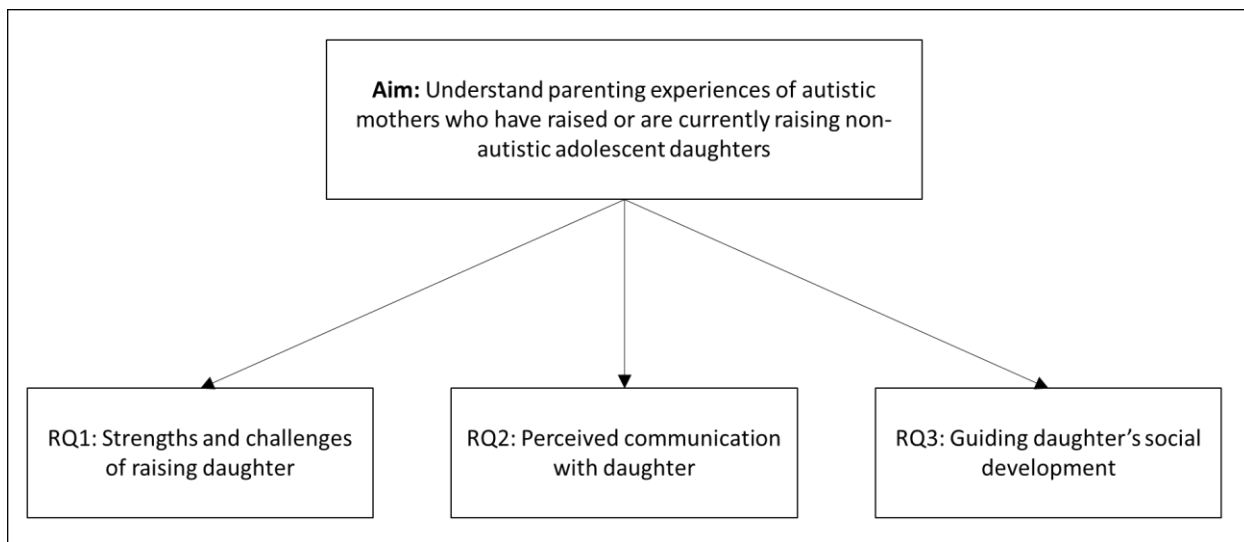
### **Theoretical and Methodological Approaches**

**Interpretative Phenomenological Analysis.** The current study used an Interpretative Phenomenological Analysis (IPA) approach (Smith et al., 2009). The purpose of IPA is to “investigate how individuals make sense of their experiences” (Pietkiewicz & Smith, 2014, p. 8). IPA draws upon three theoretical orientations: phenomenology, hermeneutics, and idiography (Pietkiewicz & Smith, 2014). Phenomenology, the philosophical study of “being” (Larkin & Thompson, 2012), focuses on how individuals perceive and describe their lived experiences. Phenomenologists specifically aim to identify the components of a given experience that make it unique (Pietkiewicz & Smith, 2014). Hermeneutics (from the Greek word “to interpret” or “to make clear”) emphasizes that phenomenology is also an interpretative process in which researchers aim to understand the meaning of an individual’s lived experience (Alase, 2017; Pietkiewicz & Smith, 2014). IPA researchers therefore try to understand an individual’s experience from their perspective (Pietkiewicz & Smith, 2014). Finally, idiography is the focus on the specific rather than the general (Smith et al., 1995b; Pietkiewicz & Smith, 2014). This means that IPA researchers conduct in-depth analyses of single cases, examining the unique experience of each individual participant. General statements are only made after each individual case is examined (Pietkiewicz & Smith, 2014).

IPA has been used successfully as a qualitative approach in prior studies examining the lived experiences of autistic individuals (Howard et al., 2019; MacLeod, 2019), and has also

specifically been used to explore the parenting experiences of autistic mothers (Dugdale et al., 2021; Winnard et al., 2021). This approach was therefore used to address the research questions of the current study. IPA requires research questions that focus on how a particular group of people makes sense of a particular experience (Larkin & Thompson, 2012). Figure 1 depicts how the presented research questions guided the aim of the current study, which was to identify themes related to the parenting experiences of autistic mothers who have raised or are currently raising non-autistic adolescent daughters.

Figure 1. Conceptual framework map highlighting the overarching aim and research questions of the current study.



**Community-Based Participatory Research.** As previously discussed, interpretation is an essential component of IPA. However, the researcher's explanation of the participants' lived experiences is shaped by their "bias, background, and position within the research topic and process" (Bush et al., 2019, p. 4). The IPA approach of the current study was therefore merged with a community-based participatory research (CBPR) approach. CBPR involves a partnership between academic researchers and community members in which both parties share equal power

and ownership throughout the research process (Israel et al., 2003; Nicolaidis et al., 2019). Since community partners have “expert knowledge about the community as well as their own experiences” (Bush et al., 2019, p. 2), their interpretation of the data is directly related to the phenomenon being investigated (Bush et al., 2019). The current study integrated CBPR practices through three implementation stages proposed by Jones and Wells (2007), which are referred to as the vision, valley, and victory. The vision is a shared view of the research significance, goals, and questions. The valley is the work required to meet the vision, including the implementation of the methods as well as the analysis and interpretation of the results. Finally, the victory is completing the study, celebrating success, and disseminating research findings (Jones et al., 2009).

