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The Coping Strategies Used by Parents of Children with Autism in Saudi Arabia

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Abstract

All parents of children with autism have to deal with this challenging condition. Their children are known to be more delicate and to necessitate greater consideration and care than children without the condition and, for this reason, they may cause stress for their parents. Therefore, parents have developed techniques of coping with these children. As indicated by previous research, parents employ different methods of coping with their children's autism, and it is important to explore these methods to better understand the children's needs and how to bring about improvements. This research describes some of the coping techniques used by parents of children with autism in Saudi Arabia and thereby improves knowledge and understanding of this area. A qualitative research design was utilised in this study. Semi-structured interviews with pre-planned questions were conducted with eight parents of children with autism. Subsequently, the data were transcribed and then analysed using thematic analysis. The research found that six common coping techniques were employed by the parents, namely: spirituality, support group, family support, resources and information, getting additional help, and finding something positive.

Keywords: Autism Spectrum Disorder (ASD), Parents' perceptions, Coping strategies, Qualitative, Saudi Arabia

1. Introduction

Autism is generally regarded as a serious developmental condition (Robins, Fein, Barton, & Green, 2001). Previous literature has indicated that parenting a child with ASD is considered challenging (Al-Kandari et al., 2017; Lai, Goh, Oei, & Sung, 2015; McAuliffe, Cordier, Vaz, Thomas, & Falkmer, 2017; Thoits, 1995; Twoy, Connolly, & Novak, 2007). Therefore, the parents need to develop coping strategies to help them have a better quality of life while raising their children (Lai et al., 2015).

The present study took place in Saudi Arabia but literature on the Saudi experience is limited. Much of the literature that does exist covers the Western cultural experience but there is less data available on the international experience. Some have considered that race, ethnicity and culture could be important variables leading to significantly different outcomes for the child with ASD and their parents (Dyches, Wilder, Sudweeks, Obiakor, & Algozzine, 2004; Lai et al., 2015). Saudi Arabian culture is marked by the influence of Islamic tradition; the cultural environment is generally conservative and there is a strict adherence to Islamic law (Alqahtani, 2012). ASD prevalence is limited in developing counties (Al-Kandari et al., 2017). Therefore, this research could serve as an important contribution to future comparative reviews of parental coping.

1.1 The Aim of the Study

The present study seeks to examine and understand the experiences and strategies that parents use in order to cope with the challenges of raising a child with autism from their subjective perspective.

1.2 Study Questions

1. What are the parents' experiences of raising a child with ASD?
2. What are the strategies that the parents use to cope with raising a child with autism?

2. Literature review

2.1 Autism Spectrum Disorder (ASD)

Autism is a child-development disorder (American Psychiatric Association, 2013) that impacts an individual's ability to engage in social interaction with others (DePape & Lindsay, 2015). Symptoms include not being able to understand or empathise with another person's point of view as well as a general disinterest in communication (Matson, 2009). Some have suggested that impairment in communication is a main symptom of the autism disorder (Matson, 2009). Children with autism have difficulty with their verbal abilities and, in some cases, children will struggle maintaining a conversation and stereotypical language may be used. Children with autism may also have difficulty with maintaining eye contact and may not make appropriate use of body language and facial expressions (Matson, 2009). Autism is also marked by typical repetitive behaviours and ritualistic actions (Rutter, 2005), such as a flapping of the hands or tapping (Evans & Morris, 2012). These behaviours can impact upon those who come into contact with the diagnosed individual.

In terms of prevalence, it has been recognized that the number of recorded cases of autism is increasing around the world. For example, the Center for Disease Control (CDC, 2017) in the United States stated that autism impacts one out of every 68 children. Autism has been found to be prevalent in all societies, irrespective of socioeconomic status (Dyches et al., 2004). Although accurate figures are currently unavailable in Saudi Arabia (Alnemary, Aldhalaan, Simon-Cereijido, & Alnemary, 2017), it is estimated that there are approximately 40,000 cases of autism within the country (Al-Salehi, Al-Hifthy, & Ghaziuddin, 2009). Autism exerts a huge influence on the individuals with the disorder along with the individuals in their surroundings (Fletcher-Watson, Larsen, & Salomone, 2017). Therefore, this research explores the influence of ASD on the parents, shedding light on what helps them cope with it.

