

Recursive Family Adaptation and Relational Resilience Among Filipino Parents Raising Multiple Children with Autism Spectrum Disorder: A Descriptive Phenomenological Study

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ABSTRACT: Background: Raising a child with Autism Spectrum Disorder can be an ongoing responsibility involving care, education, therapy, finances, and family life. These problems can get more complicated when parents have more than one child with ASD. However, few qualitative studies have explored how families adjust following multiple diagnoses and as circumstances continue to change. Although autism caregiving, family resilience, and families with many autistic children have been investigated in prior research, less is known about the daily experiences of Filipino parents within their family, cultural, and service contexts.

Purpose: The study examined the lived experiences of Filipino parents of more than one child with Autism Spectrum Disorder and how they comprehended recurrent diagnoses, changes in family life, advocacy, support, and continued adjustment.

Methods: The study used a descriptive transcendental phenomenological design, as advised by Moustakas (1994). Eight Filipino parents (five mothers and three fathers) engaged in individual semi-structured interviews. The participants were collectively raising 17 children with ASD. Interviews were conducted in English, Filipino, or both languages and were audio-recorded with the participants' consent. The data analysis includes epoché, horizontalization, identification of significant statements and meaning units, coding, categorization, and thematic synthesis. Individual and composite descriptions of the textural and structural aspects were constructed to discover the shared meanings and the core structure of the experience.

Results: Four interconnected themes emerged from the thematic analysis: **Confronting Repeated Diagnoses, Restructuring Family Life Around Autism, Advocacy as Parenting, and Resilience Through Continuous Adaptation and Meaningful Support.** Parents reported that an additional ASD diagnosis meant they had to go through the emotional and mental adjustment process all over again, but they were able to draw on their experiences of caring for their previously diagnosed children. They routinely modified family routines, responsibilities, budgets, and priorities as their children's needs changed. Advocacy was an aspect of parenting, as parents coordinated resources, interacted with specialists, navigated institutional barriers, and searched for appropriate options for their children. They developed resilience over time through adaptation and by leaning on family and community relationships, faith and spirituality, parent networks, and their growing experience in caregiving.

Conclusion: Findings reveal that Filipino parents raising several children with ASD adjust in a dynamic, relational, and non-linear way. They applied what they had learned from caring for one child while continuing to respond to later diagnoses, changing developmental needs, family circumstances, and service expectations. **Recursive Family Adaptation** is not a novel theory itself, but a way of interpreting this recurring pattern within a specific setting. The findings also point to the need for accessible, coordinated, and family-centred services that respect parents as active partners in their children's care and development.

KEYWORDS: Autism Spectrum Disorder; Filipino parents; family adaptation; family resilience; descriptive phenomenology; family-centred care

1. INTRODUCTION

Autism Spectrum Disorder is a neurodevelopmental disorder characterized by abnormalities in social communication and interaction and restricted or repetitive behaviors, hobbies, or activities. Autism looks different in each person, and children may have varied developmental profiles, skills, and support needs. Such differences affect family life, as parents typically balance healthcare, education, therapy, and everyday care with domestic routines, family ties, and available resources.

Families Raising Multiple Children With ASD

Families raising multiple children with ASD may need to respond to the developmental and caregiving needs of children at different stages and with different support requirements. As family circumstances change, parents may need to adjust routines, responsibilities, and strategies for maintaining family functioning (Trew, 2025).

However, more than one child with ASD does not necessarily indicate more difficulties or stress. (Waterson et al., 2011) observed that some families found some aspects of coping easier as autism became a familiar part of normal family life. This might mean that families cope with and respond to repeated diagnoses in different ways. In the Philippine context, access to autism services may also be shaped by socioeconomic disparities, sociocultural barriers, and fragmentation across service systems (Allison et al., 2025).

There remains a lack of qualitative studies on families in this situation. ERDEM (2023) studied the experiences of mothers of more than one child with ASD and showed the consequences and difficulties of caring for them. Other studies in the broader autism-caregiving literature have examined parental resilience, family experiences, and adaptation (Bekhet et al., 2012; Périard-Larivée et

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al., 2024). However, there remains limited knowledge about the shared experiences of parents raising several children with ASD, particularly in the Philippine setting.

Family Adaptation and Theoretical Grounding

Family adaptation is a useful tool for studying how families adjust to changing pressures over time. This is defined by the Double ABCX Model of Family Stress and Adaptation as a continuous process shaped by cumulative stressors, family resources, families' perceptions of their condition, and their responses to new difficulties (McCubbin & Patterson, 1983; Rosino, 2016). The model also suggests that family stress and adaptation are not the result of a single stressful incident, but that other demands may accumulate and interact with the family's resources and perceptions.

The Double ABCX Model can also be used with households with a family member with ASD. (Yu et al., 2018) family-adaptation model-based framework with caregivers of individuals with ASD, demonstrating its utility for analysing caregiver experiences. (Hayden & Hastings, 2022) Similarly situated family theories, such as the Double ABCX Model, in relation to studies of intellectual and developmental impairments. Similarly, Weiss et al. (2013) examined the family crisis in relation to ASD through family stress and adaptations. Together, these sources document the evolution of the model from its original design, through conceptual explanation and application to ASD and developmental-disability research, and its importance to understanding family crisis.

The Family Adjustment and Adaptation Response Model offers a complementary framework for understanding family adaptation. Patterson (1988) conceptualized adaptation as arising from the relationship between family demands and capabilities, emphasizing that families continuously respond to changing circumstances. In the present study, the FAAR Model serves as a theoretical lens for examining how parents negotiate evolving caregiving demands in relation to their available resources and capabilities.

These ideas are especially relevant for families dealing with repeated diagnoses and changing developmental needs. Parents may use what they learned from caring for an earlier-diagnosed child while also facing new needs, responsibilities, and service demands. In this study, **Recursive Family Adaptation** is used as a context-specific framework for describing this repeated process. It is **not a new theory**. Instead, it helps explain how past caregiving experiences, knowledge, relationships, and resources may shape responses to later challenges, while changing circumstances require families to adjust again.

Filipino Context and Local Scholarship

Family adaptation also takes place within the Philippines' cultural and social context. Filipino families may rely on relatives, friends, and community networks to manage caregiving demands, seek help, and cope with uncertainty. *Kapwa* offers a culturally relevant framework for understanding relationships, shared experiences, reciprocity, and collective well-being (Oropilla et al., 2026). *Bahala na* has also been described as a culturally grounded response that may involve courage, hope, optimism, self-efficacy, and the search for meaning during uncertain situations (Menguito & Teng-Calleja, 2010).

However, these ideas should not be treated as experiences shared by all Filipino families. Their meaning and expression can differ depending on each family's circumstances, socioeconomic situation, location, community connections, and personal experiences. Research in the Philippines has begun to shed more light on autism caregiving and how parents adjust. (Jardenil & Madrigal, 2022) looked at resilience among Filipino fathers of children with autism, while (Pacis, 2023) explored the views, challenges, and optimism of Filipino parents whose children had reached adulthood. (Andrada & Jusay, 2025) examined the experiences of fathers raising children with ASD, and (Reyes & Domingo, 2024) looked at how families of children with autism experienced family life in the Philippines

Together, these studies offer useful insights into Filipino family life, parental resilience, and caregiving. However, few qualitative studies have explored the shared experiences of Filipino mothers and fathers raising multiple children with ASD in one phenomenological study.