The current study utilized the framework for CBPR approaches in autism research developed by Fletcher-Watson et al. (2019). This framework outlines five topics relevant to developing meaningful community partnerships. The first topic is respect, in which the voices of autistic partners are heard and valued throughout each stage of the research process. The second topic is authenticity, in which the feedback of autistic partners influences the study’s outcomes (their input is not simply tokenistic). The third topic is assumptions, in which deficit-focused approaches to autism research are challenged and replaced by difference-focused approaches. The fourth topic is infrastructure, in which non-autistic researchers address power imbalances by recognizing the autistic partners’ knowledge and expertise and by providing appropriate compensation. The final topic is empathy, in which non-autistic researchers and autistic partners address the double-empathy problem of autism (Milton, 2012) by engaging in open dialogue about each stage of the research process (Fletcher-Watson et al., 2019).

Two community partners served as co-investigators in the current study. One community

partner was an autistic mother of an adult non-autistic daughter, and one was an autistic mother of an adult autistic daughter. Both community partners had extensive knowledge and experience in academic research and collaborated as equal co-investigators during each stage of the research process (vision, valley, and victory; Jones & Wells, 2007). Together, the research team developed the study topic, research questions, and study protocol (vision). The team further discussed the implementation of the methods (valley) to ensure that these procedures accommodated the needs and prioritized the well-being of autistic mothers (Nicolaidis et al., 2019). Each step of the analytical approach (valley) was also discussed to ensure that the interpretation of the results appropriately reflected the lived experiences of autistic mothers. Finally, the research team collaboratively decided how to present the research findings (victory) to minimize harm and prioritize the goals of the autistic community (Nicolaidis et al., 2019). Community partners each received a \$100 Amazon gift card to thank them for their collaboration and will be included as co-authors in future publications of the current study.

## **Methods**

### **Sampling and Recruitment**

In alignment with IPA, participants in the current study were selected purposively (Alase, 2017; Pietkiewicz & Smith, 2014). IPA studies are conducted with relatively homogenous participants who can personally relate to the experience being investigated (Pietkiewicz & Smith, 2014). The small sample sizes of IPA studies further allow for descriptive case-study analyses (Alase, 2017). In the current study, participants were recruited through a flyer that was distributed by several organizations and online communities for autistic adults, including those specifically designed for autistic women and parents. The recruitment flyer was also posted and circulated across social media sites. Eligibility criteria to participate in the study included: 1)

Identifying as a mother with a formal or self-diagnosis of autism, 2) Having a daughter aged 10 or older who did not have a formal or self-diagnosis of autism, and 3) Having verbal fluency in English. To thank them for their participation, mothers were offered an Amazon gift card for \$50 USD or the equivalent in their preferred currency. Ethical approval for the current study was obtained by the UCLA Institutional Review Board (IRB).

### **Participants**

Seven autistic mothers between 40 and 64 years of age ( $M=50$ ,  $SD=7.59$ ) participated in the current study. All mothers were diagnosed or began identifying as autistic between the ages of 35 and 52 ( $M=40.67$ ,  $SD=5.34$ ). Mothers' education levels included high school graduate or equivalent ( $n=1$ ) and graduate degree (Master's or PhD;  $n=6$ ), and all mothers were employed, either full-time ( $n=3$ ), part-time ( $n=2$ ), or self-employed ( $n=2$ ). Mothers lived in the United States ( $n=4$ ), Canada ( $n=1$ ), and England ( $n=2$ ). All seven mothers were White, cisgender women, and the biological parents of their children. Furthermore, all mothers had experience raising an adolescent non-autistic daughter. Three mothers were married (two to their daughters' fathers), three were divorced or separated, and one had never been married. Of the five mothers who were not married or were separated from their daughters' fathers, three reported having co-parenting relationships and two were raising their daughters on their own. Two daughters were preadolescents (10-12 years of age), three were adolescents (13-18 years of age), and two were adults (19 and older). Daughters' ages ranged from 10 to 37 years ( $M=18$ ,  $SD=8.41$ ). Demographic characteristics of the participants' children are depicted in Table 1. All names are pseudonyms to protect mothers' confidentiality.

Table 1. Demographic characteristics of participants' children.

Participant Pseudonym	Daughter's Age Category	No. of children total	No. of autistic children	Children in household during daughter's adolescence
Sarah	Preadolescent	1	0	1 daughter
Joanne	Adolescent	3	2	2 daughters, 1 son
Rachel	Adolescent	3	1	1 daughter
Emma	Preadolescent	1	0	1 daughter
Nicole	Adolescent	1	0	1 daughter
Amy	Adult	2	1	2 daughters
Helen	Adult	2	1	1 daughter, 1 son

## Measures

*Semi-structured interview.* A semi-structured interview guide was developed in collaboration with community partners, who did not participate in the study, and was based on the study's aim and research questions. The development of the interview questions was further guided by prior studies that have used IPA approaches to explore the parenting experiences of autistic mothers (Dugdale et al., 2021; Winnard et al., 2021). The interview questions presented to mothers of preadolescent and adolescent daughters (under 19 years of age) and to mothers of adult daughters (19 and older) were framed slightly differently to reflect the ages of their daughters (see Appendix A and B), but the contents of the interviews were the same. The interview guide consisted of four sections – examples of questions in each section included:

1. Strengths and Challenges: *“What do you think your strengths are as a mother?” “What do you think are the most challenging things about being a parent to an adolescent?”*
2. Social Relationships: *“Do you think that being an autistic mother has impacted your daughter's social relationships?”*

3. Mother-Daughter Communication: *“What are some things that your daughter talks to you about?”*
4. Influences in Relationship: *“Do you have other children? If so, how does your relationship with your daughter differ from those of your other children?”*

As outlined by the IPA approach, the interviewer (NL) adapted the questions and utilized prompts when necessary to elicit detailed accounts of participants' lived experiences of raising an adolescent daughter (Dugdale et al., 2021). Interviews took place and were recorded on a secure video platform. Interviews lasted between 63 and 102 minutes and occurred over the course of six months.

*The Autism Quotient (AQ)*. Autistic behaviors in daughters were measured with the autism quotient (AQ), a 50-item questionnaire that examines the degree to which individuals identify with various traits associated with autism. Mothers completed the child version of the AQ (AQ-Child; Auyeung et al., 2008) if their daughters were under 12 years of age, and the adolescent version of the AQ (AQ-Adolescent; Baron-Cohen et al., 2006) if their daughters were between 12 and 15 years of age. Meanwhile, daughters completed the adult version of the AQ (AQ-Adult; Baron-Cohen et al., 2001) if they were 16 or older. Scores on the AQ-Adolescent and AQ-Adult range from 0-50 (Baron-Cohen et al., 2001; 2006), while scores on the AQ-Child range from 0-150 (Auyeung et al., 2008). For the purposes of this study, the AQ-Child was standardized to produce a score from 0-50.

Daughters' scores on the AQ ranged from 12 to 38 ( $M=23.86$ ,  $SD=8.84$ ), and none had a formal or self-diagnosis of autism. Baron-Cohen and colleagues (2001; 2006) found that 83.3% ( $n=25$ ) of autistic females and none of the non-autistic females in their sample scored a 32 or above on the AQ-Adolescent, while 92.3% ( $n=12$ ) of autistic females and 1% ( $n=1$ ) of non-



autistic females scored a 32 or above on the AQ-Adult. In the current study, two daughters scored a 32+ on the AQ. However, the AQ was designed to be a descriptive measure, not a diagnostic measure, of autistic behaviors (Ruzich et al., 2015), with higher scores indicating higher levels of autistic traits. Two daughters (one who scored a 32+ on the AQ) had received diagnostic evaluations for autism but did not meet criteria for a diagnosis.

### **Data Coding and Analysis**

The interviews were transcribed verbatim and anonymized. The transcripts were then analyzed in four stages according to the IPA approach (Pietkiewicz & Smith, 2014). In the first stage, I read the transcripts closely and used an open coding method to note any thoughts, ideas, and observations that occurred while reading the text (Biggerstaff & Thompson, 2008).

Descriptions of the concepts and language used in the transcripts were documented through detailed line-by-line annotations of the text. In the second stage, I reread each individual transcript and organized the annotations into preliminary themes (Biggerstaff & Thompson, 2008). Throughout the first two stages, I used a reflexivity journal to reflect on the influences of personal experiences and preconceptions on the analytic process (Biggerstaff & Thompson, 2008). In the third stage, community partners reviewed the preliminary themes, and the research team collaboratively identified conceptual similarities and overarching themes across the interviews. The research team also identified hierarchical relationships between overarching themes and created a conceptual map of superordinate themes and subthemes (Biggerstaff & Thompson, 2008). In the fourth and final stage, the research team reviewed the superordinate themes, subthemes, and the original transcripts to ensure that the final themes accurately reflected the raw data.

