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Maternal meaning-making under uncertainty in Xiaohongshu autism-related narratives

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Abstract

Background: Parenting an autistic child can involve uncertainty about educational pathways, family responsibilities, and personal continuity.
Objective: This study examines how self-identified Chinese mothers of autistic children negotiate these concerns through serial Xiaohongshu narratives and associated comments.
Methods: This interpretive qualitative analysis combined meaning-making theory with narrative and positioning perspectives. The corpus comprised 416 posts from seven maternal accounts and 6,826 first-level comments collected manually from Xiaohongshu. The posts and comments were published between March 2024 and December 2025. Reflexive thematic interpretation considered narrative episodes, within-account sequences, and responses attached to posts.
Results: Seven connected themes concerned recurrent disruption of developmental futures; love moralized as debt and intensive action; oscillation between collapse, hope, and provisional acceptance; redefinition of progress through relational micro-events; peer recognition and experiential expertise; a contested comment ecology that validated, disciplined, stigmatized, or commercialized mothers; and reclamation of a self beyond caregiving.
Conclusion: Meaning-making emerged as a continuing negotiation of anticipated futures, maternal responsibility, and personal identity, shaped by relationships within and beyond the family. These findings may inform further research into caregiver support, the moral expectations associated with care, and the quality of guidance circulating in online communities.

Keywords: Autism; Caregiving; Maternal identity; Meaning-making; Xiaohongshu

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1. Introduction

Parents of autistic children navigate demands involving service access, educational placement, family coordination, public misunderstanding, and uncertainty about adulthood. Research has documented substantial parenting stress and psychological distress, while identifying self-efficacy, social support, and family resources as relevant correlates of adjustment and quality of life.[1-9] Alongside these associations, attention to the narratives through which parents interpret everyday events can illuminate how particular experiences become distressing or sustaining and how expectations of maternal responsibility are negotiated.

Research in China has described parents' complex information needs, tensions between

employment and care, and struggles for recognition and support.[10,11] Qualitative studies and syntheses further identify parental expertise, changing relationships, stigma, and the remaking of family expectations.[12-19] Such work resists a simple burden narrative. A health-psychological account nevertheless needs to distinguish distress associated with inaccessible environments, uncertain resources, and disrupted expectations from an assumption that the autistic child is inherently a tragedy. Neurodiversity scholarship provides an important corrective to deficit-centered research language and the presumption that normalization is the necessary endpoint of support.[20-22]

Park's[23] integrative meaning-making model distinguishes global meanings, including beliefs, goals, and assumptions about how life should unfold, from situational meanings attributed to particular events. Discrepancies between them can lead individuals to reinterpret an experience, reconsider expectations, or pursue further actions. This distinction is especially pertinent when educational decisions, family interactions, and public judgments repeatedly bring long-standing assumptions about a child's future and a mother's responsibilities into focus.

Narrative identity directs attention to the continuity across remembered pasts, interpreted presents, and imagined futures.[24] A small-stories perspective brings brief, situated episodes into view, including a school decision, an encounter in public, or a child's communicative initiative.[25] Dialogical self theory offers a way to examine the coexistence of different positions, such as protective caregiver, uncertain decision-maker, experienced adviser, and woman with personal aspirations.[26] Together, these perspectives are complementary but not interchangeable. Meaning-making supplies the central problem; narrative and dialogical perspectives illuminate how that problem is told and inhabited; positioning identifies how particular descriptions allocate agency, responsibility, and entitlement.

Online spaces provide a setting in which parental accounts and audience responses appear together. Peer exchange may offer recognition and practical information, while also circulating unsupported advice and commercially interested solutions.[27-30] Comments may acknowledge distress, challenge a diagnosis, propose a remedy, or question a parent's entitlement to institutional support. Reading a post alongside its replies therefore offers insight into the social negotiation of meaning surrounding a narrated event.

Studies of Chinese social media have examined autism-related public discourse, stigma, resilience, and parents' struggles for recognition.[31-34] In this study, serial first-person narratives were analyzed together with first-level comments to examine how maternal interpretations are taken up, affirmed, challenged, and redirected. Its contribution is not to treat sociality as missing from established theory, but to differentiate the supportive, disciplinary, and promotional interpretations that can coexist around the same narrated difficulty. This distinction matters for health psychology because an apparently encouraging response may sustain agency while also attaching further responsibility to the mother.

This study therefore asked:

(i) How do self-identified mothers of autistic children narrate discrepancies between expectations of motherhood and experiences of autism-related care?
(ii) How are distress, uncertainty, responsibility, and personal continuity negotiated through meaning-making and identity positioning in these narratives?
(iii) How do first-level comments respond to and reshape the meanings proposed in maternal posts?

2. Materials and methods

2.1. Research design

This interpretive qualitative study was situated in narrative health psychology. Xiaohongshu posts were examined as publicly authored narratives of care. Posts were treated as situated presentations of experience rather than transparent measures of clinical states. Meaning-making theory, narrative identity, dialogical self theory, and positioning analysis informed an abductive reading of the texts; reflexive thematic principles guided the development and refinement of patterns through comparison and attention to divergent cases.[35,36] Reporting was informed by the Standards for Reporting Qualitative Research (SRQR).

2.2. Data collection

Data were drawn from Xiaohongshu, a widely used Chinese social media platform with a predominantly young female user base and a community style that encourages emotionally expressive self-discourse, making it a suitable site for examining serial, time-stamped self-presentations produced through everyday platform use. To assemble a corpus capable of tracing the longitudinal dynamics of narrative identity and dialogical meaning-making, we used purposive sampling to identify accounts authored by mothers of autistic children. Candidate accounts were located through manual platform searches using the Chinese keywords "自闭症母亲" (mothers of autistic children) and "自闭症" (autism). Twenty accounts were screened. Inclusion required self-identification as a mother of an autistic child, sustained first-person accounts of autism-related parenting over at least six months, and

more than 20 relevant posts. Institutional accounts and those devoted primarily to promotion were excluded. Both authors considered ambiguous eligibility cases together. Seven accounts met the criteria. The purposive strategy prioritized narrative richness and relevance to the research questions.[37]

Posts concerning autism-related parenting were identified through their text and hashtags and collected manually from the seven accounts. First-level comments displayed beneath those posts at the time of collection were included; nested replies, replies from the account holders, private messages, and access-restricted material were excluded. The final corpus comprised 416 posts and 6,826 comments dated from March 2024 to December 2025 (Table 1).

