

A CASE FOR THE RECONCEPTUALISATION OF AUTISM IN VIETNAM

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ABSTRACT

This integrative literature review presents the analysis of social stigmas surrounding autism as being a valuable and effective way of understanding current conceptualisations of autism in Vietnam. Social stigmas are negative perceptions directed towards groups within a population who are perceived to differ from what is considered the societal norm, and are explored in this integrative literature review through the thematic analysis of articles, blog posts, and published interviews. This review explores how social stigmas are developed and maintained, framed within Bronfenbrenner's Ecological Systems Theory, and provides a conceptual framework to understand how an increase of tolerance for autism can be encouraged. Encouraging tolerance through the tackling of social stigma maintenance can be achieved in a culturally sensitive manner, shown through the consideration of individual experiences of those within the autism community in Vietnam. Other previously stigmatised topics have been shown to have changed in recent Vietnamese society as now being more tolerated and accepted within society, suggesting that internal and external influences can bring about an increase in tolerance. The encouragement of a more flexible and tolerant view of autism could be brought about through a combined effort between the State and the media, education and the service sector, whilst prioritising the opinions of those within the autism community in Vietnam. A holistic approach to increasing tolerance, such as through the framework explored in this review, must be developed in order to be successful.

Keywords: autism, social stigma, policy, cross-cultural

INTRODUCTION

Developing an understanding of autism in Vietnam is of global significance as it can contribute to a more representative understanding of the lives of those within different autism communities. It is of considerable importance to develop academic inquiry into the experiences of under-represented communities and childhood experiences in Southeast Asia, to develop a more nuanced understanding of development within this geo-political space. The advancement of knowledge within the field of social science within Southeast Asia allows for future research and policy to be informed by culturally appropriate evidence and theory, to which this article contributes.

Through the analysis of existing social stigmas surrounding autism in Vietnam, this paper argues that addressing social stigmas is an effective method through which greater understanding and support for autism in Vietnam can be encouraged. Current

conceptualisations of autism in Vietnam can be explored through the analysis of social stigmas relating to autism, indicating that social stigmas can co-construct the conceptualisation of a given phenomenon.

Each stigma can be understood as a conceptualisation of autism within Vietnamese society, and tolerance is understood as moving beyond social stigmas and constructing a conceptualisation of autism that allows for greater depth, heterogeneity and recognition of strengths as well as needs. This article proposes a conceptual framework to understanding why an increase in tolerance should be encouraged, and how reconceptualising autism by addressing the prevailing social stigmas surrounding autism is an efficient way in which to bring about an increase in tolerance. The motivation to reconceptualise autism in Vietnam is made more apparent through the recognition of gaps in existing autism literature in Vietnam. Evidence is drawn from analysis of testimonials of individuals who are affected by autism as well as analysis of Vietnamese news articles. The argument for a reconceptualisation of autism in Vietnam to increase tolerance towards autism is important, as a change in conceptualisation can be transformative to quality of life. Making the case for the reconceptualisation of autism in Vietnam provides prompts for discussion and debate between the policy makers and key players in Vietnam who might be able to bring about such a change. The re-examination of the existing stigmas and the use of emerging concepts within Vietnamese society viably reframes understandings of autism in Vietnam.

Bronfenbrenner's Ecological Systems Theory

Through Bronfenbrenner's Ecological Systems Theory (EST; Bronfenbrenner, 1979), the examination of the origins and maintenance of social stigmas provide a framework through which intervention and a case for the reconceptualisation of autism can be constructed. Framing the development and maintenance of social stigmas through EST provides a clear structure through which policy makers and interested parties are able to better understand the complexities involved in studying the social stigmas surrounding autism in Vietnam.

EST is a model of the development of knowledge, which occurs across different hierarchical social systems, each interacting with one another. EST recognises five different societal levels through which knowledge is created (Guy-Evans, 2020). Each societal level within EST is relevant to understanding the existence and maintenance of stigma associated with autism in Vietnam. At the lowest societal level - thus the closest in proximity to the individual in which the knowledge concerns - is the microsystem (Bronfenbrenner, 1979), which includes those in immediate social contact with the individual such as parents, siblings and carers. The mesosystem, the next societal level, considers the interactions between these players and methods through which they interact, such as school and community centres etc. (Bronfenbrenner, 1979; Guy-Evans, 2020). The exosystem is the next societal level and identifies indirect systems which can influence the lower levels (Bronfenbrenner, 1979; Guy-Evans, 2020), such as legislation or the media. The fourth societal level is the macrosystem, which considers much wider, indirect influences such as international influences (Bronfenbrenner, 1979). Finally, the chronosystem recognises trajectories of development that occur over time (Bronfenbrenner, 1989; Guy-Evans, 2020).

Though it is recognised that EST does not explicitly consider individual factors such as resilience (Christensen, 2016), applying the holistic model of EST is useful in the exploration of social stigmas in Vietnam as there is limited literature exploring this topic. Thus, the EST provides a structure to allow for an initial exploration of the development of social stigmas

surrounding autism in Vietnam, and to identify areas in which an increase in tolerance could be encouraged. From this, subsequent research might choose to focus on individual characteristic and narrow the scope of exploration, but as this is such an underexplored area of research, a broader and more holistic approach is more appropriate.

Considerations

The exploration of autism in Vietnam requires considerable sensitivity to the sociocultural context. This analysis recognises that some of the social stigmas are deeply rooted within spiritual traditional beliefs, where there is a potential for disrespect if these conceptions are mishandled by the authors. This analysis will avoid the perpetuation of colonial legacies, which necessitates locating future change within Vietnam itself, building on internal potential for an increase in tolerance for autism in Vietnam. There is a desire within Vietnamese society to increase tolerance, as demonstrated by the recognition of autistic children being bullied (Ha et al., 2014), and a national outrage regarding the treatment of children with autism in schools in Vietnam (Asia Times Staff, 2018).

Language Considerations

Throughout this analysis, the voices of the autistic individuals and their families are prioritised, which influences the language used in relation to autism. For individuals within the autism community, preference for terms such as “autism” and “ASD” (Autism Spectrum Disorder), as well as both person-first language (i.e., person with autism) and disability-first language (i.e., autistic person) differ from individual to individual (Kenny et al., 2016). Currently, there is no literature which directly addresses the preferences for different terms within the Vietnamese autism community, thus the Kenny et al. (2016) study is used here as a linguistic guide within this article. Different terms will be used to address the different linguistic preferences of different individuals within the autism community.

Censorship

Debates regarding social concerns in Vietnam are further complicated when considering the censorship of state-information in the country. Vietnam has been considered to be politically susceptible to censorship, suggesting that domestic intellectual freedom is limited, particularly if reports, interviews, and studies have been state-funded, or are distributed via state-controlled means (Chu, 2018). Given this, it is worth noting that data which is analysed within this article has the potential to be biased against any views which strongly criticise the state.

Cultural Sensitivity and Researcher Positionality

Within this article, a conscious effort is made to reject the neo-colonial narrative as the encouragement of increased tolerance could be interpreted as the imposition of liberal, Western ideals on Vietnamese society. Advocacy for, and encouragement of, the imposition of a particular knowledge set has historical precedent with the intention of exercising colonial control and manipulating societies to the benefit of the colonial power (Choudry & Vally, 2017). The motivation to reject the encouragement of a neo-colonial narrative is amplified by

acknowledging Vietnam's recent history, and the imperialist influence exerted by America in the war in Vietnam, less than 50 years ago (Appy, 2018). Thus, sensitivity must be taken throughout the following exploration and analyses.

It is important to stress that the aim of this article is not to assimilate Vietnamese culture and attitudes with those of the West. It should be emphasised that conceptualisations and attitudes towards autism are dynamic, both with regards to the aetiological understanding of autism as well as the diagnostic criteria. Autism is now globally recognised as a collection of diagnoses and characteristics, which are comorbid with other conditions (Lai et al., 2019), and differs from earlier, heterogeneous conceptualisations of autism (Happé & Frith, 2020). By considering similarities and differences between Vietnamese conceptions of autism and other global conceptualisations of autism, we might be able to predict the trajectory of change of conceptions in Vietnam. First, the current conceptualisations of autism in Vietnam will be explored in order to make such comparisons and predictions.

Research Questions

The Research Questions (RQ) which are used to navigate the case for the reconceptualisation of autism in Vietnam are as follows:

1. What are the current social stigmas surrounding autism in Vietnam?
2. Through which mechanisms do these social stigmas persist?
3. How could the social stigmas be challenged, and are these attainable methods?

METHODOLOGY

Research methods are informed by methodological positionality of the researchers (Cohen et al., 2007); thus, it is important to recognise one's own epistemological grounding in order to understand the coherency in decision making of the methods.

