

## PSYCHOLOGICAL AND SOCIAL INFLUENCES OF PARENTAL ACCEPTANCE OF CHILDREN WITH SPECIAL NEEDS

JENELYN T. PEÑA, EdD  
ROSE LYNN D. VILLANUEVA, MAGC  
TRICIA GAYLE C. BONDOC, MASE

College of Education, Pampanga State University  
jtpena@pampangastateu.edu.ph  
rldvillanueva@pampangastateu.edu.ph  
tgcbondoc@dhvsu.edu.ph

### Abstract

Parental acceptance of children with special needs is an ever-changing and dynamic process that is influenced by psychological challenges and social factors. Parents often go through stages of denial, grief, guilt, and gradual adjustment as they come to terms with their child's condition. While earlier research has looked at parental stress and coping methods, fewer studies have focused on acceptance as an ongoing journey shaped by cultural expectations, family dynamics, and stigma. In the Philippines, where community values and family reputation play a significant role, parental acceptance faces additional challenges from societal pressures. However, this topic has not been thoroughly explored in local research. This qualitative phenomenological study aimed to fill this gap by capturing the experiences of parents with children who have special needs. Researchers conducted semi-structured interviews with eleven selected mothers of children ages 2-15, all of whom were residents of Pampanga, Philippines, were purposely selected as participants. Data were analyzed using Braun and Clarke's six-phase reflexive thematic analysis. The analysis revealed five main themes: (1) Journey Through Emotional Turmoil and Adjustment, (2) Internal and External Factors Shaping Acceptance, (3) Support as a Pillar of Strength, (4) Transformation of Parent-Child Bonds, and (5) Building Coping and Resilience Pathways. The findings show that parental acceptance is not a static phenomenon but a dynamic process that can be aided by faith, resilience, professional help, and strong family and community support, but often hindered by stigma and cultural factors. This study emphasizes the need for family-centered and culturally competent support services that focused on the need for educators, counselors, and policymakers to develop inclusive strategies to cope with both the internal and external challenges faced by parents of children with special needs.

**Keywords:** *parental acceptance; children with special needs; Posttraumatic Growth Theory; Stigma Theory; coping strategies*

## 1. Introduction

Parental acceptance of children with special needs has received growing attention in the realm of research because of its significance for family well-being and inclusive social participation. It is a construct that differs from stress and coping in that, whereas stress is the emotional and psychological experience of parents, and coping is the strategy employed by parents to deal with stress, acceptance is a more profound cognitive and emotional incorporation of the child's needs into the parent's sense of self, expectations, and practices (Abbas et al., 2025). It does not mean the absence of stress; instead, it means a shift toward meaning, responsibility, and engagement with the child's needs. Parenting a child with special needs is a challenging and life-changing experience that includes psychological, social, and emotional hurdles. Parents often go through stages of shock, denial, grief, guilt, and eventually adjustment as they come to terms with their child's condition (Wardani & Artistin, 2023). These experiences are personal and influenced by cultural values, family dynamics, and available support. In the Philippines, where family reputation and community values are important, acceptance is complicated by stigma and societal expectations (Masangkay, Cruz, & Fernandez, 2020).

The relevance of parental acceptance to the Sustainable Development Goals (SDGs) is particularly evident in relation to SDG 3, which strongly focuses on mental health and well-being, and SDG 10, which urges the achievement of lower inequalities and the inclusion of marginalized groups, including persons with disabilities and their families, in society. The mental well-being and acceptance of parents have a direct impact on their ability to gain access to services, speak up for their children, and integrate into society. In the context of the global agenda, the investigation of this study in a culturally distinct setting, such as the Philippines, is essential for understanding the impact of cultural values, stigma, and support structures on families with disabilities.

Research has clearly demonstrated that parents of children with special needs experience strong emotional reactions after diagnosis, such as shock, denial, grief, guilt, and anxiety about the future (Kaytez, Deleş, & Aral, 2025). These emotional experiences are also seen as cyclical, rather than linear, as parents go back to experiencing earlier emotions as their child faces new challenges in development. However, not all experiences of emotional distress are the same as a lack of acceptance. Research studies based on family systems and psychological flexibility theories have highlighted that acceptance occurs when parents go beyond the desire to "fix" or deny the diagnosis and instead incorporate it into their family life understanding (Brown & Errington, 2024).