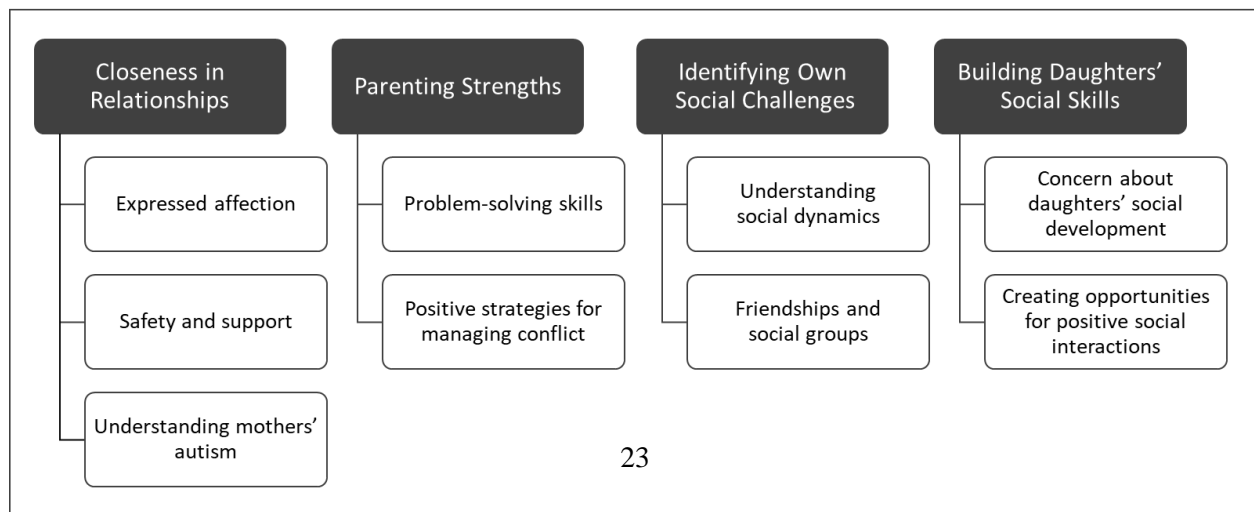
## Positionality Statement

Since research is never truly objective, it is important to reflect on how my positionality influenced my understanding and interpretation of the current study (Holmes, 2020). I am a White graduate student whose research focuses on the intersectionality of sex/gender and autism. My identity as a neurodivergent, cisgender woman motivated me to pursue this line of research and further allowed me to establish rapport with the study participants. However, since I am a non-autistic researcher and non-mother, it was essential for me to collaborate with autistic community partners who had experience raising adolescent daughters. My community partners and I collaboratively interpreted the findings and implications of the current study. We also engaged in discussions to reflect on personal experiences, preconceptions, and biases that may have influenced the analytic process.

## Results

Four superordinate themes were identified: *closeness in relationships*, *parenting strengths*, *identifying own social challenges*, and *building daughters' social skills*, each comprised of several subthemes (see Figure 1). Each theme is discussed in detail along with participant quotations that illustrate the themes.

Figure 1. Structure of themes and subthemes.



## **Theme 1 – Closeness in Relationships**

This superordinate theme reflects the love and affection that mothers felt towards their daughters and the safety and security that characterized their relationships. Mothers' disclosure of their autism to their daughters further brought them closer together.

*Expressed affection.* When talking about their daughters, several mothers expressed feelings of love and affection. Mothers described their daughters as “exuberant, funny, extremely silly, super bright, and so emotionally intelligent” (Sarah), “incredibly kind... and very, very thoughtful, smart, and determined,” (Rachel), and “a young, beautiful girl who is really quite larger than life in her personality” (Emma). Furthermore, mothers expressed that they “think she's brilliant and wonderful no matter what” (Joanne) and they felt “blessed and lucky that this human being was given to me, and every day I do my best to do right by her” (Sarah). These feelings of affection continued after daughters began living on their own:

“Sometimes when I phone her, the way that she can say, ‘Hi Mom,’ it just melts me. Like I know that there's my 6-year-old and me, cuddled under the blanket, reading a book at night.” (Rachel)

One mother also described how her daughter reciprocated these feelings of affection:

“She will also tell me what a wonderful mom I am and how much she loves me.” (Emma)

*Safety and Support.* The majority of mothers described how their relationships with their daughters were characterized by safety and support. Some mothers actively strove to create an emotionally safe home environment for their daughters. One mother, who had experienced domestic violence when living with her daughter's father and left the relationship, explained, “I knew I didn't want to bring up a child in that type of environment” (Emma). Other mothers had

experienced emotional abuse from their own mothers, and when discussing their daughters' upbringing, described how they "worked so hard to reroute it and do better" (Sarah) and wanted "to make sure my kids don't feel like they have to walk on eggshells around me, because I did around my mom" (Joanne). One mother specified the parenting strategy she used so that her daughter felt safe with her:

"A lot of it revolves around emotion, and just letting her feel the emotion she feels, and not trying to come in and rescue it... if I keep acting as though this is a problem that needs to be fixed right away, she's gonna internalize that she can't show me her emotions." (Joanne)

While mothers mentioned that their daughters often relied on their friends for support (Amy, Nicole), they also explained that daughters felt comfortable coming to them (Sarah) and would tell them "the important things" (Amy, Joanne). Daughters were also honest with their mothers about prohibited activities, such as sneaking out of the house (Rachel) and drinking alcohol (Emma, Helen). Mothers were grateful that their daughters felt they could rely on them in those situations:

"She went to somebody's house and there was a lot of booze there... she was a little uncomfortable, and she called me to pick her up in the middle of the night... so she knew that she could call me about anything." (Helen)

*Understanding mothers' autism.* Six mothers in the current study had received a formal diagnosis of autism, and one mother, who self-identified as autistic, had begun but did not complete a formal evaluation due to financial circumstances. Two mothers had conversations with their daughters about their diagnosis and explained how disclosing came "from the place of

wanting to connect” (Rachel) and “opened up a whole aspect of our experience that really brought us closer together” (Sarah). Other daughters “picked it up more with me talking to other people about it” (Emma) and “had that information sort of through osmosis, I guess, rather than an explicit explanation” (Nicole). Meanwhile, some daughters learned about autism through siblings and other family members who were also autistic (Helen, Amy, Joanne), with one mother explaining that “the strongest identity in our family is really autism” (Joanne).