2.3. Data analysis

Data analysis followed an iterative process combining inductive coding with theoretically informed interpretation, consistent with the study's abductive design and reflexive thematic principles.[35,36] Both authors familiarized themselves with the corpus by repeatedly reading the original Chinese posts and associated comments. Posts were read within accounts with reference to their recorded dates and summarized around diagnostic, educational, intervention, family, public, and reflective episodes. Chronological reading concerned the order of published narratives, not continuous observation of a person.

Following familiarization, both authors independently conducted inductive coding in MAXQDA 27. (VERBI Software GmbH, Germany). Initial codes were generated through close reading and constant comparison to capture recurring experiential and communicative patterns. Episodes were examined for the narrated event, emotional evaluation, attribution, anticipated future, identity claim, and proposed resolution. The authors compared their interpretations and discussed differences with reference to the original extracts and their narrative contexts. Where ambiguity remained, a third researcher was consulted to discuss alternative readings and their grounding in the data. These discussions informed the refinement of codes and interpretations rather than serving as a test of inter-rater reliability.

Analysis proceeded by examining the expectations or values against which narrated events were evaluated. A reference to delayed school entry, for example, could concern an anticipated developmental timetable and the mother's responsibility to choose correctly; it was not automatically coded as a clinical symptom. Positioning analysis considered who was represented as acting, who could make claims on whom, and what wider standard of motherhood or childhood was invoked. Comments were considered in relation to the originating post: what interpretation did a response endorse or oppose, what action did it recommend, and whose authority did it invoke? Validation, moral discipline, stigmatization, and solicitation were distinguished by their textual work rather than their positive or negative wording alone.

The authors developed candidate themes by comparing related codes and coded extracts within and across accounts. The interpretive focus shifted from individual experiences and communicative practices to broader patterns of meaning concerning disrupted expectations, maternal responsibility, emotional repair, progress, community, contested responses, and personal continuity. Candidate themes were then reviewed against their constituent extracts and the wider corpus to assess their coherence, distinguish their central meanings, and clarify their relationships. Through this iterative review, the thematic structure was refined, and the final seven

Table 1. Description of the accounts

Account	Age of children	Posts	Comments	Date
M01	8 years	53	221	September 6, 2024–December 30, 2025
M02	5 years	34	229	April 30, 2025–December 4, 2025
M03	8 years	94	1,398	March 2, 2024–December 18, 2025
M04	4.5 years	22	846	May 12, 2025–December 24, 2025
M05	9 years	133	3,678	July 29, 2024–December 16, 2025
M06	4 years	26	236	May 1, 2025–December 17, 2025
M07	7.5 years	54	218	January 29, 2025–December 28, 2025
Total		416	6,826	

interconnected themes were named and defined. These represented patterns of meaning rather than mutually exclusive categories, and an individual episode could contribute to more than one theme. Theoretical concepts informed this interpretation without functioning as a fixed coding template.

Analytic memos were retained throughout the analysis to document emerging interpretations, alternative readings, questions arising from author discussions, and the rationale for revising codes and themes. Together with retained coding records and successive versions of the thematic structure, these materials provided an audit trail linking the source extracts, initial codes, candidate themes, and final thematic structure. Cross-account comparison brought related patterns together while retaining discrepant cases. Acceptance could coexist with intensified intervention, apparently supportive advice could assign blame, and a hopeful post could be followed by renewed distress. These tensions were used to refine the scope and interpretation of the themes rather than treated as coding errors requiring elimination.

Accounts contributed unequally to the dataset. Illustrative passages concerning future uncertainty appear in M01, M03, M04, and M05; moralized care in M02, M03, M05, and M07; and recurring distress in M01, M02, and M03. Relational moments of progress are represented in M01, M02, M03, M05, M06, and M07; peer recognition in M01, M02, and M05; contested comments in M01, M03, M05, and M06; and personal identity beyond care in M01, M02, and M05. These cross-account comparisons preserved differences in narrative emphasis and the prominence of particular experiences.

2.4. Ethical considerations

Although the selected posts were publicly accessible, they were treated as sensitive caregiver health narratives involving autistic children and family life. The collected public social media data were reviewed and approved by the Dalian University of Technology Bioethics and Medical Ethics Committee (Approval No. DUTSFL260921-01; date: 2026-09-21). All excerpts were de-identified by removing usernames and links and by generalizing potentially identifying details.

Internet research ethics emphasizes contextual integrity, user expectations, vulnerability, and the heightened traceability of verbatim data.[38-40] All coding was conducted by the two authors on the original Chinese posts so that the analysis of stance, addressivity, and moral framing remained grounded in the source language. English translations were prepared and checked by the second author after analytic coding was completed. The translations were then back-translated by the first author to assess semantic equivalence. This process also provided an additional layer of de-identification, reducing the risk of search-based traceability.

Consistent with disability-inclusive language practices, we used identity-first phrasing (e.g., autistic children), while acknowledging that language preferences vary across individuals and communities; this choice is informed by rights-based critiques of person-first conventions in autism research. When extracts contain deficit-oriented or cure-oriented formulations, these are treated as participants' situated responses to diagnostic, educational, and stigmatizing pressures rather than as the authors' normative vocabulary.

Both authors are Mandarin Chinese–English bilingual scholars engaged in discourse analysis of health communication. Both are also active Xiaohongshu users and have studied autism-related research. Their familiarity with the platform and relevant scholarship informed their interest in how mothers publicly narrate caregiving experiences. Their research backgrounds directed attention to how accounts of care assign agency and responsibility, invoke social expectations, and establish or contest particular identities. The study drew on publicly shared Xiaohongshu narratives rather than interviews or participant observation. A discourse-analytic orientation made moral evaluations and institutional encounters especially salient, while attention to children's comfort, everyday enjoyment, and resistance to intensive intervention helped broaden the interpretive perspective.

