



# Stigma and Forgiveness in Ghanaian Mothers of Children with Autism Spectrum Disorders (ASD)

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## Abstract

This study explored stigma experiences of mothers of children with ASD and forgiveness as their coping response. Semi-structured interviews were conducted with 6 mothers of children with ASD. Results of this study found several noteworthy themes including, feelings of mother, family/societal reactions, forgiveness factors, and impact of forgiveness. Mothers reported significant stigmatization from families and society. Some expressed their feelings towards themselves, others and God, and finally recounted the use of forgiveness as a coping resource which contributed significantly to their well-being. Findings from this study contribute to the emerging literature on forgiveness as a coping resource for persons who are offended. Implications for clinical practice, intervention and policy are discussed.

**Keywords** Stigma · Forgiveness · Mothers · ASD · Coping

## Introduction

Stigma has been found as one of the commonest offenses committed by family members against parents of children with disabilities, and one of the strongest predictors of parental stress and emotional burden (Gray 2002; Green 2003; Kearney and Griffin 2001; Pascoe and Richman 2009). Stigmatization may be in the form of criticism and disapproval from family members and strangers for having a child with Autism Spectrum Disorders (ASD) (Ambikile and Outwater 2012; Oti-Boadi 2017).

Autism Spectrum Disorder (ASD) is a group of neurodevelopmental disorders characterized by impairments in social interaction and communication and repetitive, restricted patterns of behavior and interest (American Psychiatric Association 2013). Recent epidemiological studies estimate that 1–2% of children worldwide are found on the spectrum (Elsabbagh et al. 2012). Most of the statistics on

autism are associated with children in western and high-income economies, however, there is a growing concern in the way the condition manifests and is perceived in developing and low-income countries (World Health Organization 2013). ASD is now considered a global epidemic with prevalence rates estimated at 1:59 (Center for Disease Control [CDC] 2014). Increase in the rates of ASD makes it increasingly important to understand how it impacts the primary caregivers, usually mothers (Lutz, Patterson and Klein 2012) of children with ASD. Mothers are the focus of the research because they are often responsible for caregiving (see Gyekye 2003; Waterhouse, Hill, and Hinde 2017) and are likely to be heavily impacted by the stresses associated with raising children with developmental disabilities than fathers (Baker and Drapela 2010; Smith et al. 2010).

Research shows that parents and their children with ASD are often stigmatized and neglected by society, family, friends, health professionals and teachers (Avoke 2002; Gray 2002; Kinnear et al. 2016). Although children with ASD do not usually have physical markers as a sign of disability, they often exhibit some challenging behaviors that are sometimes considered socially inappropriate (e.g. taking off their clothes in public, having tantrums, self-destructive behaviors like biting themselves, smelling and mouthing objects, aggression). The nature of ASD makes parents experience excessively unique caregiving challenges compared to parents of children with other developmental

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disabilities (Cramm and Nieboer 2011). Their challenges are worsened by the absence of sympathy and support from family and society (Boyd 2002; Cantwell et al. 2015; Oti-Boadi 2017). Mothers are often blamed as irresponsible and not competent at training the child to behave well (Broady et al. 2015; Wong et al. 2016). This situation has a historical background where mothers of children with autism were described as “refrigerated mothers” by Bruno Bettelheim. According to him, mothers of children with autism did not have any emotional attachment to their children and did not nurture them adequately (cited in Waltz 2015).

In Africa and Ghana, stigma is deeply rooted in traditional African beliefs and attitudes surrounding disability such as being caused by a curse or punishment from the gods and evil forces (Aldersey et al. 2018; Mbwilo et al. 2010; Oti-Boadi 2017). In Ghana, children with autism and other intellectual disabilities are given derogatory names and wealthier families are accused of sacrificing their child’s intellectual capacity for wealth (Avoke 2002). Mothers of children with ASD may also internalize the stigma they experience from family and friends and blame themselves for being responsible for the child’s condition, not being a good parent and this further culminates into the experience of shame, inferiority, and psychological distress (Fernandez and Arcia 2004; Mak and Kwok 2010; Tsang, Tam, Chan, and Chang 2003). Research has shown that whereas some parents believe that the condition of their children may have resulted from some transgression they have committed against others, especially (those belonging to both Christian and Islamic faiths), others perceive their child as a gift and the will of God (Hervie 2013; Kermanshahi et al. 2008). Others blame God for being unfair to them by bestowing such a predicament on them (Aldersey 2012; Nurullah 2013; Oti-Boadi 2017). Such traditional beliefs have been found to play a role in the perception of, and coping with their child’s condition (Aldersey 2012; Oti-Boadi 2017).