The Philippine service environment is another important context for family adaptation. Families may need to coordinate healthcare, education, therapy, and disability-related services, each of which may involve different procedures and requirements. Republic Act No. 10754 provides benefits and privileges for persons with disabilities in the Philippines, but recent qualitative evidence has identified implementation concerns involving awareness of benefits, documentation requirements, medical certification, bureaucratic processes, and acceptance of PWD identification (Tan et al., 2026). These institutional conditions help explain why parents may need to advocate for their children and navigate services repeatedly throughout their caregiving journey.

Research Gap

Three important underexplored areas remain.

First, there is still a shortage of qualitative studies on families who raise multiple children with ASD. In particular, there is scant information about how parents manage repeated diagnoses, evolving developmental needs, changes in family life, and continuing caregiving roles. Studies such as Waterson et al. (2011) and Erdem (2023) provide valuable insights, but further work is needed.

Secondly, there is a lack of qualitative research on such experiences in the Philippine family, cultural, and service settings. Although some Philippine studies have examined parental resilience, family experiences, and autism caregiving, few have focused on the shared experiences of Filipino parents raising multiple children with ASD.

Third, less is known about how families adapt to successive diagnoses and changing circumstances. Existing family-stress and adaptation frameworks explain how demands, resources, perceptions, capabilities, and responses are connected. However, few studies have explored how Filipino parents experience these processes repeatedly as their children grow and family needs change.

Therefore, this study focuses on an underexplored experience rather than claiming that families raising multiple children with ASD face greater burdens than those raising only one child with ASD. Because the study has no comparison group, it cannot determine whether these families face greater caregiving demands, burden, or administrative challenges. Instead, it describes how

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parents experienced and understood repeated diagnoses, changes in family life, advocacy, support, and ongoing adaptation in their own circumstances.

The study therefore examined the lived experiences of Filipino parents raising multiple children diagnosed with ASD through descriptive transcendental phenomenology based on Moustakas (1994). It explored both the nature of parents' experiences and the circumstances and conditions that shaped them. This report provides a grounded knowledge of family adaptation and relational resilience among Filipino parents raising multiple children with ASD.

Purpose of the Study

The objective of this study was to explore the experiences of Filipino parents raising more than one child with Autism Spectrum Disorder and the implications of such experiences.

More specifically, the study examined how parents dealt with repeated diagnoses, shifting caregiving responsibilities, changes in family life, advocating for their children, changes in relationships and support systems, and the ongoing process of adapting.

Drawing on the Double ABCX Model of Family Stress and Adaptation and informed by the Family Adjustment and Adaptation Response Model, this study employed descriptive transcendental phenomenology to examine participants' lived experiences without treating either model as an empirically testable framework. Recursive Family Adaptation was used as a context-specific interpretive formulation derived from the phenomenological findings, rather than proposed as a distinct standalone theory.

The study asked this main question:

What is the lived experience of Filipino parents raising multiple children diagnosed with Autism Spectrum Disorder, and what are the essential meanings of this experience?

2. METHODS

This section describes the research design, participant selection, data collection, and data analysis procedures used to address the study objective. A descriptive transcendental phenomenological approach was used to examine the meanings participants attributed to their experiences of caring for multiple children with ASD.

2.1 Research Design

This study employed a qualitative descriptive transcendental phenomenological design informed by Moustakas (1994) to explore the lived experiences of Filipino parents raising multiple children diagnosed with Autism Spectrum Disorder (ASD). This approach was selected because the study sought to describe participants' experiences as they were lived and understood by them and to identify shared meanings and the essential structure of the phenomenon.

The study was grounded in Moustakas's transcendental phenomenological procedures, particularly epoché, horizontalization, the identification of significant statements and meaning units, and the development of individual and composite textural and structural descriptions. The analysis focused on participants' descriptions rather than on testing the Double ABCX or FAAR models. These family-adaptation perspectives were subsequently used as interpretive lenses to understand the findings.

Researcher Positionality and Reflexivity

The researcher was a Special Education doctoral student at the time of the study and had professional and personal familiarity with autism and the experiences of families raising children with ASD. The researcher also had prior relationships with some participants through a shared parent-support community, including participation as a fellow parent and member of the same support network. This proximity provided contextual familiarity with the language, concerns, and experiences that could arise during interviews, but it also presented a potential source of preconceptions in interpreting participants' accounts.

The researcher therefore recognised that complete detachment from the phenomenon was not assumed. Reflexivity was incorporated into the phenomenological process by consciously identifying prior assumptions and expectations concerning autism caregiving, family adaptation, parental burden, advocacy, and resilience. These assumptions were considered during epoché and were deliberately held in abeyance as the researcher attended to participants' descriptions. The researcher also maintained reflexive field notes during data collection to document contextual observations and reflections that could influence the interpretation of the interviews.

The prior relationship with some participants was not treated as evidence of shared experience or used to substitute the researcher's understanding for participants' accounts. Instead, participants were encouraged to describe their experiences in their own words, and follow-up questions were used to clarify rather than lead their responses. During analysis, interpretations were anchored in significant statements and participants' descriptions, with attention to distinguishing the participants' meanings from the researcher's prior knowledge or expectations.

This positionality was considered throughout data collection and analysis to strengthen transparency and confirmability. The researcher's familiarity with the participant community was therefore acknowledged as part of the research context, rather than being presented as either an advantage or a source of bias.

2.2 Research Setting and Participants

This study was conducted in a community-based environment in Metro Manila, Philippines. Participants were recruited via a parent support network for families of children with autism. The interviews were conducted face-to-face, in private, and at a venue convenient to the participant (e.g., home, quiet cafe, autism center, private office, or special needs education school).

The sample includes eight parents, three fathers, and five mothers. Seven participants were raising two children diagnosed with ASD, and one person was raising three children diagnosed with ASD, for a total of 17 children with ASD. Participants had been caregivers for 2 to 10 years following the diagnosis of their first child.

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The participants were selected by purposive sampling based on the criteria. Eligible participants were biological, adoptive, or legal parents of at least two children diagnosed with ASD, actively involved in caregiving roles, able to participate in an interview conducted in Filipino or English, and willing to give informed permission.

The final sample consisted of eight individuals. This was appropriate for this phenomenological investigation as they presented thorough accounts of a shared experience. Interviews were conducted until no new key themes emerged from the subsequent interviews. The sample also varied in parents' sex, number of children with ASD, and years from first diagnosis, but had sufficient depth for analysis.

Table 1 Participant and Family Contextual Characteristics

Participant	Parent Role / Sex	Children With ASD (n)	Years Since 1st Diagnosis	Self-Reported Socioeconomic Category	Service Setting and Access	Living Environment	Children's Ages and Developmental Stages
Joseph	Father / Male	2	5	Middle income	Private therapy; church-based support group	Urban residential neighborhood, Manila City	13 years, adolescent; 9 years, school-age
Ana	Mother / Female	2	6	Middle income	Private SPED center; private OT/ST clinic	Suburban single-family home, Quezon City	11 years, school-age; 7 years, early childhood
Grace	Mother / Female	3	10	Upper-middle income	Private therapy centers; parent advocacy network	Gated community, San Juan City	15 years, adolescent; 12 years, pre-teen; 8 years, school-age
Liza	Mother / Female	2	4	Lower-middle income	LGU SPED class; subsidized NGO therapy	High-density urban barangay, Mandaluyong	10 years, school-age; 7 years, early childhood
Joy	Mother / Female	2	7	Middle income	Private OT/ST clinic; home-based routines	Apartment complex, Parañaque City	12 years, pre-teen; 8 years, school-age
Chris	Father / Male	2	2	Low income	Public LGU health center; therapy currently paused	Densely populated informal settlement, Pasay City	8 years, school-age; 4 years, early childhood
Leo	Father / Male	2	8	Middle income	Private SPED; father support peer groups	Multi-generational home, Marikina City	13 years, adolescent; 9 years, school-age
Rosalie	Mother / Female	2	3	Lower-middle income	Public LGU SPED center; PhilHealth Z-Benefits	Government housing project, Valenzuela City	11 years, school-age; 6 years, early childhood

Note. ASD = Autism Spectrum Disorder; SPED = Special Education; OT = Occupational Therapy; ST = Speech Therapy; LGU = Local Government Unit. Socioeconomic categories were self-reported by participants through the participant profile form and were not independently verified through household income documentation or other objective socioeconomic measures. They are therefore presented as contextual, self-reported characteristics rather than validated measures of socioeconomic status. Information regarding service access, living environment, and children's ages and developmental stages was drawn from the original participant profiles and interview accounts when explicitly reported.