2.2 Autism and Parental Stress

Parents are usually the primary caregivers of children with disabilities, and research has indicated that such parents are more likely to develop depression and anxiety than parents of typically developing children (Dunn, Burbine, Bowers, & Tantleff-Dunn, 2001; Richard P. Hastings et al., 2005; Yirmiya & Shaked, 2005). Indeed, research suggests that parental stress is higher for those parents with ASD children than it is for parents of children with other types of developmental disorders (Blacher & McIntyre, 2006; Hastings & Johnson, 2001; Sanders & Morgan, 1997). Some have suggested that this is because autism requires a more intensive level of parenting (Blacher & McIntyre, 2006; DePape & Lindsay, 2015), as children with autism need more time, resources and management (Beighton & Wills, 2017). Previous literature also found that some parents of children with autism report less marital satisfaction, and more deterioration in family relationships when compared with families of typically developing children (Higgins, Bailey, & Pearce, 2005). Research concerning parental stress and coping strategies is limited in Saudi Arabia, and in the wider Middle East. Therefore, this research will contribute to knowledge in this area.

Parents have been found to experience stress when they first receive the diagnosis that their child has autism (Heiman, 2002). Previous literature found that some parents respond and cope negatively, as they may experience feelings of anger, confusion, avoidance, distress, and blame (Heiman, 2002; Lai et al., 2015). Parents may sometimes also experience negative physiological responses, such as fright, trembling and a loss of appetite.

Heiman (2002) also investigated the social dynamics for parents when they inform their friends and relatives about the diagnosis. The study found parents generally experienced different types of responses; positive and reassuring responses included expressions of love and support, whereas negative responses included regret and offers to help if needed. It is also the case that parents will have undergone a significant amount of stress before the diagnosis as well because their child would have been displaying challenging behavioural symptoms but the parents would have not understood why or how to deal with them (Gupta & Singhal, 2005).

Empirical analysis has also suggested that parental stress is related to the severity of the child's symptoms and behaviours (Gallagher, Beckman, & Cross, 1983; Hastings, 2003; Montes & Halterman, 2007). Behaviours that are too difficult to manage require external intervention and, as such, parents continually need to seek appropriate educational and training services (Alnemary et al., 2017; Babatin, Alzahrani, Jan, Alkarimi, & Jan, 2016; Woodgate, Ateah, & Secco, 2008). This can require a significant amount of administration by the parents as they spend a lot of time looking after their children at home (Lai et al., 2015; Smith et al., 2010) and it can therefore be a source of stress.

Additionally, parents are likely to experience stress if the information and access to resources they need are not available. Parents who do not have sufficient information about the disorder will lack the understanding necessary to cope and this can affect the degree to which they can meet the child's demands (Pastor-Cerezuela, Fernández-Andrés, Tárraga-Mínguez, & Navarro-Peña, 2015; Pottie & Ingram, 2008). Parents may also find themselves unable to pursue their own interests or goals in life and mothers, as usually the primary caregivers, can feel particularly restricted (Hastings et al., 2005; McAuliffe et al., 2017; Montes & Halterman, 2007). Other studies have found that the economic consequences of having a child with a disability can be a particular source of stress (Heiman, 2002), especially when significant fees are required for private services (Alnemary et al., 2017; Babatin et al., 2016).

2.3 Coping

In these circumstances, the present study examines coping mechanisms used by parents to manage raising a child with autism. Autism presents a wide range of behavioural and intellectual challenges, and parents will necessarily have to develop strategies based on the degree of surveillance and assistance that the child requires (Gray, 2006; McAuliffe et al., 2017). Lazarus and Folkman (1984) define coping as the way in which an individual manages both the external and internal demands made upon them, especially demands that the individual appraises as taxing or exceeding their resources. Coping includes the ways in which an individual modifies their living circumstances, reactions and expectations in order to carry out the responsibilities required of them.

