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What is a Good Mother of Children with Autism?: A Cross-Cultural Comparison
Between the U.S. and Japan

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Abstract

Purpose: This study compared the characteristics of ‘good mothers’ of children with ASD (Autism Spectrum Disorder) as perceived by mothers of children with ASD in two countries—the U.S. and Japan. Grounded in the theory of culturally-influenced construal of the self, we hypothesized that U.S. mothers would prioritize fostering self-reliance and advocating for their child’s well-being while Japanese mothers would prioritize maintaining close and harmonious relationships with their child.

Methods: We conducted semi-structured interviews with 52 U.S. and 51 Japanese mothers of children with ASD about the characteristics of a good mother of a child with ASD (GMA) and characteristics of a good mother in general (GMG) and compared the frequencies of ‘good mother’ categories emerging from thematic analysis.

Results: Mothers of children with ASD in both countries viewed guiding children as the most important characteristic for both GMG and GMA. As hypothesized, U.S mothers tended to emphasize a mother’s active role in advocating for her children, getting her child services and intervention, and educating herself about ASD. In contrast, Japanese mothers tended to value a mother’s ability to accept her child, know her child well, and provide adequate support for her child based on a child-oriented perspective. The mother’s role of advocating for her child and educating herself emerged more frequently in responses regarding GMA than GMG in the U.S. sample.

Conclusion: The study revealed cultural differences in characterization of GMA, suggesting that more indirect models of instruction may be effective for different cultural groups.

Keywords: Autism Spectrum Disorder, parenting, motherhood, cross-cultural comparison

What is a Good Mother of Children with Autism? A Cross-Cultural Comparison Between the U.S. and Japan

In many cultures, mothers have historically been regarded as the primary caregivers of their children (Brock, 2014; Kim & Hwang, 2018; Lilley, 2011). Mothers are also expected to be self-sacrificing, favoring the needs of their child above their own, and unconcerned with personal costs (Frederick et al., 2019; Ohinata, 2015). This all-encompassing giving of self has been defined by Sharon Hays and other scholars as ‘intensive mothering’ (Hays, 1996). Belief in ‘intensive mothering’ may be even more prevalent among mothers of children with disabilities. These mothers are viewed by family members and strangers as responsible for their children’s disabilities and treatments (You & McGraw, 2011). They are expected to give their time, energy, and finances for the sake of their children’s treatment and education (Frederick et al.; Kim & Hwang; Sharpe & Baker, 2007). Such expectations regarding ideal mothers or ‘good mothering’ can become internalized for mothers of children with disabilities, guiding their parenting and their relationship with their child (Brock).

Amidst the vast literature of research on motherhood, the concept of a ‘good mother’ specific to mothers of children with disabilities has received little attention. There is a particularly noticeable gap in research examining the parenting characteristics of parents of children with autism spectrum disorder (ASD), who have been found to experience more stress than mothers of typically developing (TD) children or children with other disabilities (Hayes & Watson, 2013; Porter & Loveland, 2019). Among the few studies that exist, Gau et al. (2010) highlighted differences in parenting styles, with parents of children with ASD often being described as more overprotective and controlling than parents of TD children (Landry & Loveland, 1988). Meirsschaut et al. (2011) further noted that mothers of children with

ASD tend to be more directive in their approach compared to mothers of TD children.

However, some research pointed toward similarities; mothers of children with ASD demonstrated levels of sensitivity and responsiveness to those of TD children. Yet, children with ASD typically exhibit a less secure attachment towards their parents compared to TD children and those with other disabilities (Hirschler-Guttenbert et al., 2015; van IJzendoorn et al., 2007).

In addition, the concept of a ‘good mother’ of children with disabilities may vary by culture (Kim & Hwang, 2018; McKeever & Miller, 2004; You & McGraw, 2011). For example, Western mothers of children with disabilities are expected to play a pivotal role in their children’s future productivity (McKeever & Miller). To maximize their children’s potential, these mothers try to secure interventions for their children and fight to acquire these services. Sousa (2011) dubbed such activist mothers ‘warrior-mothers.’ The idea of the ‘good mother’ of children with disabilities may manifest differently in non-Western countries. In Japan, for example, a ‘good mother’ is described as one who commits herself fully to minimize the child’s disability and becomes psychologically one with their child even at the cost of her own aspirations (Nakagawa et al., 2007). Similarly, following Confucian principles, Korean mothers are expected to sacrifice their own desires and needs for the sake of their children (You & McGraw). You and McGraw explained the role of Korean mothers of children with disabilities as an intensive practice of ‘following’ the child by directing all their attention to them. Although expectations about maternal dedication may be universal, the specific mothering practice may differ by culture.

Parenting children with disabilities may require parents to adjust and find a ‘new normal’ for ideal parents within their cultural context (Ryan & Runswick-Cole, 2008). Examination of this ideal ‘good mother’ to children with disabilities with sensitivity to different cultural contexts will contribute to more culturally sensitive clinical practices aimed

at understanding and supporting these mothers. Although there are numerous studies relating to motherhood for mothers of children with disabilities, there is a need to explore cultural variation among such mothers (Kim & Hwang, 2018; McKeever & Miller, 2004; You & McGraw, 2011). To the best of our knowledge, no studies have directly compared cultural perspectives on what constitutes a ‘good mother’ of children with ASD. Therefore, the primary goal of this study is to compare what it means to be a ‘good mother’ of a child with ASD, as perceived by mothers of children with ASD from two cultural groups: the U.S. and Japan.

The U.S. and Japan have similarly high occurrences of autism in their populations. According to the National Database [NDB], autism prevalence in Japan is estimated to be 2.75% (Sasayama et al., 2021) compared to 2.27% in the U.S. (Centers for Disease Control and Prevention (CDC), 2021). Mothers of children with ASD in both the U.S. and Japan are known to experience high levels of parenting stress, particularly in relation to children’s behavioral problems (Porter & Loveland, 2019; Zaidman-Zait et al., 2014). However, significant cultural differences in parenting exist, which might influence the experiences and expectations of mothers raising children with autism (e.g., Kamei, 2013).