The participants represented varied family and caregiving contexts within an urban Metro Manila setting. The sample included five mothers and three fathers, with participants raising two or three children diagnosed with ASD. Families differed in their socioeconomic circumstances, employment arrangements, access to services, and living environments. Some families accessed private therapy and SPED services, whereas others relied primarily on public, subsidised, or community-based services. Living arrangements likewise varied, including single-family homes, apartment living, multigenerational households, government housing, and densely populated urban communities. The children ranged from early childhood to adolescence, allowing participants to describe caregiving demands across different developmental stages.

The inclusion of both mothers and fathers provided variation in parental perspectives, although the study was not designed as a gender-comparative inquiry. Mothers constituted the majority of participants, while fathers contributed accounts reflecting their own involvement in caregiving, employment, financial provision, advocacy, and family adaptation. These differences are considered in interpreting the findings, while avoiding the assumption that caregiving roles were determined solely by parental sex.

The Metro Manila recruitment context also provides an important boundary for transferability. Participants were connected to a parent-support network and therefore may have had greater access to information, peer support, advocacy resources, or service-navigation knowledge than families who were not connected to such networks. The findings should consequently be understood within the context of urban Filipino families who had some connection to autism-related support resources rather than generalized to all Filipino families raising multiple children with ASD.

2.3 Research Instrument

A semi-structured phenomenological interview guide was developed for this project. The guide was reviewed by experienced qualitative phenomenological researchers to ensure that the questions were clear, relevant, and culturally suitable for Filipino parents who are raising many children with ASD. Their feedback led to changes in the phrasing and order of questions before the interviews started.

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The interview guide included questions about participants' experiences of repeated diagnoses, changes in family routines and caregiving responsibilities, primary challenges, sources of support, advocacy, family relationships, and meaning-making associated with these experiences. The semi-structured method ensured consistency across interviews while also allowing participants to discuss what was most important to them. Their comments were clarified, and their conceptualization and understanding of their experiences were explored by follow-up and probing questions.

Peer debriefing was used for the interview guide, not the finished analysis.

2.4 Data Collection

The author conducted in-depth individual interviews with participants from January to March 2023. Participants were informed of the purpose, procedures, confidentiality, and rights as research participants prior to each interview. Written informed consent was obtained before the interview began.

Interviews lasted between 42 and 60 minutes and were conducted in Filipino, English, or both languages, according to participant preference. With participants' permission, all interviews were audio-recorded and subsequently transcribed verbatim. The researcher reviewed the transcripts against the recordings to ensure accuracy.

Participants were subsequently given the opportunity to review and confirm their interview transcripts. This participant transcript checking was intended to verify the accuracy and completeness of the recorded accounts and to allow participants to identify any transcription errors or clarify portions of their responses. Participants were not asked to review or validate the researchers' codes, interpretations, themes, or findings.

The original interview questions were written in English and translated into Filipino by a Filipino major. Filipino portions of participants' responses were translated into English by the institutional grammarian. No back-translation was conducted. The researcher also maintained field notes documenting contextual observations and reflexive insights during the data collection process.

2.5 Data Analysis

Data were analyzed using Moustakas's (1994) transcendental phenomenological method. The analysis was designed to remain grounded in participants' descriptions while identifying the shared meanings and essential structure of the phenomenon.

The process began with epoché, or bracketing. Because the researcher had professional training in Special Education, lived experience as a co-parent of a child with autism, and prior familiarity with some participants through a parent support group, particular attention was given to assumptions that could arise from these experiences. These included expectations about parental burden, emotional responses to diagnosis, family adaptation, advocacy, resilience, and the kinds of support parents might consider meaningful. The researcher did not assume that these preconceptions could be completely eliminated. Instead, they were made explicit through reflexive field notes and consciously held in abeyance during the examination of participants' accounts. For example, when participants described experiences that were familiar to the researcher from professional or personal experience, the researcher recorded the initial reaction or assumption in the reflexive notes and returned attention to the participant's specific words and meaning, rather than interpreting the account through the researcher's own experience. Similarly, when analyzing accounts of participants known through the parent support group, the researcher remained attentive to the possibility of making assumptions based on prior familiarity. Interpretations were therefore checked against the participant's complete account and the documented analytic process rather than against the researcher's prior knowledge of the participant or the phenomenon.

The interview transcripts were then read repeatedly to develop familiarity with each participant's account. Horizontalization was conducted by identifying statements directly related to the phenomenon and initially treating each statement as equally valuable. Repetitive, vague, overlapping, or unrelated statements were removed, while significant statements were retained and examined for their experiential meaning. Culturally situated expressions and references to family, community, and relational contexts were retained when they contributed to understanding participants' experiences.

The significant statements were then grouped into meaning units and assigned preliminary codes. Related codes were compared across participants and consolidated into broader categories when they reflected shared meanings. Throughout this process, the researcher maintained an audit trail documenting coding decisions, category development, theme formation, and revisions to the analysis. Reflexive notes were revisited during coding and theme development to identify points at which personal assumptions or prior familiarity might influence interpretation.

The researcher subsequently developed individual textural descriptions of what each participant experienced and individual structural descriptions of how those experiences unfolded within relational, temporal, cultural, and institutional contexts. The individual textural and structural descriptions were then synthesised into composite descriptions representing the shared dimensions and essential structure of the phenomenon. Through this synthesis, the researcher identified the meanings that characterized the participants' common lived experience.

The analytic process resulted in four phenomenological themes:

Confronting Repeated Diagnoses

Restructuring Family Life Around Autism

Advocacy as Parenting

Resilience Through Continuous Adaptation and Meaningful Support

2.6 Trustworthiness

Trustworthiness was assessed using four criteria: credibility, transferability, dependability, and confirmability.

Credibility was supported through an expert-reviewed semi-structured interview guide, repeated transcript review, identification of significant statements and meaning units, and comparison of participants' accounts. The analysis followed Moustakas's

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transcendental phenomenological approach, including epoché, horizontalization, and the development of textural and structural descriptions.

Transferability was supported by providing detailed descriptions of the research setting, participants, caregiving situations, and findings. This allows readers to decide whether the findings may apply to similar settings. Because the sample was small, specific to this context, and included fewer fathers, the findings describe the participants' experiences rather than making statistically generalizable claims.

Dependability was strengthened by maintaining an audit trail of coding, categorization, theme development, and analytic decisions. This record made the development of the interpretations transparent.

Confirmability was supported by linking interpretations to participants' accounts and retaining the transcripts, field notes, and analytic records. The researcher also remained aware of their role in interpreting the data. Member checking was conducted, while peer debriefing was limited to the interview guide and did not involve the completed analysis. The researcher's positionality and potential sources of interpretive influence were explicitly documented and considered throughout the analytic process.