The ability of such parents to cope with the distress associated with the stigma has been studied in Western countries and in some African countries (e.g. Avoke 2002; Hervie 2013; Oti-Boadi 2017). Stigmatized persons may use different strategies such as avoidance, withdrawal, acceptance, and concealment to avoid shame and stigma (Lam and Mackenzie 2002; Vauth, Kleim, Wirtz, and Corrigan 2007) or search for emotional and social support in dealing with the negative treatment and their own internal suffering (Oti-Boadi 2017; Paster et al. 2009; White and Hastings 2004). Additionally, in cultures where disability is conceptualized in spiritual terms as a curse upon the family, the likely means of intervention and coping is spirituality (Avoke 2002; Oti-Boadi 2017).

The burden associated with stigma has provoked a response in researchers to search for effective strategies to mitigate the stigma associated with certain conditions.

One such coping strategy is forgiveness, although very little attention has been paid to it in research. In recent years, forgiveness has been found as an effective coping strategy for dealing with stigma associated with people living with HIV/AIDS (Luskin 2002; Maltby et al. 2001). Generally, forgiveness refers to a positive change in a person’s intention towards a transgressor and the replacement of negative emotions with positive emotions (Worthington 2005). Forgiveness has been found to be associated with greater psychological well-being (Norman 2017; Worthington and Scherer 2004). Forgiveness has not yet been studied as a coping strategy for a stigmatizing condition such as ASD. The present study seeks to determine how forgiveness would help mothers of children with ASD adjust to stigma from family and society. This paper seeks to explore the use of forgiveness in helping parents deal with the negative reactions they receive from their family members and society at large.

There is evidence to suggest that forgiveness may result in decreased psychological distress (Berry et al. 2005; Orcutt 2006), improved life satisfaction (Brown and Phillips 2005; Lawler-Row and Piferi 2006), increased existential well-being (Rye et al. 2001), serve as an effective coping strategy (Enright 2001; Worthington and Scherer 2004), lead to the restoration of family relationships (Rusbult et al. 2005). Forgiveness may involve several reasons and may be preceded by several processes when an offense takes place. Factors such as empathy, apology, compassion, romantic love, and altruistic love (Worthington et al. 2001); and religious beliefs (Bono 2003; Edwards et al. 2002; Escher 2013) may influence the decision to forgive.

Forgiveness is often towards others (interpersonal) and self (intrapersonal), however, others tend to blame God and feel betrayed by God when they experience certain misfortunes (e.g. untimely illness or death, natural disasters, having a child with intellectual disability) and ask whether they can forgive God or not (Exline et al. 1999, 2011). Among parents of children with autism, Karagöz (2010) found that parents used religion to provide answers to questions often asked of God, “Why me”? Whiles some parents used religion to give meaning to their situation and to cope with their problems (Gallagher et al. 2015; Karagöz 2010), others believed that God only gives healthy children to those he loves, indicating that they are not loved by God (Karagöz 2010). Escher (2013) found that holding a collaborative orientation toward God, subscribing to a pervasive role of religion, and believing God forgives, are primary factors promoting one’s propensity to forgive both oneself and others.

Despite the substantial growth in the empirical study of forgiveness in the past two decades in Western cultures (e.g. Enright 2001; Luskin 2002; Worthington 2001), and actively being conducted in Africa (e.g. Worthington and Cowden 2017), forgiveness in the context of stigma has

not been adequately explored. Forgiveness has been posited to be related to a decrease in stigma and psychological distress (Orcutt 2006; Toussaint and Webb 2005). Stigma and discrimination among persons with disabilities have been documented in the Ghanaian literature (e.g. Avoke 2002; Oti-Boadi 2017), however, to our knowledge, there is a dearth of research on stigma and forgiveness in the Ghanaian setting among parents of children with ASD. Therefore, we employed in-depth interviews to explore the stigma experiences of mothers of children with ASD and the role of forgiveness in helping them adjust and relate well with offending persons. Specifically, we explored the following questions: How did you feel when you were informed of your child's condition? Have you or your child been treated differently because of your child's condition? What are your feelings towards yourself, others, and God for having children with ASD? Have you considered forgiving those who stigmatized you and your child? How has forgiveness helped you cope with stigmatization by family and society at large?

