

# A Case Study on the Parenting Experience of Mothers Tending Children with Developmental Disabilities

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**Abstract:** This study focuses on learning about the parenting experience of mothers tending children with developmental disabilities and understanding the meaning and nature of their experience. Furthermore, the researchers intend to understand the universality and fundamental experiences that appear in the temporal, realistic, and psychological structure of the family raising children with disabilities. A phenomenological research method was applied to understand human subjective experiences through the factual experiences obtained from in-depth counseling of the study subjects, and parenting experiences were analyzed using Giorgi's phenomenological research method. Data collection was conducted from August 2020 to December 2020, and two to three in-depth counseling courses at 120 minutes each were prepared. The parenting experiences of mothers with children with developmental disabilities are as follows. First, parenting is psychologically difficult because they are not aware of the characteristics and behavior of children with developmental disabilities. Second, symptoms such as depression appear in the treatment process of children with developmental disabilities or efforts to treat children with developmental disabilities from the time they accept the child's disability. Among the families, their experiences are as follows. First, having children with disability affect the entire life of the family, particularly the mother. Second, parents with developmental disabilities found that family members and social support were needed until their children's disabilities were recognized. Lastly, raising children with developmental disabilities requires cooperation and support from all members of the families.

**Keywords:** Developmental Disability, Parenting Efficacy, Communication, Parenting Attitude, Case Study

## 1. Introduction

### 1.1 The Necessity of Research

In Korea, the total population is decreasing due to low birth rates, but the proportion of the registered disabled population is increasing, accounting for 4.9% of the total population as of 2018. In the case of people with developmental disabilities, the rate increased by 1% compared to the previous year as of 2018, which is small[1]. Children with developmental disabilities do not show much difference from other children in the early stages, but as they grow up, they have extremely limited relationships,

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Received: January 24, 2022; 1<sup>st</sup> Review Result: March 08, 2022; 2<sup>nd</sup> Review Result: April 20, 2022  
Accepted: May 5, 2022

communication disorders, activities or interests with others, and so far, the cause of developmental disabilities has not been clearly identified[2]. Parents with disabled children feel burdened by excessive mental, physical, and temporal investments in their children, and experience difficulties in increasing positive self-esteem due to lack of parenting information and coping methods of negative behavior[3]. In addition, they are experiencing economic difficulties because they are unable to earn double income due to continuous treatment and education[4]. Conflicts and tensions within the family arise so as the family's life and lifestyle[5]. Recently, as ecological perspectives have been emphasized in the education of children with disabilities, much attention has been paid to the various environments, and interactions between children surrounding them. In particular, support for the environment, that is, the family, which is most closely related to children with disabilities, is being emphasized together. Since families with disabled children are made up of members who depend on each other, they will need to support the family unit and find the strength resources of the family members[6]. On the other hand, it was said that parenting anxiety also affects the social isolation of parents of children with intellectual disabilities. Individuals facing anxiety may respond to social atrophy and social avoidance as a way to deal with anxiety[7].

Parents with developmental disabilities often fall into social isolation due to parenting anxiety, but parents with general children also fall into social isolation. Therefore, it is necessary to pay attention to variables that control social isolation and parenting anxiety. Until now, some studies have shown that the more support is given, such as economic support, emotional support, information provision, and care support, the less difficult it is for parents to raise their children[8-10].

A key factor influencing the control and reduction of parenting stress and parenting anxiety of parents raising children is the social capital that makes up the society. The relationship between parents with developmental disabilities, parenting stress, parenting anxiety, and social capital was examined through previous studies, and the relationship was inferred. Lee[10] can reduce social isolation if she reduces parenting stress and parenting anxiety of parents with developmental disabilities. Furthermore, it was said that if social capital expands, parenting anxiety can reduce the influence on social isolation. This study aims to examine the parenting anxiety, parenting stress, and social isolation experienced by the family of children with developmental disabilities.

## **1.2 The Problems of Study**

The research problems of this study are as follows: First, what experiences did parents with developmental disabilities have in the process of raising their children? Second, what is the parenting anxiety experienced by parents with developmental disabilities? Third, what is the sense of social isolation experienced by parents with developmental disabilities?"

## **2. Theoretical Background**

### **2.1 Developmental Disability**

The categories of developmental disorders are neurodevelopmental disorders defined in DSM-5, such as intellectual disorders, communication disorders, autism spectrum disorders, attention deficit and hyperactivity disorders, specific learning disorders, and motor disorders. They are also considered as tic disorders. As of 2018, the number of disabled people in Korea was 2,517,000, accounting for 5.0% of the total population[1]. Causes of occurrence of people with developmental disabilities are mainly high-risk factors before and after birth (low weight, prematureness, dysphagia), post-birth infections or neurological damage, and environmental factors[11].