2.7 Ethical Considerations

At the time of the study, the university did not require formal ethics review for research of this nature. The research procedures were reviewed by the university research panel. All participants provided consent, and participation was voluntary. The identities of participants were protected, and confidentiality was maintained in accordance with the institutional ethics review requirements in effect at the time of the study. Participants were informed of the study's purpose, procedures, potential risks, confidentiality measures, and their rights before providing consent. Participants could refuse to answer any question, take a break, end the interview, or withdraw from the study at any time without penalty. Pseudonyms protected participants' privacy, and identifying information was omitted or generalized in the transcripts and reports. Audio recordings, transcripts, and other study materials were stored securely and were only accessible to the researcher. Participants could speak in Filipino or English during the interviews. The researcher also took steps to protect their privacy, dignity, and comfort.

3. RESULTS

3.1 Overview of the Findings

The analysis of the eight participants' accounts resulted in four interconnected themes describing the lived experiences of Filipino parents raising multiple children diagnosed with Autism Spectrum Disorder (ASD): **(1) Confronting Repeated Diagnoses, (2) Restructuring Family Life Around Autism, (3) Advocacy as Parenting, and (4) Resilience Through Continuous Adaptation and Meaningful Support.**

All eight participants contributed to the analysis and to the development of the themes. To present the findings with sufficient depth while maintaining focus, two participants whose accounts most fully and clearly illustrated each theme are presented as exemplar narratives. The selection of these accounts was based on the richness, specificity, and direct relevance of their narratives to the experiential meaning represented by each theme. The use of two exemplar participants per theme does not imply that the theme was experienced only by those participants; rather, their accounts most clearly demonstrate the shared meaning identified across the participants' narratives.

The results are presented first through participant accounts and then through composite textural and structural descriptions. Direct quotations are retained in the original language to preserve participants' voices. English translations are provided immediately after Filipino quotations to make the participants' accounts accessible to readers.

3.2 Theme 1: Confronting Repeated Diagnoses

The diagnosis of another child was experienced as an emotionally significant event even when the parents already had experience with autism. Participants described a subsequent diagnosis as bringing renewed fear, uncertainty, sadness, and emotional adjustment. Previous experience provided parents with knowledge of autism and familiarity with services, but it did not make the subsequent diagnosis emotionally identical to the first. Each diagnosis involved responding to another child whose developmental characteristics and needs were understood as distinct.

Joseph

Joseph described the emotional impact of learning that his second child also had ASD:

"Ang hirap at sobrang nakakapagod noong marinig ko ang sinabi ng doktor na may autism na naman yung pangalawa ko. Halong emosyon at takot sa future ang nararamdaman ko. Alam ko na agad na hindi magiging madali."

English translation: "It was difficult and extremely exhausting to hear the doctor say that my second child also had autism. I felt a mixture of emotions and fear about the future. I already knew that it would not be easy."

Joseph's account conveys the emotional weight of receiving another diagnosis. The phrase "may autism na naman" reflects the recurrence of an experience that the family had already encountered, while his reference to fear about the future shows that familiarity with autism did not remove uncertainty. The second diagnosis, therefore, represented another emotional encounter with the realities of autism caregiving.

Chris

Chris similarly described the second diagnosis as emotionally difficult despite the family's previous experience:

"Noong sinabi ng doktor, kahit may ideya na kami, pakiramdam ko nadurog ulit ako. Nong unang diagnosis sa panganay ko, masakit, pero nakafocus kami sa paghahanap ng solution. Pero nung dumating 'yong pangalawang diagnosis para sa bunso naman, iba pa rin ang adjustment, parang naulit lang."

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English translation: "When the doctor told us, even though we already had an idea, I felt like I was devastated all over again. When my eldest was first diagnosed, it was painful, but we were focused on finding a solution. But when the second diagnosis came for our youngest, the adjustment was still different; it felt as though it happened all over again."

For Chris, previous knowledge of autism provided a basis for responding to the second diagnosis, but it did not prevent another period of emotional adjustment. He further described how adjustment continued as his children moved through different developmental stages:

"Na-realize ko na kailangan ko na naman mag-adjust sa bawat stage ng buhay nila. Bagong pila sa Dev Ped, iba rin 'yong proseso ng panibagong acceptance, dalawang routine, dalawang schedule."

English translation: "I realized that I had to adjust again at every stage of their lives. There was another round of developmental-pediatrician appointments, another process of acceptance, two routines, and two schedules."

Chris's account illustrates that repeated diagnosis was not experienced as a single event that could simply be resolved. Instead, the experience involved renewed acceptance and continuing adjustment as the children's needs and circumstances changed. Taken together, Joseph's and Chris's accounts show that subsequent diagnoses were experienced as both familiar and emotionally renewed. Parents could draw on knowledge gained from the first diagnosis, but each additional diagnosis brought another child, another set of needs, and another period of adjustment.

3.3 Theme 2: Restructuring Family Life Around Autism

Parents described the experience of raising multiple children with ASD as requiring substantial reorganization of everyday family life. Time, routines, household arrangements, responsibilities, and parental attention had to be adjusted because the children's needs could differ in type, intensity, timing, and developmental stage. Rather than simply adding another caregiving responsibility to an established routine, parents described changing the way the household itself operated.

Joy

Joy described how the arrival of a second diagnosis changed the way she allocated her time:

"Noong isa pa lang ang anak naming may diagnosis, kaya ko pang ilaan 'yong oras ko sa mga karaniwang gawaing-bahay habang inasikaso siya. Pero nung naging dalawa na sila, 'yong oras ko kailangang hatiin pa—at madalas, kulang na kulang pa rin."

English translation: "When only one of our children had a diagnosis, I could still devote some of my time to the usual household tasks while taking care of the child. But when there were two of them, I had to divide my time even more—and often, it still was not enough."

Joy explained that the challenge involved not only limited time but also the differing needs of her children:

"Ang pinakamahirap araw-araw ay 'yong magkaibang demands ng dalawa kong anak. Hindi kasi talaga pareho ang pangangailangan nila. May mga pagkakataon na sabay silang may meltdown o sensory overload."

English translation: "The most difficult part every day is the different demands of my two children. Their needs are really not the same. There are times when they both have a meltdown or sensory overload at the same time."

When their needs occurred simultaneously, Joy described having to make rapid decisions:

"'Yong isa kailangan ng quiet environment at iba gustong activity, habang 'yong isa naman ay sobrang naglilikut at gustong mag-ingay. Kapag nagsabay 'yong pangangailangan, ramdam na ramdam ko 'yong matinding pressure. Kailangan kong isipin nang mabilis kung kaninong pangangailangan ang mas dapat unahin para safe."

English translation: "One needs a quiet environment, while the other wants an activity, while the other is very restless and wants to make noise. When their needs occur at the same time, I feel intense pressure. I have to think quickly about whose needs should be prioritised first for safety."

Joy's account illustrates the lived experience of managing competing needs within limited time and attention. Family organization involved continual prioritization rather than following a fixed routine.

Ana

Ana described the second diagnosis as a point at which previous family routines were no longer sufficient:

"Nung nakuha namin 'yong second diagnosis, na-realize ko agad na hindi na talaga gagana 'yong lumang paraan ng pagpapatakbo sa bahay—kailangan ko talagang buuin 'yong araw namin mula sa umpisa. Tinigilan ko na 'yong pagpilit sa mga anak ko sa tradisyunal na routine; sa halip, inayos ko 'yong bahay base sa pangangailangan nila, gamit ang mga visual card at schedules na madali nilang maiintindihan."