## Methods

A qualitative research approach using in-depth interviews was adopted to explore the stigma experiences of mothers and the role of forgiveness in this experience. This approach is best suited for capturing the nuances and an in-depth understanding of the phenomenon under study (Creswell 2009; Sandelowski 2010).

## Sample and Sampling Approach

Six mothers of children with ASD were purposively selected from a Special School in Accra, Ghana. Owing to the sensitive nature of the topic, convenience sampling was used to select the participants. This school provides education and advocacy for mothers and their children with developmental disabilities. All six participants were mothers who self-identified as caring for a child with ASD. Inclusion criteria to participate in the study were that participants should self-identify as having a child with ASD, child should be between the ages of 5 and 18 years and consented to be interviewed in English. Participants' ages ranged from 38 to 57 years with average age of 47 years. All the participants were married ( $N = 6$ ), employed ( $N = 6$ ) and self-identified as Christian ( $N = 6$ ) and had tertiary level education. The sensitive nature of the subject, the unwillingness on the part of parents to participate and the use of convenience sampling did not allow for a more heterogeneous sample.

## Procedure

The Ethics Committee of Humanities, University of Ghana, granted approval for all study procedures. Participants were scheduled for interviews at a time and place of their convenience. Informed consent was sought and obtained from all participants prior to the interview sessions. Researchers provided an accurate description of the nature and aims of the study. Participants were assured of confidentiality and anonymity by providing them with pseudonyms created by the researchers and used throughout the study. Moreover, permission was sought and obtained for the interviews to be audiotaped.

A semi-structured interview schedule with a set of open-ended questions was used to elicit information on the stigma experiences and the role of forgiveness in mothers of children with ASD in the Ghanaian context. Some of the questions included: How did you feel when you first found out about the condition of your child? How did your family react to you telling them about your child's condition? Have you or your child ever been treated differently because of your child? Have you considered forgiving those who stigmatize and discriminate against you and your child? Probes were used to ensure clarification and elicit further details on participants' responses.

All six interviews were conducted in English and Akan languages, digitally recorded, and lasted for between 40 and 50 min. A total of 300 min of data was recorded. Interviews with the mothers spanned over an eight-week period. Member checking, and peer debriefing were performed by contacting mothers to double check and authenticate identified themes to ensure credibility and understanding of the data (Guba and Lincoln 2000). We ensured confirmability by keeping field notes on the experiences of mothers during each interview (Guba and Lincoln 2000). The use of multiple reviewers ensured reduction in biases and reliability in the data (Creswell 2009). The first author was available to all participants to provide clarification on interview guide and monitor the distress level of participants. Participants received no compensation for participating in the study.

## Data Analysis

All-tape recorded interviews were transcribed verbatim and re-listened to ensure accuracy (Hancock et al. 2007). Thematic analysis was done beginning with the coding of the data. Both inductive and deductive coding was used. We utilized the thematic network analysis framework by Attride-Stirling (2001). The three-staged process commenced with initial coding into basic themes. Secondly, the general or abstract principles were formed into organizing themes. Finally, global themes or major themes were developed. Data analysis was done inductively beginning with reading

through the scripts individually and deciding on a coding framework for identifying the themes for each interview question. Next, the general experiences and the common meanings across the transcripts were identified and from these patterns of relationships that existed, the organizing themes were derived from the data (Attride-Stirling 2001). Illustrative quotes that accurately described the themes were identified.

Trustworthiness was achieved by using peer debriefing and ideas were triangulated by discussing themes with two peers with experience in qualitative analysis as suggested by Creswell (2009). Additionally, member checking was carried out by contacting some participants after interview to authenticate the identified themes (Guba and Lincoln 2000).