Some daughters experienced sensory sensitivities (Sarah, Joanne, Emma), and one mother explained that her daughter often wondered if “she would have the same criteria for diagnosis that I do because she and I are so similar” (Joanne). These shared experiences prompted daughters to ask their mothers about their autism:

“She was already so ready for it and curious and asking me questions... she just asked one day about sensory stuff, and she was already very primed to understand... and she wanted the information and she wanted to know how it applied to me.” (Sarah)

When mothers explained to their daughters how their autism created certain challenges, their daughters responded with support and reassurance (Emma, Rachel). One mother, who had recently received her autism diagnosis, described her daughter’s response after explaining how her autism contributed to her preference for routines:

“And I’ve told her, you know, ‘I think this is part of why I get irritated when there’s this plan and then you change it. Then there’s this plan, and then you need this, you need that’... And she was so lovely, right. Cause I’m bawling on the phone. And she was like, ‘It’s okay, Mom.’” (Rachel)

One mother also described how her daughter’s understanding of autism allowed her to appreciate her mother’s personality:

“She may be thinking... ‘Okay, Mom is a bit strange. Mom is a bit weird. And this is why – because she's autistic’... that's how she kind of probably appreciates and understands me.” (Nicole)

## **Theme 2 – Parenting Strengths**

This superordinate theme reflects the parenting strengths that mothers described, including the skills they used to help their daughters with problem-solving and the strategies they used to manage conflict with their daughters.

*Problem-solving skills.* Mothers described different strategies they used when their daughters came to them for help with problem-solving. They described “going through a decision tree or algorithm” (Sarah) and helping “analyze a situation and lay out options around pros and cons” (Rachel). One mother attributed this strength to her autism:

“I despise the term ‘intellectualizing’ because that was applied to me a lot as a kid. But the fact of the matter is as an autistic person, I tend to get at things through a big combo of the different routes of empathy. And part of it is critical thinking and analyzing.”  
(Sarah)

While mothers’ reliance on their intellect was often perceived to be a strength, one mother reflected on how this strategy might have been perceived by her daughter:

“Because I rely on my intellect... I can't show up in a way that other people would perceive as being present. Doesn't mean I'm not there. It just doesn't show up in a way that other people would think I was there.” (Rachel)

When helping their daughters navigate personal problems, mothers often responded logically rather than emotionally. They reported the ability to “work it out really patiently, without freaking out or having a strong reaction” (Sarah) and explained that “my empathy is like cognitive empathy, it's not like intuitive... and I think that's also strength because I don't get emotionally overwhelmed with stuff” (Nicole).

*Positive strategies for managing conflict.* Another parenting strength exhibited by mothers was the ability to use positive strategies to manage conflict with their daughters. Several mothers were able to manage conflict by recognizing and responding to their daughters’ needs – for example, by taking “an interest in the stuff that interests her” (Joanne), trying to be more encouraging rather than “solving her problems” (Rachel), using “a lot of the love and logic formats” (Amy), and explaining “things to her in a way that she can understand” (Emma). Mothers also explained that they “didn’t say anything” (Rachel) and would “hear it all out” (Emma) when their daughters were upset with them. Providing this space allowed daughters to calm down and talk through the issue:

“She does these things and acts out in these ways because I know that here at home is her space to do that... I've given her the confidence to always know that she can just come to me and just say, ‘I'm sorry, Mom,’ and, ‘I didn't mean those things.’” (Emma)

Two mothers (Joanne, Helen) explained that the conflict they experienced with their daughters revolved around autistic siblings. Specifically, daughters felt that their mothers treated them differently or held them to higher standards compared to their autistic siblings. When this conflict arose, both mothers tried to reframe their daughters’ understanding of the problem:

“I’ve told her, I’m like, ‘Honey, you have no idea. Like you have this set of experiences that make you like the coolest, most good-humored mentor or leader in the world. And you don’t know it yet, but this will pay back some day.’” (Joanne)

“She goes, ‘Well, it’s always about [Son].’ And I said... ‘Everything we’ve done, we’ve done so he won’t be your responsibility’... and I think that that reframed her perspective... and I think she was able to see now that everything we did, we actually did for her.” (Helen)

### **Themes 3 – Identifying Own Social Challenges**

This superordinate theme reflects the challenges that mothers experienced when engaging in group social interactions. Mothers were able to recognize their difficulties in understanding social dynamics and socializing with other parents, who often ignored and excluded them.

*Understanding social dynamics.* The majority of mothers reported difficulties in understanding social dynamics and processing social interactions. One mother described interacting with others as “speaking a third language without a translation guide... and sometimes the words change, and nobody tells you until you screw up” (Rachel). Another mother also reported the need to translate interactions in her head while they were occurring:

“My brain works in pictures... a lot of times I have to translate pictures into words to talk to people. And when I talk to people, I have to script things. So it’s like I have an ongoing mini teleprompter in my head most of the time.” (Amy)

Mothers reported that social interactions required effort (Rachel, Sarah) and were “hard work” (Emma, Helen). One mother explained that she had to “download and analyze” interactions once they were over:



“I’ll pick things apart and realize, ‘Oh that’s what they were saying!’ ... but I don’t really have the capacity to react in real time... I play the [mental] recording back at home, which is time-consuming and frustrating.” (Sarah)

Another mother attributed her difficulty with social interactions to the cognitive demands that were required, explaining that “there’s just so much multitasking, auditory processing, trying to figure out the rhythm and the timing of the conversation” (Helen). However, mothers also explained that some social situations were easier to navigate than others. For example, mothers felt “much more adept and confident in my work environment” (Rachel) and preferred socializing with “other autistic people, neurotypical people that are leaders in the field, and researchers... because I don’t have to mask in any of those situations” (Helen).