Epistemological Approach

In exploring social stigmas, the epistemological approach of social constructionism is here adopted. Social constructionism is an approach which understands knowledge as being a continuous and ever-evolving process, informed by interactions within the social world (Hammersley, 2012). Social constructionism recognises that different cultures will create different knowledges (Hammersley, 2012), and this is reflected also in EST (Bronfenbrenner, 1979). This theory explores how knowledge is constructed within different social systems and proposes that between each social level is an interaction and continuous exchange of ideas (Ettakal & Mahoney, 2017). This epistemological approach will be reflected in the exploration of: how social stigmas develop, who and what perpetrates these social stigmas, and how this can then inform an approach to address social stigmas and increase tolerance for autism in Vietnam.

Integrative Literature Review

An integrative literature review (ILR) is used in this article, as an ILR allows for a variety of voices in existing literature to be explored in order to form new knowledge (Bronfenbrenner,

1979; Toracco, 2016), and begin to recognise nuances in the experiences of different individuals within the autism community. This analysis explores legislative literature, testimonials, blog posts, as well as empirical studies and theoretical papers, to form a cohesive argument for the reconceptualisation of autism in Vietnam. Diagnoses such as autism can impact not only the autistic individual but also their immediate community, so a variety of voices needs to be acknowledged when trying to understand the phenomenon. An ILR facilitates this freedom (Toracco, 2016), as opposed to merely discussing empirical studies or theoretical literature, because an ILR brings together formal and informally recognised knowledges; formal knowledge being that recognised within a research context, and informal referring to blog posts and interviews, each providing unique perspectives.

The absence of literature will also be used, to show a critical engagement with the existing literature and identify where the literature gaps are (Robinson et al., 2013). By identifying the gaps in existing literature, the value of the research conducted in this article can be realised. The different ideas presented in the explored literature will be synthesised and will be used to engage in a holistic critical thinking process to best make the case for the reconceptualisation of autism in Vietnam.

This article is the first study to explicitly explore the social stigmas surrounding autism in Vietnam, thus justifying the methodological decision to conduct an IRL as there is limited existing literature on the topic (Toracco, 2016). The nature of an ILR allows for a degree of reflexivity, and for the structure of the review to adapt to the knowledge that is explored whilst the review is conducted. This article will be thematically structured (Toracco, 2016), which is clearly shown in the use of headings and subheadings throughout.

Methods

In the initial stages of investigation, an article database was used to identify appropriate studies, using the key words “autism”, “stigma” and “Vietnam”. The studies found that directly addressed lived experiences of those within the autism community can be summarised in Table 1.

Table 1

A table of identified studies.

Author(s) (year)	Focus	Study-type	Number of Participants	Themes
Ying, Browne, Hutchinson, Cashin and Binh (2012)	Why it is important to have resources in Vietnamese at time of autism diagnosis	Literature Review	n/a	Increase in access to resources to encourage tolerance
Ha, Whittaker, Whittaker and Rodger (2014)	ASD in Hanoi	Ethnographic Study	27 parents 17 key informants	Stigma and prejudice surrounding autism, limited access to support This is the first study to explore the experiences

			125	of autistic people in questionnaire responses	Vietnam
Pham, Tran, Mai, Le and Nguyen (2020)	Inclusive education for autism in Vietnam	Mixed- methods, surveys and interviews	263 teachers 114 parents	Many autistic children aren't accessing inclusive education, and teachers and families have limited resources	
Ritter, Terjesen and Khuc (2019)	Exploration of knowledge of autism in Vietnam	Survey	46 professionals 55 general educators 50 caregivers	Significant gaps in knowledge about autism in the different participant groups	

The search revealed the limited nature of the existing literature in relation to the research questions, with only four published articles, necessitating creativity in the obtaining of literature to analyse. The literature analysed was subsequently expanded to explore disabilities within Vietnam, so that a broader understanding of autism in Vietnam could be examined. Literature for the analysis was also obtained through the use of the authors' awareness of different organisations within Vietnam, like Vietnam Television (VTV) and Vietnam's Autism Project (VAPs), which is how different testimonials were obtained. There are recognised limitations of using such methods for the identification of appropriate sources for the ILR, such as confirmation bias (Russell, 2005). However, this was mitigated through exploring and discussing identified research with an academic supervisor, so that an alternative perspective was identified. The process is outlined in Figure 1.

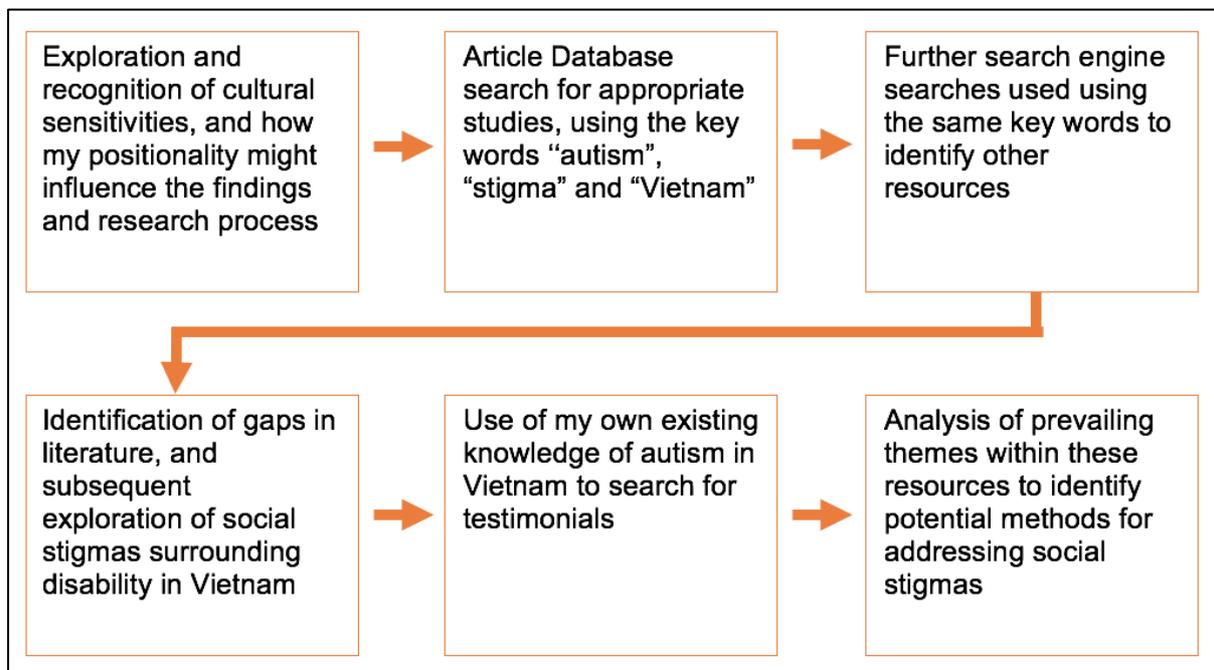


Figure 1. A flow chart of the method process undertaken.

The conceptual trajectory taken by this article is visually expressed in Figure 2.

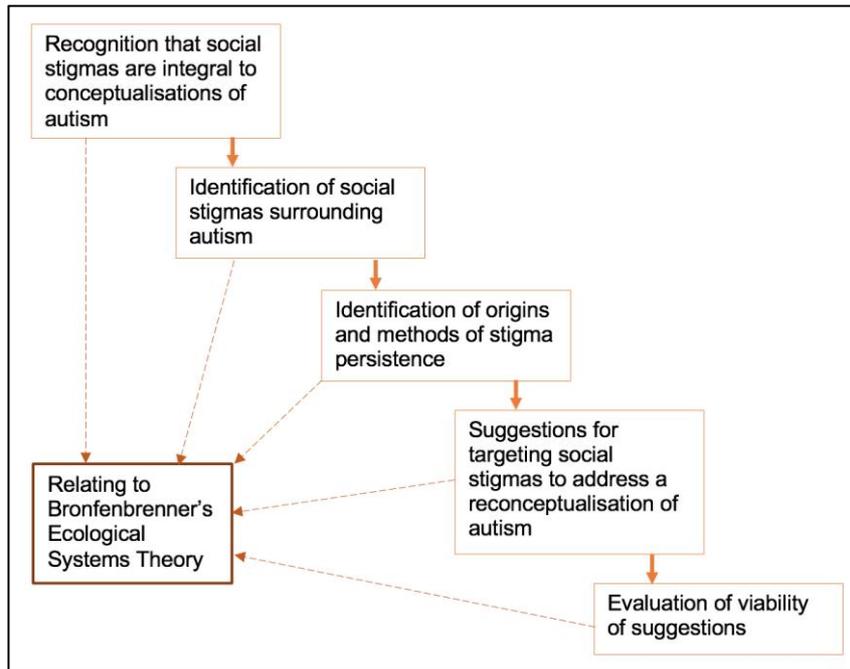


Figure 2. A flow chart to show conceptual trajectory.

Testimonial Data Collection

The testimonials explore blog entries from VAPs (Appendices A-D), a non-governmental organisation that provides support for individuals entering the workforce (VAPs, 2020), which are analysed in this ILR. An interview conducted by VTV News (2019) with two mothers of autistic children is also analysed. An overview of the positions of the individuals in the VAPs testimonials as well as the VTV News interview is shown in Table 2.