## Findings

In the current study, four main themes emerged (1) Mother's feelings, (2) Family/Societal Reactions, (3) Forgiveness factors, and (4) Impact of forgiveness.

### Mother's Feelings

This theme discussed the feelings of mothers towards the issues they are confronted with. The feelings of the mothers towards self and feelings towards God. Some mothers blamed themselves for their experiences in terms of having a child with disability. They believed they were responsible for it through their actions or inactions.

"I accepted my blame and like I was saying, casting my mind back and looking at the circumstances. I told myself no there is no need to blame God, because he showed me the signs on the wall" (Sam).

Others also questioned what they had done to suffer this predicament.

I just said to myself, it is no fault of mine neither is it anybody's fault, but I have asked myself why me? (Eve).

Some participants (n = 4) also blamed God for their predicament. They perceived the situation as a punishment from God because of some sin they had committed against God. Therefore, some mothers questioned God why he had brought the problem on them. In Ghana, the birth of a child with disability is an indication of a curse from God because of sins committed against God or the gods (Avoke 2002; Oti-Boadi 2017) Thus, mothers are in most cases left alone to bear the burden of caring for the child with disabilities.

"I blame him [God] sometimes and it comes back to me that you have caused this" (Adjoa).

"Truthfully, I have asked God, why did you bring this child to me" (Rosina).

However, other mothers claimed they were not able to blame God for their child's condition. Few of the participants (n = 2) claimed that whatever happened to them was the will of God.

"I believe where the Bible says about all things working together for our good, so I often tell God to allow whatever good thing will come out of this to be made manifest". (Eve).

### Family/Societal Reactions

This theme presents mothers' experiences of how family members and other people in society perceived and treated them because of their children's condition. It had two emergent themes, namely "positive reactions" and "negative reactions". However, some also had a change in attitude from family after some time and after educating them. Mothers' found the negative reaction quite offensive as some of these reactions were fueled by deep-seated societal attitude towards children who live such disabilities.

Some of the participants (n = 3) also described the reactions as negative. This came in the form of isolation and rejection of the mothers and their children because of their disability.

"At a point my sister wouldn't bring her children near because when they come, my son will hurt them, and nobody will like his children to get hurt. Sometimes, they feel like visiting, they come, they drive on to the compound and the children will not get out of the car, and sometimes I weep. They stopped coming around and whenever I go to them with my son is like everybody is hiding somewhere because and it was like eiiii! she's come with him. I felt very bad, extremely bad so that is how my life has come to" (Rosina).

"My son's father rejected him. One time the father came here, as my son was getting close to him he said, 'don't get close to me' I was so hurt He is dead now and my son is still alive" (Jessie)

"Someone from my husband's family suggest that though not in plain words but he said It couldn't be my husband's child. This made me feel very bad. She also said she strongly believe that my mother is a witch that is why I have a child with Autism and it also made my husband feel bad as well, so because of that statement there has been gap between us and that family member" (Adjoa).

These reactions, especially the negative reactions were also reported to have dissipated after the elapse of time or

after educating family members. Some mothers described a few;

“After some years, one family member who even described my mother as the witch who has bewitched my child, has come to accept us and has been very helpful by taking care of my daughter, if I don’t have anyone to take care of her she is very welcoming of her. I really felt bad because of those comments, but time has made us go past all that” (Adjoa).

“By God’s grace my family accepted it so well after I educated them; they are giving me the needed support”. (Rosina).

Few ( $n=2$ ) of the participants described the reactions from family as positive. Here they received encouragement and acceptance of the mother and child despite the presence of the child’s condition;

“My mother and my uncle encouraged me because maybe they knew of some of the children around. He (uncle) gave me example of some elderly friends he knew who had such children who are doing well” (Sam).

Another reaction that appeared positive was when family and friends tried to put the mothers at ease when they first heard the news of the children’s condition. These reactions included being in denial or expressing of shock at the news.

“For most of them the reaction was like “oh it can’t be” and I get a lot of that and the initial reaction was like “oh she can’t be autistic” but as the years went by, we all saw that was what it was. My immediate family has been supportive and as a couple, my husband I agreed that the way we treat her would inform others on how to treat her. So others who come close know that she has this problem but she is very important so she shouldn’t be looked down upon” (Adjoa).