Cultural differences related to parenting are often framed in terms of independent and interdependent construals of the self (Markus & Kitayama, 1991). Markus and Kitayama posited that, in the U.S. and other Western countries, the ‘self’ is constructed independently with an emphasis on personal control. In contrast, in Japan and other East Asian countries, the ‘self’ is constructed interdependently with an emphasis on relational harmony. In cultures rooted in the independent construct, individuals—including parents—are seen as primarily shaping their own destinies through choices, abilities, and efforts; in countries such as Japan, that emphasize the interdependent construct, value is placed on being responsive to the needs

and expectations of others, and the self is viewed as being harmoniously connected to the community.

According to the theory of independent and interdependent self-construal, U.S. mothers of children with ASD would be expected to prioritize taking an active role in their children's development by advocating for their children's well-being, rights, and access to necessary support and services. And, in fact, the Individual Disabilities Education Act (IDEA), a special education law in the U.S., underscores the role parents play as advocates in securing services for their children (Burke et al., 2022). On the other hand, Japanese mothers would be expected to be more reserved in their efforts to secure rights and access to intervention programs for their children and to, instead, emphasize maintaining harmony with professionals and fellow mothers. The concept of parental advocacy for children with ASD has not been a significant focus in Japan. The term 'advocacy' itself rarely appears in Japanese public discourse (Mori & Oishi, 2021), and the establishment of a structured advocacy system for children is still in its infancy (Eidome, 2020; Hosokawa, 2022).

In Japan, a country where harmonious and interdependent relationship with others is valued (Markus & Kitayama, 1991), parenting is often characterized as building close emotional bonds between mother and child (Rothbaum et al., 2000). Due to the decreasing numbers of children in Japanese households (Ministry of Health, Labour, and Welfare, 2021), mothers are likely to spend more time per child than before, especially considering the low spousal involvement in childrearing characteristic of Japan (Ishii-Kuntz et al., 2004). The cultural value of promoting proximal and close relationships with their children may require Japanese mothers of children with ASD to recalibrate their roles as mothers, given that children with ASD tend to show less secure attachment toward their parents compared to children with other disabilities or typically developing children (van Ijzendoorn et al., 2007).

The primary objective of this study was to compare the perceptions of mothers of children with ASD in the U.S. and Japan regarding what constitutes a ‘good mother of children with ASD’ (GMA). Grounded in the cultural distinctions between independent versus interdependent construals of the self (Markus & Kitayama, 1991), we hypothesized that U.S. mothers would predominantly view ‘good mothers’ as those who actively support their child’s development and seek external resources and that Japanese mothers would characterize ‘good mothers’ as those who cultivate harmonious emotionally close relationship with their children. To provide further context for their characterizations of GMA, the same U.S. and Japanese mothers were also asked what constitutes a ‘good mother in general’ (GMG).

Methods

Sampling

Participants were part of a project investigating cultural influences on parenting stress in mothers of children with ASD. The current study focuses specifically on U.S. and Japanese mothers of children with ASD ($n = 52$ and 51 , respectively). Eligibility criteria for parents included: (a) having a child who has received a formal diagnosis of ASD from a qualified professional as reported by the mother, (b) being age 18 or above, and (c) being born in and having parents born in the U.S. or Japan, respectively. We decided to include this last criterion to ensure cultural homogeneity. It should be noted that the U.S. is characteristically less culturally homogeneous than Japan due to historical patterns of immigration not present in Japan. However, the inclusion criterion of having two generations born in the country somewhat ameliorates this issue. To increase representativeness of the sample, mothers were recruited from clinics, universities, support organizations, parent support groups, social media, and schools for children with developmental disabilities (a total of 21 U.S. and 17 Japanese locations).

Research Procedures

Participants were interviewed in-person or via telephone, depending on their preference, availability, and location from 2014 to 2017 as part of an ongoing study related to parenting of children with ASD. A semi-structured interview was used to obtain information about the experiences and stress of mothers of children with ASD. The interview consisted of the following questions: Q1 What does it mean to be a good mother? Q2 What does it mean to be a good mother of a child with autism? The interviews were recorded after obtaining permission from the participants. The audio files of both U.S. and Japanese interviews were later transcribed by research assistants and a transcription company.

Drawing on previous research suggesting that parenting stress mediates the relationship between culture and mothers' views on effective parenting (Dong et al., 2023), we opted to include a measure of parenting stress. The Parenting Stress Index (PSI) assesses two domains (Child Domain, Parent Domain) of parenting stress (Abidin, 1995). The Japanese version of the PSI has demonstrated adequate internal reliability and validity (Narama et al., 1999). In addition to the PSI, all participants were asked to complete a background demographics questionnaire.

Participants

Table 1 provides key characteristics of U.S. and Japanese mothers of children with ASD. The majority of children with ASD in both the U.S. and Japan were male (78.9% vs. 76.5%, $p = 0.772$) and pre-school age (44.2 % vs. 39.2%, $p = 0.754$). More U.S. children than Japanese children had two or more siblings (30.8% vs. 13.7%, $p = 0.032$). Mothers in the U.S. were significantly younger than their Japanese counterparts ($p < 0.001$). There was no significant difference in household income between U.S. and Japanese mothers. However, U.S. parents of children with ASD had higher educational attainment ($p = 0.017$) and higher occupational scores ($p = 0.049$) than Japanese parents of children with ASD. There was no significant difference in parenting stress between U.S. and Japanese mothers as measured by

PSI Total, Child Domain, and Parent Domain scores. Our data also indicated that approximately two-thirds of the participants from both countries reported clinically significant levels of stress.

Data Analysis

To understand the intricate intersection of disability and culture, we employed a thematic analysis approach as outlined by Clarke and Braun (2016) using MAXQDA Pro. Initially, two researchers (A and C), both fluent in English, individually analyzed the first 20 U.S. interview transcripts, reading them multiple times to generate preliminary codes. Next, they discussed their preliminary codes and grouped these codes into potential categories, refining them until a consensus was achieved. The second author, a seasoned expert in qualitative data analysis, then reviewed all these categories and offered feedback.