Barnett, Clements, Kaplan-Estrin, and Fialka (2003) examined the degree to which parents adjusted their living circumstances. Their work suggested that the parents could learn how to react in more constructive ways, which encouraged better coping. They also found that appropriate intervention could help support the adaptation process (Pelchat, Bisson, Ricard, Perreault, & Bouchard, 1999; Pisula & Kossakowska, 2010). Parents are able to mediate stress by developing the ability to resist and recover from stressful feelings (Heiman, 2002). This was examined by Weiss (2002) and Pastor-Cerezuela et al. (2015) in terms of parental resilience. The availability of social support has also been found to have a mediating influence on parental stress (Al-Kandari et al., 2017; Beighton & Wills, 2017; Gallagher et al., 1983; Hastings, 2003; Montes & Halterman, 2007) and an important role is played by those friends and family members with whom the parent of a child with autism can talk (Al-Kandari et al., 2017; Heiman, 2002). Previous literature found that support from relatives or groups can significantly affect parents' perceptions of stress, and can therefore enhance coping (Clifford & Minnes, 2013; Kissel & Nelson, 2016). Some have suggested that social support can be viewed as a coping mechanism itself (Clifford & Minnes, 2013; Higgins et al., 2005). Some studies have suggested that men employ different coping strategies to women and that women are more likely to seek support from their relatives and friends (Thoits, 1991, 1995). Research has also drawn distinctions between 'problem-focused' and 'emotion-focused' coping strategies (Lai & Oei, 2014; Sigmon, Stanton, & Snyder, 1995). People from different cultures respond to autism differently and the way in which a parent approaches care for an ASD child is affected by their own spiritual and cultural values (Al-Kandari et al., 2017; Lai et al., 2015; Mandell & Novak, 2005). Research by Pottie and Ingram (2008) and Lai et al. (2015) found that coping mechanisms can have significant moderating effects on parental well-being and distress. That study found that beneficial coping mechanisms included seeking support and positive reframing, such as an optimistic outlook. Negative coping mechanisms included isolation and avoidance and these served to decrease positive mood.

2.4 Coping Strategies

Gupta and Singhal (2005) have suggested that parents rely on a wide range of different coping mechanisms. Coping mechanisms may be classified into three main categories: personal measures, seeking support, and child-orientated strategies. Despite the challenges, research suggests that parents do manage to cope and cope successfully with autism in certain circumstances (Beighton & Wills, 2017; Kayfitz, Gragg, & Orr, 2010). For instance, parents may engage in avoidance of the issue or focus on the positive experiences (Beighton & Wills, 2017). Parents may also communicate with others about the disorder, providing others with information and raising awareness with members of the public. Parents often engage in supportive behaviours for other people and this can increase their sense of well-being (Al-Kandari et al., 2017). Research has also suggested that parents who take part in social and leisure activities experience less stress (Lampinen, Heikkinen, Kauppinen, & Heikkinen, 2006) and have higher levels of personal well-being (Al-Kandari et al., 2017; Smith et al., 2010). However, a study conducted in Kuwait noted that some parents employed maladaptive coping techniques such as humour and withdrawal, which could trigger undesirable emotional consequences (Al-Kandari et al., 2017).

Resilience was also a behavioural trait that was identified in the study by Heiman (2002). That study suggested that the sense of resilience was increased by taking a holistic view of the situation and seeing that child as integrated within the family. In this respect, parents also spoke about the rights of the child to live like other children (Heiman, 2002). The study also found that resilience was increased by measures such as discussion with professionals as well as the strengthening of bonds between the parents. Coping measures included the use of intervention and respite services, specialist care centres, schools and tutors, as well as social isolation, self-reliance, routines and support from the child's peers (Gray, 2006).

The study by Ekas, Whitman, and Shivers (2009) examined levels of spirituality and religious performance in mothers of children with autism and found this factor had a considerable positive effect on coping in some circumstances. Religion had an impact on the mothers' levels of confidence, contentment and hope. As such, previous studies found that the greater the belief in God, the more the individual was able to focus on the important things in their life, so religious beliefs therefore improved their socio-emotional well-being and were a means of positive coping (Al-Kandari et al., 2017; Beighton & Wills, 2017; Ekas et al., 2009).