### Forgiveness Factors

This theme basically deals with mothers forgiving their offenders (those who stigmatized them and the reasons for forgiveness. Reasons for mothers forgiving offenders were placed under three categories – victim related, offender related, and religion related factors. Victim-related factors in the form of personal decision, personality of the mother, and being forgiven in the past played an important role in the forgiveness process. Some participants ( $n=2$ ) described what they did when they were stigmatized.

Others forgave their offenders because they have also been forgiven in the past.

“I know that I have also done things that I have been forgiven for so why I should hold such things against people” (Jessie).

Some mothers ( $n=3$ ) also forgave because of the ignorance of their offenders or because their offenders realized their mistakes. This was put under offender related offences.

“I take it that some people don’t know, they haven’t even read about it, so first time they react that way, just forgive and get along” (Sam).

“When the person is able to realize her mistakes, returns to me and is nice to me, I forgive” (Genevive).

Religiosity of the victim also influenced forgiveness. Some participants ( $n=4$ ) forgave their offenders because their religion obliged them to do so;

“I have learnt one thing, when I had the challenges with my husband and it was so tough, I came across this passage in the Bible, we should pray for them that despitefully use us, bless them and forgive that kind of thing” (Adjoa).

“Yes, because as a Christian the Bible tells us to forgive so I did so. If let’s say I was a traditionalist, I will hold on to it but I have grown in the Lord to understand that if you forgive others, God will also forgive you”. (Eve).

### Impact of Forgiveness

In the current study, participants also described the impact of forgiveness on self and social relationships. Some participants described how forgiving their offenders resulted in the lifting of a burden, freedom to handle caregiving challenges better, the ability to draw closer to God and improve their health and their relationship with others ( $n=3$ ).

Forgiveness was reported to positively influence handling of caregiving challenges and easing the burden on mothers;

“You realize that if you don’t forgive yourself and come to terms with the condition in which you find yourself, you will hurt your child. It affects the child, because children on a spectrum are very sensitive and they can tell when a parent is not war, already their brains are crowded, they feel secluded from their immediate society, societal issues and all that” (Eve).

“If you don’t forgive people you will always be walking with so much heaviness (Sam).

“I always say that it [forgiveness] made me a better person, I don’t think of what people think about me anymore or think of what people think of my daughter. Life still moves on” (Genevieve).

Forgiveness enables mothers to improve their health and their relationship with God ( $n=2$ ).



“I will say positively, like I said you worry yourself, if you don’t forgive and you keep those things in you, health wise it is not good for you. I have realized the more you forgive, the more you yourself, you become well because when you keep things in you it doesn’t help” (Sam).

“Oh yeah it’s [forgiveness] getting me closer to him [God], I have realized that the Bible say if God doesn’t watch over your property, the watchman watches in vain” (Eve).

“If I don’t forgive God, when I pray who will listen?” (Rosina).

With regards to social relationships, forgiveness was also found to improve participants’ relationships with others. Some themes identified were restoring broken relationships and handling stigma better. Forgiveness was shown to improve or restore broken relationships with others ( $n = 2$ ).

“I am very friendly with her (family member who offended her). If I didn’t forgive her, I wouldn’t have gone back to have a good relationship with her. We have a good relationship”. (Adjoa).

Forgiving others, was argued to empower mothers to handle stigma well ( $n = 2$ ).

“Yes, if you are not able to forgive someone who has stigmatized you or your child suffering from autism, you can’t move on, you need it, it is very difficult for you to, but you really need to and in order to feel better and live at peace with all” (Rosina).

## Discussion

The purpose of this study was to increase the knowledge base regarding the stigma experiences and forgiveness of mothers of children with ASD. The results of our study show that having a child with ASD negatively impacts the psychological health of the primary caregiver which is usually the mother, relationship with other members of the family, and society, and the overall functioning of the family. In the current study, mothers reported negative feelings towards themselves and God, negative reactions from family and society, and the positive impact of forgiveness on their psychological well-being. The findings of this study have implications for exploring the role of forgiveness in dealing with stigma and stigma related interventions for parents of children with ASD.