Families with disabilities are more likely to suffer economic difficulties than families with no

disabilities. Families having children born with disabilities are subject to specific restrictions on their daily lives due any they are more likely to suffer economic difficulties, and to be alienated from social support[3][12].

In addition, the burden of birth and parenting of disabled children continues to experience unbearable difficulties for parents and families with disabled children, the relationship between disabled children and their families is intercyelic, and parental parenting stress from disabled children affects their children's education and development. In order to provide the best help in raising and educating disabled children, the entire family of disabled children should be eligible for service and it is important to understand the stress of parents to help them adapt and cope with them[13].

## **2.2 Parenting Anxiety of Parents of Children with Developmental Disabilities**

Parenting stress for parents with developmental disabilities faces socioeconomic problems such as supporting treatment costs as their children age increases in addition to the burden, frustration, confusion, and anxiety about prognosis[14]. The mothers experience negative emotions such as shock, negativity, sadness, anger, guilt, and shame from the moment they identify their children's developmental disabilities, feel more anxious and worried about their children's future, and feel the burden of caring for them for life[15]. Like parents in a normal family cycle, they cannot plan their own time and retirement preparations, and are interested in who will take care of their children. The reality is that children with developmental disabilities are still entirely protected by parents. Therefore, it requires a lot of time, economy, and physical protection, and it is considered that there is a heavy economic burden due to disability[16]. Parents who are primarily responsible for protecting their children with developmental disabilities feel a strong burden on mental, physical and economic protection due to their growth and aging, and are not active in Korea's guardianship system, consignment protection, and group home.

## **2.3 Social Isolation of Parents with Children with Developmental Disabilities**

Research on the sense of social isolation of children with disabilities and their parents seems to be active in recent years. In addition, studies on social isolation were often conducted only on specific individuals, persons with disabilities, or families of children with disabilities, but studies that measured and evaluated the sense of social isolation experienced by parents of disabled children seem to be relatively insufficient. The cause of this can also be found in the lack of social consensus on the expansion of social support for mothers of children with developmental disabilities. However, fundamentally, the lack of accurate social and epidemiological investigations on the social isolation of mothers of children with developmental disabilities can also be one of the reasons. Therefore, it can be a very useful academic discovery at this point to highlight the problem of social isolation of the said mothers and to provide empirical evidence to help them expand their healthy social capital.

It is said that parents of children with developmental disabilities often experience social isolation. However, their sense of social isolation can vary depending on the degree of family function[17][18]. In this regard, there is a study that shows that the degree of emotional stability of mothers raising children with disabilities reduces the burden of parenting on mothers and has a great influence on the improvement of parents' social relationships[19].

These studies show passive social behaviors, such as parents with developmental disabilities vowing to raise disabled children for the rest of their lives due to permanent and intellectual damage to their children and breaking off social relationships with neighbors and communities. These parents are relatively likely to experience severe social disconnection in the process of accepting and adapting to the characteristics of children with disabilities[20]. Therefore, various types of anxiety experienced by

these parents are also transferred to social relations disconnection or social isolation of disabled families, becoming the main subject of social interest.

## **2.4 Understanding Phenomenological Research**

The phenomenological research method is a technical phenomenology that finds the nature and meaning of the experience while drawing and describing the subject's experience itself as it is without prejudice and prejudice of the researcher[21]. The phenomenological method has the characteristic of explaining in detail the uniqueness of individual study participants in the statement of situational structure and integrating the experiences of all study participants into general structural statements. This study aims to find the understanding of specific experiences, its universality, and the nature and its structure from a psychological point of view.

Phenomenology as a qualitative research method specific experiences, its universality, and the nature and its structure from a psychological point of view. the living human experience to consult the subject's life. These consultations are consistent with the context of human understanding to understand and help them collectively through careful interest and conversation. Therefore, this study tries to analyze the lives of the mothers of children with developmental disabilities within their social context and temporal structure. This also explores the changes among families living with disabled children to further understand the children and the mothers.

## **3. Research Method**

In this chapter, how the phenomenological research method was applied was presented, and the reliability and validity of this research method were evaluated based on the selection and data collection method, data analysis method, and research procedure among study participants.

### **3.1 Research Methodology**

This study focuses on examining the parenting experiences and difficulties of mothers of children with developmental disabilities. The analysis method of Giorgi[22] was used to understand and reveal its essence or meaning more deeply.