Furthermore, Blackledge and Hayes (2006) examined the role of acceptance and commitment therapy (ACT) in parental stress. This study used a quantitative design to examine the impacts of a two-day workshop where parents were taught various ACT techniques. The study reported positive improvements for many of the participants. A longitudinal study by Gray (2006) examined the ways in which parents of children with autism coped over time using ethnographic methodology. The study involved 35 parents (representing 26 families) in Australia over a two-year period. It found that parental coping strategies changed over time and that respondents mentioned fewer coping methods when they were interviewed at a later date. They also placed less reliance on external services and interventions at the later date and this meant that some of their children had grown up without ever having being registered with an autism centre. Gray (2006) suggested this could mean that parental coping styles had improved or that levels of stress reduced over time. Indeed, the parents themselves suggested that the behaviour of their child had improved over time, even though they still demonstrated many autistic behaviours.

The current study explored the experiences of parents raising a child with ASD. It assumed that it is crucial to become familiar with the parents' viewpoints since these offer an insight into the family realities and routine, and into how the family dynamics are affected by having a child with ASD (Blacher & McIntyre, 2006; DePape & Lindsay, 2015).

3. Methodology

3.1 Participants and Sampling

The present study sought to understand how parents of children with autism coped with the stressful aspects of their child's disability. As such, it was considered useful to gather first-hand data from the parents themselves via a qualitative design.

Parents who took part in the study were between 30 and 60 years old; six of the participants were mothers and two were fathers. The participants were all recruited from Jeddah through a specialized centre and a support group. The study used opportunistic sampling as well as purposive sampling. The participants were all resident in Saudi Arabia and were from various socioeconomic backgrounds. Participants were only excluded if they were under the age of 18 or did not have a child with ASD.

Only eight participants were included in the present research and this was considered to be a relatively small sample in terms of generalisability to the wider population. However, a small sample was considered necessary in the circumstances since the study was collecting raw data from in-depth interviews. Face-to-face interviews can lead to a large amount of data being generated from each participant and this increases the amount of data management necessary for a study. In these circumstances, a smaller sample helped to ensure the amount of data overall was relatively limited.

3.2 Materials

The study used semi-structured qualitative interviews, as this technique allows researchers to collect a large quantity of data about personal perceptions of a subject matter (Rubin & Rubin, 2011). This method also allows researchers to compare data between participants (Rubin & Rubin, 1995). This was considered a useful approach in the present study because the participants were from a range of socioeconomic backgrounds and nationalities.

Questions were included in the interview schedule on the basis that they addressed the research question and were compliant with appropriate ethical considerations. The interview was semi-structured and that meant that, while the interviews were guided by the pre-prepared questions, participants were also encouraged to give information of their own volition through probes. Semi-structured interviews can in this way be advantageous when a researcher seeks to explore the thoughts and feelings of an individual (Harper & Thompson, 2011).

Interviews that provide the respondent with more options for responding help researchers tackle more complicated questions and encourage the provision of further explanation (Barriball & While, 1994). The interviews were conducted face-to-face and this also provided the researcher with the opportunity to ask further questions (Opdenakker, 2006) and observe nonverbal cues (Knox & Burkard, 2009). Interview questions covered topics such as the participants' family life, the challenges they faced, stress and coping techniques. Participants could choose the location of the interview, which was held at either the specialized centre, the support group office or at the participant's own home. The interviews lasted between 30 and 90 minutes and were recorded using a voice recorder.

3.3 Design and procedure

Much previous research that investigated coping employed qualitative methods (Beighton & Wills, 2017; Gray, 2006) as these are considered suitable for exploring and understanding parents' insights and experiences. The present study, also, adopted a qualitative approach in order to gain a deep insight into participants' thoughts and beliefs (Tracy, 2012). The researcher essentially asked the parents to recount their experiences of the autism disorder. As Seidman (2013) suggested, the process of explaining to a third person what had happened to them could be a way for the parents themselves to make sense of the autism diagnosis. This qualitative approach allowed the researcher to identify relevant themes for data analysis (Howitt, 2010). An interview schedule was designed in order to guide the interview process. The researcher later transcribed the interviews to help with the process of data analysis (Creswell, 2012; Tracy, 2012).