English translation: "When we received the second diagnosis, I immediately realized that the old way of running our household would no longer work—I really had to rebuild our daily life from scratch. I stopped forcing my children to follow a traditional family routine; instead, I organised the home around their specific needs, using visual cards and schedules that were easy for them to understand."

She further described reorganizing her time and parental attention:

"Sa oras naman, pinalitan ko 'yong sobrang higpit na iskedyul ginawa ko na flexible - inayos ko schedule ng therapy nila at yong schedule sa school para hindi kinakain 'yong buong maghapon ko. Naglalaan din ako ng 1-on-1 time sa bawat isa para walang nagtatampo or naiinggit, at naglagay ako ng extra 30 minutes sa bawat transition para maiwasan 'yong sunod-sunod na meltdown."

English translation: "As for time management, I replaced the overly rigid schedule with a flexible one—adjusting their therapy and school schedules so they wouldn't consume my entire day. I also set aside one-on-one time for each of them to prevent anyone from feeling left out or resentful, and I built in an extra 30 minutes between transitions to avoid back-to-back meltdowns."

Ana summarised the experience as an ongoing balancing process:

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“Araw-araw siyang pagbabalanse at pag-prioritize sa kaligtasan at regulation nila bago hindi na para maging, pero ang paglalagay ng ganitong matibay na boundaries lang talaga ang nag-iisang paraan para maalagaan ko ang growth nila at ang sarili kong mental health bilang nanay.”

English translation: “Every day is a balancing act of prioritising their safety and regulation, not perfection, but setting these firm boundaries was really the only way I could support their growth while also caring for my own mental health as a mother.”

Ana's account provides a detailed description of how family life was reorganised in response to the needs of multiple children. Her experience involved changes not only in schedules but also in the physical environment, parental attention, transitions, and priorities.

Together, Joy's and Ana's accounts show that restructuring family life involved active, ongoing reorganization. Parents redistributed limited time, modified routines, adapted the household environment, coordinated services, and differentiated their responses according to each child's needs.

3.4 Theme 3: Advocacy as Parenting

For participants, parenting extended beyond caregiving within the home. Their experiences with autism led them to navigate educational, healthcare, intervention, disability-related, and community systems. Advocacy emerged as an expression of parental responsibility, particularly when parents encountered gaps in services or believed that their children required greater access, protection, understanding, or participation.

Grace

Grace described how her experiences following her children's diagnoses led her to recognize limitations in available support:

“Nung lumipas 'yong gulat at sakit, napalitan na rin ang galit. Nagkaroon ako ng linaw ng pag-iisip, tapos na-realize ko kung gaano kakulangan at ka-inaccessible ang support systems para sa mga pamilyang katulad namin. Nag-start ako mag-advocate.”

English translation: “When the shock and pain passed, the anger was also replaced. I gained clarity of mind, and then I realized how inadequate and inaccessible the support systems were for families like ours. I started to advocate.”

She connected advocacy with her desire to improve the circumstances of her children and other families:

“Ayaw kong hayaan na ang mga anak ko at 'yong ibang pamilya ay mag-isang lumalaban sa ganitong sistema. Ginamit ko ang experience ko para ipaglaban ang mas maayos na educational access, intervention services, at lalo na ang community acceptance.”

English translation: “I did not want my children and other families to struggle through this system alone. I used my experience to advocate for better educational access, intervention services, and especially community acceptance.”

Grace's account shows advocacy developing from lived experience. What initially involved emotional adjustment became an awareness of barriers and a desire to act on behalf of children and families.

Rosalie

Rosalie described how the diagnosis of her second child expanded her understanding of her parental role:

“Nong na-diagnose yung pangalawa ko, na-realize ko agad, hindi sapat na maging nanay ka lang sa loob ng bahay. Kailangan ko rin maging advocate para sa mga anak ko.”

English translation: “When my second child was diagnosed, I immediately realized that it was not enough to be a mother only within the home. I also needed to be an advocate for my children.”

For Rosalie, advocacy included protecting her children's rights and participation in everyday settings:

“Ang advocacy para sa akin ay hindi naman malalaking rally o mag-public speaking—it started sa mismong pangangailangang ipaglaban at protektahan ang karapatan ng mga anak ko sa public places at sa school. Ginagawa ko rin pala itong pag-iinform through social media.

English translation: “For me, advocacy is not necessarily about large rallies or public speaking—it started with the need to fight for and protect my children's rights in public places and at school. I also realized that informing others through social media was part of it.”

She also described helping other parents navigate available resources:

“Ginawa ko na ring advocacy ang pagtulong sa ibang mga magulang—lalo na sa mga bagong nakatanggap ng diagnosis—para turuan sila kung paano kumuha ng tulong at hindi sila ma-discourage.” “At least, alam nila na may kasama sila.”

English translation: “I also made helping other parents an advocacy—especially those who had recently received a diagnosis—to teach them how to obtain help and keep them from becoming discouraged. At least, they know that they have someone with them.”

Rosalie's account demonstrates that advocacy extended from protecting her own children to sharing practical knowledge with other families.

Together, Grace's and Rosalie's accounts show that advocacy became incorporated into parenting. Parents responded to service gaps and institutional barriers by seeking information, securing opportunities and services, protecting their children's rights, and supporting other parents.

3.5 Theme 4: Resilience Through Continuous Adaptation and Meaningful Support

Participants described resilience as an ongoing capacity to continue responding to changing circumstances rather than as the absence of exhaustion or difficulty. Adaptation involved flexibility, persistence, learning from experience, and drawing on meaningful relationships and sources of support. As children's needs changed, parents continued to modify their approaches while seeking people and resources that helped sustain caregiving.

Leo

Leo described resilience as continuing despite exhaustion:

“Ang hirap sabihin, impossible kasi na di ka mapagod minsan maiyak kahit tatay ka pa. Dalawa na yong anak ko na me autism pag sinabing resilience para sa akin kakayaning magpatuloy araw araw patuloy lang mag adapt.”

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English translation: "It is difficult to say that it is impossible not to get tired or sometimes cry, even if you are a father. I have two children with autism. For me, resilience means being able to continue every day and continuing to adapt."

He emphasized that adaptation continued as his children grew:

"Habang lumalaki kase sila nag iiba rin naman ang mga kelangan nila, mga dating problema sa school nag iiba rin ang mga nangyayari sa buhay."

English translation: "As they grow, their needs also change; the problems they had in school before also change, and different things happen in their lives."

Leo explained that this required flexibility and persistence:

"Kaya dapat talaga flexible tyaga lang pag me mga challenges try mo ganito, pag hindi gumana try ulit mahirap nga lang kase dalawa na sila."

English translation: "So you really have to be flexible and patient. When there are challenges, you try one approach, and if it does not work, you try again. It is just difficult because there are two of them."

He also identified community and relatives as important sources of support:

"Dapat lang talaga meron tayo community support group ba. Me mga relatives na nakakaintindi so focus lang ako sa kanila..."

English translation: "We really need a community or support group. There are relatives who understand, so I focus on them..."

Leo's account presents resilience as a continuing process of adapting to change while drawing on supportive relationships.

Liza

Liza similarly emphasized the importance of intentionally developing meaningful support:

"Dito sa atin, sa situation ko, it really takes a village, pero kailangan pala ikaw mismo ang mag-initiate at mag-train ng 'village' mo."

English translation: "Here in our situation, it really takes a village, but I realised that you yourself have to initiate and build your 'village.'"

She explained that support became meaningful when people understood the family's circumstances:

"Kapag ipinaliwanag mo naman 'yong boundaries and pinalibutan mo ang sarili mo ng mga taong totoong nakakaintindi sa situation mo nang walang panghuhusga, doon mo lang talaga maiintindihan na kailangan mo talaga ang support nila."