*Friendships and social groups.* The majority of mothers reported having a few close friends but acknowledged that they did not have a large group of friends (Joanne, Rachel, Helen, Nicole, Emma). Mothers sometimes found it difficult to keep in touch with friends:

“I find it really hard to keep in touch with my friends. And I feel friendships are quite demanding... in this midst of everything that was always going on with [Daughter] through primary school... I just didn’t have any room for anything else.” (Emma)

However, mothers explained that when they did contact their friends, they could “pick up where we left off in the conversation” (Joanne) and felt as though no time had passed (Emma, Helen).

Some mothers also had difficulty forming relationships with other parents. Mothers felt that the parents at their daughters’ schools “kind of seemed to have their own groups” (Amy), and mothers felt “a bit ignored at times or that I just don’t quite fit in” (Emma). One mother explained how she was intentionally excluded by other parents:

“[Daughter]’s friends’ moms and dads... they kind of became a group and they did things outside. And I was involved initially but slowly I kind of got excluded somehow... I had a bit of a, you know, a low time because I knew that they kept meeting up where I wasn't invited any longer.” (Nicole)

#### **Theme 4 – Building Daughters’ Social Skills**

This subordinate theme reflects mothers’ concern about their daughters’ social development and their motivation to enhance their daughters’ social skills. Mothers were proactive in providing opportunities for their daughters to engage in positive social interactions.

*Concerns about daughters’ social development.* Several mothers expressed concern that their own social challenges may have impacted their daughters’ social development. Mothers felt guilty that they rarely hosted people in their homes (Emma, Joanne, Rachel) and “haven’t immersed her in like physical community as much as a much more social or non-autistic parent would” (Joanne). Mothers also reflected on how their introversion may have prevented their daughters from learning important social skills:

“She didn't get a lot of opportunity to observe me in social situations... and so that's where kids learn a lot about that kind of stuff... How do you be a really good friend? How do you listen? How do you do all those things?... I wasn't a good model for her – not because I was bad at those things, but because she didn't see a lot of it.” (Rachel)

Another mother described how she felt unable to help her daughter navigate certain social situations:

“Sometimes she had some issues with friends and the social situations, and I have no idea. I don't have a clue how to deal with that. I have no idea what you're talking about.”

(Amy)

*Creating opportunities for positive social interactions.* While mothers expressed concern that their social challenges may have impacted their daughters' social development, they were also proactive in ensuring that their daughters had opportunities for positive social interactions. When their daughters were young, mothers helped arrange playdates and sleepovers (Nicole, Emma) and “made sure that she went to daycare... that she had social models besides me and other people to interact with” (Amy). Mothers whose daughters experienced sensory sensitivities were further able to help their daughters navigate social interactions in ways that met their sensory needs:

“I've given her the ability to identify what she likes and what she doesn't like. And she doesn't like as much social interaction as, like, a more traditionally extroverted kid... so she's really been able to articulate, like, ‘This works, this person works, this situation doesn't work, this person doesn't work in this situation.’” (Sarah)

“She gets easily annoyed by people when they are difficult in a sensory way... and I'm coming back at her going... ‘Don't throw away otherwise decent people, who wish you well, just because their mode of expression is too intense’... And so we talk a lot about like, how do you advocate for your own sensory needs in a way that doesn't hurt other people's feelings?” (Joanne)

## Discussion

The current study used an IPA framework to identify themes related to the parenting experiences of autistic mothers who have raised or are currently raising non-autistic adolescent daughters. The superordinate themes and subthemes identified in the study reflect strengths and challenges that these mothers experience, as well as ways that mothers communicate with their daughters and guide their social development. The first superordinate theme, *closeness in relationships*, reflects the love and affection, as well as the safety and support, that characterized mother-daughter relationships. Mothers' disclosure of their autism often increased closeness in their mother-daughter relationships. The second superordinate theme, *parenting strengths*, reflects the perceived strengths of being an autistic mother. Specifically, mothers described the skills they used when their daughters turned to them for help with problem-solving, as well as the positive strategies they used to manage conflict with their daughters. The third superordinate theme, *identifying own social challenges*, reflects mothers' ability to recognize the difficulties they experienced in understanding social dynamics and socializing with other parents, who often ignored or excluded them. The fourth and final subordinate theme, *building daughters' social skills*, reflects mothers' concerns about their daughters' social development and the steps they took to ensure that their daughters had opportunities for positive social interactions.

The first and second superordinate themes – *closeness in relationships* and *parenting strengths* – contribute to prior literature highlighting the strengths of autistic motherhood and the positive qualities of their mother-child relationships (Dugdale et al., 2021). Communication was a key strength in mother-daughter relationships – not only did daughters turn to their mothers for safety and support, but mothers also recognized and responded to their daughters' needs during conflict. Therefore, autistic mothers did not seem to experience the double-empathy problem in

their relationships with their non-autistic daughters (Milton, 2012). The current findings suggest that the nature of mother-daughter relationships may foster mutual empathy and understanding, even when a mother is autistic and her daughter is non-autistic.