3.4 Ethical issues

The present study interviewed parents of people with ASD and not people with ASD themselves and therefore no significant ethical issues arose in the design. The participants who did take part were given information about the study and were asked for their consent prior to taking part. After the interview, the participants were debriefed and provided with contact information in case they needed further support.

Each participant was assigned a letter to ensure their names were not disclosed during the data analysis process. All of the data collected was treated in confidence and held in a password-protected computer. Hard copies of the document transcripts and analysis were kept in a locked cabinet. The researcher obtained the consent of the Board of Ethics at the University and was covered by the University's insurance. Permission was also obtained from the Mommy Cares Support Group and Jeddah Autism Centre to conduct the interviews. The researcher complied with the University's formal ethics policy and code of practice for research with human participants.

3.5 Data Analysis

Quantitative data from interviews can provide a lot of data that is difficult to process. As mentioned, the interview was first spoken verbally and then transcribed into written words and, in this way, the transcription process was itself a particular aspect of the research design (Smith, 2007). Credibility in results is important and this can be more challenging in qualitative studies because of the absence of statistical verification techniques (Smith, 2007). When analysing qualitative data, a researcher must rely on interpretations as well as their own observations when collecting the data. It is usually considered that the most useful way of presenting the results is through quotes from the interviews (Weiss, 1994).

Qualitative data may be analysed for common and recurrent themes (Howitt, 2010). Thematic analysis is a way of organizing qualitative data and involves the researcher working their way through a transcript and identifying patterns (Braun & Clarke, 2006). It is important that the themes are consistent and, in this way, it is important that the themes are identified and understood in some detail (Braun & Clarke, 2006). A theme may arise on a number of occasions or may be relatively rare but, in terms of the data overall, it should be a significant issue. Braun and Clarke (2006) suggest that a theme should reflect the research questions and this therefore gives the researcher a degree of flexibility when determining which themes will be the most appropriate to include.

4. Results

The results of this study are divided into two sections, namely the experience of stressful events by the parents during their childcare and, secondly, the different coping strategies they then adopted. In terms of coping strategies, six main themes were identified, including: spirituality; support groups; family support; resources; the seeking of additional help and, finally, finding something positive about the experience.

4.1 Experiences of Stress

The present study identified that parenting a child with autism can be extremely stressful and can affect a parent's physical and psychological well-being. This was a view shared by nearly all the parents interviewed and all of them emphasised the demanding nature of the care.

For example, one of the parents said:

> *"It's stressful, life changing, not what you planned"* (Participant B).

A number of participants also spoke of the challenges they faced when they were out in public with their child:

> *"We can't travel, that's for sure. Everything we want to do we have to think, what are we going to do with (son)? Where are we going to put him?"* (Participant F).

Two other participants spoke of the impact on their social life, saying that it reduced the number of family visits and visitors (Participants C and H).

4.2 Themes of Coping Strategies

4.2.1 Spirituality

Six out of the eight parents mentioned religion as a way in which they dealt with their child-rearing responsibilities. Most of the participants suggested that having an autistic child strengthened their belief in God and they spoke of the patience necessary to raise him/her. For example, one said that she had begun to pray more when she discovered her child had autism and that, for her, was an important religious experience. She explained:

> *"I started reading more about my religion, wanting to know more, like what did I do wrong? You keep asking like, Please, God, cure my child, and what can I do in return?"* (Participant F).

A father said he felt he would be rewarded by Allah for being accepting of his child and having patience throughout the challenging behaviour:

> "*We cope with it with acceptance, with thanking God, and of course when you do that, God will help you to help him as well... The first shock of the problem, once you accept it with patience you will be rewarded… Because you are patient for the sake of almighty God"* (Participant H).

4.2.2 Support Groups

Six out of the eight participants said they found support groups to be very helpful because they were able to discuss their problems with people who had similar experiences. One participant said:

> *"[W]e kind of share our ideas, which is a big help, but probably we don't need to be loading each other with the stress, but in a way it's the only person that can really understand what are you talking about"* (Participant B).