For the Japanese transcripts, a Japanese-English bilingual (A) and a native Japanese speaker (D) independently analyzed a set of 10 interviews. They applied the categories that emerged from the U.S. analysis to evaluate their relevance to the Japanese data. This process led to the identification of three novel categories. Based on a series of team meetings involving all researchers (A, B, C, D), the following decisions were made: (1) to include the new “Cheerful” category from the Japanese data, (2) to amalgamate the Japanese “Self-control” and U.S. “Is patient” categories, and (3) to merge the Japanese “Gentle” category into the U.S. “Nurtures” category. In the final stage of analysis, researchers A and C reanalyzed the U.S. dataset using the newly established set of categories. The final codebook resulting from these analyses and discussions is detailed in Table 2.

We compared the frequencies of categories for a ‘good mother in general’ (GMG) and a ‘good mother of children with ASD’ (GMA) using either Pearson's Chi-Square Test or Fisher's Exact Test. We also compared the frequencies of categories related to GMG and GMA in the two countries using either Pearson's Chi-Square Test or Fisher's Exact Test. For

participants whose responses for Q1 matched those for Q2, we scored their answers for Q1 in Q2 as well. Lastly, we performed analysis of variance (ANOVA) to investigate within-group differences in frequency of GMA-related categories based on child characteristics (age, gender) within each country. For the child age analysis, we divided the sample into two age groups: younger (ages 2-6) and older (ages 7-12).

Results

Table 3 shows categories for characteristics of a ‘good mother.’ In addition to GMG and GMA, we created a variable Total, which includes the total frequency at which the characteristic was mentioned by a participant in response to either question. For example, 16 Japanese participants mentioned mother’s characteristics related to “Accepts” in response to either the question on GMG, the question on GMA, or both. Moreover, only categories that occurred five times or more in one country were included in the table. A total of 17 categories emerged from our analysis: “Accepts,” “Adjusts,” “Advocates,” “Balances needs,” “Educates self,” “Exercises control,” “Gets child services and intervention,” “Guides,” “Is cheerful,” “Is determined,” “Is patient,” “Is present and involved,” “Is selfless,” “Is understanding,” “Knows child well,” “Nurtures,” and “Values child’s perspective.” The table shows frequencies of Total (either GMG or GMA), GMG, and GMA for each as well as the results of statistical comparisons between GMG and GMA. Statistical comparisons of frequencies for GMG and GMA between the U.S. and Japan are provided in Table 4.

As indicated in Table 3 and 4, the top five most frequent categories found for Total were “Guides” ($n = 24$), “Nurtures” ($n = 23$), “Is patient” ($n = 20$), “Is understanding” ($n = 20$), and “Is present and involved” ($n = 18$) for the U.S. participants, as compared to “Guides” ($n = 24$), “Accepts” ($n = 16$), “Is patient” ($n = 12$), “Is understanding” ($n = 12$), and “Knows child well” ($n = 12$) for Japanese participants. The top five most frequent categories found for GMG were “Nurtures” ($n = 22$), “Guides” ($n = 17$), “Is present and

involved" ($n = 16$), "Is understanding" ($n = 15$), and "Accepts" ($n = 12$) for the U.S. participants, as compared to "Guides" ($n = 10$), "Accepts" ($n = 9$), "Is patient" ($n = 9$), "Exercises control" ($n = 6$) and "Nurtures" ($n = 6$) for Japanese participants. The top five most frequent categories found for GMA were "Guides" ($n = 21$), "Is patient" ($n = 17$), "Is understanding" ($n = 14$), "Advocates" ($n = 12$), and "Gets child services and intervention" ($n = 11$) for the U.S. participants, as compared to "Guides" ($n = 18$), "Accepts" ($n = 13$), "Knows child well" ($n = 11$), "Adjusts" ($n = 9$), "Is patient" ($n = 7$) "Values child's perspective" ($n = 7$) for Japanese participants. "Guides" is the most frequently mentioned characteristic across the groups (GMG and GMA, U.S. and Japan). "Is patient" and "Is understanding" were frequently found in both countries. The findings in relation to each category are described below. The first author, who is a Japanese-English bilingual researcher translated the Japanese transcripts into English. Explanatory words were added in parentheses to supplement information from the interviewees when necessary for clarification.

Accepts

The category "Accepts" was found frequently in GSG and GSA for both U.S. and Japanese mothers. Both U.S. and Japanese mothers mentioned that a good mother demonstrates acceptance of her child and his or her disability and loves the child unconditionally (U.S. : "Loving them despite all their faults and problems, and not wanting to change them because that's who they are" (US44); "A good mother can accept their child's personality and disabilities and love them as an irreplaceable child. She is able to overcome the child's behaviors that can be challenging to her" (Japan32)).

Adjusts

The category "Adjusts" was found at similar frequencies for GMG and GMA in both U.S. and Japanese samples. Both mothers mentioned that they have to be adaptable and flexible, willing to accommodate their child, and to adjust their expectations for where the child is or

should be (e.g., “Set your own standards and goals for your child individually and be able to customize your mothering strategy for what the child needs and not just for what your family needs” (US07). Japanese mothers, in particular, often used the word ‘normal’ or ‘regular,’ explaining that they should not push their child to fit what is considered ‘normal’ (e.g., “A good mother is the one who can think about her child's abilities, what is best for her child, not the one who pushes her child to enter a regular elementary school because of parental pride or other reasons” (Japan38)).

Advocates

The category “Advocates” was mentioned significantly more by the U.S. mothers than their Japanese counterparts, especially in GMA. Among the U.S. mothers, it was mentioned much more frequently for GMA than GMG. The U.S. mothers described a good mother as one who is their child's biggest advocate. One U.S. mother described such characteristics as “I don't want to use the word fight, but that's basically every day with doctors for us. It's an uphill battle to get them to see your point of view of what's going on” (US25). Only two Japanese mothers mentioned the word ‘advocate’ when describing a good mother. In addition, when they used it, it was in the context of becoming a liaison between the school and child as follows:

I think that a good parent is able to communicate well with others (school, teachers) about her child and act as a good bridge between them. Children (with autism) are not very good at communicating their feelings. I think a good parent is able to help with that (Japan10).