Meanwhile, the third and fourth superordinate themes – *identifying own challenges* and *building daughters' social skills* – reflect mutual differences in empathy between autistic mothers and other non-autistic individuals (Milton, 2012). Mothers reported difficulties in socializing with others, and one mother explained that she felt more comfortable interacting with other autistic people. Several mothers expressed concern that they were unable to teach their daughters certain social skills and help them navigate particular social situations. However, these difficulties motivated mothers to provide social opportunities for their daughters. Contrary to the findings of Pohl et al. (2020), mothers in the current study did not have trouble providing these opportunities – they were proactive in arranging playdates and sleepovers, and in enrolling their daughters in other extracurriculars (e.g., Girl Scouts, martial arts). Autistic mothers of autistic children, such as the participants in Pohl et al.'s study (2020), may therefore experience greater challenges in arranging social opportunities for their children compared to autistic mothers of non-autistic children.

Mothers whose daughters experienced sensory sensitivities were further able to help them navigate social interactions in ways that met their sensory needs. Daughters had a wide range of autistic traits as measured on the AQ. Given that autism is genetically based (Hallmayer et al., 2011; Sarris, 2014) and that children's behaviors are partially shaped by maternal behaviors (Homel et al., 1987; Prinstein & La Greca, 1999; Rubin et al., 1989), it is not surprising that several daughters experienced sensory sensitivities and reported other autistic behaviors. Since none of the daughters in the current study had a formal or self-diagnosis of autism, their mothers

were included in the sample. However, it is important to note that autism in females often remains undetected and undiagnosed during childhood (Happé et al., 2016) – all seven mothers in the current study were diagnosed or began the evaluation process as adults. It is therefore impossible to know for certain whether some of daughters in the current study were autistic but undiagnosed.

This research has many strengths, such as being the first study to explore first-person accounts of autistic mothers who have experience raising non-autistic adolescent daughters. Few studies have explored the parenting experiences of autistic mothers, and these studies have only focused on maternal relationships with autistic children (Dugdale et al., 2021; Pohl et al., 2020). The current study demonstrated that the relationships between autistic mothers and their non-autistic children are also often characterized by mutual love and understanding. Furthermore, this study benefitted from the partnership with community members who were not only experts in academic research, but who could also personally relate to the phenomenon being investigated (Bush et al., 2019). The CBPR approach used in this study allowed for a more holistic understanding of the lived experiences of autistic mothers.

**Limitations.** While the current study has many strengths, there are also some limitations. First, the sample consisted of seven speaking, White mothers who had been diagnosed as adults, and most of the mothers had post-graduate degrees. The findings of the current study therefore may not apply to autistic mothers who are nonspeaking, who belong to racial/ethnic minority groups, who were diagnosed in childhood, who have limited educational backgrounds, and/or who have co-occurring intellectual disability. It is also important to note that parental involvement, in which parents actively support their children’s educational and social development (Fehrmann et al., 1987; Hill et al., 2004), is positively associated with maternal

education (Suizzo & Stapleton, 2007). This may possibly explain the high levels of parental involvement described by mothers in the current study, who overall were highly educated. Five of the seven mothers in the current study also had backgrounds in psychology- or education-related fields – therefore, parental knowledge of child/adolescent development may have further contributed to mothers’ motivation to provide social opportunities for their daughters. In addition, studies have found that individuals with higher levels of education are more likely to provide socially desirable responses (Ones et al., 1996; Tan et al., 2022). The high education levels among the study participants may therefore raise concerns of social desirability bias – however, several mothers explicitly revealed that they did not care about social desirability and valued honesty when expressing themselves.

Another limitation of the current study was the substantial differences in age across daughters (10-37) and mothers (40-64). Due to these age disparities, the study was unable to capture mother-daughter experiences that are specific to certain stages of development. Furthermore, the current study did not explore how family dynamics influence mother-daughter relationships during adolescence (Bowen, 1966). Some of the mothers in the current study were married to their daughters’ fathers, some had co-parenting relationships, and some were raising their daughters on their own. Mother-daughter relationships in the current study were also influenced by other children/siblings in the home. The presence of fathers and other children in the home may not only influence the relationships between mothers and their adolescent daughters, but may also shape daughters’ social development. Future studies should therefore use a Family System Theory approach (Bowen et al., 1966) to explore how the family unit impacts mother-daughter relationships and daughters’ social development during adolescence. To gain a more comprehensive understanding of the relationships between autistic mothers and their non-

autistic daughters during adolescence, future studies should also explore how daughters describe their relationships and experiences with their mothers.

As previously discussed, the IPA approach used in the current study allowed for a relatively small, homogenous sample (Alase, 2017; Pietkiewicz & Smith, 2014). Prior studies by Dugdale et al. (2021) and Winnard et al. (2021) that used IPA approaches to explore the parenting experiences of autistic mothers similarly consisted of relatively small samples (N=9 and N=8, respectively). The small sample sizes of IPA studies make it an appropriate framework for this demographic, as the number of autistic mothers, especially of non-autistic daughters, in the general population is limited. However, it is important to note that recruitment constraints limited our current sample to N=7. We partnered with several large organizations and online communities during our recruitment efforts, which lasted approximately six months, yet few eligible participants enrolled in the study. Nonetheless, we felt that the data collected from the seven participants provided a comprehensive understanding of their lived experiences, thereby reaching saturation (Legard et al., 2003; Saunders et al., 2018).