Recent literature emphasizes the idea that acceptance is a relational and developmental process. Di Renzo et al. (2020) showed that parents who accept their child's diagnosis exhibit higher levels of emotional attunement, patience, and responsiveness, which has a positive impact on parent-child interactions. In a similar manner, the Posttraumatic Growth Theory proposes that parents who experience acceptance of their child's diagnosis may develop higher levels of resilience, new life priorities, and enhanced relationships as a result of adapting to their child's

needs (Triplett, 2021b). These studies indicate that acceptance is not only psychological endpoint but also a developmental process that alters parental identity and family relationships.

Nonetheless, the majority of the literature is still centered on stress levels, burden, or coping strategies, with acceptance being a secondary or implicit outcome. In addition to the personal emotional process, parental acceptance is also influenced by social and cultural factors. Stigma, social norms, and the availability of support networks are important factors that shape how parents perceive and react to their child's situation (Drent, 2022). In collectivist cultures, where family reputation and social cohesion are valued, disability can be viewed not only as a personal problem but also as a family concern, adding to the support and pressure. In the Philippine setting, the importance of family, strong religious beliefs, and community ties have a double-edged effect. On the one hand, religion and the extended family support system can be a source of emotional fortitude, meaning, and assistance to parents (El- Khani, Calam, & Maalouf, 2023). On the other hand, stigma and the fear of social disapproval can cause delays in disclosure, diagnosis, and seeking help, making the acceptance process more complicated. Parents may find it difficult to integrate their cultural ideals of "normalcy" with their reality, causing internalized shame or social isolation.

International studies support this gap. Asian, European, and North American studies alike point to parental stress, economic strain, and caregiving load and often fail to note cultural variations in stigma and coping (Ren et al., 2020; Cheng & Lai, 2023). Local research has started to explore the experiences of Filipino parents in raising children with disabilities, focusing on family support, religiosity, and resilience (Moskito et al., 2025). Withal, these studies tend to discuss acceptance implicitly as part of a larger context of coping or quality of life, rather than investigating acceptance as a core and dynamic concept that is shaped by psychological and social factors. Furthermore, cultural factors such as stigma, social surveillance, and parental sacrifice tend to be cited but not adequately explored in relation to acceptance. Placing parental acceptance in the Philippine cultural context helps to advance the field of disability studies globally by demonstrating how non-Western cultural values and social arrangements shape family adaptation. This is in line with SDG 10 because it emphasizes how social attitudes and structural issues affect the inclusion and equity of families with children with special needs. Despite the progress of international studies in understanding parental stress, coping, and adaptation, a significant research gap in the Philippines still exists in this area as a psychological and social process. Current local studies on the topic are generally (a) child outcome- or service access-oriented, (b) burden-focused without making a distinction between acceptance and coping, or (c) descriptive without a synthesis of cultural and theoretical views. Qualitative studies are scarce in giving voice to parents to examine the dynamic process of acceptance over time, its negotiation within Filipino culture, and the interplay of social support and stigma with the internal emotional processes of parents. Moreover, there are few studies that link parental acceptance to the broader concepts of well-being and social inclusion, despite its significance to the goals of national and international development. Through the exploration of the psychological and social factors that shape parental acceptance in the Philippines, this study explored the psychological and social factors that influence the coping strategies and child development that parents go through when moving from denial to acceptance of their child's special needs.