3. Results

The analysis identified seven interrelated themes. A single narrative episode could bring together future uncertainty, guilt, action, and provisional acceptance; similarly, a comment might acknowledge a mother's experience while reinforcing expectations of responsibility. Table 2 summarizes the thematic structure and its dialogical dimensions.

3.1. A future that no longer fits

The first theme concerned the disturbance of an anticipated developmental future. Schooling, later independence, and the prospect of eventually reducing direct caregiving became sites of uncertainty. Narrators expressed these concerns through counterfactual questions and decisions whose consequences appeared to extend across the child's life course.

Extract 1:

I overestimated the situation ... The doctor told me

Table 2. Thematic structure and dialogical functions

Theme	Psychological mechanism	Identity positions	Dialogical function
Future that no longer fits	Expected development, schooling, and independence collide with diagnosis, exclusion, or uncertain trajectories.	Wounded mother; decision-bearing mother	Why-questions, counterfactuals, and school-placement dilemmas.
Love as debt and intensive action	Guilt is converted into intervention, sacrifice, monitoring, and non-abandonment.	Indebted mother; responsible mother; intervention manager	Validation may relieve guilt; advice and comparison may intensify it.
Recurring distress and self-repair	Adaptation oscillates among despair, hope, effort, humor, and provisional acceptance.	Self-repairing mother	Peers normalize recurrence; moral language frames effort as the basis of a clear conscience.
Relational micro-progress	Small moments of communication, enjoyment, and routine redefine progress and a good present.	Relational witness; accepting mother	Comments celebrate milestones or compare developmental performance.
Experiential community	Holding together transforms isolation into recognition, knowledge, organization, and advocacy.	Expert-by-experience; advocate	Emotional and informational support; counter-stigma and rights recognition.
Contested comment ecology	Comments validate, discipline, stigmatize, or market solutions under conditions of uncertainty.	Disciplined mother; consumer	Moral regulation, exclusion, solicitation, and unsupported solution claims.
Self beyond motherhood	Rest, work, appearance, friendship, and pleasure restore personal continuity.	Self-reclaiming woman	Affirmation of personhood, although self-care is often justified instrumentally.

> to let go of the expectation that he could follow the normal school path like other kids ... But he's only seven years old. How could I possibly be reconciled to that?
>
> Why did it have to be me? Why did I have to have a child with autism? ... It was fated that I would be the mother of a child with autism, fated that I would spend my life suffering, striving, falling into every possible trap, grieving, breaking down and then healing myself all over again. (M01-P001)

The repeated "why" questions ask for more than a biomedical explanation. It staged a moral and existential breach: a life course once assumed to be ordinary now required explanation. The following sequence—pain, effort, wrong turns, grief, collapse, self-repair—re-authored motherhood as an imposed destiny. Nonetheless, the same post ended by moving toward any remaining "thread of hope." Meaning discrepancy therefore generated both helplessness and renewed action; neither canceled the other.

Extract 2:

> The golden intervention period is about to come to an end. What lies ahead is an even tougher challenge. Special education school, or mainstream primary school? This is a decision that will shape your entire life. Mom really can't bring herself to make this choice. (M03-P004)

School placement became a condensed future-making event. The mother positioned herself as the decision-maker responsible for consequences extending across the child's entire life, while the institutional landscape appeared as a binary with uncertain costs. Such formulations convert structural scarcity and limited inclusive provision into individualized maternal choice. The future is not absent; it presses into the present as a demand to decide correctly without reliable knowledge.

Importantly, rupture was not limited to the moment of diagnosis. It recurred when a hoped-for intervention failed, when ordinary schooling became contested, when a child approached a new age threshold, or when comparisons with peers became newly salient. This recurrent structure supports a chronic-discrepancy interpretation rather than a one-time grief model.

3.2. Love as debt and intensive action

The second theme connected maternal love with indebtedness and persistent action. Agency was psychologically protective because it restored movement in situations of uncertainty, but it was also moralized: a good

mother was one who searched, trained, traveled, paid, learned, and did not stop.

Extract 3:

> Love is doing everything one can and still often feeling indebted. I owe you for bringing you into this world and giving you a different life. I owe your little self because your whole childhood is spent in intervention classes. (M03-P003)

Here, "being indebted" linked causal guilt to intervention guilt. The mother felt responsible both for the child's difference and for the childhood consumed by attempts to change its consequences. The paradox is psychologically consequential: more intervention could evidence love while simultaneously producing another basis for guilt. Success did not necessarily close the discrepancy because the standard of sufficient effort remained undefined.

Across accounts, the warrior-therapist position was built through lists of hospitals, training methods, school negotiations, dietary regimes, home programs, and financial sacrifices. One mother narrated being the person who remained after kindergartens and institutions had rejected her child.

Extract 4:

> No kindergarten will take him, no one wants him! Even the intervention centers won't accept him either. So I just take care of him all by myself. The whole world has turned its back on him, but I will never abandon him. I gave birth to him, and that means it is my responsibility to stand by him ... Four whole years have passed just like this. (M07-P013)

The exclamation simultaneously resisted exclusion and intensified personal obligation. It constructed a powerful protective identity—mother as the last unconditional claimant—yet shifted the burden of social abandonment onto private endurance. The surrounding post enumerated years of travel and multiple conventional and unverified treatments. Analytically, the issue is not whether the mother lacked agency; it is that agency became the only morally acceptable response to systemic insufficiency.

Negative cases complicated a simple sacrifice narrative. Some mothers refused particular interventions, prioritized the child's comfort, or questioned whether endless training constituted a good childhood. These moments showed that responsible motherhood could be redefined from maximizing normalization to protecting well-being. Nevertheless, such alternatives usually required explicit justification, demonstrating the strength of the intensive-motherhood master narrative.