Balances Needs

The category “Balances needs” was mentioned significantly more as a characteristic for GMG and GMA by U.S. participants than Japanese participants. They explained that a good mother needs to take care of herself so that she can take care of her child. In addition, she

needs to find a healthy balance, not be completely wrapped up in her child's world, and keep herself healthy emotionally and physically. One U.S. mother remarked: “Taking care of what your child needs and forging your own path for your child and family but taking care of yourself. Because if you are falling apart... because if I am stressed, he feeds off of it and gets stressed and it is a vicious cycle” (US07).

Educates Self

The category “Educates self” was mentioned significantly more by the U.S. mothers than their Japanese counterparts in GMA. Among the U.S. mothers, it was mentioned significantly more frequently for GMA than for GMG. One U.S. mother stated: “They have to educate themselves in a lot of ways they may not have been prepared for, so, understanding legally what children are allowed to have and dealing with the school systems to find out what’s available to them” (US05). More specifically, the U.S. mothers frequently used the words ‘read’ ($n = 7$), ‘research’ ($n = 7$), and ‘learn’ ($n = 7$) to describe the characteristics of a good mother of a child with ASD (e.g., “It’s a lot of reading, researching, and trying to figure out” (US46); “I’m constantly learning and trying to take advice from others, reading books” (US13)).

Exercises Control

Exercises Control was found at about similar frequencies for GMG and GMA in both U.S. and Japanese samples. According to the U.S. mothers, ‘exercises control’ means controlling a child's behavior through setting boundaries, being strict, having guidelines and rules, limiting activities, and keeping children on a schedule. One U.S. mother explained “you (a good mother) have to put boundaries, so there has to be respect and a line drawn, so you can’t be their best friend” (US24). Japanese mothers mentioned exercising control as a means of disciplining children. Japanese mothers also expressed that mothers need to be strict and

reprimand their child (“A good mother is able to tell her child that ‘I don't like it,’ warn, reprimand the child, but also listen to the child.” (Japan50)).

Gets Child Services and Interventions

Overall, this category was mentioned more by the U.S. mothers than their Japanese counterparts. The U.S mothers believed that a good mother, especially the mother of a child with ASD, gets the help that her child needs through therapies, early interventions, treatments, schooling, or services. One U.S. mother explained the importance of seeking help as “To provide whatever you need to provide for their well-being, to look for resources that will, because I'm a firm believer of it takes a village to raise a child. I totally believe in that” (US30). Some Japanese mothers similarly mentioned the importance of a mother seeking the best medical treatment and education for her child.

Guides

The category “Guides” was mentioned very frequently by U.S. and Japanese mothers for both GMA than GMG. Both U.S. and Japanese mothers expressed the belief that a good mother should guide her children in a way that prepares them for success (U.S. = 14, Japan = 5), provides adequate support (Japan = 12, U.S. = 4), prepares them for independence (U.S. = 10, Japan = 7), teaches values (Japan = 6, U.S. = 4), and provides opportunities (U.S. = 6, Japan = 0). Compared to their Japanese counterparts, U.S. mothers appeared to believe that they have to guide their child to be successful ($p < 0.0412$), and to provide opportunities to try new experiences, challenges, even when the child may fail ($p < 0.027$) (e.g., “instilling those values and qualities in the kids that they will able to function well in society” (US03)), while Japanese mothers believed a good mother ought to provide adequate support for her children ($p < 0.0497$) (*mimamoru*—a Japanese term meaning ‘watch and protect’) and assist her child in moderation. “In some cases, you may over-intervene and in some cases you may under-intervene. So, it is difficult.” (Japan19)).

Is Cheerful

Cheerfulness was only mentioned by Japanese participants for both GMG and GMA.

Some explained cheerful mothers as those who always smile and are energetic, which may be influenced by a media image of mothers (e.g., “She is an energetic and cheerful mother like you see on T.V., maybe? She's always smiling.” (Japan10)).

Is Determined

Five U.S. mothers and none of the Japanese mothers mentioned determination as a characteristic of an ideal mother. This characteristic was mentioned in both GMG and GMA.

The qualities of determination were described as ‘not giving up’ and ‘doing her best.’ One U.S. mother, for example, said, “It’s never giving up on your child despite their limitations. Always looking for the bright side of things for them and always wanting what is best for them even though it may not be best for you” (US22). None of the mothers in the Japanese sample mentioned this characteristic.

Is Patient

The category “Is patient” was mentioned frequently as a characteristic for GMG and GMA, but more significantly by the U.S. mothers than the Japanese mothers for GMA. Six U.S. mothers named patience as the most important characteristic that mothers of children with ASD need to have (e.g., “Trying to be patient is the main thing because it does get really frustrating” (US06)). In addition, twelve U.S. mothers described the level of patience required as ‘a lot of,’ ‘more,’ ‘really,’ and ‘extremely’ (e.g., “you have to have a lot of patience with autism, because you don't know what's going to happen one minute to the next with him” (US39)). The Japanese mothers often explained a good mother is able to control her own emotions and refrain from getting angry (e.g., “When I go to a school gathering, I see many mothers who do not really get angry, and compared to them, all I do is yelling at my child.” (Japan03))

Is Present and Involved

Overall, this category was more frequently mentioned by the U.S. mothers than their Japanese counterparts in GMG. The U.S. and Japanese mothers expressed the belief that good mothers should be there for their children, pay attention to them, and spend time with them (e.g., “To make yourself available for your children, address their needs, address them as individuals to help them feel important” (US47); “I think that also the willingness just to invest a lot of time in your child and spend a lot of time with them is a hallmark of really good parents” (US10)). Both groups of mothers explained that good mothers also take care of their children’s basic needs (e.g., “Arrange the environment, such as feeding them when they want to eat, or keeping their rooms clean and tidy” (Japan10)).