**Conclusion.** The current study suggests that relationships between autistic mothers and their non-autistic daughters during adolescence are generally characterized by mutual feelings of affection, understanding, and support. While prior studies have conceptualized the parenting abilities of autistic mothers using a deficit framework (Dissanayake et al., 2019), this research highlights the parenting strengths of autistic mothers and the loving relationships they have with their daughters. Mothers in the current study did reveal specific challenges, such as modeling social skills for their daughters – however, they were also proactive in ensuring that their daughters did not experience the same challenges. Mothers described being accepted by their daughters and close friends, yet they felt ignored and excluded by other parents. Therefore, the



current study further emphasizes the need for greater societal awareness, acceptance, and inclusion of the autistic community.

## Appendix

### A – Interview Guide for Mothers of Adolescent Daughters

#### INTERVIEW FOR MOTHERS OF ADOLESCENT DAUGHTERS

##### STRENGTHS AND CHALLENGES

**First, I will be asking you some questions about the ups and downs of parenting an adolescent daughter.**

1. Tell me a bit about your daughter.
2. What do you think your strengths are as a mother?
3. What do you think are the most challenging things about being a parent to an adolescent? How have you managed these challenges?
4. Looking back to when you were an adolescent, can you relate to your daughter and her experiences?

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##### SOCIAL RELATIONSHIPS

**I'm now going to ask you questions about your social relationships and about helping your daughter navigate her own social relationships.**

5. Can you tell me a bit about your relationships with your friends?
6. Can you tell me about your relationships with adults who you've interacted with through your daughter, such as teachers and other parents?
7. Do you think that being an autistic mother has impacted your daughter's social relationships?

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##### COMMUNICATION

**Next we are going to talk about communication in your relationship with your daughter.**

8. How close do you perceive your relationship to be with your daughter? Do you think your relationship with her has changed as she has gotten older?
9. What are some things that you and your daughter enjoy doing together?

10. What are some things that your daughter talks to you about? Do you wish your daughter shared more with you?

11. What are some things that you talk to your daughter about?

12. What are some things that you and your daughter argue about? How often do you argue?

13. How do you and your daughter tend to handle conflict?

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## **INFLUENCES**

**The final few questions are going to address factors that have shaped your relationship with your daughter.**

14. I'd like to ask you about personal identities, such as race/ethnicity, gender, and sexuality, that may or may not have influenced your relationship with your daughter.

15. Do you have other children? If so, how does your relationship with your daughter differ from those of your other children?

16. Do you think that having autism has influenced your relationship with your daughter?

17. Have you experienced any life events (positive or negative) that may have impacted your daughter?

18. Have you had any personal challenges, including medical or psychological challenges, that may have impacted your daughter?

19. Would you mind sharing with me your favorite memory of you and your daughter?

20. Is there anything else you'd like to tell me that I didn't ask?

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## **INTERVIEW FOR MOTHERS OF ADULT DAUGHTERS**

### **STRENGTHS AND CHALLENGES**

**First, I'd like to learn a little bit about your daughter.**

1. Tell me a bit about your daughter.

**Now, I'd like you to think back to when your daughter was an adolescent/teenager. I'll be asking you some questions about the ups and downs of parenting an adolescent daughter.**

2. What do you think your strengths were as a mother?

3. What do you think were the most challenging things about being a parent to an adolescent?  
How did you manage these challenges?

4. Looking back to when you were an adolescent, were you able to relate to your daughter and her experiences?

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### **SOCIAL RELATIONSHIPS**

**I'm now going to ask you questions about your social relationships and about helping your daughter navigate her own social relationships when she was an adolescent.**

5. Can you tell me a bit about your relationships with your friends?

6. When your daughter was an adolescent, what were the interactions like with adults that you met through her, such as teachers and other parents?

7. Do you think that being an autistic mother impacted your daughter's social relationships?

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### **COMMUNICATION**

**Next we are going to talk about communication with your daughter from when she was an adolescent.**

8. How close did you perceive your relationship to be with your daughter? Do you think your relationship with your daughter has changed as she has gotten older?

9. What are some things that you and your daughter enjoyed doing together?

10. What were some things that your daughter talked to you about? Do you wish your daughter shared more with you?

11. What were some things that you talked to your daughter about?

12. What were some things that you and your daughter argued about? How often did you and your daughter argue?

13. How did you and your daughter tend to handle conflict?

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## **INFLUENCES**

**The final few questions are going to address factors that have shaped your relationship with your daughter.**

14. I'd like to ask you about personal identities, such as race/ethnicity, gender, and sexuality, that may or may not have influenced your relationship with your daughter.

15. Do you have other children? If so, how did your relationship with your daughter differ from those of your other children?

16. Do you think that having autism has influenced your relationship with your daughter?

17. When your daughter was an adolescent, did you experience any life events that may have impacted her?

18. Did you had any personal challenges, including medical or psychological challenges, that may have impacted your daughter?

19. Would you mind sharing with me your favorite memory of you and your daughter?

20. Is there anything else you'd like to tell me that I didn't ask?

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