3.3. Recurring distress and self-repair

The third theme concerned the movement among despair, renewed determination, provisional acceptance, and anxiety about what lay ahead. Such movement sometimes appeared within a single post and sometimes across successive published narratives. One mother made this recurrence explicit after another difficult episode of home intervention:

Extract 5:

> Yesterday I collapsed yet again during home intervention ... A friend on Xiaohongshu sent me a message—it was like a lifeline, instantly pulling me out of a dead end... Who among us is not circling through "collapse—self-repair—collapse again—self-repair again"? As long as we can pull ourselves out again, that itself is a victory. (M02-P012)

The repetition of "yet again" and the cyclical sequence "collapse—self-repair—collapse again—self-repair again" represented adaptation not as recovered equilibrium but as repeated emotional repair. Importantly, the shift did not occur through solitary reflection alone. In the surrounding account, a message from another Xiaohongshu mother interrupted the narrator's distress and helped her recognize that she had been placing excessive pressure on both herself and her child. Self-repair was therefore partly dialogical: peer recognition could temporarily reorganize an overwhelming appraisal without removing the conditions that might reactivate it.

Temporal narrowing was another way of regulating this uncertainty. Earlier in the same account, the mother explicitly contrasted an unknowable future with a more manageable present (Extract 6): "No one can predict the future precisely. What we can hold onto is only 'today.' Living each day in the present well is the best way to prepare the road ahead" (M02-P009).

Present-focused living did not mean that the future had ceased to matter. Rather, its psychological distance was temporarily increased. Questions about later independence, schooling, and care were replaced by the smaller temporal unit of "today," within which action again became possible. The recurrence of collapse in a later post is especially revealing: present focus functioned as a regulatory practice rather than evidence that uncertainty had been permanently resolved.

3.4. Redefining progress through relational micro-events

The fourth theme involved a change in what counted as progress. Rather than evaluating development only through

normative milestones such as fluent language, academic performance, or independence, mothers often invested small moments of communication, emotional expression, and interpersonal participation with considerable significance. These events did not remove developmental difficulties, but they made change visible within everyday relationships.

One mother described repeatedly trying to teach her seven-year-old son to say "Happy Mother's Day." Toward the end, she was ready to stop because she did not want to pressure him:

Extract 7:

> I was almost ready to give up because I did not want to push him. But then he suddenly blurted out, "Happy Mother's Day," ... It was the first time I had heard him say it to me. Even though he still did not understand what Mother's Day meant, he kept learning and cooperating with me, and that moved me deeply. (M03-P073)

The significance of the utterance lay less in linguistic mastery than in its relational meaning. The mother explicitly acknowledged that her son still did not understand the phrase fully, yet its status as the "first time" he had directed it toward her transformed it into an emotionally consequential event. Progress was therefore not defined simply by whether a developmental skill had been completely acquired. A brief communicative exchange could become evidence of connection, reciprocity, and change. The mother's tears marked this small event as meaningful in its own right.

A similar process appeared in a mother's record of her son's interactions with peers. After other children stopped playing with him, he was able to name his emotional response (Extract 8): "I asked him, 'What is wrong?' He said, 'I am unhappy. Why isn't there a friend who wants to play with me?' (M06-P012).

The mother immediately noted that he could express unhappiness but still could not explain the sequence of events that had produced it. The account therefore preserved both progress and limitation. What mattered was not that the child had suddenly acquired age-typical social competence, but that he could recognize the absence of peer interaction and communicate an emotional response to it. A small episode of disappointment thus became evidence of emerging social awareness and relational participation.

Across these accounts, progress was reconstructed at the level of everyday interaction. A first personally meaningful phrase or an attempt to articulate disappointment with peers could become psychologically important even when broader developmental uncertainties remained unresolved. Such micro-events allowed mothers to recognize change without requiring the child to reach a normative endpoint. At the same time, because these moments made improvement visible, they could also sustain renewed hope for further development. Progress therefore operated less as a final state than as a series of relationally meaningful moments through which an uncertain future became temporarily more imaginable.

3.5. From isolation to experiential community

The fifth theme concerned the move from personal isolation toward recognition within an experiential community. Mothers repeatedly described relatives and parents of non-autistic children as unable to understand the practical and emotional specificity of their lives. Peer interaction offered recognition without requiring extensive explanation. One organizer wrote (Extract 9): "Parents like us truly need to hold together; even complaining to one another is extremely important" (M05-P001).

"Holding together" framed support as collective protection rather than passive receipt of sympathy. Comments such as "our family is the same" (M05-P094-C018) normalized experiences, while longer replies circulated school information, intervention lessons, and warnings about unhelpful services. These practices turned suffering into experiential expertise and allowed some mothers to move from novice help-seekers to advisers, group organizers, and advocates. This trajectory parallels research showing that peer support can strengthen practical knowledge and recognition, although its quality and consistency vary.[14,28]

Advocacy became especially visible in discussions of ordinary-school inclusion. A supportive commenter responded to a mother's public conflict by rejecting demeaning labels: "Autistic children are not stupid or foolish; their pace and way of learning and growing are simply different from those of most people" (M01-P002-C036). The comment repositioned difference away from incompetence and positioned the mother as legitimate in seeking inclusion. Through such replies, comment threads could provide a counter-public vocabulary unavailable in the offline event.

Community was nevertheless not uniformly emancipatory. Advice sometimes reproduced intensive-motherhood standards, compared children competitively, or implied that insufficient progress reflected inadequate parental training. Recognition and regulation were intertwined: the same community that reduced isolation could define what responsible mothers ought to do.

3.6. The comment thread as a contested psychological ecology

The sixth theme concerned the comment environment. Comments did not merely follow the narrative; they altered its available meanings. Three forms of uptake were especially consequential: validation, moral discipline and stigma, and commercialized hope.