Is Selfless

More U.S. mothers mentioned “Selfless” as a characteristic for GMG than Japanese mothers. The U.S. mothers mentioned that a good mother should put her child’s needs before herself, put the best interests of her child at the forefront of her daily routine, and sometimes be self-sacrificial. One U.S. mother stated a good mother “sacrifice(s) their personal needs for their child to make sure they can have a healthy life, have a comfortable lifestyle and have access to everything that they need in order to fulfill their dreams” (US52). Some Japanese mothers similarly pointed out the importance of giving priority to children, making statements such as “I will be involved even if I have to take time off from work. I think that kind of thing is the first thing a parent should think about” (Japan40).

Is Understanding

This category was mentioned very frequently by both U.S. and Japanese mothers for both GMA and GMG. Both U.S. and Japanese mothers explained a good mother should be understanding (e.g., “Just trying to be more understanding, even if they don’t want to be affectionate towards you” (US49); “I think it’s important to be able to relate to the child’s

feelings, or to sympathize with them” (Japan35)) and supportive toward her children (e.g., “supporting them in anything and everything they do” (US41)).

Knows Child Well

This category was mentioned by both the U.S. and Japanese mothers. Among the Japanese mothers, it was mentioned significantly more for GMA than GMG. The mothers of children with ASD stated that a good mother needs to understand her child’s behavior, and his or her wants, needs, and feelings (e.g., “A mother who understands her child well and can support him or her with an understanding of his or her characteristics” (Japan12); “I know with the children with autism, it’s not so always so obvious and it takes a lot of work to understand what they want especially if they are not talking.” (US33)).

Nurtures

This category was mentioned much more frequently by the U.S. mothers than the Japanese mothers, especially in GMG. They explained that a good mother should be nurturing, caring, loving, gentle, and provide security for her children. For example, one U.S. mother described an ideal mother as “someone who is nurturing and can effectively communicate with their children, no matter the age or developmental level” (US01) while three Japanese mothers described ideal mothers as ‘gentle’ (*yasashii*). In addition, a few U.S. and Japanese mothers pointed out the importance of physical intimacy with their children (e.g., “Children can always get hugs and kisses” (US29); “someone who is able to connect with her child through ‘skinship’ (skin-to-skin interactions)” (Japan17)).

Values Child’s Perspective

This category was mentioned by both the U.S. and Japanese mothers for both GMG and GMA. Willingness to listen to her child, value their perspective, and meet the child at their level were often mentioned by both groups of mothers. One U.S. mother said, “I think somebody that also enjoys their child, whatever it is their child enjoys doing, they get down

there and do it with them” (US10), while one Japanese mother said, “A mother who does not neglect her child’s opinions, and even if the child has a developmental disability... she listens to his or her opinions and communicates until both parties are satisfied” (Japan17).

Within-Group Differences

Finally, the results of the one-way ANOVA revealed statistically significant differences in GMA frequencies for three categories: “Advocates,” “Balances needs,” and “Is determined,” between age groups within the U.S. sample. Mothers of younger children exhibited significantly higher frequencies for “Advocates” ($F(1, 50) = 5.583, p < 0.022$) and “Balances needs” ($F(1, 50) = 4.599, p < 0.037$), while mothers of older children exhibited significantly higher frequencies for “Is determined” ($F(1, 50) = 5.017, p < 0.030$). No statistically significant differences were found based on child gender.

Discussion

The current study investigated the characteristics of a ‘good mother’ in the U.S. and Japan. It also compared general characteristics of a ‘good mother in general’ (GMG) with those pertinent to a ‘good mother of children with ASD’ (GMA) according to the perceptions of mothers of children with ASD in both countries. The findings highlight notable similarities and distinctions in how a ‘good mother’ is perceived across these two nations. Moreover, there's a discernible variance between the traits of GMG and GMA. In the sections that follow, we detail the similarities and differences between the countries as well as between GMG and GMA.

Among participants from both the U.S. and Japan, ‘guiding the child’ stood out as the most frequently mentioned characteristic of a good mother. Nearly half of the mothers from both nations emphasized ‘guiding’ as pivotal, particularly for mothers of children with ASD. The characteristics of guiding children in our study included elements such as (1) helping the child for future success, (2) providing adequate support, (3) preparing them for independence,

(4) teaching values, and (5) providing opportunities. Notably, when it comes to raising children with ASD, mothers felt that they should play an active role in their child's success. This proactive stance mirrors the expectations set by many existing intervention programs for children with ASD in both the U.S. and Japan. However, cross-cultural differences arose in how ‘guiding’ was perceived. In the U.S., guiding was seen as priming the child for success and creating avenues for advancement. In contrast, in Japan, it centered on providing adequate support for their child.

Consistent with our hypothesis based on Markus and Kitayama's (1991), the categories “Advocates,” “Gets child services and intervention,” and “Educates self” were cited significantly more frequently by U.S. mothers compared to their Japanese counterparts. Notably, “Advocates” and “Gets child services” ranked among the top five categories for U.S. mothers describing attributes of GMA. The portrayal of a mother self-educating and advocating for her child with ASD aligns with prevalent themes found in Western scholarly literature (e.g., Gill & Liamputtong, 2011; McKeever & Miller, 2004; Ryan & Runswick-Cole, 2008). Indeed, embracing the advocate role can be integral to shaping the identity of a mother of a child with ASD.

It is worth noting that this maternal advocacy role has started to gain traction in East Asia, including Japan (Sato et al., 2015; You & McGraw, 2011)—despite the fact that the depiction of a mother ‘fighting’ for her child with a disability (Blum, 2007; Sousa, 2011) tends not to align with cultures prioritizing social harmony, even when such advocacy entails pursuing health care, therapy, and educational services for the child's benefit (Sato et al., 2015). Future studies might find it fruitful to explore how advocacy for children with disabilities is perceived and practiced across diverse cultural landscapes.