Table 2

A table to outline the different accounts explored.

Individual	Relation to person with autism.	Information relating to the individual.	Source
Anonymous	Mother of a child with autism	Co-parent	Appendix A
Anonymous	Mother of a child with autism	Co-parent	Appendix B
Anonymous	Mother of a child with autism	-	Appendix C
Anonymous	Neighbour to a family with an autistic child	Is a schoolteacher, identifies as a woman (shown in linguistic kinship use)	Appendix D
Anonymous (name redacted)	Mother of a 23-year-old daughter with autism	Vice Chairwoman of the Vietnam Autism Network	VTV (2019)

for use in this
article)

Anonymous (name redacted for use in this article)	Mother of a 22-year-old son with autism	Is a member of the Hanoi Club for parents of Children with Autism	VTV (2019)
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The VAPs blogs (Appendix A, B, C, and D) have been translated from Vietnamese to English using Google Translate and the author's own Vietnamese ability (translated on 11.07.20). It was planned for these translations to be checked by a native speaker, but at the time of writing (11.02.21), the VAPs website had been taken down for maintenance since 19.11.20. Nevertheless, the other blog translations into English have been included so that they can be revised by a native Vietnamese speaker when or if the website is up and running again. In translating, punctuation has also been changed to aid the flow of prose, making it easier to read. As shown in Table 1, each individual providing an account is heavily implicated within experiencing social stigmas, making these accounts suitable for analysis as they are part of the Vietnamese autism community.

Ethics

The BERA (2018) ethical guidelines were used to guide methodological decision making, as well as inform the presentation of arguments, and the guideline regarding privacy was addressed through each source used being within a public domain. The BERA (2018) guidelines relating to the responsibilities one has for the publication and dissemination of the findings are also continuously accounted for, through recognising positionality as a researcher and what this means with regards to being culturally sensitive. The aforementioned cultural sensitivities are accounted for through consideration of the risk of enforcing a neo-colonial ideology on to Vietnamese society, and are mitigated by focusing the argument on the improvement of quality of life of individuals within the autism community. Furthermore, there is potential for the terms used causing offence to the wider autism community, which is why the Kenny et al. (2016) study has been used as a linguistic guide for the most appropriate terms to use in autism research.

Ethics Relating to Testimonials

Though the names of the individuals providing testimonials were broadcast on national television, their names have not been included in this written analysis as their permission was not sought. Their involvement in the groups helping the autism community might indicate that they are familiar with autism and the difficulties that the autistic community in Vietnam face. VTV is the national television network for Vietnam, and this interview was posted on to YouTube through the official VTV YouTube channel, with English-subtitles. One must note that VTV is state-owned, thus the information distributed may be subject to the biases as previously described by Chu (2018). Though VAPs is not state funded, information coming out of Vietnam may be subject to censorship, so it is important to stress that the opinions expressed might not be representative of the true extent of emotions felt by the different blog authors.

Understanding Autism

Autism research has grown in global interest (Silberman, 2015), and though the conceptualisation of autism has become more refined, it is still a very complex phenomenon to understand. Park et al. (2016) provides an overview of how ASD is conceptualised in the current canon of literature, concluding that ASD is not considered as a single neurodevelopmental disorder, and can develop as a result of interactions between many epigenetic risk factors. Within the last three decades in particular, autism has been considered by many researchers and practitioners as a triad of impairment (Ying et al. 2012), encompassing the facets of social skills and communication as well as behavioural flexibility. In addition to this broad range of impairments, complexity of ASD is deepened by the recognition that these skills can vary in severity (National Institute of Mental Health, 2018). There is ongoing research into the aetiology of autism (Baron-Cohen et al., 2011; Karimi, et al., 2017; Tick et al. 2016;), and there is no clear single cause for the onset of autism. Such ambiguity with regards to the aetiologies and behavioural manifestations of autism contribute to why the term “Spectrum” is used in diagnostic labels.

Autism in Vietnam

Research has shown a prevalence rate of 0.752% for ASD in Vietnam (Hoang et al., 2019), which corresponds to global estimates of 0.62% (Elsabbagh et al., 2012). The Hoang et al. (2019) statistic may however be misrepresentative because of the age of the sample used (18-30 months), which brings into question how accurate autism diagnosis was in this study as age can influence diagnosis (Mandell, 2005). A more representative prevalence rate might be achieved through random sampling and standardised diagnosis of this random sample. Ha et al. (2014) showed that between 2008-2010, the National Paediatrics Hospital in Vietnam found a fourfold increase in the quantity of ASD admissions. Though this statistic is from over a decade ago, it shows that there has been a recent, rapid increase in Vietnamese awareness of ASD. This then suggests that knowledge of autism is also developing and changing in Vietnam.

Gaps in Literature

At time of writing (25.02.21), Vietnam does not have a state official system of collecting data on disability (Ha et al., 2014), and most disability research conducted in Vietnam fails to differentiate between physical and intellectual disabilities (Ritter et al., 2019). Even the existing data on disabilities in Vietnam is limited, as ASD is not explicitly recognised as a disability in Vietnamese legislation (Ha et al., 2014; Phan et al., 2020). Though it has been reported that ASD is recognised as a disability in Vietnam (Pham et al., 2020), it has not been possible to confirm the existence of the government document referenced and thus it cannot be verified. A later publication to the Pham et al. (2020) paper- a review by the United Nations Development Programme (UNDP) on the Law on Persons with Disabilities (LPWD) released in 2020- instead explicitly states that a recommendation the UNDP has made is for autism to explicitly recognised as a disability (Phan et al. 2020). As this was the most recent publication, and the government document which was referenced in the Pham et al. (2020) article was not able to be verified, this current paper will continue as though autism is not legislatively recognised as a disability. Although ASD is not an explicitly recognised disability, autistic individuals may be recognised as being eligible for disability support if they are considered “intellectually disabled” (Ha et al., 2014). This is an obstacle for many in the autism community as it limits the access to resources made available to autistic individuals, and addressing this

should be of paramount importance to improving accessibility to support and recognition of individual rights.

Perhaps as a result of ASD not being recognised as a disability in Vietnam, or perhaps as a consequence of disparities between urban and rural data collection, there are limited studies exploring ASD in Vietnam (Tran et al., 2020). Furthermore, there are no formal data to show the number of students with ASD who are receiving resources such as special education services in the country (Ritter et al., 2019). By identifying gaps in existing literature, it is possible to construct a framework for a reconceptualisation of autism in Vietnam. This is an important and recently developing area for research, and has the potential to improve quality of life for individuals within the autism community in Vietnam. These considerable gaps in the literature further justify the need for more research to explore autism in Vietnam, which this article contributes to through the exploration of social stigmas surrounding autism.

Social Stigmas

The reconceptualisation of autism in Vietnam is considered in this ILR within the context of social stigmas. Social stigmas are a phenomenon which have been understood as manifestations of negative perceptions of certain groups within a population who are perceived to be distinct from the societal norm (Gilmore & Summerville, 1994). These perceptions are negative attributions which are assigned to specific groups (Dudley, 2000). Within this article, social stigmas in relation to autism are considered as any views which encourage the negative conceptualisation of autism, particularly when these attitudes negatively impact on quality of life (Dudley, 2000; Gilmore & Summerville, 1994).

Social stigmas are a clear indication of knowledge which is constructed between and within different social systems, which can relate back directly to EST (Bronfenbrenner, 1979). As there are similar paradigmatic roots as to the experience of autistic individuals in Vietnam, and the development of social stigmas, it is appropriate to use the latter (social stigmas) to explore the former (experience of autistic individuals in Vietnam). Knowledge constructed between and within the different social systems as outlined in EST can be further examined through the exploration of direct and indirect stigmas relating to autism in Vietnam.

Social stigmas manifest in tangible ways, and can have considerable, real impacts on an individual's life. As researchers, we must approach the topic with sensitivity, and recognise the emotional salience behind the accounts that individuals in the Vietnamese autism community make. Testimonials from such will be considered to ground the findings in existing literature. As individual accounts will be explored, one must prepare the reader for potentially triggering experiences (pertaining to blame, derogatory language, prejudice).

FINDINGS & DISCUSSIONS

Direct Stigmas

As ASD is not explicitly a recognised disability in Vietnam, unless behaviours which are presented in ASD are considered under the general term “intellectual disability” (Ha et al., 2014). Legislation relates to the exosystem within EST (Bronfenbrenner, 1979). However, although not legislatively recognised as a disability, the experiences of individuals within the

autism community in Vietnam suggest that autism within social settings is considered to be a disability (Ha et al., 2014; VAPS, 2020; VTV News, 2019). Therefore, this article considers social stigmas surrounding disabilities in Vietnam as relating to autism.