Validation included brief affective responses (e.g., "hug," "you have already done very well"), experiential mirroring, and explicit absolution from guilt. Such comments could reduce discrepancy by confirming that exhaustion or ambivalence did not disqualify a mother from being caring. Informational responses sometimes increased agency by identifying services or educational procedures. However, comments also disciplined narrators. In response to a post about school inclusion, one commenter wrote, "If you cannot accept it, go to a special school; bluntly, your child will only hold the class back" (M01-P002-C003). Another asked why parents of autistic children felt entitled to others' tolerance (M01-P002-C002). These responses transformed institutional inclusion into a moral contest between categories of children and intensified the mother's need to justify presence.

A third form of uptake translated uncertainty into a market. In one thread, a comment stated, "The wrong intervention direction easily leads to detours; I have compiled a zero-basis home-intervention manual—message me and I will send it free" (M06-P001-C001). The next comment advertised a long-established institution (M06-P001-C002). Similar solicitations appeared across accounts, sometimes in repeated wording. Their persuasiveness derived from the narrative context: when a mother feared a closing developmental window, an offer that promised direction converted uncertainty into an actionable purchase or private contact.

Commercialized hope should not be understood only as misinformation exposure. It was a dialogical meaning offer: the child's future remained recoverable if the mother found the right method quickly enough. That offer could restore agency while simultaneously increasing guilt, expenditure, and susceptibility to unsupported claims. The comment ecology therefore functioned as a distributed psychological regulator—part support group, part moral audience, part informal information system, and part marketplace.

3.7. Reclaiming a self beyond motherhood

Across the preceding processes, maternal identity risked becoming totalizing. A counter-position appeared when mothers narrated rest, appearance, work, friendship, pleasure, or personal continuity as legitimate rather than selfish. The clearest example followed years in which one mother described herself as trapped in repetitive caregiving and expressed severe despair. A family member's observation about lipstick prompted a different recognition (Extract 10): "I suddenly realized: I am also myself. Why should I give myself up? ... You are not only 'so-and-so's mother'; first, you are yourself" (M02-P001).

The declaration "I am also myself" did not reject motherhood. It repositioned self-care as a source of strength for continuing the relationship and addressed other mothers as persons who deserved recognition. This was more than positive reappraisal: it revised the global meaning of good motherhood. Rather than requiring disappearance of the woman into care, sustainable care required preservation of a self who could desire, rest, and be seen.

The counter-position remained fragile. It was often justified instrumentally—"care for yourself so that you can care for the child" (M02-P001)—rather than as an unconditional entitlement. Even so, it expanded the narrative repertoire. The mother could be devoted without being only sacrificial, and continuity with a pre-diagnosis self could coexist with a new identity as the mother of an autistic child.

4. Discussion

4.1. Contribution to meaning-making theory

The findings provide a situated elaboration of meaning-making rather than a claim to add recurrence or sociality to a theory that already accommodates them. Park's[23] model is not restricted to a single event, and provisional outcomes are compatible with its distinction between meaning-making efforts and meanings made. Similarly, the coexistence of positions is consistent with dialogical self theory rather than showing that this study has independently advanced its general architecture.[26] The contribution should therefore be judged by the explanatory specificity of the cases, not by the number of theories invoked.

The most useful specificity concerns the public contest over the standard against which discrepancy is interpreted. A schooling difficulty may be framed as a problem of exclusion, a demand for further maternal effort, or an opportunity to seek a provider's solution. These alternatives do more than vary in emotional valence. They allocate responsibility differently and render different actions reasonable. The post-comment relationship makes that competition observable in textual form, while leaving actual uptake and psychological consequences uncertain.

Narrative identity and small-stories positioning help

specify where these alternatives become visible.[24,25] A brief episode can mobilize an expected future, a judgment of competence, and a proposed next action without narrating an entire life. Serial reading prevents a single published position from being mistaken for a settled identity. The bounded proposition arising from this material is that meaning offers may sustain a sense of agency while leaving the standards that generate discrepancy intact. This is an interpretation grounded in the selected accounts, not a tested mediating mechanism or an inference that more social interaction improves adjustment.

4.2. Temporal uncertainty and the ambivalence of progress

School transitions, intervention appraisals, and everyday comparisons gave future uncertainty repeated relevance in the accounts. This is compatible with research showing that parenting stress is associated with changing demands, child characteristics, and available resources.[2,5,8,41] It does not justify contrasting a supposedly linear stress-and-coping literature with a uniquely dynamic narrative approach. Rather, the present material adds descriptions of how temporal concerns are expressed and temporarily reorganized in particular stories.

The contrast between an unknowable lifetime and a manageable current day is especially instructive. Present-focused language may offer a way to continue without solving the entire future. However, later distress cannot be treated as evidence that the earlier account was false or that coping failed. The posts are selected communications, not scheduled assessments. A future study combining consented serial interviews with contextual observations could examine when such formulations are used, what audiences they address, and whether they correspond to changes in well-being.

Relationally valued events also complicate a simple opposition between acceptance and intervention. A meaningful greeting or expression of disappointment can be appreciated without demonstrating normative competence. Nevertheless, the same event can renew expectations of improvement. Positive meaning is consequently not assumed to be uniformly protective. Its possible consequences depend on whether it widens valued ways of living or reintroduces an obligation to achieve further change. The current design identifies that interpretive tension but does not adjudicate its mental-health effects.

4.3. Responsibility, recognition, and unequal care resources

The moral language of indebtedness should be situated within care arrangements without essentializing it as a trait of Chinese motherhood. Research on work-care negotiation, parental recognition, and advocacy provides a context for examining how individual responsibility intersects with institutional arrangements.[11,19,34,42] In the narratives, the mother who remains when others refuse support occupies a position of considerable agency. At the same time, that position makes her the apparent final guarantor of the child's future.

Such accounts invite caution about celebrating resilience without examining what it requires. The problem is not that resourcefulness is inauthentic. It is that an interpretation centered on maternal endurance can leave the distribution of care work unexamined. A narrator may question intensive intervention while continuing to justify rest as preparation for more care. Recognizing this ambivalence allows maternal distress to be taken seriously without treating the child as its self-evident cause or maternal self-erasure as an ethical ideal.