One mother said she had founded a support group of her own because there had been no equivalent organisation available in Saudi Arabia at the time. As she said:

> *"We helped each other to accept our kids first, and then helped them with whatever resources we have here in Saudi Arabia regarding academics, professionals, doctors, and stuff like that. Also we helped each other with experiences about good treatments, what worked with you and what didn't? Doctors, hospitals, and ways how we can cope with our kids"* (Participant G).

Support groups are beneficial for a number of reasons. Parents can gain knowledge from professionals or other parents, make friends and discuss resources. For example, one father explained how meeting with other people who had a child with autism enabled them to offer psychological and emotional support to each other. As the mother said:

> *"[W]hen you know that there are others who are facing similar challenges, it just helps psychologically and emotionally, and that's the key driver"* (Participant I).

4.2.3 Resources and Information

Half of the parents interviewed said they had sought information and resources online and had also approached centres for help with interventions. Participant H said they had tried to place their child in an autism centre in Jeddah and had also sought some medication and treatment. Another participant (Participant B) said they had conducted a lot of research and tried to get in touch with people online. They had also tried to start some minor educational classes at home. Another parent experienced particular difficulty during the holidays, stating:

> *"Vacation is not good for autistic kids, that's the time when they go backwards"* (Participant E).

4.2.4 Family Support

Five of the parents mentioned that having supportive family members helped them to cope. One participant (Participant B) said she expressed her concerns to her husband as a way of coping. Another participant (Participant D) described the support she received from another of her children. Interviewees also mentioned particular relationships with other relatives.

4.2.5 Additional Help

A number of parents mentioned that caring for their child took up a lot of their time and often left them feeling exhausted. Getting support from other individuals, therefore, was an important way to help them cope. In this respect, parents mentioned teachers or helpers at home, who eventually meant the parent had less responsibility for dealing with the child and had extra help. For example, Participant G said she had hired a teacher from abroad who attended restaurants with them as a family and helped the parent to deal with the child's autistic behaviour in public. A further mother stated:

> *'I've got a helper at home to help out'* (Participant F)

4.2.5 Finding Something Positive

Three of the parents said that having a child with ASD was not necessarily a negative experience. For example, Participant H said his autistic child had a nice temperament and that made it easier for them to cope with him. Another father suggested that having an autistic child was a factor that made their family more unique (Participant I). Participant E also spoke of the affectionate interactions they had with their son.

5. Discussion

The present study has sought to identify coping strategies employed by parents of children with autism. Interviews were conducted which collected qualitative data from eight parents from Saudi Arabia. The interviews were transcribed and the data then were analysed via thematic analysis.

The coping strategies used by the parents in the sample were classified into six main themes. As discussed, the first major theme was spirituality and it was found that in some cases religion and belief in God led to increased confidence in being able to cope with the challenges presented by the child with ASD. The present study identified that parents often turned to religion and spirituality as a means of additional support. This is consistent with the findings of previous literature, which showed that belief in religion was directly correlated with well-being and coping methods used by the parents (Al-Kandari et al., 2017; Ekas et al., 2009). This outcome is contrary to that of Lai et al. (2015), who found that parents sometimes used maladaptive coping techniques such as avoidance and self-blame.

Parents in the present study reported that prayer provided them with comfort and strength, which is consistent with the fact that Saudi Arabia is a conservative country that follows a strict interpretation of Islamic law (Alqahtani, 2012). This result is in line with previous literature which found that religion plays a major positive role in raising and coping with a child with ASD (Al-Kandari et al., 2017; Beighton & Wills, 2017; Ekas et al., 2009). Indeed, spirituality is likely to play a role in coping strategies for people in that region in general. Some studies have suggested that religion can be incorporated into official intervention programmes

(Tarakeshwar & Pargament, 2001). Therefore, it is important to take cultural differences and religious beliefs into consideration in research, as these could impact the outcomes (Lai et al., 2015). For example, in a study of 250 Latino parents of children with developmental disorders, Skinner, Correa, Skinner and Bailey (2001) found that half of parents felt a disabled child was a sign from God and only 3% thought it was some kind of punishment. The majority, however, considered it to be a positive sign (Skinner et al., 2001).

