

Dapting, Reorganizing and Reinterpreting: A Systemic Reading of the Diagnosis of Autism Spectrum Disorder in the Family

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Abstract: This study aimed to analyze how family structure, dynamics, and beliefs are involved in the daily experience of caregiving and adaptation in Mexican families with a son or daughter diagnosed with Autism Spectrum Disorder in Nayarit. A qualitative methodology was used, with an exploratory scope and thematic content analysis based on the results obtained. Semi-structured interviews, field diaries, and observation logs were conducted for data collection. A convenience sample consisted of 13 participants. The categories obtained were: family structure, dynamics, and beliefs. The new reconfigurations brought about by the diagnosis of ASD can be observed: roles, responsibilities, agreements, negotiations, and the redefinition of the diagnosis. This raises the need to approach this diagnosis from a comprehensive perspective that combines individual, family, and social factors

Key words: Autism Spectrum Disorder, family structure, family dynamics, family beliefs, systemic therapy.

INTRODUCTION

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by impairments in social communication and the presence of restrictive and repetitive patterns of behavior. ASD comprises three levels of severity, which specify the intensity of symptoms in these two areas and how they impact performance across various domains of life, such as familial, academic, and/or occupational settings.

These levels indicate deficiencies in verbal and non-verbal communication skills that have significant consequences on the individual's social functioning, accompanied by behavioral

inflexibility that hinders coping with change and interferes with functioning in diverse contexts. Having established this conceptualization, it should be emphasized that these are perceived as "levels of support," as they highlight the individual's need to receive assistance in activities that, although they might perform individually, will require varying degrees of accompaniment or guidance from third parties for their execution (American Psychiatric Association, 2022).

According to international statistics from the World Health Organization, ASD is present in at least 1 in every 100 children, making it one of the neurodevelopmental disorders with the highest rates of reported cases in recent years (López & Förster, 2022; World Health Organization, 2023). Despite the magnitude of this information, the reality is that these data are not representative enough to be generalized to the entire population, as a significant portion of these cases focuses on childhood diagnosis, while diagnoses performed at different stages of the life cycle are increasingly common. The importance of this study is further underscored by the fact that in Mexico, there are no statistics that facilitate the recognition of ASD prevalence. The most symbolic contribution of this study to the academic literature corresponds to the specificity of the participants involved, as the research was conducted in the city of Tepic, Nayarit; Mexico.

In this region, psychological care services related to the treatment of autism are mostly provided by the private sector (Méndez & Rábago, 2020). This exacerbates potential economic difficulties for families and increases the probability that mental health services may be postponed. Conducting research on this disorder is relevant because it is not merely an individual experience; it concerns the context in which the person develops. Under this premise, it is essential to recognize that a fundamental part of this experience falls upon the members of the family nucleus, where particular dynamics are established. In many cases, these involve the need for pertinent changes regarding family reorganization and practices related to the care and attention of a person with ASD (Zambrano-Mendoza et al., 2022). Consequently, its impact extends beyond the diagnosed individual, as it also influences the dynamics, structure, and beliefs regarding the experience of families providing care to a member diagnosed with ASD.

Furthermore, conducting studies that explore the immersion of families with members with ASD is important because the literature is substantially more focused on English-speaking contexts, leaving an information gap that has not yet been addressed in Latin American environments (Fajardo et al., 2021).

Various studies have documented that the distribution of responsibilities within the family nucleus often presents a gender bias, where mothers tend to be more intensively involved in daily care tasks, which increases their emotional burden and limits their professional development (Begum & Mamin, 2019; Serrano et al., 2025). This overload not only affects their personal well-being but can also influence interactions with other family members and the perception of support received. Despite the substantial contribution of the aforementioned considerations, there is a clear need for research that delves into the particular perspective of more family members, such as focusing attention on the objective experience of fathers involved in caregiving and describing how this symbiosis is generated within the family core.

These are not the only themes that must be addressed to treat Autism Spectrum Disorder comprehensively. As previously mentioned, the approach to this disorder from the multidimensionality of its development within families has been sparsely treated in Spanish-language literature.

In the national context, recent research indicates that caring for a minor with ASD involves substantial adjustments in family organization, such as the redistribution of parental roles, modification of routines, and, in some cases, the resignation from paid labor activities to meet the needs of the child (Lavado-Candelario & Muñoz-Silva, 2023). Likewise, families report the loss of or distancing from social and family ties due to a lack of understanding from the environment regarding care demands (Begum & Mamin, 2019). These structural changes can lead to single-parent households, increased tension in interpersonal relationships, and the emergence of beliefs or myths that condition the interpretation of the diagnosis, influencing how daily challenges are faced.