## Theoretical Framework

This research is based on two major psychological and social theories that illuminate the complex process of children with special needs being accepted by their parents: Posttraumatic Growth Theory (Tedeschi & Calhoun, 2004) and Goffman's Stigma Theory (1963). These theories collectively provide a synthesized understanding through which to explore how parents navigate emotional challenges and stigma from society as they journey toward acceptance. Posttraumatic Growth Theory (PTG) offers a psychological explanation of how individuals may realize personal development through positive experience after surviving traumatic or very stressful events. For this study, parents may perceive the initial diagnosis or discovery of a child with special needs as a life-destroying disruption. PTG suggests that by adapting to coping, sense-making, and reflection, parents would be able to gain significant emotional and cognitive development. This could be manifested as increased empathy, redefined life priorities, improved relationships, and increased value of life (Tedeschi & Calhoun, 2004). This theory allows for a consideration of how certain parents can move on from initial grief and distress to construct resilience, meaning, and acceptance in the long run. In addition to this, Goffman's Stigma Theory provides a sociological insight to comprehend how the experience of parents is influenced by societal views. According to Goffman (1963), stigma arises when an individual possesses an attribute that is deeply discredited by society, and this leads to stereotyping, prejudice, and discrimination. Parents of children with special needs experience both public stigma (from the general community) and associative stigma (the internalized shame or social devaluation associated with their child's condition). These stigmas have the potential to influence their self-concept, social relationships, and emotional adjustment. By integrating this theory, the research examines how stigma may obstruct or complicate the process of acceptance, and how parents resist, cope with, or internalize these societal beliefs. The combination of PTG and Stigma Theory enables the study to explain the reasons for the uneven process of acceptance among parents. PTG describes the psychological development that enables acceptance, while Stigma Theory explains the social constraints that impede this development. The Ecological-Family Systems approach ties these two processes together by embedding them in family and cultural contexts. Acceptance occurs when psychological growth (PTG) is facilitated rather than compromised by family and social systems, and when parents are able to successfully navigate or resist stigma-related pressures.

### Aim of the Study:

The research study explored the psychological and social factors that influence the coping strategies and child development that parents go through when moving from denial to acceptance of their child's special needs. Specifically, it sought to answer the following questions:

1. What are the emotional stages parents experience while moving toward acceptance of their child's special needs?
2. What psychological and social factors influence parents' shift from denial to acceptance?

3. How do support systems, such as family and community, impact the parental acceptance process?
4. In what ways does the acceptance journey affect the parent-child relationship?
5. What coping mechanisms and resilience-building strategies are employed by parents throughout their journey?

## **2. Method**

### **2.1 Research Design**

Acceptance occurs when psychological growth (PTG) is facilitated and not compromised by family and social systems, and when parents are able to successfully navigate or resist stigmatizing pressures. The current study used a qualitative descriptive research design to examine the psychological and social processes that influence parental acceptance of children with special needs. A qualitative research design was considered most valid for this study, as it aimed to examine the lived experiences, emotional processes, and meaning-making of parents in their everyday cultural and social contexts. Qualitative descriptive research design enables the use of vivid and simple descriptions of participants; views without requiring a high level of abstraction, making it particularly valid for research that aims to inform practice, policy, and family-centered interventions (Sandelowski, 2000). The framework ensures that parental acceptance is viewed as a psychosocial culturally embedded, and systemically mediated process.

### **2.2 Participants of the Study**

The participants were chosen through purposive sampling, a non-probability sampling method that is often used in qualitative studies to identify participants who have direct experience with the phenomenon of interest. The criteria for selection of participants were as follows: (1) must be parents or primary caregivers of children diagnosed with special needs, (2) must have experienced the process of adjustment or acceptance after the diagnosis, and (3) must be willing to share their experiences openly. A total of eleven (11) mothers participated in this study. The participants were aged 25 to 50 years old, with children aged 2 to 15 years old who have special needs. All participants were from Pampanga, Philippines, which provided a homogeneous context for studying parental acceptance in a Filipino family and community. Sampling was continued until the point of data saturation was reached, which was indicated by the emergence of recurring patterns and theme.

### **2.3 Data Collection Method**

The data was collected using semi-structured in-depth interviews that enabled the participants to share their experiences while also ensuring that the data was relevant to the research questions. The interview guide was designed after reviewing the literature related to parental acceptance, stress, coping, and stigma. The interview guide included some important domains such as: (a) the initial emotional response of parents to the diagnosis, (b) the

psychological and social factors that influence acceptance, (c) the sources and roles of support systems, and (d) the changes in the parent-child relationship. The interviews were conducted in a hybrid manner; some parents chose face-to-face and some were through video calls, all depending on their availability. The interviews were audio-recorded after taking their consent. Each interview lasted from 30-45 minutes.