Our study indicates that Japanese mothers prioritize acceptance, understanding their child deeply, and providing just enough guidance, especially when raising children with

ASD. The prominence of “Accepts” might be rooted in Japan's cultural emphasis on adapting oneself to others' needs (Markus & Kitayama, 1991). Also, Japanese parenting traditionally leans towards a child-oriented approach, promoting natural development without excessive adult intervention (Nakamichi et al., 2022). The concept of *mimamoru* (watch and protect) exemplifies this, suggesting children can solve problems under the watchful eyes of caregivers without direct interference (Porter & Tanabe, 2023). Relatedly, Hess and Azuma (1991) contrasted methods used to guide children in Japan and the U.S., noting the tendency in Japan to guide children by providing appropriate environments for them (an *osmosis* model in which children naturally absorb standards of behavior from their environment) versus the tendency in the U.S. to guide children via direct verbal instruction (an *instructional* model). Research conducted in the U.S. suggests that mothers of children with ASD tend to be more directive and display more controlling behaviors than mothers of children with typical development (Freeman & Kasari, 2013). This highlights the significance of cultural considerations when devising intervention programs, recognizing that some cultures might lean towards more indirect parenting methods.

In our study, characteristics of a good mother, which encompass qualities as “Nurtures” (e.g., loving, caring), “Is patient,” “Is present and involved,” “Is selfless,” and “Is understanding,” were more frequently found among U.S. mothers than among Japanese mothers. This was especially pronounced in the GMG category. These attributes align with findings from previous motherhood research conducted in the U.S. (Flanagan et al., 1995). When focusing on mothering children with ASD, it's worth highlighting that many U.S. mothers regard patience as the most critical trait for mothers. This perspective on patience is explained by Qodariah and Puspitasari (2016). They found that patience assists mothers in navigating the long-term challenges of raising a child with ASD. Furthermore, their research

discovered a positive correlation between patience and effective coping strategies among mothers of children with ASD.

While U.S. mothers frequently described a good mother as someone who gives of herself, this characteristic was less prominent among Japanese mothers. Japan's traditional gender ideology upholds 'the myth of maternal love,' suggesting mothers naturally care for and sacrifice for their children (Ohinata, 2015; Ougihara, 2022). This deep-rooted belief might be why the act of self-sacrifice was not highlighted as exceptional in our study. Conversely, U.S. mothers, perhaps grappling with a greater balance between devoting time to their children and devoting time to themselves (Porter et al., 2021), emphasized the importance of this sacrifice. Notably, only U.S. mothers, with one exception in Japan, mentioned 'balancing needs.'

Japanese mothers uniquely identified "Cheerful" as an ideal motherly characteristic. This aligns with previous studies in Japan where early childhood educators also emphasized being 'cheerful,' 'energetic,' and 'gentle' as ideal qualities (Kawasaki, 2015; Nakata, 2008). These perceptions may be influenced by media, personal experiences, and publications (Kawasaki). Mothers of children with ASD in Japan might, therefore, feel pressured to maintain a cheerful demeanor despite challenges. Future studies should explore the gap between this ideal and mothers' self-assessment.

In our study, differences in the characteristics of GMG and GMA were mostly observed in the U.S. sample. For U.S. mothers, the trait "Nurtures" occurred more frequently in GMG than in GMA, while "Advocates" and "Educates self" were more prevalent in GMA. This finding aligns with prior research on mothers of children with disabilities, which posits that such mothers often recalibrate their understanding of motherhood, infusing it with a strong advocacy dimension (Landsman, 1998; Ryan & Runswick-Cole, 2008; You & McGraw, 2011). To navigate stigmatizing public perceptions either towards their child or

themselves, these mothers pivot towards advocacy, reshaping this stigma to establish a ‘new normal’ (Landsman; Ryan & Runswick-Cole; You & McGraw). Mothers might find it easier to cope if they expect the outside world to change instead of themselves, which can help reduce parenting stress. Future studies should explore what motivates mothers of children with ASD to rethink their view of motherhood.

Finally, intra-group differences in frequency by child age were observed for some GMA categories, but only in the U.S. sample. Mothers of younger children with ASD have a greater tendency to view GMAs as those who advocate for their children and balance their needs (with those of their children) than mothers of older children with ASD. This may be because mothers of younger children with ASD prioritize seeking services and education, which can necessitate juggling various conflicting demands. As their children grow older, the same mothers may, instead, place greater emphasis on determination based on a realization that the mothering a child with ASD is an ongoing journey that requires perseverance, hard work, and resilience.

Limitations

A primary limitation of our study is the brevity of responses from our Japanese mothers compared to their U.S. counterparts. This discrepancy could have affected the comparative frequencies between the two countries. This trend might explain the minimal or no statistical differences between GMG and GMA, as well as child demographics (age, gender) within Japan. It is plausible that questions centered around the concept of a ‘good mother’ are not typical reflections for Japanese mothers, making it more challenging for them to provide detailed answers. Future research might benefit from using a questionnaire, where respondents rank categories — identified from prior studies — in order of importance. This approach could counteract biases against participants who, due to cultural or other reasons, tend to offer shorter responses.

Secondly, it is possible that our sample is not entirely representative of mothers of children with ASD. For instance, the mothers who agree to participate in this current study could have a higher socio-economic status and be more educated on autism than the general population. However, we found the demographic characteristics of mothers as indicated in Table 1 were relatively representative of the demographic for mothers in each country (Porter et al., 2022). Future studies should further systematically collect samples from diverse demographics to investigate the different perceptions of a good mother within each country.

Despite its limitations, this study is the first to compare cultural views on being a ‘good mother’—both generally and for children with ASD—between the U.S. and Japan. Mothers of children with ASD in both countries viewed guiding children as the most important characteristic of both GMG and GMA. However, in the U.S., “Guiding” a child meant preparing a child to be successful and providing opportunities for advancement whereas, in Japan, it meant providing adequate support for their child. While U.S. mothers emphasized advocacy, seeking services, and self-education about ASD, Japanese mothers valued acceptance, knowing a child well, and providing adequate child-oriented support. These insights highlight the aspirations and challenges of mothers raising children with ASD and underscore the importance of culturally sensitive resources and interventions.

Declarations

Conflict of interest: The authors have no conflicts of interest to declare that are relevant to the content of this article.