On one hand, within its systemic conception, family structure is described by Minuchin (1974) as "an open system, with interaction patterns that determine the relationships among its members" (Taitelbaum, 2015, p.4). Within these systems, particular characteristics are interpolated that configure how each member relates to others and the influence that determinants of behavior exert to modify the dynamics occurring inside and outside the nucleus. Thus, structure gives rise to the next variable to be considered for this study: family dynamics. These concepts work, to a large extent, simultaneously; it is through the conjugation of each family member that the exchange between thoughts, behaviors, and functions occurs, giving rise to particular interactions. While these may share similar elements with other families, they are like gears that vary in their own mechanism (Saco, 2020).

Family dynamics are configured through behaviors that govern the individual attributions of each member and how these lead to boundaries, rules, and hierarchies according to the communicative styles of the different subsystems according to their life cycle. In practical terms, this refers to how responsibilities and activities are communicated among all component parts of a family (Francisco et al., 2014).

To provide solidity and function to the dispositional environment where these interactions fluctuate, a system of family beliefs and myths is framed, granting meaning to the practices and discourses linked to the course of each family. Fruggeri (1992), as cited in Serebrinsky (2012), states: "The beliefs held by individuals construct realities, and realities are maintained through social interaction, which in turn confirms the beliefs that are then socially originated." Therefore, it is relevant to combine these variables due to their role in determining the behavior of the system's members; thus, roles, activities, and narratives converge in a cohesive manner, influenced by the disposition of each member, collectively building a unique and specific reality within the contingencies of the environment.

Hence the interest in investigating the description of how family structure, dynamics, and beliefs are involved in the daily experience of care and adaptation in Mexican families with a son or daughter diagnosed with Autism Spectrum Disorder. This document aims to analyze the family structure, dynamics, and beliefs involved in caregiving carried out by parents with a child diagnosed with ASD, specifically in the city of Tepic, Nayarit, Mexico. With the collaboration of a non-profit civil association featuring a specialized team for the care of children and adolescents with autism, this study seeks to broaden the reader's understanding by focusing on conversations with the participants.

METHODOLOGY

The study adopts a qualitative approach, aimed at creating a space where caregivers can express their experiences regarding the context of ASD within their family with openness and trust. Through content analysis, the study seeks to delve into the participants' lived experiences, viewing them as subjects rather than objects of study, and primarily recognizing the essence of the symbolic through the discourse formed within family activities (Castillo-López et al., 2022). The substantiality of this research method allows for the probing of ideas constructed based on the meaning granted by the participants' contextualization of the phenomena occurring in their lives, thus facilitating the exploration of novel perspectives oriented toward the closest possible description of a particular reality (De los Reyes et al., 2019). Consistent with this, it is essential that the described approaches are framed within the complementarity of an exploratory scope, as it serves to investigate experiences that have not been previously described in the literature (Ramos, 2020).

Participants.

The sample was selected through convenience sampling, involving individuals accessible via a Non-Profit Association (A.C.) responsible for providing care to this population. Participation was voluntary, allowing for an in-depth exploration of the research objective through interviews (Hernández et al., 2014). The inclusion criteria were: adults (over 18 years of age) who are caregivers and/or family members of an individual with Autism Spectrum Disorder, where age was not an exclusionary factor as long as the person was of legal age. Exclusion criteria included individuals who did not agree to participate voluntarily or those not receiving services at the aforementioned association. The strategy to contact participants was facilitated by the president of the association, who communicated with the families; subsequently, contact information and physical spaces for the initial meetings and interviews were provided.

Data Collection Techniques.

These included: individual semi-structured in-depth interviews, dyadic interviews, field diaries, and observation logs. The design of these tools followed a prior literature review, from which three guiding axes emerged: 1) structure, 2) dynamics, and 3) family beliefs. The selection of these tools was based on the specific function of each element within qualitative research. Field diaries aimed to analyze the environment and situational aspects at the specific time of each interview to facilitate subsequent analysis. Complementarily, observation logs aimed to describe paralinguistic aspects of each participant. The use of these tools intended to achieve methodological triangulation.

Procedure.

Initially, semi-structured interview sessions lasting between 40 minutes and 1.5 hours were scheduled with caregivers of children and adolescents with ASD at the association's facilities in Nayarit. The dynamics of participation were explained, and an informed consent form was read and signed to authorize audio recording. Interviews allowed for either individual or dyadic participation. The audio recordings were later transcribed literally using virtual assistance via Otter.ai software, forming the basis for data analysis. The subsequent phase was interactive, alternating between literature review and comparison with the proposed research categories.