Disability in Vietnam is often considered a “failure” (Ha et al. 2014), affecting not only the individual but also the family of that individual too, as familial social status is lowered (Huang & Zhou, 2016). A child with a disability is considered within traditional Vietnamese society as “weak” and “vulnerable”, and burdens the family as well as society as a whole (Gammeltoft, 2008). In addition to this, traditional Vietnamese society often stigmatises the cause of disability, considering it to be the result of a sin committed by the disabled individual in a past life, or in the past lives of ancestors (D’Anotinio & Shin, 2009). This spiritual understanding of the causes of disability is also reflected in Ying et al. (2012), indicating that disability in Vietnam can be thought of as being caused by supernatural occurrences such as possession by a spirit. This illustrates interaction between the microsystem, mesosystem and exosystem within EST (Bronfenbrenner, 1979), as different familial as well as spiritual systems are at play.

The existing literature on autism in Vietnam shines light on prevalent attitudes within Vietnamese society towards autism. Children with autism are considered as being “worthless” and a “burden” to the family of the autistic child (Ha et al., 2014). It is important to note that the social stigmas that prevail can also be felt and recognised by children with disabilities in Vietnam themselves, with some suggesting that their disability has impacted negatively their family’s socioeconomic status, suggesting that social stigmas around disability have been internalised (Nguyen et al., 2015). This demonstrates how the general attitudes regarding disability in general also relate to the stigmas surrounding autism. Consequently, though autism isn’t recognised as a disability within legal frameworks, societal attitudes differ from this. Again, this illustrates interaction between the microsystem, mesosystem and exosystem within EST (Bronfenbrenner, 1979).

There is also an important intersection between stigmas surrounding disability and mental disorders in Vietnam, namely the perceived association between ASD and schizophrenia within Vietnamese society (Ha et al., 2014). Many autistic people display sensory seeking behaviours, which can help the individual deal with stimulus in their environment (Jones et al., 2003). These repetitive behaviours are also referred to as stimming, and through interviews with autistic adults it has been shown that these are self-soothing, adaptive mechanisms used by the autistic individual (Kapp et al., 2019). Stimming behaviours, such as hand flapping, are often interpreted in Vietnam as the child being “crazy”, and this is then associated with schizophrenia (Ha et al., 2014).

Furthermore, it has been recognised that the overriding conception of disability in Vietnam is that within a biomedical approach, which encourages the conception of a disability being of detriment to functioning (Nguyen et al., 2015). Framing autism within this biomedical approach infers a hierarchy, with autistic individuals being inferior to non-autistic individuals (Honeybourne, 2018), and this represents an attitude within the exosystem in EST (Bronfenbrenner, 1979). This conceptualisation is explicitly referred to in the Vietnamese LPWD, whereby disability is defined using the terms “*deficiency in the bodily structure... results in difficulties in work, life and studies*” (Socialist Republic of Vietnam 2010, Article 2.1; the authors’ own abbreviation of text). It has been argued that a biomedical approach can provide benefit through the allocation of support and services to improve quality of life for individuals within the autism community (Russel, 2019), but there is also recognition that this

deficit-focused approach can encourage prejudice against persons with autism (Meekosha & Soldatic, 2011).

These stigmas relate to disability, mental illness and the causes of autism, showing that the stigmas that have developed are intricate and complex. They also show that the stigmas often implicate the individual's immediate family as well as broader family networks, and it is not only the individual with autism who is affected by social stigmas (showing interactions between societal systems in EST). These experiences will next be explored in the analysis of first-hand accounts.

Testimonial Findings

Examples of many of the direct stigmas explored in the above review of the literature are shown here within the different testimonials analysed (Appendix A; Appendix B; Appendix C; Appendix D; VTV World, 2019). The testimonials have been analysed alongside the limited existing academic literature surrounding autism in Vietnam. These testimonials illustrate the interaction between the different social layers of EST (Bronfenbrenner, 1979). The exploration of the testimonial evidence.

Exclusion

Appendix A exhibits the emotional turmoil that is involved with raising an autistic child in Vietnam because of the societal attitudes towards the child. The mother in this testimonial shows that societal stigmas around autism have made life very difficult for her and her child, and that people with autism are excluded and made to feel like they do not belong in society. These stigmas are so enduring that it has impacted on the mother's mental wellbeing, as shown in the statements:

"I am sad and am facing it often" (Appendix A)

"For me it was the most painful years of my life when I had a child with Autism" (Appendix A)

In an interview, one mother of a Vietnamese child describes the emotional pain which derives from a society which does not tolerate autistic children, explaining how she had to put her child into at least 10 schools within 8 years, as schools would often turn her autistic daughter away (VTV, 2019). This caused emotional and economic stress for the mother, as the parents were forced to send their child to different private schools (VTV, 2019). These socio-emotional strains are also shown in another testimonial from VAPS (2020) in Appendix D, and the individual writing the blog notes that the parents of the autistic child were put under a lot of social and economic strain as they recognised that placing their child in and paying for the Special Education Centre was the best decision for their family, as their child would be in a place where support could be provided for the child. This is shown in the statements:

"She was crying like a helpless mother" (Appendix D)

"Exhaustion, fatigue and the distance is difficult" (Appendix D)

These examples illustrate how activity within the microsystem (the individual's lived experiences) is influenced by other players within the microsystem, mesosystem and exosystem.

Spirituality

Another stigma relating to autism is the perception that the cause of autism derives from supernatural or spiritual interference, as highlighted earlier (D'Antonio & Shin, 2009; Ying et al., 2012), and this theme is distinctly shown in Appendix B. This testimonial was from a mother who describes the process through which her and her husband sought an answer for the cause of their child's autism, only to be told by a spiritual elder that the child was possessed. The child was then spiritually exorcised, to remove the spirit causing the child to act in this way, which was very distressing for the mother to watch. So much so, she removed her child from the exorcism and has since decided with her husband to not seek a cure for autism, and have decided to not react to the comments that others make towards them.

"That kid was possessed by a ghost, right?" (Appendix B)

"Everything was going as people told me about the exorcist. The only difference is that my child is panicking. Something is frightening my son and want to get out of here? I felt it right at the beginning when the spiritual leader blessed my son. It was a scene we as a couple had never seen. I cried but could not hold back. I wanted to immediately jump in there to stop this magic spell" (Appendix B)

"I know he never believed in charms or superstition. But today, he and I were expecting the light from the fireflies themselves in the middle of the night to fall in this countryside" (Appendix B)

The involvement of spiritual practices shows the influential nature of the exosystem and the mesosystem on the autism community in Vietnam. Such broad, cultural systems have direct influences on the stigmas associated with the cause of autism, and have real effects on how those within the Vietnamese autism community are treated.

Blame

A considerable social stigma is that of blame on the family for causing the disability in their child (D'Antonio & Shin, 2009), and this is supported in many of the testimonials explored in this article. Appendix C shows that the mother of an autistic child finds it difficult to explain autism to friends and family, as their judgements imply blame on the parents. The cultural view that parents are to blame for disability in their child has been reported to increase the stress felt by the parents (Huang et al., 2010). The feeling of familial blame and stress can be shown in the experiences recorded in Appendix C.

"I am surrounded by people with an invisible wall separating me and my child" (Appendix C)

“‘Your family is not lucky?’ or ‘are your parents suffering from a certain disease?’” (Appendix C)

It was through the reading of autism resources, many of which were not in Vietnamese that allowed this mother to gain a better understanding of what autism is, and helped her realise that she was not to blame (Appendix C), though since becoming more informed about autism, the mother in Appendix C claims that she now does not feel ashamed of having an autistic child. The notion of blame also emerges in an interview of a mother with an autistic child in Vietnam (VTV World, 2019), where she explains that broader society blames the parents for not looking after children well enough, and that this neglect caused autism in her child. These testimonials highlight that notions of blame are prevalent within the mesosystem and microsystem, namely friends, family and people within the local community.

Indirect Stigmas

The complexity of the stigmas surrounding autism in Vietnam is furthered by the interaction between indirect stigmas and direct stigmas. Such an indirect stigma is that relating to people being from rural areas. Hoang et al. (2019) found that the likelihood of having ASD was statistically significantly higher among children whose mothers worked as farmers in comparison to mothers who were government staff. If ASD is thus more prevalent in mothers who worked in agricultural settings, there may be an indirect stigma regarding rural populations at play too. It is suggested that an exposure to hazardous air pollutants during pregnancy, such as Agent Orange, a dioxin used during the war in Vietnam to destroy agricultural land (Stellman & Stellman, 2018) has been associated with an increased likelihood of developing autistic traits (Nishijo et al., 2014). It should be stressed, however, that the participants in the Nishijo et al. (2014) study were not formally diagnosed with autism, instead autistic traits were measured. This further complicates the exploration of social stigmas surrounding autism in Vietnam, and indicates that there are many intricate dynamics to consider.