Ethical Approval: This study was performed in line with the principles of the Declaration of Helsinki. Approval was granted by the ethics committee of the University of Texas Health Science Center, Houston.

Informed Consent: Informed consent was obtained from all participants in the study.

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Table 1

Comparison of Child and Parent Characteristics in the U.S. and Japan

Variable	United States (<i>n</i> = 52)	Japan (<i>n</i> = 51)	<i>p</i> value
Children			
Gender			0.772
Male	41 (78.9)	39 (76.5)	
Female	11 (21.2)	12 (23.5)	
Age			0.754
Preschool (0-5.5 years)	23 (44.2)	20 (39.2)	
Lower middle childhood (5.5-9 years)	17 (32.7)	16 (31.4)	
Upper middle childhood (9.1-12 years)	12 (23.1)	15 (29.4)	
Number of Siblings			0.032
0	11 (21.2)	21 (41.2)	
1	25 (48.1)	23 (45.1)	
2 or more	16 (30.8)	7 (13.7)	
Parent			
Maternal age (years), (Mean ± SD)	37.2 ± 5.6	41.5 ± 5.3	<0.001
Household Income level ^a			0.306
Low (< \$25k or <2500k yen)	4 (7.7)	4 (7.9)	
Medium (\$25k-\$75k or 2500k – 7500k yen)	20 (38.5)	27 (52.9)	
High (> \$75k or 7500k yen)	28 (53.8)	20 (39.2)	
Parental educational score ^b , Median ± IQR	3.0 ± 0.5	2.2 ± 1.0	0.017
Parental occupational score ^c , Median ± IQR	2.3 ± 1.0	2.0 ± 0.5	0.049
Parenting Stress Score (PSI) ^d , Mean ± SD			
Total Score	82.1 ± 23.6	80.9 ± 27.1	0.812
≥ 85 percentile	33 (63.46)	36 (70.59)	
< 85 percentile	19 (36.54)	15 (29.41)	
Child Domain	91.7 ± 17.4	87.0 ± 23.3	0.248
≥ 85 percentile	45 (86.54)	41 (80.39)	
< 85 percentile	7 (13.46)	10 (19.61)	
Parental Domain	64.5 ± 32.0	68.5 ± 32.1	0.527
≥ 85 percentile	24 (46.15)	24 (47.06)	
< 85 percentile	28 (53.85)	27 (52.94)	

Notes. Data are reported as frequencies (percentages), otherwise as indicated; IQR: Interquartile range; SES: socioeconomic status.

^a The total household income was scored from 1 to 3 for income levels under \$25k, between \$25k and 75k, and \$75k and above, respectively, based on categories derived from the U.S. Census. The three levels of Japanese income were created based on the Japanese yen to U.S. dollars currency exchange (1 dollar = 111 yen from 2014 to 2017). Because our income question answers only contain numbers for every \$25k (or 2500k yen), we decided to calculate the Japanese income levels as 1 dollar = 100 yen. ^b Educational attainment of each parent was scored from 1 to 3 indicating: 1) junior high or high school diploma, 2) some college (e.g., junior college), and 3) college and above. The mean of the mother and father's educational attainment scores was used as a parental education score. ^c Occupational status of each parent was scored as 1 to 3 indicating: 1) not in labor force, 2) part-time worker, and 3) full-time worker. ^d The critical cutoff score for high stress is the 85th percentile. The score ranges of 81-84 percentile are considered borderline, while scores in the 16-80 percentile are considered within normal limits.

Table 2

Codebook of Categories for a “Good Mother”

Category	Definition
Accepts	Accepts child the way he is. Loves child unconditionally.
Adjusts	Sets her own standards and goals for her child. Is flexible so that she can adjust her mothering strategy to what the child needs.
Advocates	Advocates for her child. Is willing to fight for her child.
Balances needs	Balances her needs with her child's needs appropriately. Take care of herself physically and emotionally.
Educates self	Makes an effort to learn and gather information about the child through reading, conducting research and looking for advice from others.
Exercises control	Is firm. Sets rules, guidelines, and boundaries. Provides structure and schedule.
Gets child services and intervention	Seeks help for her child via therapies, early interventions, schooling, medical treatments, and services.
Guides	Prepares child for future success and independence and allow them to experience failure. Be a good teacher and teach values. Provides child adequate support and opportunities to learn.
Is cheerful	Shows smile and has a cheerful attitude towards her child and in general.
Is determined	Willing to go the extra mile for her child. Does her best and doesn't give up easily.
Is patient	Has a lot of patience toward her child. Able to control herself and refrain from scolding her child an unnecessary amount.
Is present & Involved	Is present in her child's life and spends a lot of time with him or her. Pays close attention to her child. Takes care of her child.
Is selfless	Puts her child's needs first. Dedicates and sacrifices herself for her child.
Is understanding	Is supportive and understanding toward her child.
Knows child well	Knows her child's needs, wants, and feelings. Understand the reasons behind her child's behavior.
Nurtures	Nurtures and loves child. Is gentle. Provides security.
Values child's perspective	Is willing to listen to her child. Meets her child at their level and values their perspectives.

Table 3

Frequencies and Percentages of the Total (Either GMG or GMA), GMG, and GMA for Each Category with the Comparison Between GMG and GMA in the U.S. and Japan.