The second theme to emerge was social support. Parents said that this increased their ability to cope, one of the participants saying that she had created a support group herself which ended up meeting an important demand within her country. Parents mentioned the positive effect that these sources of support had on their emotional well-being and said that this was due to their perceiving that they had less responsibility. The present research identified that discussions within support groups were yet another way in which parents could share expertise and best practice, thereby obtaining more support. Confiding in personal friends and family members was also found to have a beneficial impact on their emotional state, which was in line with previous literature (Al-Kandari et al., 2017; Clifford & Minnes, 2013; Luther, Canham, & Cureton, 2005).

Another theme mentioned by the parents was the usefulness of educational materials and resources, including centres with facilities for providing professional intervention. The role of professional interventions has been studied extensively in the literature, and the present research indicated that interventions may be a good way of reducing parental stress (George, Kidd, & Brack, 2011). A variety of options are possible. For example, some studies have looked at parent-training programmes (Meadan, Halle, & Ebata, 2010; Postorino et al., 2017) and others at the way in which parents can encourage social, intellectual and communication skills (Vismara, Colombi, & Rogers, 2009).

A further theme was that parents also looked to the positive aspects of the parenting experience, which constituted another source of support. While much of the existing literature focuses on the role played by the intensity of the ASD symptoms (Blacher & McIntyre, 2006; Kissel & Nelson, 2016; Lyons, Leon, Roecker Phelps, & Dunleavy, 2010; Pastor-Cerezuela et al., 2015), the present study identified that a significant coping strategy was focusing on the positive aspects of child-rearing. This was consistent with a study conducted by Beighton and Wills (2017), which noted that focusing on the positive features of raising a child with ASD helped the parents in coping successfully. Ludlow, Skelly, and Rohleder (2011) suggested that parents who felt their child was less severely affected by autism than other children also felt better. As such, the present research suggests there are internal techniques of coping, such as having belief in God, as well as external techniques, such as support groups.

The present study identified another theme, which is that parents often relied on external assistance from other parties in order to get help with their child-rearing responsibilities. As mentioned previously, half of the participants identified the role played by private teachers or helpers. Dukmak (2009) cited that hiring a housekeeper by families in the United Arab Emirates supported them with looking after a child with a disability. It was also found that family members would often help out by babysitting for a couple of hours. Furthermore, the current study reported significant findings in terms of the roles played by support groups. Three-quarters of the participants interviewed identified that support groups provided them with significant assistance. This was particularly important given that some participants identified the lack of support groups within Saudi Arabia (Participant G). Research into the Saudi experience is also important because previous research has identified that the lack of adequate social support leads directly to increased depression and anxiety for parents (Luther et al., 2005; Weiss, 2002).

Coping strategies are crucial for parents of children with autism because of the challenging behavioural problems that the disorder presents and it can have a significant impact on the quality of life for the parent as well as the child (Al-Kandari et al., 2017; Alnemary et al., 2017; Lin, Tsai, & Chang, 2008). Coping strategies can turn what was originally a very difficult process, which is the child-rearing process, into an enjoyable experience for all the family. However, given the challenges that the autism disorder presents, it is important that the parents have timely access to coping methods and can implement the available strategies, which could be of use considering the child's particular disability. Moreover, the use of coping strategies can lead to the development of a more positive family environment, which will help the family adapt.

6. Conclusion

The purpose of the current study was to look into some of the coping techniques which have been employed by parents of children with autism in Saudi Arabia. In this regard, the investigation has attained its objectives and was effective through the use of thematic analysis of semi-structured interviews in identifying six major themes regarding coping approaches. The study has offered findings that are relevant to the disorder of autism, although they could be generalised to other developmental disorders.

The study was successful at identifying parental coping strategies; nevertheless it is recognised that the sample was limited and that a larger sample would improve the generalisability of results. Further research could examine one particular coping strategy in depth or seek more insight into how support groups are beneficial to parents. The study only covered the Saudi Arabian experience and the results may also have been affected by the fact that the participants were recruited from the same city. Further research is needed to examine the topic in different cultures and backgrounds.

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