It has been reported that people from rural, countryside areas of Vietnam are also treated with prejudice in Vietnam, and can be considered inferior to those living in urban areas (DTI News, 2011; Haughton et al., 2018). Those from a rural population are often mocked as there are a number of undesirable traits associated with this demographic (DTI News, 2011; Haughton et al., 2018). It is possible that many in Vietnam associate autistic traits with being rural, which further complicates the social stigmas which the Vietnamese autism community face. There isn't currently any evidence of this interaction between rural stigmas and autism stigmas, so this is an area for potential future research.

What are the Current Social Stigmas Surrounding Autism in Vietnam?

The above analysis has identified the main social stigmas which surround autism in Vietnam and answer the RQ1. Social stigmas relating to being excluded, familial blame and spirituality, as well as indirect stigmas relating to rural communities, have been identified. These in turn put pressure on individuals from the autism community, causing both emotional and economic strain, showing a substantial impact on quality of life. To explore why these stigmas persist, it is of utmost importance that broader social systems be explored.

Persistence of Social Stigmas

There is not a clear, single cause for autism (Silberman, 2015), and this ambiguity could encourage speculation as to what the cause of autism is. This speculation encourages social stigmas to develop, as an undefined cause provides space for prejudice and speculation to arise. Link and Phelan (2001) stressed that stigmatisation can have an effect on many different domains in an individuals' life, and theorised that social stigmas arise through the simultaneous manifestation of labelling, stereotyping, separation, status loss, and discrimination, with a continuous assertion of superiority and power.

The persistence of social stigmas will be explored within the facets of education, services and the state/media, each in relation to the theorised causes of stigma manifestation (Link & Phelan, 2001). These three facets prevailed as themes within the literature, and this approach to understanding vessels through which social stigmas are maintained can be clearly linked back to EST (Bronfenbrenner, 1979), as illustrated in the adapted diagram of Ecological Systems Theory (Figure 3). The methods through which social stigmas are manifested by Link and Phelan (2001) directly relate to the microsystem, mesosystem and exosystem interactions.

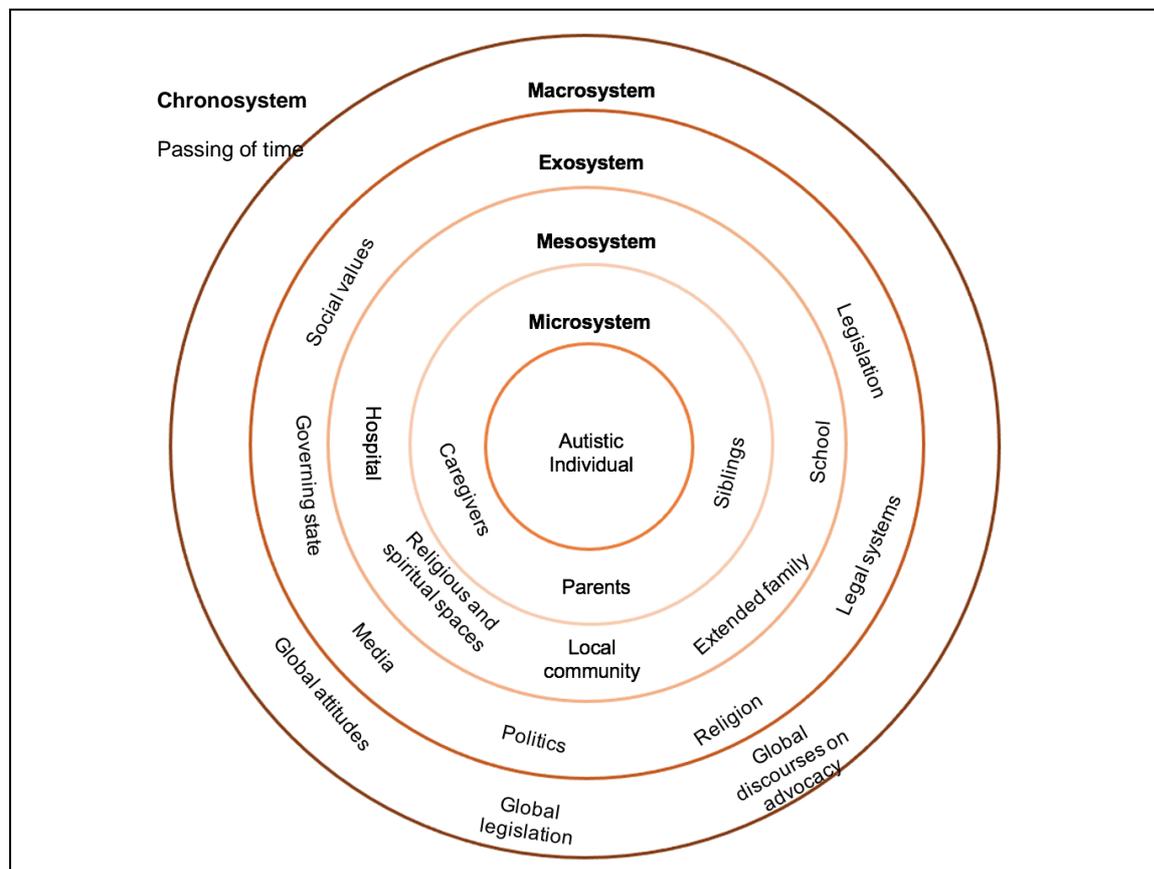


Figure 3. Ecological Systems Theory relating to autism conceptualisation.

Mesosystem: Education

It is important to note that in an interview with mothers of autistic children, one mother gave the account that she was only made aware of autism when her son was five and a half years old (VTV, 2019), indicating that information regarding autism is not widely available (Ying et al.,

2012). Appendix C shows that the reading of resources (many of which were not in Vietnamese) helped the mother to accept the autism diagnosis of their child, which would imply that more information resources should be made available in Vietnamese for members of the autism community. Ying et al. (2012) argues for Vietnamese booklets to be made available to family members when their child is diagnosed with autism.

Pham et al. (2020) found that 31.6% of parents of autistic children said that they only had a basic understanding of autism. It has also been reported that there is a lack of resources or training for teachers in Vietnam, meaning that they are not equipped with the knowledge to help them successfully care for children with ASD (Ha et al., 2014; Ritter et al., 2019). In fact, it was reported that only 1.9% of general educators in Vietnam stated that they had training in autism identification (Ritter et al., 2019), and 69.6% of teachers recognised that they did not have experience needed to support autistic children (Pham et al., 2020). This resonates with the concepts of separation and discrimination as discussed by Link and Phelan (2001) in the development of social stigmas, as parents and teachers are not supported in different ways to support an autistic child. The limited resources made available to educate those within the Vietnamese autism community depends on broader societal systems such as the exosystem and macrosystem, showing that activity within the mesosystem relates to wider systems within EST.

Mesosystem: Service Sector

The literature available exploring autism in Vietnam does highlight systemic weaknesses in supporting autistic individuals in Vietnam. For example, ASD diagnoses are not available for older children or adolescents in Vietnam (Ha et al., 2014), which demonstrates a diagnostic discrimination against individuals who would benefit from a diagnosis and the allocation of subsequent resources. Furthermore, children with autism are discriminated against in the Vietnamese education system (Lich et al., 2014), and it is predicted that 95% of children with disabilities in Vietnam do not attend a school. This is supported by the testimonials explored above (VTV World, 2019; Appendix D), with mothers expressing the stress and anxiety associated with attempting to keep their child in a school. Parents of autistic children feel as though the Vietnamese education system actively disengages children with autism (Lich et al., 2014; VTV World, 2019; Appendix D), and this puts a strain on parents, becoming an additional source of stress (VTV World, 2019; Appendix D), reducing quality of life for those within the Vietnamese autism community. Again, the funding and guidance that services in Vietnam receive relies on broader systems, such as legislative systems, which lay in the exosystem and the macrosystem. This reinforces the importance in engaging with different societal levels, as the interaction between systems can influence the opportunities for development.

Exosystem: State and Media

Stigma persistence can be identified in exploring the role of the State and media. The media, most of which is state-controlled, can be linked to the Link and Phelan (2011) dimensions of labelling, stereotyping and status loss. Each of these dimensions can be shown in the use of terms such as “*bệnh tự kỷ*” (autism disease) instead of “*rối loạn phổ tự kỷ*” (autism disorder) in the media (Ha et al., 2014). This encourages the view that autism is an illness, and this can also be shown in medical literature which uses the terms “cure” and “recovery” in relation to

autism interventions (Kien, 2020). The way in which disability is conceptualised in Vietnam is further highlighted in the wording of previous editions of LPWD, such as use of the term “retarded”, and recognises that the majority of the language used in the document was more attuned to physical disability (Rosenthal, 2009). It is important to note the language that the State in Vietnam had used, even if it is not currently used in legislative literature, as the language and conceptualisations this reflects that was used in recent literature sets precedent for a particular attitude that the general population adopted (Bronfenbrenner, 1979; Figure 3). As the State oversees the resources distributed, education, services and the media, it is important to recognise the influence that they have.

Through Which Mechanisms do These Social Stigmas Persist?