Category	US				Japan			
	Total	GMG	GMA	Comparison between GMG and GMA	Total	GMG	GMA	Comparison between GMG and GMA
Accepts	13 (25.0)	12 (23.1)	7 (13.5)	<i>ns</i>	16 (31.4)	9 (17.6)	13 (25.5)	<i>ns</i>
Adjusts	11 (21.2)	5 (9.6)	10 (19.2)	<i>ns</i>	11 (21.6)	4 (7.8)	9 (17.6)	<i>ns</i>
Advocates	13 (25.0)	2 (3.8)	12 (23.1)	<i>p</i> = 0.004	2 (3.9)	0 (0.0)	2 (3.9)	<i>ns</i>
Balances needs	11 (21.2)	6 (11.5)	9 (17.3)	<i>ns</i>	1 (2.0)	0 (0.0)	1 (2.0)	<i>ns</i>
Educates self	16 (30.8)	3 (5.8)	10 (19.2)	<i>p</i> = 0.038	1 (2.0)	0 (0.0)	1 (2.0)	<i>ns</i>
Exercises control	11 (21.2)	11 (21.2)	9 (17.3)	<i>ns</i>	9 (17.6)	6 (11.8)	5 (9.8)	<i>ns</i>
Gets child services and intervention	14 (26.9)	4 (7.7)	11 (21.2)	<i>ns</i>	5 (9.8)	1 (2.0)	5 (9.8)	<i>ns</i>
Guides	24 (46.2)	17 (32.7)	21 (40.4)	<i>ns</i>	24 (47.1)	10 (19.6)	18 (35.3)	<i>ns</i>
Is cheerful	0 (0.0)	0 (0.0)	0 (0.0)	<i>ns</i>	5 (9.8)	5 (9.8)	2 (3.9)	<i>ns</i>
Is determined	5 (9.6)	2 (3.8)	5 (9.6)	<i>ns</i>	0 (0.0)	0 (0.0)	0 (0.0)	<i>ns</i>
Is patient	20 (38.5)	10 (19.2)	17 (32.7)	<i>ns</i>	12 (23.5)	9 (17.6)	7 (13.7)	<i>ns</i>
Is present and involved	18 (34.6)	16 (30.8)	9 (17.3)	<i>ns</i>	5 (9.8)	3 (5.9)	3 (5.9)	<i>ns</i>
Is selfless	14 (26.9)	13 (25.0)	9 (17.3)	<i>ns</i>	4 (7.8)	3 (5.9)	2 (3.9)	<i>ns</i>
Is understanding	20 (38.5)	15 (28.8)	14 (26.9)	<i>ns</i>	12 (23.5)	3 (5.9)	10 (19.6)	<i>ns</i>
Knows child well	6 (11.5)	2 (3.8)	6 (11.5)	<i>ns</i>	12 (13.5)	3 (5.9)	11 (21.6)	<i>p</i> = 0.041
Nurtures	23 (44.2)	22 (42.3)	8 (15.4)	<i>p</i> = 0.002	7 (13.7)	6 (11.8)	3 (5.9)	<i>ns</i>
Values child's perspective	9 (17.3)	6 (11.5)	4 (7.7)	<i>ns</i>	7 (13.7)	3 (5.9)	7 (13.7)	<i>ns</i>

Notes: GMG = Good mother in general, GMA = Good mother of children with autism; Comparisons between GMG and GMA were calculated by either Pearson's Chi-Square Test or Fisher's Exact Test.

Table 4

Comparison of Frequencies and Percentages for the Total (Either GMG or GMA), GMG, and GMA for Each Category Between the U.S. and Japan.

Category	Total			GMG			GMA		
	US	Japan	Comparison	US	Japan	Comparison	US	Japan	Comparison
Accepts	13 (25.0)	16 (31.4)	ns	12 (23.1)	9 (17.6)	ns	7 (13.5)	13 (25.5)	ns
Adjusts	11 (21.2)	11 (21.6)	ns	5 (9.6)	4 (7.8)	ns	10 (19.2)	9 (17.6)	ns
Advocates	13 (25.0)	2 (3.9)	$p = 0.002$	2 (3.8)	0 (0.0)	ns	12 (23.1)	2 (3.9)	$p = 0.008$
Balances needs	11 (21.2)	1 (2.0)	$p = 0.002$	6 (11.5)	0 (0.0)	$p = 0.027$	9 (17.3)	1 (2.0)	$p = 0.016$
Educates self	16 (30.8)	1 (2.0)	$p < 0.001$	3 (5.8)	0 (0.0)	ns	10 (19.2)	1 (2.0)	$p = 0.008$
Exercises control	11 (21.2)	9 (17.6)	ns	11 (21.2)	6 (11.8)	ns	9 (17.3)	5 (9.8)	ns
Gets child services and intervention	14 (26.9)	5 (9.8)	$p = 0.025$	4 (7.7)	1 (2.0)	ns	11 (21.2)	5 (9.8)	ns
Guides	24 (46.2)	24 (47.1)	ns	17 (32.7)	10 (19.6)	ns	21 (40.4)	18 (35.3)	ns
Is cheerful	0 (0.0)	5 (9.8)	$p = 0.027$	0 (0.0)	5 (9.8)	$p = 0.027$	0 (0.0)	2 (3.9)	ns
Is determined	5 (9.6)	0 (0.0)	ns	2 (3.8)	0 (0.0)	ns	5 (9.6)	0 (0.0)	ns
Is patient	20 (38.5)	12 (23.5)	ns	10 (19.2)	9 (17.6)	ns	17 (32.7)	7 (13.7)	$p = 0.023$
Is present and involved	18 (34.6)	5 (9.8)	$p = 0.003$	16 (30.8)	3 (5.9)	$p = 0.002$	9 (17.3)	3 (5.9)	ns
Is selfless	14 (26.9)	4 (7.8)	$p = 0.011$	13 (25.0)	3 (5.9)	$p = 0.013$	9 (17.3)	2 (3.9)	ns
Is understanding	20 (38.5)	12 (23.5)	ns	15 (28.8)	3 (5.9)	$p = 0.003$	14 (26.9)	10 (19.6)	ns
Knows child well	6 (11.5)	12 (13.5)	ns	2 (3.8)	3 (5.9)	ns	6 (11.5)	11 (21.6)	ns
Nurtures	23 (44.2)	7 (13.7)	$p < 0.001$	22 (42.3)	6 (11.8)	$p < 0.001$	8 (15.4)	3 (5.9)	ns
Values child's perspective	9 (17.3)	7 (13.7)	ns	6 (11.5)	3 (5.9)	ns	4 (7.7)	7 (13.7)	ns

Notes: GMG = Good mother in general, GMA = Good mother of children with autism; Comparisons between the U.S. and Japan were calculated by either Pearson's Chi-Square Test or Fisher's Exact Test.