English translation: "When you explain the boundaries and surround yourself with people who truly understand your situation without judgment, that is when you really understand that you need their support."

Liza's account illustrates that support was not simply something parents received. It could also involve intentionally identifying, educating, and maintaining relationships with people who understand the family's needs.

Together, Leo's and Liza's accounts show resilience as relational and ongoing. Parents continued to adapt as their children's needs changed, drawing on family, community, and other supportive relationships. Resilience was expressed through persistence, flexibility, and the development of meaningful support rather than through the absence of difficulty.

3.6 Composite Textural Description

The composite textural description captures what the participants experienced in their everyday lives as parents raising multiple children diagnosed with ASD.

Participants experienced subsequent diagnoses as emotionally significant events. Although they had already encountered autism through the diagnosis of an earlier child, another diagnosis could bring renewed fear, sadness, uncertainty, and emotional adjustment. Parents described knowing more about autism and having greater familiarity with professionals, services, and caregiving strategies, yet they still experienced each subsequent diagnosis as involving another child and another set of circumstances. Previous experience provided knowledge, but it did not remove the emotional significance of another diagnosis.

Parents also experienced substantial changes in everyday family life. They described having to divide time, attention, and energy among children whose needs were often different. Household routines that had previously been workable could become insufficient. Parents described changing schedules, reorganising spaces, coordinating therapy and school demands, creating individualised routines, and finding ways to give each child attention. When children's needs occurred simultaneously, parents experienced pressure and had to decide which need required immediate attention.

Parenting was also experienced as extending beyond the home. Parents described becoming more active in securing educational and intervention opportunities, navigating healthcare and disability-related services, protecting their children's rights, and communicating with schools and community institutions. Some parents also experienced a desire to assist other families by sharing information and practical knowledge gained through their own experiences.

At the same time, parents experienced exhaustion, uncertainty, and continuing demands without viewing these difficulties as reasons to stop. They described learning to adjust their responses as their children developed and as family circumstances changed. Supportive relatives, community relationships, parent networks, and other people who understood their circumstances provided important forms of assistance. For some parents, faith and other sources of meaning also played a role in how they endured difficult periods.

Across the accounts, the experience involved repeatedly encountering circumstances that required parents to adjust. Parents experienced emotional readjustment, reorganization of everyday family life, expansion of parental responsibilities into advocacy, and continued efforts to sustain caregiving through adaptation and meaningful support.

3.7 Composite Structural Description

The composite structural description concerns how the lived experience unfolded within the circumstances surrounding the parents and their families.

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The experience unfolded over time rather than at a single point of diagnosis. Parents encountered subsequent diagnoses after already having developed knowledge and routines from caring for an earlier-diagnosed child. This previous experience became part of the context in which later diagnoses were understood. At the same time, subsequent diagnoses occurred within new developmental, family, educational, and caregiving circumstances. Thus, parents entered each later experience with prior knowledge while simultaneously encountering conditions that required further adjustment.

The experience was also shaped by the simultaneous presence of multiple caregiving demands. Parents had to respond to children's diverse sensory, behavioural, developmental, educational, and therapeutic needs, sometimes simultaneously. Limited time and attention required parents to prioritize among competing demands. Family routines consequently became flexible arrangements that could be modified according to children's needs, schedules, safety considerations, and available resources.

The family context was further shaped by relationships and institutional environments. Parents interacted with spouses, relatives, other parents, schools, healthcare professionals, therapists, disability-related service providers, and community members. Their experiences of support, or limited access to it, influenced how they organised caregiving and responded to challenges. Where systems were difficult to navigate or information was unclear, parents described becoming more active in seeking services, communicating with institutions, and advocating for their children.

The experience also unfolded within the broader social and cultural context of family and community relationships. Parents drew on people whom they considered understanding and trustworthy and, in some cases, intentionally developed networks of support. These relationships provided practical assistance, information, emotional encouragement, and a sense that parents did not have to manage every demand alone. Faith and spirituality also formed part of the context for some participants' efforts to make sense of difficulty and continue caregiving.

Under these circumstances, adaptation was not a linear progression from difficulty to a final state of adjustment. Instead, changing diagnoses, developmental stages, family demands, service requirements, and available resources created successive occasions for parents to reconsider routines, priorities, strategies, and sources of support. Previous experience informed later responses, while new circumstances required parents to adapt again.

The structure of the experience can therefore be understood as an ongoing interaction among changing caregiving demands, prior experience, family organization, relationships, institutional contexts, and parents' continuing responses. This description remains grounded in the participants' accounts and does not imply that all families raising multiple children with ASD experience the same circumstances or degree of burden.

3.8 Essence of the Experience

The essence of the experience was **ongoing adaptation within a changing family life**.

For parents raising multiple children diagnosed with ASD, a subsequent diagnosis was experienced as both familiar and new. Parents carried forward knowledge gained from earlier caregiving experiences, yet each child brought distinct needs and circumstances that required renewed emotional and practical adjustment. Family routines and priorities were repeatedly reorganised as parents divided time and attention, responded to competing needs, and adapted their homes and schedules.

Parenting also expanded beyond caregiving within the household. Parents became advocates, seeking educational opportunities, services, accommodations, information, and protection for their children. Through these experiences, some also became sources of information and encouragement for other parents.

The experience unfolded over time and was sustained through continuing adaptation and meaningful support. Parents described persistence and flexibility alongside exhaustion and uncertainty, drawing on relatives, communities, parent networks, and other supportive relationships. The lived experience was therefore not one of reaching a final state of adjustment, but of **learning from what had already been experienced while continually responding to what was changing**.

In this sense, raising multiple children diagnosed with ASD was experienced as a continuing process of emotional readjustment, family reorganization, advocacy, and adaptation within changing relational and contextual circumstances.

4. DISCUSSION

The present study examined the lived experiences of Filipino parents raising multiple children diagnosed with Autism Spectrum Disorder. Four interconnected themes emerged: Confronting Repeated Diagnoses, Restructuring Family Life Around Autism, Advocacy as Parenting, and Resilience Through Continuous Adaptation and Meaningful Support. Together, these themes show that family adaptation is an ongoing process. Parents responded to changing developmental needs, reorganised family life, advocated within service systems, and relied on meaningful relationships and available resources.

Rather than viewing adaptation as a single transition after diagnosis, participants described it as an ongoing process of adjustment. Previous caregiving experiences informed parents' responses to later diagnoses and changing circumstances, but each child's distinct needs required them to reassess their expectations and strategies. The following discussion interprets these findings in relation to existing research, family-adaptation perspectives, Filipino cultural concepts, and implications for family-centered practice and policy.

4.1 Confronting Repeated Diagnoses

The findings indicate that subsequent diagnoses were experienced as emotionally significant even when parents had already developed familiarity with Autism Spectrum Disorder (ASD). Participants described renewed feelings of sadness, fear, uncertainty, and emotional adjustment following the diagnosis of another child. At the same time, their previous experience with ASD provided knowledge that could inform how they understood and responded to the subsequent diagnosis. The experience of a second diagnosis

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was therefore characterized not simply by greater distress, but by the coexistence of familiarity, prior knowledge, and renewed emotional adjustment.

This finding is consistent with the accounts of Joseph and Chris, who described the subsequent diagnosis as emotionally difficult despite their previous experience with autism. Chris, in particular, described feeling emotionally affected again, even though the family already had an idea of what autism involved. His account also showed that previous experience did not eliminate the need to adjust to another child's distinct needs, routines, and developmental circumstances. Similarly, Joseph described fear about the future following the second diagnosis, reflecting the emotional significance of confronting the possibility of another long-term caregiving journey.