This exploration of the Link and Phelan (2001) manifestation of social stigmas alongside EST (Bronfenbrenner, 1979) can be used to answer the RQ2 “Through which mechanisms do these social stigmas persist?”. Social stigmas are maintained through various systems, and within the context of Vietnam the existing literature indicates social stigmas persist through a lack of education/resources, the service sector, the State and media. These vessels operate within the mesosystem, the exosystem, the macrosystem and the chronosystem, which subsequently influence the conceptualisations of autism within a Vietnamese cultural context (Figure 3). Using this model, methods through which a reconceptualisation of autism might be encouraged are next explored.

Reconceptualisation of Autism in Vietnam

In the context of this review, a conscious effort has been made to reject the neo-colonial narrative of the imposition of Western ideals as being the goal for Vietnamese society. Instead, the case for the reconceptualisation of autism in Vietnam has aimed to explore the ways in which social stigmas surrounding autism have had tangible impacts on the lives of individuals in the autism community and to highlight the implications that a reconceptualisation of autism would have on the Vietnamese autism community. The historically rooted way in which these stigmas originated and persist in Vietnamese society means that approaching the subject of change is very sensitive. In rejecting the neo-colonial narrative, this paper will now explore similarities between Vietnamese conceptions of autism and Western conceptions of autism, as well as exploring how social stigmas are dynamic and can occur even without direct intervention.

Vietnam and the Macrosystem

In the exploration of different cultural social beliefs and practices, and by advocating for an increase in tolerance, there is a risk of reinforcing neo-colonial, Western perspectives on to another society. This is particularly salient given Vietnam’s history with regards to French colonialism, and America’s involvement in the war in Vietnam (DA Pam, 1989). This section will consider similarities between the social stigmas surrounding autism in Vietnam and in the West both historically and currently. It is important to consider global conceptualisations are important to explore when exploring national conceptualisations of autism, as the broader social systems interact with one another and can mutually influence conceptualisations of autism (Bronfenbrenner, 1979; Figure 3).

There is a historical link between conceptualisations of autism and schizophrenia in the West with Vietnam, as autism and schizophrenia are still highly associated with one another in Vietnam. This view is prevalent in medical professionals in Vietnam (Ha et al., 2014). The sensory seeking that an autistic child might make are interpreted as the child being “crazy”, linking back to Vietnamese perceptions of schizophrenia (Ha et al., 2014). Autism has historically been considered in the West as relating to schizophrenia (Bleuler, 1911; Wolff & Chess, 1964), indicating parallels between Vietnamese and Western conceptualisations of autism.

Parents are often blamed for causing their child’s autism in Vietnam (VTV World, 2019, Appendix C), and such attitudes of blame are not only historically relevant to the West but are still evident in research currently conducted. Notions of blame are euphemised within predominantly Western academic and social discourse, through the exploration of parental influences on their child. Research exploring differences in parenting styles and techniques and the link with the development of child psychopathology (Aival-Naveh et al., 2019; Piquart & Kauser, 2018; Waller et al. 2017) runs the risk of being exaggerated by media outlets. Headlines such as “*How parents shape their children’s mental health*” by CNN (Strauss, 2020), implies a degree of blame on parents, encouraging parents to feel shame and take responsibility for their child’s developmental outcomes. This shows how the exploration of social stigmas relating to blame in Vietnam are also relevant in broader, global discourses.

Social Change in Vietnam

Routes for increasing tolerance can be found in examining aspects of the broader societal level of the exosystem. Vietnamese society is becoming increasingly influenced by global perspectives, which in turn influences the day-to-day lives of the population (Ritter et al., 2019). An openness to global perspectives has been attributed to the “*Doi Moi*” period, which is when Vietnam became more receptive to foreign markets in 1986 (Jayakody & Phuong, 2013). It was reported that fathers from the Doi Moi generation were more frequently involved in caring for their children than fathers categorised as being “fathers in war”- a generation older (Jayakody & Phuong, 2013). This study suggests that Vietnamese society has become increasingly tolerant towards fathers playing a greater role in caregiving.

Secondly, studies have explored changes in tolerance in relation to once stigmatised topics in Vietnam. Nguyen and Blum (2014) showed that internet use was negatively correlated to conservativeness (coefficient of -.21), which then predicted intolerance levels towards homosexuality. Both homosexuality and autism are distinct in experience and in conceptualisations, thus this study in isolation should not be used to support an increase in tolerance towards autism in Vietnam. However, exploration of how previously stigmatised concepts within Vietnamese traditional society have changed and are becoming increasingly tolerated and celebrated in society is important as it suggests that there is potential for stigmas pertaining to autism in Vietnam to also change.

It has been observed that the way in which disability is conceptualised in Vietnam has experienced a paradigm shift, and this has been supported through the analysis of policies and laws since 1990 (Nguyen, 2012). This indicates the importance of considering the chronosystem when analysing conceptions. Nguyen (2012) suggests that laws and policies in Vietnam now focus more heavily on the rights of the individual and have shifted towards a

focus on treatment. Vietnamese law has changed from putting the onus on the individual with a disability to integrate themselves into society (Socialist Republic of Vietnam, 1998a) to more explicit declarations of state provision and state responsibility (Socialist Republic of Vietnam, 2010). This, alongside the previously explored explanations of social change, suggests internal and external drivers for a change in societal attitudes in Vietnam (Jayakody & Phuong, 2013; Nguyen, 2012; Nguyen & Blum, 2014). Thus, a change in conceptualisations of autism in Vietnam is viable.

How Could the Social Stigmas be Challenged?

Through the analysis of the persistence of social stigmas surrounding autism in Vietnam, opportunities and avenues for encouraging tolerance can be identified. Evaluation of the attainability and appropriateness of each suggested method of challenging existing social stigmas to increase tolerance (thus reconceptualising autism) in Vietnam are explored.

Mesosystem: Education

The active separation and discrimination against autistic individuals encourage the development of a negative perception of autism, and is facilitated by the (lack of) resources made available for parents, medical practitioners and doctors (Ha et al., 2014; Ritter et al., 2019; Ying et al., 2012; VTV World, 2019; Appendix C). In addition, the literature has called for a greater understanding of teacher attitudes towards children with disabilities, and how these attitudes might interact with pedagogical practice (Vezne & Sardohan Yildirim, 2022). It might be appropriate to provide resources in Vietnamese regarding complex aetiological understandings of autism to provide an alternative explanation to the notion that a spirit or past actions have caused the autism. Providing educational resources in Vietnamese might also serve as a community tool (Ying et al., 2012), and become a reference point for communities to together become more tolerant towards those within the autism community. This may reduce the robustness of these social stigmas surrounding the cause of autism. It is also important to note that issues of limited resources, teacher training, and parent knowledge regarding disabilities is also prevalent in other Southeast Asian countries (Ahmad, 2015; Allam & Martin, 2021).

Mesosystem: Services

An increase in the understanding of what ASD is will in turn influence the design of and response to different services made available. For example, an increase in the quantity and quality of resources describing the current cannon of autism literature would mean that many practitioners would have an opportunity to be more informed and design the most appropriate resources. It might also be of use to provide teachers with guidance on how to create an autism friendly classroom, such as providing concise instructions and perhaps a visual timetable, to encourage structure and independence in the student with autism (McCann, 2020). Encouraging an autism-friendly classroom might face less resistance from teachers when society has already become more tolerant to autism. The existing lack of tolerance towards autism could be targeted through the encouragement of dedicated services such as the special education institution spoken of in Appendix D, as well as support groups and charities like the Hanoi Club for Parents of Children with Autism (VTV World, 2019).

Exosystem: State and Media

Vietnamese State legislation on autism is currently limited, particularly because autism is not explicitly recognised as a disability (Ha et al., 2014). This would suggest that one way in which the pervasiveness of stigmas surrounding autism could be reduced is through formally recognising autism as a disability. This might help in the provision of resources and support for the individual with autism as well as their families, reinforcing the notion that activity across different society levels has impacts across the different social systems. However, it is important to note that recognising autism as a disability will not in itself suffice to increase tolerance for autism, as there are still social stigmas surrounding disability in Vietnam. However, legislatively recognising autism as a disability might catalyse changes in service and educational support provided for the Vietnamese autism community.

It should also be noted that even when legislation is written to conform to frameworks such as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), these are not always exhibited in practice. The Law on Child Affairs (LCA) in Vietnam outlines what should be done in order to support disabled children (Ngan, 2016), but it fails to provide action points. Many of the Articles in the LCA exhibit statements whereby no action points are provided, such as Article 35 “(children with disabilities) are entitled to special assistance, caring and education so that they can receive rehabilitation, develop their self-reliance and get social inclusion”, and Article 44.2 “practice inclusive education for children with disabilities” (Ngan, 2016). Rosenthal (2009) recognises that teachers are existing in a stigmatised society which discriminates against individuals with a disability. Rosenthal (2009) also expressed the need for teachers to be taught how to teach children with different disabilities, as well as reconceptualising their own prejudices against children with disabilities, which, as explored above, is still an issue. If Vietnamese legislation provided clear instructions through which the Articles could be achieved, this might encourage tangible change and an increase in tolerance of autism.