Information Analysis Strategy.

Following the research objective, a meticulous reading of the literature was conducted to facilitate systematic coding and the creation of categories (Sánchez et al., 2021). The aim was to understand meanings from the perspectives of both participants and authors. Based on the findings, three definitive categories were defined: 1) Family Structure, 2) Family Dynamics, and 3) Family Beliefs. The analysis was developed and reviewed by the research team consistent with content analysis, interpreting the participants' discourses across various manifestations and searching empirically for the content of their narratives. Content analysis

is understood here as a technique for interpretation and understanding of interview transcripts and documents, considering the contingencies in which they developed. Thus, meaning emerges from the text, exhibiting both explicit content and latent information, gaining sense within a determined context (Díaz, 2018).

Ethical Considerations.

To guarantee confidentiality, informed consent was provided in compliance with the General Law on the Protection of Personal Data Held by Private Parties (registration number SIP22-083) at the Secretariat of Research and Postgraduate Studies of the Autonomous University of Nayarit. This document detailed the research objective, the voluntary nature of participation, and the right to withdraw at any time without risk to personal integrity. Additionally, the consent form included contact information for the project lead for inquiries regarding the academic use of information. All procedures were conducted in accordance with the Ethics Code of the Mexican Society of Psychology (2010).

Category 1. Family Structure.

The elements that constitute the family structure are the boundary, considered the separation between the family and its context; and limits, which define the separation between the various subsystems within the family (sibling, parental, and marital subsystems). Additionally, the distance between family members allows for independence and autonomy. Roles are determined by the functions expected to be carried out by family members; hierarchy refers to the power exercised by members according to their level and position in the structure. Furthermore, alliances function as the union of two or more people for a common goal, whereas coalitions involve the union of two or more people that excludes others (Minuchin, 1999; Rodríguez & Serebrisky, 2014).

In this category, participants reported the following:

"I am with him all day; his father does help me; he takes them to school in the morning"...
"He helps me with my son's homework, and I organize things with the girls." (Participant 1)
"His dad works, so I am the one who stays with the child 100% of the time. We used to rotate therapy duties; he would bring him, then I would, and that's how we shared it"... "He has a very good family environment"... "We take turns; we adapt to what we can." (Participant 2)
"For a long time, I stopped working because I knew my daughter needed me at that stage"...
"My oldest daughter helped me because growing up together they learned from each other... Now, I have been working for several years"... "We are including her [daughter with ASD] so she can gain tools..." (Participant 3)

The narratives show that these elements constitute the "invisible demands" within family systems through which functions and roles are organized, as well as the autonomy and interdependence of its members (Minuchin, 1999). Fulfilling these demands allows for maintaining a dynamic equilibrium through negotiation for the benefit of the entire system and its new needs.

However, it is observed that organization regarding hierarchies and roles is often established unequally concerning the care of a minor with ASD. Macías et al. (2024) state that this experience triggers a reconfiguration of the family nucleus, impacting daily routines, interpersonal relationships, and the marital bond, making a new family organization urgent (Gómez, 2014).

Category 2. Family Dynamics.

Family dynamics refer to the communication within the family regarding thoughts, emotions, and actions (Watzlawick et al., 1997). This communication, expressed through verbal and non-verbal language, allows for the connotation of relational patterns (Minuchin, 1974). Families use analogic and digital language to define the nature of their daily interactions.

"Communication is another very difficult point; you have to be in total harmony"... "We try to ensure that what is said and respected becomes the law." (Participant 7)

"If my husband and I are going to talk about something, we try to make sure he [the son] is not present"... "Regarding couple problems, we try not to have him there. We support each other to not fall into that with him, just talk it out." (Participant 8)

"It's not a battle, it's daily learning, especially with our own emotions as adults... we never argue in front of them [the children]; in upbringing, we try to agree to handle it in the best way." (Participant 12)

Faced with the reality of an ASD diagnosis, difficulties in relational dynamics may arise due to the challenge of conducting a met communicative process between parents and children (Fuentes-Pila, 2024). This requires a deconstruction of conventional development concepts and a critical look at stigmatizing contexts. Such contexts increase the risk of family isolation, as they configure a "world apart" tailored to their specific needs and processes.

Category 3. Family Beliefs.

This category refers to how families construct meanings around life experiences to understand them and generate responses based on those meanings (Dallos, 1996). Shared meanings are constructed bidirectionally within the system (Kelly, 1955).