## **2.4 Data Analysis**

Analysis of the data was conducted manually through Reflexive Thematic Analysis (RTA), which was guided by the six-step process outlined by Braun and Clarke (2006, 2019). This particular method of analysis was chosen for its flexibility and appropriateness for qualitative descriptive research, as well as its focus on the role of reflexivity and meaning-making. The steps followed in conducting the thematic analysis include: a) Familiarization. The researchers engaged in reading the transcripts and listening to the audio recordings to achieve immersion in the data; b) Generating Initial Codes. The data segments that were meaningful to the study, including emotional experiences, acceptance processes, social factors, and support systems, were coded systematically across the transcripts; c) Searching for Themes. The codes were reviewed and organized into patterns that captured shared experiences among the participants; d) Reviewing Themes – The themes were reviewed by comparing them to the coded data and the whole data set to ensure that they were consistent and distinct; e) Defining and Naming Themes – The themes were defined and labeled in relation to the research questions and theoretical framework; f) Producing the Report – The themes were woven into a cohesive narrative that included quotes from the participants. Throughout the analytic process, the researchers participated in reflexive discussion to ensure that the interpretations were grounded in the data and not based on a prior assumption.

## **2.5 Ethical Considerations**

This research adhered to the Belmont Report ethics (1979) principles of respect for persons, beneficence, and justice, as well as the Data Privacy Act of 2012. The participants were treated with dignity by obtaining informed consent both verbally and in writing. They were well aware of the purpose of the study, procedures, possible harms, and their right to withdraw or decline without any penalty. Confidentiality was maintained by employing pseudonyms, stripping identifying information, and keeping all data in safekeeping, with only the researchers having access. Beneficence was kept through the minimization of potential harm and the provision of a safe, non-judgmental environment for parents to express themselves. Referrals to counseling were provided, as well as other pertinent support agencies in case participants experienced emotional discomfort. The potential gains were optimized through the provision of assurances that the knowledge gained would assist in creating improved support systems for families of children with special needs. Justice was ensured through the selection of participants equitably and inclusively, with diverse parental backgrounds, socioeconomic statuses, and special needs types, without bias. Each participant was given equal opportunity to voice their opinions, so that each one counts when it comes to the outcome of the study. These practices ensured integrity, equity, and safeguarded the rights and welfare of the participants at all levels.

## **2.6 Rigor and Trustworthiness**

To increase the rigor and validity of the research, the researchers followed the criteria outlined by Lincoln and Guba (1985): credibility, transferability, dependability, and confirmability. Credibility was established through member checking, where the participants were offered the opportunity to review the interview transcripts and verify the meanings. Transferability was facilitated by the provision of thick descriptions of the participants, context, and research process, which enabled the reader to determine the applicability of the findings to other contexts. Dependability was ensured by the careful documentation of the research procedures and analytic process, providing a clear audit trail. Confirmability was enhanced through reflexive journaling and peer debriefing, which assisted in the identification and management of potential researcher bias.

## **2.7 Limitations**

There are some limitations to this research that need to be taken into consideration when analyzing the results. First, the research was carried out mostly with mothers, and this might affect the representation of fathers' or other caregivers' views on the acceptance process. Second, the research was carried out in one geographic area, and the results might be representative of the specific characteristics of this region. The research is a qualitative study, and it does not have the goal of statistical generalization. However, the issue of transferability was resolved by using thick description, which includes descriptions of the participants' experiences and quotations

## **Reflexivity Statement of the Researchers**

The researchers recognize that their personal and professional experiences in education and human development may have influenced their interpretation of the data. To increase the rigor of the analysis, reflective techniques were observed throughout the research process. These included reflection on personal assumptions, peer debriefing during the analysis of themes, and a focus on grounding interpretations in the narratives of the participants. The analysis was done in a systematic way, and the themes were checked repeatedly against the data to ensure that the findings were inductive and not influenced by preconceived notions based on theoretical assumptions.