The UNDP has more recently conducted a report on the Vietnamese LPWD (Phan et al., 2020), and gave further recommendations as to legislative changes which could be made for the Vietnamese legislation to follow the UNCRPD, which Vietnam signed in 2014 (Phan et al., 2020). Many of the UNDP recommendations reflect the recommendations made by Rosenthal (2009) over a decade prior, including: recommendations of defining the responsibility of different services and organisations to make sure that support for people with disabilities is met, having language which is more sensitive, and the addition of more resources and training to allow for educators to best support the students with disabilities. This shows that the macrosystem (global attitudes to the rights of disabled individuals) are already influencing conceptualisation of autism in Vietnam.

Reports and reviews on Vietnamese legislation clearly exhibit how the actions and standards set by the State are integrally linked to education and services, which are the two other facets under which a reconceptualisation of autism in Vietnam has been structured. This shows interaction between each of the social systems in EST (Figure 3).

Are These Attainable Methods?

A significant point to refer back to is the fact that autism is not formally recognised as a disability (Ha et al., 2014) in Vietnam, so for a change in the conceptualisation of autism to

take place, this should be addressed. By recognising autism as a disability, different services (e.g., medical and educational) could be held accountable for their prejudices if they have not conformed to the Vietnamese LCA and LPWD. It should be noted that placing emphasis on frameworks such as those provided by the UNCRPD (Phan et al., 2020; Rosenthal, 2009;) could be considered a manifestation of Western ideology, and there is a risk of engaging in neo-colonial legacies. However, in reviewing these alongside the analysis of more nuanced and localised perspectives, particularly through considering the narratives of individuals within the autism community in Vietnam (Appendices A; Appendix B; Appendix C; Appendix D), this article presents a culturally sensitive approach to exploring the case for the reconceptualisation of autism in Vietnam.

If social stigmas surrounding autism are challenged, and notions of shame are reduced, then this could improve quality of life for many in Vietnamese autism community. It is important, however, to reinforce the idea that the conceptualisation of autism is not a static phenomenon; there is no “final stage” of understanding autism. The research and medical community are still refining understandings of autism, and autism research is an ever-growing field of research, linking back to the chronosystem (Bronfenbrenner, 1979; Figure 3) and the acknowledgement that time is crucial in understanding how knowledge develops. It is important for an argument to be made to increase tolerance of autism in Vietnam so that more immediate, tangible improvements to quality of life for people in the autism community in Vietnam can be made.

As explored in this ILR, social stigmas can be addressed to improve quality of life for members of the autism community in Vietnam. This can be achieved through addressing the methods through which social stigmas prevail, namely through education, the service sector, the State and the media. By exploring the different voices of those within the autism community in Vietnam, this framework allows for an increase in tolerance to be encouraged without enforcing a neo-colonial narrative into Vietnamese society.

What can Other Nations Learn from Vietnam?

It is vital to not discredit the hard work that many activists in Vietnam have done to promote an increase in tolerance for autism. This includes organisations such as the Hanoi Club for Parents of Children with Autism, which was founded in 2002 and advocates for more public education regarding autism (Ha et al., 2014), and VAPs, with its wide range of vocational opportunities for individuals with autism, providing them with spaces for them to work and earn a wage and supporting them to become more independent. Using social stigmas to understand what existing conceptualisations of autism are within different cultures can also be used to highlight ways in which tolerance can be increased. This is useful in cross-cultural research, which in turn can help in providing support within multi-cultural contexts. This again highlights the value of this research, as it has scope to influence future research and practice across different cultural contexts. This can reference back to Bronfenbrenner (1979), as global and local systems both influence constructions of knowledge and are mutually influential on one another.

CONCLUSION

Current and historical conceptualisations of autism in Vietnam can be understood through the exploration of the social stigmas surrounding autism in Vietnam. These conceptualisations are rooted in spiritual and cultural spheres, which are very sensitive topics to deal with due to the risk of enforcing neo-colonial attitudes. The section exploring social stigmas recognised themes of blame, emotional and economic stress and spirituality, and how these can have considerable negative impacts on the quality of life of the Vietnamese autism community. Reconceptualising autism could be achieved through addressing these social stigmas, and this has the potential to improve the lived experiences of many within the autism community in Vietnam. Applying Bronfenbrenner's EST to understanding which societal system these social stigmas are acting in and are perpetuated by, provides a concise framework for policy makers to subsequently identify areas through which a tolerance for autism can be encouraged.

The identification of the social stigmas relating to autism in Vietnam, notably those relating to exclusion, familial blame and spirituality as well as indirect stigmas such as those relating to rural life highlight the different experiences individuals within the Vietnamese autism community have. Through answering RQ1 and identifying these stigmas, the identification of underlying mechanisms that enable these stigmas to prevail could then be explored. This answers RQ2, and through the ILR it was found that the mesosystem (education and the service sector), as well as the exosystem (the State and media) were examples of mechanisms which allowed such stigmas to persist. Finally, through the identification of societal change in conceptualisations of previously stigmatised phenomena in Vietnam, and with support of evidence illustrating difficulties faced by those within the autism community in Vietnam, there is a strong argument that an increase in tolerance for autism can be encouraged through the challenging of social stigmas in an attainable way. Reconceptualising autism to allow for an increase in tolerance can be made attainable by combining efforts of the macrosystem (global players such as the UN) with localised voices (exosystem and social systems below).

The need for a reconceptualisation of autism in Vietnam to increase tolerance for autism is an important argument to make, because the existing social stigmas have had damaging impacts on quality of life for members within the autism community in Vietnam. A change in the conceptualisation of autism could be achieved through targeting the quality and accessibility of educational resources provided for individuals who care for autistic children (such as parents and teachers). This change could be brought about through the changing of legislation so that action points are more explicitly shown, allowing for the Vietnamese State to be held accountable for the policies they appear to advocate for. The recognition of autism as a disability is one way in which individuals with autism will be able to access more support and resources, as well as potentially reducing the social stigmas relating to autism in particular. Though social stigmas still exist in Vietnam pertaining to disabilities, legislation would be able to be used to hold individuals who discriminate against children with autism accountable. It is by recognising the mechanisms which facilitate the perpetuation of social stigmas that we are able to address them and work towards increasing tolerance for autism in Vietnam.

A field of research is never fully complete. Autism in Vietnam is a field which has promising areas that could be developed, and this article has the potential to provide support for and an indication as to the direction of future research. With the motivation to improve quality of life for individuals within the autism community in Vietnam, future research must

consider the voices of these individuals, as well as recognising the sensitive cultural contexts of researching autism in Vietnam.

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APPENDICES

Appendix A: Experiences of a Mother of an Autistic Child

Your autism and a mother's depression and suffering have its limits. But for a mother with a child with autism, the limit is an infinite line and the destination is the last breath of the mother when she leaves. I play the role of a mother who has an autistic child to write these words in the hope of empathizing your thoughts and encouraging the spirit that we are fighting between the 2nd world of autistic children. The day I received the paper carrying the name 'autism' with the small and lustful baby of any family. I was dumbfounded and everything around me became meaningless. Fortunately, I have the knowledge and understanding of Autism so my acceptance is to fight for my children's future. But that did not make me escape the crisis called "depression". It came at a time when I felt helpless when my efforts only brought about a change to the desire of a normal child. The desire, the expectation and the desire like many other children arise in me and my family. I am sad and am facing it often. I don't always think about the autistic child. I just think of tears. Yes. That is not the last pain. When everything outside is waiting for me and my young child. The difficulty of participating in social activities, community integration, the education - health - service environment and the sympathy of everyone is scary for me. I could endure that pain but I could not stand seeing this for my child. I try to save and borrow to treat and help the baby. And whatever comes will come, financial burdens and quarrels between my husband and I happen constantly. Tired, lonely and I envy this life. There are times when I want to be liberated, but I am selfish with the child I was born. End of day and night. I kept awake and thought everything about him. My health has deteriorated. But it did not make me exhausted and I came to the decision: "I am quitting the job". It's my favourite job. I began to feel a sense of inadequacy and loss from my own family, relatives, friends and co-workers The disappearance of me and my autistic child was a question everyone asked me. But no! My autistic child and I are still here. We are still on the way to help Autistic Children integrate into the community. Only you who do not understand or you who alienate Autistic people think we disappear in this society. As the days went by, I thought of my age. I always ask questions when thinking about my child's future. A question that largely depends on the awareness of both society and the interest of the State. And for me it is everything. I don't know if this is the rule for families with children with Autism or not? But for me it was the most painful years of my life when I had a child with Autism.