The account also restricts cultural claims. Selected posts mention employment withdrawal, resource constraints, or paid services, but these fragments do not constitute a socioeconomic survey. Nor can the narratives establish the conditions of families absent from the platform. Future work needs deliberately varied recruitment and perspectives from fathers, other caregivers, and autistic people themselves before extending this interpretation to broader family arrangements.

4.4. Interpersonal meaning offers and platform mediation

Research associates perceived support with parental well-being, efficacy, and family quality of life, and identifies the value of experiential exchange.[6,9,14,28,43-45] The present findings concern a different level: what a particular response does in relation to a particular account. Validation, experiential comparison, moral correction, diagnostic challenge, and solicitation should not be merged into one positive or negative measure. An encouraging response may intensify responsibility, while a disagreement may contest an unwarranted certainty.

Stigmatizing responses also need contextual interpretation. Prior research documents courtesy and affiliate stigma, discrimination, and their consequences for caregivers.[32,46-48] The opposing responses to a schooling account show how entitlement to participation is debated publicly. They do not measure the prevalence of stigma on Xiaohongshu or the recipient's internalization of a particular comment.

Interpersonal responses are only one level of a platformed environment. Existing online-health research

distinguishes the opportunities for support from risks involving information and commercial interests.[10,29-31] Here, solicitations and repeated wording are directly visible. By contrast, recommendation ranking, advertising delivery, creator incentives, impressions, and the reasons any user encountered a post are not measured. These mechanisms are plausible conditions of visibility, not demonstrated causes of the observed narrative patterns. The study therefore does not attribute a particular theme or comment frequency to an algorithm.

The commercial examples sharpen this boundary. A free resource can initiate contact without documenting a sale, and a testimonial can propose a convincing future without proving persuasion. The term *commercialized hope* identifies that textual arrangement, not a claim about the motives of an identifiable individual or the clinical quality of a named provider. Future platform research could distinguish exposure, recognition, endorsement, contact, and transaction using consented designs; the present corpus establishes none of those transitions beyond the available invitation.

4.5. Implications for health psychology and future research

The findings suggest questions for clinical communication and research rather than evaluated service recommendations. In a consented assessment, it may be useful to ask what a caregiver fears losing in the future, what counts as sufficient effort, and whether available advice expands options or makes stopping feel morally unacceptable. Such questions are consistent with attention to appraisal, efficacy, and support, but this study does not show that asking them improves outcomes.[4,6,23]

A second implication concerns the language of progress. The accounts invite investigation of whether recognizing relational enjoyment, participation, and manageable routines can coexist with necessary support without imposing a new demand for positivity. Neurodiversity-sensitive practice should not be inferred to require parents to suppress distress or children to demonstrate a preferred narrative of flourishing.[20,21] The relevant research question is how different definitions of a valued day are negotiated by caregivers and autistic people, including when their priorities diverge.

Finally, the solicitation examples suggest that information quality and the appeal of an offer deserve separate attention. An account of urgency or indebtedness may make an apparently low-cost route attractive, but the present study does not establish susceptibility or resulting harm. Interviews, participatory work, and consented observation could investigate how people assess competing advice and what forms of professional communication are experienced as helpful. Any intervention proposed from these findings requires independent design, feasibility assessment, and evaluation.

4.6. Limitations

This study has several interrelated limitations. First, seven purposively selected self-identified mothers of autistic children cannot represent Chinese mothers, autistic children, or Xiaohongshu users. Requiring more than 20 posts and at least six months of diary activity favors persistent, visible narrators and excludes people who post rarely, stop posting, lack digital access, or avoid public disclosure.

Second, demographic, relationship, and diagnostic information is self-reported and uneven. The corpus contains claims of diagnosis and uncertainty about assessment, but no independent clinical verification. Income, residence, education, service access, and offline family circumstances cannot be standardized retrospectively. Coarse age and resource descriptions aid contextual reading but do not support subgroup comparisons. Children's perspectives are mediated by maternal reporting, and commenters' identities and relationships to the narrators are generally unknown.

Third, 7–21 months of serial publication do not constitute prospective psychological follow-up. Posts can be selective, edited, retrospective, audience-oriented, or strategically self-presentational. Their dates indicate publication records, not necessarily the timing of narrated events. No clinical instruments, repeated interviews, or offline observations establish symptom severity, prevalence, recovery, or durable identity change.

Fourth, interpretation and English paraphrase mediate the evidence. Privacy-preserving paraphrases remove wording and detail that could support alternative readings, and author confirmation of translation and original analytic procedures remains necessary. Theoretical sensitization may foreground discrepancy and responsibility at the expense of other patterns. The seven-theme structure is an interpretive organization rather than an exhaustive or independently validated model. No inter-coder reliability, member checking, or saturation is claimed without a documented procedure. Publication minimization cannot eliminate re-identification risk or substitute for institutional ethics review.

Finally, the study does not establish whether users saw, accepted, or acted on comments. Narrated support, available reassurance, and commercial invitations cannot be equated with changes in well-being, information accuracy, expenditure, or intervention effectiveness. The

findings generate bounded propositions about meaning-making in public accounts; stronger explanatory and practical claims require additional, appropriately reviewed research.

5. Conclusion

In these seven maternal accounts, uncertainty was narrated through threatened futures, obligations to act, recurring self-repair, relationally valued events, peer recognition, and attempts to preserve a self beyond care. Comments supplied competing interpretations of what mothers owed their children, what counted as progress, and which actions appeared possible. The study's contribution is the contextual differentiation of meaning offers, not proof that meaning-making is newly recognized as dynamic or social. Its value for health psychology lies in questions about appraisal, responsibility, and recognition that can be investigated further without confusing public narratives with verified clinical states or demonstrated service outcomes.

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Conflict of interest

No potential conflicts of interest were reported by the authors.

Author contributions

Conceptualization: Wenyu Liu
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Ethics approval and consent to participate

This study was reviewed and approved by the Dalian University of Technology Bioethics and Medical Ethics Committee (Approval No. DUTSFL260921-01; Date: 2026-09-21). The requirement for informed consent from account owners was waived by the committee because the study used publicly accessible social media posts and comments.