## **3. Findings and Discussion**

The findings are structured to correspond with parental acceptance as a process of development, progressing from emotional disturbance to relationship and psychological adjustment. Results are categorized according to research questions and informed by data from the study as well as existing literature. Filipino values such as faith, family unity, and social norms, especially those concerning faith and family, are used as lenses in the analysis of the data across themes.

## **Theme 1: Journey Through Emotional Turmoil and Adjustment**

Parents characterized acceptance as a long process that develops over time, transitionally progressing from denial and disbelief to ultimate identification and resilience. Research on emotional turmoil and adjustment reveals common patterns across diverse populations experiencing major life transitions. The importance of self-perception and acceptance in adopting caregiving roles is significantly needed (Nguyen & Levkoff, 2020).

### ***Subtheme 1.1: Initial Denial and Shock***

Most initially denied the diagnosis, on the assumption that the child would "catch up" in development. Parents often feel shock and sadness, and sometimes denial of the child's disease, indicating a gradual movement towards acceptance (Nematpour & Shahbaziah, 2013).

*It's hard to accept, hoping it's only a speech delay because that was the first diagnosis, but through time, I accepted that it was ASD." (P1)*

*At first, I pitied my child; I was crying every night, and I asked myself, why my child? (P11)*

### ***Subtheme 1.2: Pain, Guilt, and Self-Blame***

Parents suffered grief, sadness, and concern regarding their child's future. They experience significant psychological challenges, particularly pain, guilt, and self-blame during the acceptance process. Self-acceptance among parents follows distinct stages, including rejection, anger, depression, and eventual acceptance, with each parent experiencing a different process and timelines (Wardani & Artistin, 2023)

*"At first, it's painful because that is my child's condition, what will be my child's future, who will take care of my child when we are gone." (P9)*

### ***Subtheme 1.3: Gradual Realization and Acknowledgment***

Parents gradually came to own their child's condition as fact. Normasari et al. (2021) found that parents typically progress through distinct stages, including denial, anger, bargaining, depression, and ultimately acceptance, though noting that some parents may not reach full acceptance. The acceptance process spans from initial rejection to eventual acceptance, where emotional, family, and community support are crucial in helping parents provide affection, encouragement, and validation to their children (Despriliani et al., 2024).

*"I must admit that I had the denial stage, but eventually I have learned to accept, anyway, my child's condition is not something that I should be ashamed of." (P4)*

#### ***Subtheme 1.4: Acceptance as a Continuous Process***

Acceptance was not a moment but a developed mentality consolidated through love and faith. The acceptance process involves several key phases: discovering the disability, facing reality, reconstructing a new normal, dealing with the situation, making peace, and hoping for a better future (Sarmiento et al., 2024).

*“Acceptance! It’s easy to say but is difficult to do, but if we are positive and will do our best, whatever achievements they’ll have, be it small or big, we are happy for them.” (P1)*

### **Theme 2: Internal and External Factors Shaping Acceptance**

Research on the acceptance of children with special needs reveals complex interactions between internal and external factors across multiple ecological systems. Parental acceptance is significantly influenced by emotional intelligence and the type of special needs, while family support dimensions show less predictive power (Salsabila & Adrian, 2025).

#### ***Subtheme 2.1: Faith and Spirituality as Fortress***

Most parents turned to prayer and faith during this troubling time. Disability theology offers a transformative perspective, viewing disability as part of God's plan while acknowledging the dignity and potential of these children (Suardin et al., 2024).

*“We hurdle it with courage, trust, and confidence in God. It’s difficult, yes, but we know in God’s time our youngest will eventually cope.” (P4)*

*“The first thing I did was to pray that God would be in control of me in guiding me with the blessings that He had given me. I accepted it all.” (P10)*

#### ***Subtheme 2.2: Knowledge-Seeking and Professional Guidance***

Guidance through doctors, therapists, and online exploration provided focus and direction. Parents demonstrate complex information-seeking behaviors, with doctors and physicians serving as preferred sources, followed by books, while online support groups remain less desirable (Al-Daihani & Al-Ateeqi, 2015).