However, the present findings should be interpreted alongside evidence that repeated exposure to autism within a family may also facilitate normalization and easier coping. Waterson et al. (2011) reported that some parents raising more than one autistic child experienced subsequent diagnoses as more manageable because familiarity with autism and previous caregiving experience had increased their knowledge and preparedness. This provides an important counterpoint to the renewed distress described by the participants in the present study. The two experiences are not necessarily contradictory. Previous experience may make a subsequent diagnosis more familiar and provide parents with practical knowledge, while the diagnosis may still evoke renewed emotional adjustment because it concerns another child with distinct characteristics, needs, and developmental circumstances.

Recent quantitative evidence on parental stress in autism provides additional context for interpreting the present findings. This literature indicates that parental stress is shaped by multiple child, parental, relational, and contextual factors, although evidence specifically examining the contribution of the number of children with ASD remains limited.

The findings therefore suggest that repeated diagnosis should not be understood through a single emotional trajectory. Familiarity and normalization may coexist with renewed uncertainty and emotional response. A parent may know what autism is, understand how to seek assessment and intervention, and have developed strategies from caring for an earlier-diagnosed child while still experiencing the subsequent diagnosis as emotionally significant. The meaning of the subsequent diagnosis is consequently shaped not only by the diagnosis itself but also by the child's individual needs, the family's existing routines and resources, and the parents' accumulated caregiving experience.

Recent quantitative research on parental stress in families of children with ASD provides additional context for interpreting the present findings. This literature indicates that parental stress is influenced by multiple child, parental, relational, and contextual factors. However, evidence specifically examining whether the number of children with ASD within a family is associated with maternal stress remains limited. This limitation is important in interpreting the present findings because the current study was not designed to determine whether parents raising multiple children with ASD experience greater stress than parents raising one child with ASD. Rather, the study describes how participants experienced repeated diagnoses and the continuing adjustments required as caregiving demands changed over time.

Taken together, Theme 1 highlights repeated diagnosis as an experience involving both continuity and change. Parents entered subsequent diagnostic experiences with knowledge gained from earlier caregiving, but they also encountered another child, another set of needs, and another period of adjustment. The experience was therefore neither uniformly distressing nor uniformly easier; rather, prior experience could provide familiarity and preparedness, while a subsequent diagnosis could still require renewed emotional and practical adaptation.

4.2 Restructuring Family Life Around Autism

Restructuring Family Life Around Autism shows that adaptation was embedded in the family's daily functioning. Participants described changing routines, responsibilities, finances, educational arrangements, and priorities to meet their children's needs. Such changes reflect family-systems perspectives that consider family members and roles as interdependent rather than independent (Cridland et al., 2013).

Findings also lend support to the (Patterson, 1988) Family Adjustment and Adaptation Response (FAAR) Model, which describes adaptation as a dynamic process of balancing family demands and resources. Participants' accounts indicate that the organization of family life was a continual negotiation as demands and resources changed. Instead of reaching a state of equilibrium, parents reported making pragmatic decisions about how to allocate responsibilities and resources to maintain family functioning.

The interpretation is consistent with the Double ABCX tradition, which emphasizes the interaction of accumulated demands, family resources, perceptions and adaptation (McCubbin & Patterson, 1983; Rosino, 2016). In the present study, the relevance of this perspective is particularly evident in the way earlier caregiving experiences informed later family decisions. Previous experience could increase parents' familiarity with particular demands, but changing developmental needs and family circumstances required continuing reassessment.

The findings should therefore be interpreted as evidence of complex family coordination, rather than as evidence that the number of children with ASD necessarily produces a proportionally greater burden. The study provides no comparison group and cannot establish such an association. It demonstrates that participants negotiated multiple, changing needs within a shared family system.

4.3 Advocacy as Parenting

Advocacy as Parenting extends caregiving beyond the home. Participants communicated with schools and professionals, coordinated healthcare and therapy, located resources, and navigated institutional procedures. Through these activities, they worked to secure appropriate education, healthcare, and support for their children. This finding is consistent with Boshoff et al. (2016), who described parental advocacy as seeking services, navigating systems, balancing family needs, and planning for children's futures. Similarly, the present findings show that advocacy became part of parenting because parents had to understand, coordinate, and actively engage with services rather than simply receive them.

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Repeated interactions with service systems also generated practical knowledge. Parents became more familiar with procedures, available resources, and ways to communicate their children's needs. They could then apply this knowledge when making decisions about another child. Advocacy was therefore one way earlier caregiving experience informed later adaptation.

Parent-to-parent relationships offered practical knowledge and emotional support. (Lee et al., 2023) Identified information sharing and shared experience as central to parent-to-parent support. In this study, these relationships complemented formal services by giving parents access to knowledge grounded in lived experience. The findings suggest that families should be supported by recognizing parents as partners in service systems. Advocacy is not merely an additional responsibility; it reflects parents' active efforts to secure appropriate opportunities and support for their children.

4.4 Resilience Through Continuous Adaptation and Meaningful Support

Resilience Through Continuous Adaptation and Meaningful Support demonstrated that parents' capacity to continue caregiving was contingent on their relationships and resources. Participants reported receiving support from spouses, family members, friends, professionals, parent communities, and other social networks, as well as from faith and spirituality. These resources offered emotional stability, practical help, information, and help with sharing caregiving duties.

This finding is consistent with family-resilience perspectives that focus on relationships, flexible roles, shared beliefs and meaning-making, rather than conceptualizing resilience as a personality trait. In this study, resilience entailed continuing to meet caregiving demands while drawing on interpersonal and practical resources.

This interpretation is informed by the Philippine context, which offers an important relational perspective. Kapwa offers a culturally relevant lens for understanding interconnectedness, reciprocity, and relational responsibility. In addition, Bahala na provides a culturally situated response to uncertainty that includes courage, hope, optimism, and meaning-making. However, these concepts should not be treated as universal characteristics of Filipino families. Their meaning depends on parents' circumstances, relationships, beliefs, and available resources.

Economic resources were also part of this adaptive context. Participants described the costs and practical demands of therapy, education, healthcare, transportation, and other services. These experiences are consistent with research showing that economic circumstances can affect families' ability to maintain autism-related services. Resilience should therefore not be understood as the ability to overcome structural constraints through personal determination alone. The resources available to families shape their capacity to adapt.

4.5 Recursive Family Adaptation in Relation to the Double ABCX Model

Taken together, the four themes show that family adaptation was both temporal and relational. Parents did not simply move from diagnosis to family reorganization, advocacy, and stable adjustment. Instead, experiences at one stage informed responses at later stages. Earlier caregiving experiences informed later decisions; changes in children's needs necessitated revisions to routines; and relationships formed in earlier experiences became resources in later challenges.

This is consistent with the Double ABCX Model, which defines family adaptation as a process shaped over time by chronic stressors, resources, and family perceptions and responses. Its application to ASD caregiving has been supported by Yu et al. (2018), who examined the model within the caregiving framework for people with ASD. (Hayden & Hastings, 2022) have also contextualized family adaptation within the intellectual and developmental disabilities research, and Weiss et al. (2013) showed how family stress and adaptation perspectives can help explain the experiences of families of individuals with ASD. The FAAR Model complements these perspectives by emphasizing the ongoing balance between family demands and capabilities.

The present findings add a phenomenological dimension to these perspectives. Participants did not simply adapt to accumulating demands; they revisited and modified earlier adaptations as circumstances changed. Previous experience was neither discarded nor applied mechanically. Instead, it became part of an evolving set of knowledge, expectations, relationships, and strategies that parents could draw on and revise.