Consistent with previous studies (Aldersey 2012; Avoke 2002; Oti-Boadi 2017), mothers in the current study reported being treated differently by their own family members and other members of society because of their association with the child with ASD. Many parents of children with ASD are

exposed to what is described by Goffman (1963) as courtesy stigma which has to do with experiencing stigma because of one’s association with a person with a stigmatizing condition (Gill and Liamputtong 2011; Neely-Barnes et al. 2011). Existing studies have also shown that parents, especially, mothers are often regarded as responsible for their children’s predicament and they gradually endorse these negative statements, leading them to feel ashamed and incompetent as mothers (Aldersey et al. 2018; Gray 2002; Wong et al. 2016).

In the current study, mothers also reported feeling bad about having a child with ASD and this made them blame themselves. This resonates with current literature which have shown that self-blame is very common among mothers of children with disabilities. This eventually ends in self-stigma and consequently leads to psychological strain. For instance, in the current study participants reported they were either the cause of their children’s condition or they were being punished because of some transgression they might have committed against God.

Other mothers reported that they could not put the blame on God and that God has a purpose for His creation and may be His plan to have a child with disability. These beliefs probably served as a support system for them in their situation as they received blessings and comfort in caring for their children (Katbamna, Bhakta, and Parker 2000; Michie and Skinner 2010). These perceptions are situated in the context of their belief systems that God’s will determines their existence and their understanding of their situation. Nevertheless, some mothers questioned God by asking “why me”? In this way, they were questioning what they had done to deserve such a condition for their child, but at the same time, they were also mindful not to be disrespectful to God. They accepted that His will should be done in their lives. These narrations from participants in the study are an indication of their spiritual worldview which influenced their interpretations of things that happen to them (Belgrave and Allison 2006; Gyekye 2003; Oti-Boadi 2017).

Mothers also noted forgiveness as an important factor in managing their experiences with stigmatization. Extant literature indicates that forgiveness is an effective coping strategy in dealing with stigma (Luskin 2002; Maltby et al. 2001; Worthington and Scherer 2004). According to Worthington and Scherer (2004) forgiveness is an emotion-focused coping strategy that helps to reduce stress by replacing negative feelings with positive feelings created by the act of forgiveness. Participants in the current study indicated their readiness to forgive based on several factors including their personal benefits of forgiveness in the past (Ysseldyk and Matheson 2008), nature and personality of the offender (Lyubomirsky 2008), and religiosity (Escher 2013; Worthington and Scherer 2004).

The willingness to forgive may be a personal decision which depends on the individual’s nature, personality and

the perceived severity of the transgression (Lyubomirsky 2008; Wade and Worthington 2003). In the current study, some participants granted forgiveness to their offenders when they realized their ignorance. Relative to religiosity, previous studies have reported that a positive relationship exists between religiosity and forgiveness (Fox and Thomas 2008; Hayward and Krause 2013) and that religious people have been found to be more forgiving than non-religious people (Escher 2013; Fox and Thomas 2008).

Religion is a pervasive and enduring feature of the African people who have been described as highly religious compared to other societies in the world (Belgrave and Allison 2006; Gyekye 2003; Utsey, Adams, and Bolden 2000). In Ghana, majority of the people believe in God or a super natural being and about seventy-one percent identify as Christians (Ghana Statistical Service [GSS] 2012). All participants in the current study who described themselves as Christians recounted prescriptions in the Bible regarding forgiveness and forgave their offenders because of their Christian belief which has forgiveness as fundamental to its theology (Exline 2008; Worthington 2018). Thus, forgiveness from God among Christians depends on victims forgiving their offenders (Exline 2008). Participants recounted that forgiveness stemmed from their desire to have a closer relationship with God and this further suggests that religious meanings influence people to forgive (Kent et al. 2018; Rye and McCabe 2014; Worthington 2018).

Naturally, people often reflect on the transgression experienced and may eventually result in psychological distress (Lyubomirsky 2008; Norman 2017). Forgiveness is one vital way of allowing victims to process the distressing thoughts and feelings associated with the transgression. Certain people forgive by considering the ignorance of offenders and reappraising the meaning of the situation. However, if the situation involves an interpersonal transgression such as being stigmatized by family and society then forgiveness could be a problem-focused coping strategy in reducing the stress associated with the situation (Worthington and Scherer 2004).