*“I immediately looked for a pedia-neurodevelopmental.” (P3)*

*“Search on Google and consulted a doctor.” (P1)*

#### ***Subtheme 2.3: Emotional Resilience and Parental Mindset***

These parents focused on reframing the challenge, articulating the necessity of patience and the perspective of viewing autism as a ‘different ability. Structured psychoeducational interventions can facilitate transformation toward enhanced acceptance, increased caregiving confidence, and social solidarity (Bastiana et al., 2025).

*"Autism is not a disability, it's a different ability." (P3)*

*"If you were thinking that you lagged because of attending to your child's needs...that child is really meant for you to make you stronger." (P5)*

### **Theme 3: Support as a Pillar of Strength**

While some parents felt unsupported, social networks provided crucial moral, financial, and emotional backing. Parents face complex emotional challenges, including shock, fear, disappointment, and self-blame, during the acceptance process, often relying on family support and religious coping mechanisms such as accepting God's will and surrendering to destiny (Tahitu, 2022).

#### ***Subtheme 3.1: Family as Primary Support***

Acceptance manifests through sincere acknowledgment, adequate attention, patience, and treating children equally without discrimination (Marlina et al., 2022). Several factors influence parental acceptance, including support from extended family, family unity, religious background, community environment, and economic situation.

*The most powerful source of support was the immediate and extended family. "Our family, particularly my siblings, are always ready to lend a hand whether financially or emotionally." (P4)*

*"My partner and my in-laws." (P10)*

#### ***Subtheme 3.2: Community and Peer Support***

Peer support from other parents of children with special health care needs appears particularly valuable, with mothers reporting improved emotional well-being through connections with others who understand their experiences (Dodds & Walch, 2022).

*"Family and teachers." (P9)*

#### ***Subtheme 3.3: Shared Parenting Commitment***

Many parents appreciated the cooperation demonstrated by both spouses in the parenting of this child. Shared parenting commitment, particularly when both parents reach acceptance, leads to more balanced caregiving, whereas lack of acceptance—especially from fathers—can result in mothers shouldering parenting responsibilities alone (Natalina Purba & Hendra Simanjuntak, 2021).

*"We, as a couple, and our parents, too." (P8)*

#### **Theme 4: Transformation of Parent-Child Bonds**

Parents acknowledged that acceptance transformed their relationships with the children, deepening bonds and changing the dynamics. The transformation involves developing new conceptualizations of their special child, accepting increased responsibilities, and recognizing that "normal means blessing" (Kurt et al., 2024).

##### ***Subtheme 4.1: Deepened Compassion and Patience***

Parents noted the development of greater patience as well as the ability to offer love without conditions. Mothers caring for children with special needs demonstrate that patience involves active emotional, cognitive, and spiritual development rather than mere endurance, encompassing acceptance of diagnosis, spiritual strengthening, and perspective transformation (Lutfidhania et al., 2024).

*"Adjustment on us parents in handling his tantrums. More patience." (P2)*

*"They have to be taken care of very well, understand their condition, love, care, and treat them as normal human beings." (P9)*

##### ***Subtheme 4.2: Strengthened Emotional Connection***

Parents acknowledged greater attachment through therapy, numerous milestones, and caregiving activities, which were done daily. Psychoeducational interventions, such as seminars, can transform parents' emotional responses from despair and uncertainty to acceptance, self-confidence, and social solidarity, demonstrating the effectiveness of structured support in building resilience and acceptance (Bastiana et al., 2025).

*"Every small step is essential in the development of my child." (P4)*

*"We have become used to their situation; I know that we still have more challenges to overcome, that even if it takes time, I will still wait for my children." (P10)*

##### ***Subtheme 4.3: Concerns About the Future***

Consistent worrying about who would take care of their child in their absence was a common concern among parents. For parents of children with autism, primary concerns center on self-sufficiency and independence, transition to adolescence, and educational outcomes (Ganjeh et al., 2020).

*"What will be my child's future? Who will take care of my child when we're gone?" (P9)*

## **Theme 5: Building Coping and Resilience Pathways**

Through faith, therapy, positive reframing, and advocacy, parents were able to formulate coping strategies. Environmental and social support play crucial roles in implementing effective coping strategies (Solikhin et al., 2024).