"In the paternal family, when my son has a crisis, they think it's just a tantrum or that he's being rude." (Participant 1)

"At first, there were frictions with my husband's family because they didn't understand that we modified our social life... Now they see her and know about the autism spectrum... they say 'now we understand why you were like that,' but first, you are judged." (Participant 3)

"Acceptance is the first thing and taking it as a very important challenge in my life... my son has taught me to see things differently. To pause and look back... My son has given us many satisfactions... his condition came to totally change my 'chip' [mindset]. Personally, it did... I am not ashamed to say I have a child with ASD, I say it with pride." (Participant 10).

DISCUSSION

The objective of this research was to analyze how family structure, dynamics, and beliefs are involved in the daily experience of care and adaptation regarding upbringing by Mexican parents with a child diagnosed with Autism Spectrum Disorder (ASD). In the first category of analysis, family structure, it was observed that interviewees reported reaching negotiations regarding the care of the minor with ASD in some cases. According to Minuchin (1974, 1999), such flexibility in structure and role performance allows the family to respond to the new demands imposed by the context of an ASD diagnosis.

However, it is significant to mention that for most interviewees, the care of the minor with ASD has been carried out by mothers, generating a considerable emotional burden linked to gender, as they serve as the primary caregivers. Soto-Romero et al. (2024) suggest that the care of a family member with ASD crystallizes family dynamics where gender-related issues in upbringing, care, and parenting are attributed to a greater degree to women. They often experience this with an overload due to overprotection exercised as a response to the uncertainty of the future of children with autism.

Regarding the narratives in the family dynamics category, open communication about the needs of raising a child with ASD allows for the definition of relational patterns to face daily challenges (Watzlawick et al., 1997). This care can imply family cohesion in an effort to protect

the person with ASD from being involved in marital conflicts and parental role negotiations. According to Watzlawick (1997) and Fuentes-Pila (2024), this maintains the balance and regulation of the family system. Furthermore, Puente de la Vega and Ureta (2025) conclude that an ASD diagnosis invariably impacts both family dynamics and the perceived psychological well-being of primary caregivers, who may experience parental stress. Nevertheless, adaptive coping strategies and social support networks mitigate the effects of the diagnosis.

Finally, in the family beliefs category, it was observed how interpretive frameworks known as beliefs allow for adaptation to the context of new relational configurations. According to Dallos (1996) and Bagarozzi (1996), these frameworks facilitate the adaptation of the family system. Acceptance of the diagnosis impacts how they perceive themselves as a family, fostering a sense of agency and resilience (Walsh, 2012) that allows them to transform and adapt constantly to the daily realities of living with ASD.

CONCLUSIONS

This study clearly articulated the theoretical scaffolding of Systemic Family Therapy (structure, dynamics, and beliefs) with empirical evidence obtained through individual and dyadic interviews, field diaries, and observation logs. The theory guided the construction of the categories, while the fieldwork provided rich, situated narratives from parents. Content analysis allowed for the reconstruction of meanings and relational patterns that explain how Mexican families specifically in Tepic, Nayarit reorganize following an ASD diagnosis.

In substantive terms, the primary contribution of new knowledge lies in showing that family adaptation to ASD operates as a recursive circuit between:

1. Structural reconfigurations (renegotiation of roles, boundaries, and hierarchies, often with maternal overload).
2. Dynamic patterns (explicit agreements for care, protecting marital communication, and avoiding triangulation).
3. Transformations of beliefs (moving from stigma and erroneous explanations in the extended family toward narratives of acceptance, agency, and resilience).

The practical impact of these findings translates into recommendations at three levels:

- (1) Clinical-Family: Implement systemic interventions focused on parental agreements, role redistribution with a gender perspective, and communication training.
- (2) Community-Service: Consolidate and expand networks like the A.C. (Non-Profit Association) to facilitate caregiver respite and peer support.
- (3) Formative-Political: Design culturally pertinent materials for schools and health services, and promote local policies that reduce economic and time barriers to care.

Given the qualitative nature and geographical concentration in Tepic, Nayarit, the findings are transferable rather than generalizable. Future research should incorporate longitudinal designs, compare different family configurations (e.g., single-parent or extended families), and integrate mixed methods to quantify effects on parental stress and quality of life.

Finally, the study demonstrates that family adaptation to ASD is not a linear adjustment but a systemic process of structural realignment, communicative regulation, and re-signification of the experience. When accompanied by community and psychoeducational support, this process enhances the agency and resilience of the family system.

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Declaration of Conflict of Interest.

The authors declare that they have no conflicts of interest in the conduct of this study.

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