Consent for publication

The requirement for consent to publish anonymized data from account owners was waived by the Dalian University of Technology Bioethics and Medical Ethics Committee.

Availability of data

The data utilized in this study was extracted from Xiaohongshu, a publicly accessible social media platform. More precisely, the research data was gathered from accounts authored by mothers of autistic children on this platform. All information was anonymized to protect user privacy.

References

1. Hayes SA, Watson SL. The impact of parenting stress: a meta-analysis of studies comparing the experience of parenting stress in parents of children with and without autism spectrum disorder. *J Autism Dev Disord*. 2013;43(3):629-642.

   doi: 10.1007/s10803-012-1604-y

2. Yorke I, White P, Weston A, Rafla M, Charman T, Simonoff E. The association between emotional and behavioral problems in children with autism spectrum disorder and psychological distress in their parents: a systematic review and meta-analysis. *J Autism Dev Disord*. 2018;48(10):3393-3415.

   doi: 10.1007/s10803-018-3605-y

3. Schnabel A, Youssef GJ, Hallford DJ, *et al*. Psychopathology in parents of children with autism spectrum disorder: a systematic review and meta-analysis of prevalence. *Autism*. 2020;24(1):26-40.

   doi: 10.1177/1362361319844636

4. Brennan J, Ward OF, Tomeny TS, Davis TE III. A systematic review of parental self-efficacy in parents of autistic children. *Clin Child Fam Psychol Rev*. 2024;27(3):878-905.

   doi: 10.1007/s10567-024-00495-2

5. Dai Y, Chen M, Deng T, *et al*. The importance of parenting self-efficacy and social support for family quality of life in children newly diagnosed with autism spectrum disorder: a one-year follow-up study. *Autism Res*. 2024;17(1):148-161.

   doi: 10.1002/aur.3061

6. Higgins L, Mannion A, Chen JL, Leader G. Adaptation of parents raising a child with ASD: the role of positive perceptions, coping, self-efficacy, and social support. *J Autism Dev Disord*. 2023;53(3):1224-1242.

   doi: 10.1007/s10803-022-05537-8

7. Li F, Xu M, Wu D, *et al*. From child social impairment to parenting stress in mothers of children with ASD: the role of parental self-efficacy and social support. *Front Psychiatry*. 2022;13:1005748.

   doi: 10.3389/fpsyt.2022.1005748

8. Stephenson KG, Fenning RM, Macklin EA, *et al*. Child

behavior problems and parenting stress in underserved families of children with ASD: investigation of family resources and parenting self-efficacy. *J Autism Dev Disord*. 2023;53(10):3787-3798.

doi: 10.1007/s10803-022-05681-1

9. Wang Z, Wang L, Chang S, Wang H. The mediating effect of parenting stress on the relationship between social support and quality of life in parents of children with autistic spectrum disorder: a meta-analytic structural equation modeling. *Front Psychiatry*. 2022;13:713620.

doi: 10.3389/fpsyt.2022.713620

10. Han Z, Zhong H, Hansen P. The complex information needs of Chinese parents of children with autism spectrum disorder. *Online Inf Rev*. 2024;48(3):601-618.

doi: 10.1108/OIR-04-2022-0247

11. Huang S, Li X, Dong D. Negotiating work and care in Chinese families of children with autism: reframing mothers' narratives through a social-relational lens. *Disabil Soc*. 2024;39(11):2835-2856.

doi: 10.1080/09687599.2023.2227330

12. DePape AM, Lindsay S. Parents' experiences of caring for a child with autism spectrum disorder. *Qual Health Res*. 2015;25(4):569-583.

doi: 10.1177/1049732314552455

13. Fan X, Ko KS. Chinese caregivers' experiences parenting children with autism spectrum disorder: a descriptive qualitative study. *Front Psychiatry*. 2025;16:1514948.

doi: 10.3389/fpsyt.2025.1514948

14. Gao X, Drani S. Social support experiences in parents of children with ASD: a qualitative systematic review. *SAGE Open*. 2025;15(2).

doi: 10.1177/21582440251336174

15. Goh JX, Aishworiya R, Ho RCM, Wang W, He HG. A qualitative study exploring experiences and support needs of parents of children with autism spectrum disorder in Singapore. *J Clin Nurs*. 2021;30(21-22):3268-3280.

doi: 10.1111/jocn.15836

16. Mutschler Collins I, Durrer M, Deraita J, Meyer AH. Parents' perspectives regarding support for raising a child on the autism spectrum in Switzerland: a mixed-methods study. *J Child Fam Stud*. 2025;34(7):1952-1971.

doi: 10.1007/s10826-025-03108-w

17. Shorey S, Ng ED, Haugan G, Law E. The parenting experiences and needs of Asian primary caregivers of children with autism: a meta-synthesis. *Autism*. 2020;24(3):591-604.

doi: 10.1177/1362361319886513

18. Trew S. Our challenges, our solutions: the impact of autism on families. *J Autism Dev Disord*. Published online September 9, 2025.

doi: 10.1007/s10803-025-07034-0

19. Zhou J, Ning Y. Exploring motherhood dilemmas and coping strategies among mothers of children with autism: a qualitative study in mainland China. *Front Psychiatry*. 2025;16:1569928.

doi: 10.3389/fpsyt.2025.1569928

20. Bottema-Beutel K, Kapp SK, Lester JN, Sasson NJ, Hand BN. Avoiding ableist language: suggestions for autism researchers. *Autism Adulthood*. 2021;3(1):18-29.

doi: 10.1089/aut.2020.0014

21. Dwyer P. The neurodiversity approach(es): what are they and what do they mean for researchers? *Hum Dev*. 2022;66(2):73-92.

doi: 10.1159/000523723

22. Kenny L, Hattersley C, Molins B, Buckley C, Povey C, Pellicano E. Which terms should be used to describe autism? Perspectives from the UK autism community. *Autism*. 2016;20(4):442-462.

doi: 10.1177/1362361315588200

23. Park CL. Making sense of the meaning literature: an integrative review of meaning making and its effects on adjustment to stressful life events. *Psychol Bull*. 2010;136(2):257-301.