Research also shows that forgiveness is a response that is firmly rooted in human culture (Fincham et al. 2006; Hook et al. 2012) and particularly in the African and Ghanaian culture characterized by interdependence and communal values (Gyekye 2003; Hook et al. 2012; Utsey et al. 2000). Generally, the current study reveals that mothers of children with ASD are motivated by different factors in forgiving their offenders and restoring relationships in society. Mothers expressed readiness to forgive God and those who stigmatized them irrespective of their negative attitudes towards God for giving them a child with autism. Though it is naturally expected that those who had a more positive attitude towards God may be more forgiving of persons who stigmatize them, the willingness of almost all the mothers

to forgive their offenders was probably motivated by their cultural values. Extant literature (Hook et al. 2012; Sandage and Williamson 2005) have shown that persons from collectivist cultures such as Ghana have interdependent values which potentially influences them to be more forgiving to ensure social harmony and further reduce resentment.

Forgiveness has also been linked to improved psychological well-being. Studies have reported a positive strength associated with forgiveness which culminates into better psychological outcomes including decreased depression and hopelessness (Bono et al. 2008; Norman 2017; Peterson and Seligman 2004). In the current study, many mothers expressed that forgiveness reduced the burden they felt from stigmatization, enabled them to handle caregiving challenges better, and had a better, and improved their relationship with God and others. Transgressed individuals who fail to forgive experience high levels of anger, stress, and resentment which leads to poor psychological well-being (Enright 2001; Toussaint et al. 2012). In the current study, forgiveness also led to the restoration of participant's relationship with God and other members of the family and society (Rusbult et al. 2005). Studies have shown that for collectivist societies like Ghana, where interdependence is a core value, forgiving offenders ensure social and interpersonal harmony (Hook et al. 2012).

## Limitations

This study had some limitations. Focus on the perspective of mothers was narrow as the perspective of fathers could have also added some rich content to the findings. Very little is known about fathers' experiences with stigmatization in society and how that impacts their lives. Another limitation of the study is the choice of participants from an urban area, it is possible that mothers living in rural Ghana where there are few services available may have different experiences to share compared to the mothers interviewed in this study. Participants were also interviewed in English as they were all well-educated. This may have influenced responses from participants. Future research involving mothers with low education and interviews conducted in their native language may yield different results.

## Implications for Clinical Practice

Findings of this study have implications for interventions designed to help persons who are offended by stigmatization to deal with the pain of the offense by adopting forgiveness as a coping strategy. Clearly, the stigma experienced by parents and their children with ASD exposes them to significant psychological distress that demands psychological intervention in the form of education and counseling. There should be more public education and awareness on autism to modify the

stigmatizing attitudes of the public which will go a long way to empower mothers and reduce to the barest minimum the risk of self-stigma and its negative effects on the psychological well-being. Finally, stigma protecting interventions should be designed to reduce shame, improve the self-esteem, and family functioning of parents vulnerable to the negative effects of stigma.

In the current study religion played an important role in the forgiveness of an offense. People rely on their faith to have the inspiration to forgive. Therefore, religiously based interventions should be designed to facilitate forgiveness among parents of children with ASD. For instance, researchers Toussein and Worthington (2012) discovered in their study on forgiveness intervention for a Christian sample that the religious based intervention improved their relationship with God and others. Subsequently clinicians and counselors should be knowledgeable in the way religious beliefs facilitate forgiveness and should consider a therapeutic goal that religious persons are likely to forgive than nonreligious persons. Encouraging religious clients to rely on their faith in the process of forgiveness is an indication of acknowledging and respecting the worldview of the client. Again, some of the mothers' perception of God as a punishing God who is probably punishing them with children with intellectual disability, and the role of religiosity in forgiveness leaves much to be desired.

## Conclusion

The current study focused on the stigma experienced by mothers of children with ASD and the role of forgiveness in coping with their situation. This study provides further insight into the experiences of Ghanaian mothers of children with intellectual disability and serve as an impetus for society and policy makers to support them in their activities. It is hoped that this study encourages researchers and professionals who are supposed to care for these families to probe deeper into their experiences and develop better intervention programs aimed at reducing stigma and promoting effective coping strategies for them.

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## Compliance with Ethical Standards

**Conflict of interest** The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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