### ***Subtheme 5.1: Faith-Based Coping***

Of all the coping strategies mentioned, prayer was the most common. Religious coping emerges as a crucial mechanism, involving prayer, seeking solace in divine guidance, and finding meaning in their child's condition as a divine mandate (Hidayati & Dewi, 2024; Tahitu, 2022).

*"Prayer is the main thing that helped us." (P2)*

### ***Subtheme 5.2: Therapeutic Interventions and Routines***

Many parents used occupational and speech therapy, and did some of the activities at home. Meanwhile, Kashinath et al. (2006) demonstrated that parents can effectively learn and generalize teaching strategies within natural daily routines, leading to improved child communication outcomes and high parental satisfaction.

*"We enrolled him in therapy sessions at least three times a week, aside from taking special education classes." (P4)*

*"Occupational Therapy." (P3, P6)*

### ***Subtheme 5.3: Knowledge and Advocacy***

Parents researched autism and spoke on behalf of their child at school. Burke et al. (2025) found that while motivation leads to improved knowledge and empowerment among parents of children with disabilities, empowerment more strongly correlates with individual advocacy activities than knowledge.

*"I researched about children who have ASD so I could learn about the things that will make my child calm." (P11)*

### ***Subtheme 5.4: Positive Mindset and Acceptance Practices***

Many began to reframe autism for positive outcomes to be strong. Parents who demonstrate greater acceptance of their child's autism diagnosis show improved attunement during play interactions and enhanced perspective-taking abilities (Di Renzo et al., 2020).

*"Just trust and support our children, like what they say, autism is not a disability, it's a different ability." (P3)*

### ***Subtheme 5.5: Social Sharing and Advice-Giving***

Parents motivated others to seek assistance as soon as possible and embrace their child unconditionally. Parents rely heavily on emotional support and self-acceptance as crucial factors in their caregiving journey, with parental acceptance directly influencing their ability to provide better emotional support to their children (Despriliani et al., 2024).

*“If they notice something that’s different from the behavior or development of their children, it’s better to consult a specialist.” (P5)*

*“My advice is if their child is diagnosed...just accept it because you will both suffer if, as a parent, you do not accept your child’s situation.” (P11)*

### **Synthesis of Findings and Discussion**

This research proves that parental acceptance of children with special needs is a developmental, psychosocial, and relational process influenced by emotional adjustment, meaning-making systems, social support, and coping strategies. By integrating Posttraumatic Growth Theory, Stigma Theory, and the Ecological-Family Systems perspective, the results of this research describe the process of acceptance over time in individual, family, and community systems. Supporting Posttraumatic Growth Theory, the parents’ stories reveal that acceptance is a process of emotional struggle rather than emotional stability. Denial, shock, guilt, and grief were overcome by acknowledgment and resilience as parents made meaning out of their experiences. Acceptance did not overcome suffering but allowed parents to cope with uncertainty, suggesting that acceptance is a dynamic process rather than a destination. Meaning-making systems were integral to the acceptance process. Faith and spirituality were culturally informed psychological buffers that helped parents reinterpret disability as purposeful rather than shameful. Knowledge-seeking through medical and therapeutic advice further diminished uncertainty and enhanced parental confidence. These processes cumulatively facilitated cognitive and emotional development required for acceptance. Concurrently, Stigma Theory helps understand the social difficulties faced by parents. Stigma associated with fear of being judged, reputation of the family, and associative stigma hindered disclosure and acceptance. However, some parents overcame stigma through advocacy and positive reinterpretation, indicating that acceptance can develop into empowerment and social action. From an Ecological-Family Systems viewpoint, acceptance was maintained through social support rather than individual accomplishment. Spousal, familial, and social support from teachers and peer parents further consolidated acceptance and alleviated feelings of isolation. When acceptance was collectively maintained in the family system, caregiving became more equitable and emotionally manageable. Acceptance also changed the nature of the parent-child relationship, which became more emotionally invested, more patient, and more focused on individualized progress on the part of the parents. While worries about the future of the child remained, acceptance enhanced parental commitment and focus. Finally, coping and resilience-building strategies, including faith-based interventions, therapy, knowledge-seeking, advocacy, and social sharing, serve as sustaining mechanisms that supported acceptance over time. These strategies highlight the interplay