doi: 10.1037/a0018301

24. McAdams DP, McLean KC. Narrative identity. *Curr Dir Psychol Sci*. 2013;22(3):233-238.

doi: 10.1177/0963721413475622

25. Bamberg M, Georgakopoulou A. Small stories as a new perspective in narrative and identity analysis. *Text Talk*. 2008;28(3):377-396.

doi: 10.1515/TEXT.2008.018

26. Hermans HJM. The dialogical self: toward a theory of personal and cultural positioning. *Cult Psychol*. 2001;7(3):243-281.

doi: 10.1177/1354067X0173001

27. Naslund JA, Aschbrenner KA, Marsch LA, Bartels SJ. The future of mental health care: peer-to-peer support and social media. *Epidemiol Psychiatr Sci*. 2016;25(2):113-122.

doi: 10.1017/S2045796015001067

28. Wong TSM, Shorey S. Experiences of peer support amongst parents of children with neurodevelopmental disorders: a qualitative systematic review. *J Pediatr Nurs*. 2022;67:e92-e99.

doi: 10.1016/j.pedn.2022.09.004

29. Ziebland S, Wyke S. Health and illness in a connected world: how might sharing experiences on the internet affect

people's health? *Milbank Q*. 2012;90(2):219-249.

doi: 10.1111/j.1468-0009.2012.00662.x

30. Moorhead SA, Hazlett DE, Harrison L, Carroll JK, Irwin A, Hoving C. A new dimension of health care: systematic review of the uses, benefits, and limitations of social media for health communication. *J Med Internet Res*. 2013;15(4):e85.

doi: 10.2196/jmir.1933

31. Zhou Q, Lei Y, Du H, Tao Y. Public concerns and attitudes towards autism on Chinese social media based on K-means algorithm. *Sci Rep*. 2023;13(1):15173.

doi: 10.1038/s41598-023-42396-4

32. Ng CSM, Ng SSL. A qualitative study on the experience of stigma for Chinese parents of children with autism spectrum disorder. *Sci Rep*. 2022;12(1):19550.

doi: 10.1038/s41598-022-23978-0

33. Gao X, Lu X, Drani S. Growing in adversity: a narrative study of resilience generation in Chinese families of children with ASD. *Behav Sci (Basel)*. 2023;13(2):136.

doi: 10.3390/bs13020136

34. Liu Y, Fisher KR. Struggle for recognition, rights, and redistribution: understanding the identity of parents of children with autism spectrum disorder in China. *Front Psychol*. 2023;13:981986.

doi: 10.3389/fpsyg.2022.981986

35. Braun V, Clarke V. One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qual Res Psychol*. 2021;18(3):328-352.

doi: 10.1080/14780887.2020.1769238

36. Braun V, Clarke V. Conceptual and design thinking for thematic analysis. *Qual Psychol*. 2022;9(1):3-26.

doi: 10.1037/qup0000196

37. Malterud K, Siersma VD, Guassora AD. Sample size in qualitative interview studies: guided by information power. *Qual Health Res*. 2016;26(13):1753-1760.

doi: 10.1177/1049732315617444

38. Eysenbach G, Till JE. Ethical issues in qualitative research on internet communities. *BMJ*. 2001;323(7321):1103-1105.

doi: 10.1136/bmj.323.7321.1103

39. Fiesler C, Proferes N. "Participant" perceptions of Twitter research ethics. *Soc Media Soc*. 2018;4(1).

doi: 10.1177/2056305118763366

40. Williams ML, Burnap P, Sloan L. Towards an ethical framework for publishing Twitter data in social research: taking into account users' views, online context and algorithmic estimation. *Sociology*. 2017;51(6):1149-1168.

doi: 10.1177/0038038517708140

41. Pardo-Salamanca A, Rosa-Martínez E, Gómez S, Santamarina-Siurana C, Berenguer C. Parenting stress in autistic and ADHD children: implications of social support and child characteristics. *J Autism Dev Disord*. 2025;55(7):2284-2293.

doi: 10.1007/s10803-024-06377-4

42. Smith-Young J, Chafe R, Audas R, Gustafson DL. "I know how to advocate": parents' experiences in advocating for children and youth diagnosed with autism spectrum disorder. *Health Serv Insights*. 2022;15.

doi: 10.1177/11786329221078803

43. Feng Y, Zhou X, Qin X, *et al*. Parental self-efficacy and family quality of life in parents of children with autism spectrum disorder in China: the possible mediating role of social support. *J Pediatr Nurs*. 2022;63:159-167.

doi: 10.1016/j.pedn.2021.10.014

44. Yan T, Hou Y, Deng M. Direct, indirect, and buffering effect of social support on parental involvement among Chinese parents of children with autism spectrum disorders. *J Autism Dev Disord*. 2022;52(7):2911-2923.

doi: 10.1007/s10803-021-05170-x

45. Khusaifan SJ, El Keshky MES. Social support as a protective factor for the well-being of parents of children with autism in Saudi Arabia. *J Pediatr Nurs*. 2021;58:e1-e7.

doi: 10.1016/j.pedn.2020.11.014

46. Gray DE. "Everybody just freezes. Everybody is just embarrassed": felt and enacted stigma among parents of children with high functioning autism. *Sociol Health Illn*. 2002;24(6):734-749.

doi: 10.1111/1467-9566.00316

47. Kinnear SH, Link BG, Ballan MS, Fischbach RL. Understanding the experience of stigma for parents of children with autism spectrum disorder and the role stigma plays in families' lives. *J Autism Dev Disord*. 2016;46(3):942-953.

doi: 10.1007/s10803-015-2637-9

48. Recio P, Molero F, García-Ael C, Pérez-Garín D. Perceived discrimination and self-esteem among family caregivers of children with autism spectrum disorders (ASD) and children with intellectual disabilities (ID) in Spain: the mediational role of affiliate stigma and social support. *Res Dev Disabil*. 2020;105:103737.

doi: 10.1016/j.ridd.2020.103737