Appendix B: Spiritual Treatments for Autism

"That kid was possessed by a ghost, right?" Maybe. I see him running around everywhere. I never saw him sitting still. Perhaps his family did not live in Germany or something like that. "This type of child has to meet the ancestors." The story begins in the remote countryside. The insinuations of my neighbours made my family feel depressed. I was angry with them. They don't understand the word "autism". I do not know how to understand and conceptualise it. Even within my family, I still struggle with still living in the middle of my life. "Son, the couple arranged for me to go meet the spiritual leader. I heard that he was well praised by the people," she (my relative) said. Me and him looked at each other dumbfounded. His eyes seem to fall asleep hoping to have a miracle from the spiritual leader. I understand how extreme he was at that time. After 10 years of marriage, I know he never believed in charms or superstition. But today, he and I were expecting the light from the fireflies themselves in the middle of the night to fall in this countryside. That night, I could not sleep. It's different from the nights I've been awake and thinking about the uncertainty of the future. I was thinking about the spectacle of

the charm or the enchantment of the spiritual leader and my child. It kept spinning around in my head, frightening me. What am I betting on this life? It is my baby. Why did I let that happen? I squirmed and looked to see if he was asleep. He still closed his eyes but his face was heavy. Perhaps, he was trying to close in order not to see that scene appear before my husband and my wife. I silently asked him: "Will I let you go tomorrow?" "If you say so, let's try it. It's all done." I know he said it but he didn't want it either. Because my grandmother loved me so also wanted to help me in every way that she could understand. As time went by, the light of the new day passed through the window. Where I look after and look forward to them all night. As usual, I was the one who woke the earliest in my family to take care of my meals. But today, I prepared food and some supplies for the couple to prepare to bring their children to see the spiritual leader. The path we took was quite far but it didn't make me feel tired. I lost the sensation and things around me were happening. I hold my child in one hand, I hold my husband in the other to relieve fear. The feeling of fear rushed to me now. I bent my head and leaned on his head. My tears fall on my hair like drops of dew on green leaves. I was shaking, I was worried when everything was coming. I asked him again: "Not yet, how far are you?" "It's here" Right before my eyes was an old 4th-grade house with a high wall. A vision of a haunted house with a worshipping spiritual leader from a dream is right in front of me right now. It is hidden at the end of a small alley dotted with mysterious houses. I tried to force myself not to panic. I was cold and breathless. My quick footsteps are getting weaker now. My husband took my son's hand to meet the teacher with daily stories. He said: "Hundred thanks to the teacher" I did not have the courage to say the details as he did. I listened silently and looked at the child I was trying my luck on from the teacher. He said, "Here, let me prepare. The child is possessed only. Let me "I was chilled to hear that. Everything was going as people told me about the exorcist. The only difference is that my child is panicking. Something is frightening my son and he wants to get out of here? I felt it right at the beginning when the spiritual leader blessed my son. It was a scene we as a couple had never seen. I cried but could not hold back. I wanted to immediately jump in there to stop this magic spell. As I drifted away, the screaming and screaming of my son made me ache. Pain that I've never encountered. I squinted at him as if asking for help. Deep down his red eyes and his clenched fists make me explode now. I could not wait anymore. I am my son's mother, I must act. Immediately, the strength from my legs and my heart rose. I ran out to hug my son and with no words said goodbye. My son's embrace gives me strength so I don't know where the road ahead is going. I was just trying to get my child out of there. Where I felt creepy. In the distance, my husband picked me up and my child in the middle of the shady street. We walked a long distance and sat down on the roadside. The rows of cool green trees make me feel much less when I experience the horror with my son. My husband and I looked at each other with tears in our eyes. We held our son's hand and hugged each other. Everything has gone. Now we don't need to find somewhere to cure my son, nor do we need to care about harsh comments. Please let our son be with us. Only loving parents with our son is a lifetime of happiness

Appendix C: Changes for a Mother of an Autistic Child

People say: "Change is not a good thing" but to a mother with an autistic child, change is a ray of hope for you all of your life. I started from the extreme years when I got the autistic child. The process of pregnancy and motherhood is an exciting change in life. But the excitement suddenly disappeared when my child was 5 years old. As a mum I now realized that my child is completely different from friends in the same age group. I began to ask my heart about what this means. I need answers because I am surrounded by people with an invisible wall separating me and my child. "Your family is not lucky?" or "are your parents suffering from a certain

disease?" or "external factors make children special according to 1 how incredible ..?!" Not impossible. Because life is nature's gift of nature. All is allowed to test your mother's love for you. Baby! Mom cried a lot of nights. As the days passed, I always wanted to find the cause-why do you have Autism? Mom has been involved in many Autism clubs in Vietnam. Over there, everybody has the same situation as mom. But only around each person standing in one area Large forest with many paths. The halo of sunlight, the illusion of dew blind all the way, and paths that have no destination. All is hope, is the challenge of life that mother and family with autism children are going through. On the journey mother and son find the flame of hope. Mom found herself changing in thinking think and act. Screams day and night, invisible rage and sheen your eyes full of language. I just realized: I'm saying something. A language of the past brings for children. And what I want your heart to touch. Mom must really change. By the change in thinking and acting, it helps me to be closer to you. Mom spends less time at work. Take care of yourself and everyday things also temporarily on hold. Now is the time for you to spend time with me. Let mom change the past and It won't be late if you don't start helping me. Everything that makes fun of or mocks me about me at this time doesn't matter anymore. Mother thought too past 1 time about this. It makes mom feel ashamed of herself. Mother is not good no child? Mom is limited in autism knowledge ... she doesn't listen and learn about these Interventions and treatments. And mom was too indifferent, subjective to think that teachers and doctors could cure their children Autism. To do this well, we need to join hands with family, society and professionals. Really sad mom to know this delay! Honey! Today, I open my heart after a golden period of time for you to pass. But in Mother's inner hope never fades away. It comes from today's change and follow me forever! Stay with Mom, baby!

Appendix D: A Day for a Mother of an Autistic Child

The story from a remote countryside at the end of the village road. Where 1 family has a child with no treatment for autism. I am the author and the next-door neighbour. I will start from the days when I saw the lives of that family. I still ask the question: "Is there anybody that can see that world?". I answered in my own way and could not explain. That's the lens I've seen and listened to over a long time. When they were only a child. I still keep an eye on your movements. To the extent that I'm frightened by it. I think children are playful, mischievous but through careful attention the child is different from others the same-age.

"Honey. Where are you going?" The child did not say anything. The silence becomes rude. Even their eyes did not look at me. Like strangers crossing the street. I ask whether their parents are not teaching them or maybe I avoid contact with children. Maybe, so I paid more attention to the life of their family. BANG What is that sound? Where is it? I heard the cry of a child.

I rushed to the lane. In front of me was a horrible sight. What are they doing? It must be that their family is not going smoothly. I asked a bunch of questions. And I must deduce the answer. Neighbours at home are like a brotherhood. I approached and asked what's wrong. "Sister? What's going on? If anything, be gentle" She was crying like a helpless mother for a long time. I gently comforted her. I hope everything can be fixed now. After a while, I realized what was wrong with the baby I had always questioned in my mind. "Why is it weird and different?" And the answer is this ... It's a child WITH AUTISM. What I see is what many autistic families are facing. "Autism is a form of birth defect." I understand this enough because I'm a preschool teacher. I also feel the way of educators. Right now, I understand why my neighbours have had so many argument and conflict. The main reason is the child. Perhaps they do not understand autism or maybe they don't have the same parenting approach to help you become better. I

gave her advice on what I know. Some centres and professionals are trying to help autistic children integrate into the community in many ways. I hope she can share this with her family to live in a world of colour. Maybe the colour of hope and also the colour of love and maybe it is the colour of black this life. A few months later, she came to tell me about this issue. I listened and shared what I know. The road and directions depend on each situation. It is not the lesson for everyone. But it is an expensive lesson for every person who has ever experienced it. Her family has started to pay attention and find directions for education, treatment interventions for children with autism. Sometimes I see couples taking their children to the City. I'm glad about this. It is the only way for parents with autistic children to take them to special centres, expert homes and other support units. The difference in their house is laughter and fun activities with the baby in the yard. I see the child now progressing slowly through concentration on physical games and learning in daily activities. The father's smile and happy eyes of the mother. Perhaps they have found the right direction for their child. Suddenly one day, she told me again. She told me about her family life finance. Finance! I was silent for a while and realized what was happening. It is exhaustion, fatigue and the distance are difficult. At the same time, I have to think about finance and look for a better direction for the child. Difficulties piling up on difficulties. This is what many autistic families are facing. A mathematics that has answers with many unknowns. She decided to send her child to the City to live in a boarding school at the Special Education Centre. I know this is difficult when parents leave their children but there is no solution because life has many things to worry about. We can share our own perspectives but from their family situation's we have just realized this. The first day away from you, she cried like she has never cried. March with yellow leaves is a milestone for the unforgettable memory where mother and child had to be separated. I know that night the mother will be in pain, but because of the future of the child and the choice of the family. I now understand what their needs are right now. Goodbye to the story above. This is the present message for the mothers of autistic children "Good luck to all mothers on the 8th of March, believe in and support with autistic children!"