This study refers to this recurring pattern as Recursive Family Adaptation. The term is a context-specific interpretation of participants' lived experiences. It describes how parents repeatedly reinterpreted circumstances, reorganised family life, took on advocacy roles, and drew on meaningful support. Earlier experiences informed later responses but did not determine them. The term is not proposed as a new standalone theory or as a replacement for the Double ABCX or FAAR models. Instead, it concisely describes the recursive pattern evident in participants' accounts.

This interpretation highlights an underexplored aspect of autism-family research: how parents adapt when ASD affects multiple children and family circumstances change over time. The contribution is descriptive and interpretive rather than comparative. Further research should examine whether this recursive pattern also occurs in other family structures, cultural contexts, and longitudinal trajectories.

4.6 Family-Centered Care and Policy Implications

The findings have implications for family-centered disability services, healthcare, education, and therapy. Participants' experiences indicate that access to support depends not only on whether services exist but also on parents' ability to find, coordinate, understand, and maintain them. Because parents often had to coordinate services across systems, fragmentation and complex administrative procedures added to the demands of caregiving.

This concern is relevant to the implementation of Republic Act No. 10754. Tan et al. identified several barriers, including a lack of awareness of PWD benefits, documentation and medical certification requirements, dependence on intermediaries, and inconsistent acceptance of PWD identification cards. The present findings emphasize the need for more accessible and better-coordinated disability-related systems at the family level.

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The findings have implications for several practical steps. Service providers can improve the coordination of healthcare, education, therapy, and disability services; clearly explain eligibility and benefits; minimise the need for repeated documentation; and recognise parents as knowledgeable partners in decision-making. Parent-to-parent and community support can also supplement professional services by providing practical information and emotional support.

More broadly, the findings suggest that family-centered care should be viewed as a process rather than as care at the time of diagnosis. As children develop and family circumstances change, parents may need different types of information, assistance, and coordination of services. Responsive, ongoing support may therefore be better able to meet the evolving needs of families and to foster their adaptation.

4.7 Strengths and Limitations

This study provides a qualitative perspective on a phenomenon that has been understudied: the lived experiences of Filipino parents of multiple children with Autism Spectrum Disorder (ASD). The inclusion of both mothers and fathers introduced different parental perspectives, and the Philippine cultural and service context was underrepresented in the qualitative literature. The study is further strengthened by its phenomenological orientation, which allowed the researchers to explore how parents understood and expressed their experiences, rather than reducing those experiences to predetermined variables. Methodological rigor was maintained through individual interviews, verbatim transcription, participant review and confirmation of interview transcripts, systematic phenomenological analysis, development of composite textural and structural descriptions, peer debriefing of the interview guide prior to data collection, and maintenance of an audit trail. These procedures collectively supported the credibility, dependability, and transparency of the research process.

Several limitations should nevertheless be acknowledged. First, the study involved only eight parents recruited through a parent support network in Metro Manila. Hence, the findings are context-specific and may not be generalizable to families from other Philippine regions, socioeconomic conditions, or service settings.

Second, although both mothers and fathers participated, the sample consisted of five mothers and three fathers. The smaller number of fathers limits the range of paternal perspectives represented and prevents a comprehensive characterisation of fathers' experiences.

Third, the study relied on participants' retrospective accounts. Fourth, the study focused on parents' perspectives and did not include those of autistic children, siblings, extended family members, or service providers. Including these perspectives could provide a more multidimensional understanding of family adaptation, caregiving relationships, and the distribution of responsibilities across the wider family and service system. Fifth, the study did not have a comparison group of families raising a single child with ASD. Because participants described experiences spanning different periods, their narratives may have been influenced by subsequent events, evolving interpretations, and memory limitations. Consequently, it cannot be determined whether families raising multiple children with ASD experience a greater burden than families raising a single child with ASD. The findings should instead be understood as a description and interpretation of the experiences represented within this sample.

Finally, Recursive Family Adaptation is presented as a context-specific interpretive formulation grounded in the participants' phenomenological accounts rather than as a validated general theory. Further research using more diverse samples, comparative designs, and longitudinal approaches could examine whether the recurring pattern identified in this study is evident across other family configurations and contexts.

Taken together, these limitations define rather than diminish the study's contribution. The study does not seek statistical generalization or empirical validation of a new theory. Its contribution lies in providing a detailed account of an underexplored lived experience and in offering a cautious interpretation of how established family-adaptation perspectives may illuminate the recurring processes described by Filipino parents raising multiple children with ASD.

5. CONCLUSION

The study explored the lived experiences of Filipino parents raising multiple children with autism spectrum disorder. Four interconnected themes emerged: Confronting Repeated Diagnoses, Restructuring Family Life Around Autism, Advocacy as Parenting, and Resilience Through Continuous Adaptation and Meaningful Support. Together, these themes showed that family adaptation is an ongoing process. Participants drew on knowledge gained from earlier caregiving experiences while continually adjusting their responses to changing developmental, family, and service-related circumstances.

The findings offer a context-specific illustration of how family perceptions, resources, relationships, and adaptive responses may evolve across successive diagnoses. Established perspectives for interpreting these experiences, particularly the ongoing interaction between family demands and capabilities, are provided by the Double ABCX Model and the Family Adjustment and Adaptation Response (FAAR) Model. The findings also suggest the relational and culturally situated nature of adaptation, as reflected in participants' experiences of family relationships, community support, faith and parent networks. The study contributes to understanding an underexplored phenomenon: how parents raising multiple children with ASD navigate family adaptation across successive diagnoses and changing circumstances. Recursive Family Adaptation is used as a context-specific interpretive formulation to describe the recurring pattern evident in participants' narratives, in which previous caregiving experiences informed subsequent responses while new circumstances required continued reinterpretation and adjustment. It is not proposed as a new or validated standalone theory.

Findings suggest that family-centered support should continue after diagnosis and should adjust to evolving family circumstances. Families can be assisted in meeting the ongoing demands of caregiving through coordinated services, readily available information, ongoing support from parents and the community, and meaningful parental participation in decision-making.

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Future research, using longitudinal, comparative, and more diverse samples, may explore whether the recursive pattern observed in this study also applies to other family and cultural contexts.

Declarations

Ethics Approval

The university determined that formal ethics review was not required for this type of research at the time the study was conducted. Nevertheless, the study procedures were reviewed by the university research panel and implemented in accordance with ethical principles applicable to qualitative research, including voluntary participation, informed consent, confidentiality, and the protection of participants' identities.

Consent to Participate

Written informed consent was obtained from all participants before data collection commenced. Participants received information about the study's purpose and procedures, the voluntary nature of participation, their right to withdraw at any time, and the measures implemented to safeguard the confidentiality of their information and identities.

Consent for Publication

Consent for publication was obtained as part of the informed consent process. Potentially identifying information was removed or excluded from the manuscript, and pseudonyms were used where necessary to preserve participant confidentiality.

Conflict of Interest

The author declares no conflicts of interest.

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Author Contributions

The author conceived and designed the study, developed the research instrument, collected and analysed the data, interpreted the findings, and prepared and approved the final manuscript.

Data Availability

The qualitative interview data are not publicly available because they contain potentially identifiable participant information and are subject to confidentiality protections. De-identified supporting materials may be obtained from the corresponding author upon reasonable request, provided that the request complies with applicable ethical requirements and confidentiality standards.

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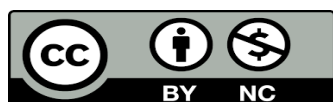
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