between psychological growth, stigma management, and ecological support throughout the acceptance process. In sum, the results place parental acceptance as a process that is dynamic and culturally embedded and, as such, requires integrated psychological, family, and community support. This is particularly important for culturally sensitive, family-based interventions that aim to enhance parental well-being and inclusion, which is essential for achieving SDG 3 (Well-being) and SDG 10 (Reduced Inequalities).

#### 4. Conclusions

Parents experience acceptance as a dynamic and progressive emotional process that usually starts with shock and denial, followed by grief, guilt, fear, and emotional distress in response to the diagnosis. Over time, these strong feelings gradually subside and are replaced by acknowledgment and functional acceptance. However, acceptance is not a linear process; parents may go back to previous emotional states as new challenges emerge. This result highlights the dynamic and continuous emotional process of adjustment involved in acceptance. The transition from denial to acceptance is shaped by both internal psychological processes and external sociocultural factors. Meaning-making through religion, positive reinterpretation of disability, and enhanced knowledge about the child's diagnosis facilitate acceptance by mitigating self-blame and uncertainty. On the other hand, social stigma, fear of being judged, and worries about family reputation, especially in the Filipino sociocultural setting, may hinder acceptance and the early seeking of help. Acceptance arises from the dialectical interplay between personal meaning systems and sociocultural forces. Support systems are a core and vital part of parental acceptance. Having emotional and practical support from spouses, relatives, teachers, medical professionals, and fellow parents decreases feelings of isolation and confirms the parent's experience. Parents who feel supported by their family and community show higher levels of emotional stability and confidence in parenting. Conversely, a lack of support system results in prolonged suffering and makes acceptance difficult. These results verify that acceptance is a relationally based construct and not an individual achievement. Acceptance brings about a positive change in the parent-child relationship. Parents become more tolerant, emotionally connected, and attuned to the individual needs of their child. Parental expectations change from typical developmental milestones to individualized growth, increasing emotional attachment and unconditional commitment. While concerns about the child's future continue, acceptance helps parents participate in parenting activities with increased empathy, strength, and long-term vision. Parents use various strategies of coping and resilience-building during the acceptance process. These strategies include emotional regulation, faith-based coping, information-seeking and professional advice, positive reframing of disability, and finding strength in family and peer support networks. Instead of being discrete outcomes, coping and resilience become enabling processes that help maintain acceptance, especially during stressful periods of transition. Parental acceptance of children with special needs is a complex, culturally mediated process that is influenced by emotional experience, psychological meaning-making, social support, and coping processes. It is critical to support parents on this journey in order to promote family well-being and social inclusion, which directly contributes to achieving SDG 3 (Good Health and Well-being) and SDG 10 (Reduced Inequalities).

## 5. Recommendations and Future Implications

Schools and SPED centers may offer periodic parent sharing sessions led by guidance counselors or trained teachers, where parents can share their emotional experiences following diagnosis. These sessions can normalize feelings of denial, grief, and fear. It can also reiterate the idea that acceptance is a gradual process. Healthcare professionals and school administrators may offer brief and culturally appropriate psychoeducation to parents following diagnosis or enrollment in school. This can include basic information about the child's condition, typical emotional responses, and respectful dialogue about stigma and cultural beliefs without placing blame. Schools and community organizations may promote the development of small parent support groups or networks, enabling families to connect with other families experiencing similar situations. Support groups can be incorporated into existing school or barangay programs to enhance family and community engagement. Educators, counselors, and therapist can encourage parents to adopt strength-based parenting strategies by understanding and acknowledging the child's progress, rather than comparing it to the average child's development. Schools and medical institutions can recommend effective strategies for coping with stress by reaching out to professionals when needed, engaging in parent support activities, practicing reflective or faith-based activities while maintaining good communication.

## 6. References:

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