#### **3.1.1 Selection and Characteristics of Study Subjects**

Three participants were selected with their consent to honestly describe their parenting experiences of mothers with developmental disabilities. and The background of the research subjects is shown in [Table 1].

[Table 1] Describes the information of the study participants and their children separately. In order to protect the participants' personal information, details that may identify them were excluded, and all of the children's names were marked as pseudonyms.

The contents of questionnaire includes their personal background, child development knowledge, parent and family roles, child education and career problems, and the social support they receive

Before answering the questions, in-depth counseling began with the story of rehabilitation treatment and updates of children with developmental disabilities, and proceeded according to the story flow of the study participants without ordering questions in a natural and comfortable atmosphere. The consultation time was set at 120 minutes per session in advance, but most of the participants exceeded the set time.

[Table 1] The Background of the Research Subject

Participants					Children's Info				
	Age	Occupation	Education	Number of children		Age	Sex	Order	Disability diagnosis. Period
A	56	School Teacher.	Graduate school	1boy 1girl	a	29	female	Firts	3years
B	47	Housewife	High School Graduate	2boys	b	13	male	Second	2years
C	47	Housewife	College graduate.	1boy	c	13	male	First	5years

### 3.1.2 Data Collection and Method

In phenomenological studies, data are obtained through counseling which describes in detail the phenomena experienced by the study participants. In order to obtain data, this study conducted a preliminary survey from December 2021 with the consent of mothers with developmental disabilities using the researcher's rehabilitation counseling center and mothers with developmental disabilities introduced from other institutions (Appendix 1).

The counseling was conducted at the place the participants wanted and in a natural atmosphere, and was conducted until the participants had nothing more to talk about regardless of the time set before the interview so that the participant's experience could be described in depth.

The contents of the questionnaire for data collection are shown in [Table 2].

[Table 2] Study Participant's Question

Division	Questions
Background	How old are you? What is the family composition? What is your educational background? number of children? years of disability diagnosis? When and how did you know that there was a problem with your child's development?
Children's development. Area	When was the hardest time raising a child?
The role of parents and family	How have you dealt with difficult situations while raising your children? What does it mean to live as a mother of a child with developmental disabilities? What does it mean to have children with developmental disabilities? What is the impact of children with developmental disabilities on their families? How did the marital relationship change after the birth of a child with developmental disabilities? What do you think of when you think of non-disabled siblings? What are some thoughts and attitudes that change as you raise your child?
Children's education. Career problem.	If you were to draw a family in the future, what would it be like? Who helps you take care of and educate your children the most? What do you think if your disabled child goes to work?
Social Support	What do you want from experts, therapists, society, or the country to raise disabled children?

As shown in the [Table 2] study participant questionnaire, in-depth counseling began with the story of rehabilitation treatment and updates of children with developmental disabilities before entering the actual question, and proceeded according to the study participant's story flow without ordering questions in a natural and comfortable atmosphere. The consultation time was set at 120 minutes per session in advance, but most of the participants exceeded the set time. Even if the topics that are not in the questionnaire appear during the counseling process, all of them can be talked about so as not to interfere with the flow of research participants, and the items were used as additional questions for subsequent counseling.

Participants were selected according to the selection criteria set by the researcher. The data were collected by conducting at least two to three in-depth consultations for each study participant until no more data were available. The first, second, and third in-depth counseling sessions were conducted within two weeks as possible so that the participants could remember the previous counseling contents in order to deepen the next counseling contents.

In qualitative research, data sources, methods, and researchers' diversification are important, so not only recorded data with open in-depth counseling, but also field journals recording observations on human characteristics, impressions, feelings, non-verbal expressions and attitudes of research participants were used as data. In addition, if necessary, telephone counseling with research participants was also used as complementary data. Each counseling data information was recorded with the consent of the participants for accuracy and completeness, and the researcher formed a sense of trust with empathy and support in order for the participants to fully talk about their experiences. Furthermore, questions related to disability during the counseling process may have psychological discomfort, so we tried to use empathic expressions to study participants to reduce negative effects, and to convey clear and deeper meanings through reflection techniques.

### **2.1.3 Ethical Consideration of Study Participants**

In phenomenological research, the comprehensive and sincere counseling content among the study participants is an important part of determining the progress and success or failure of the study, and in order to use it as counseling data, it is necessary to obtain written or oral consent from them in advance. In addition, It was revealed that this counseling was carried out with the research participants, not the individual researcher, and the overall purpose and content of the study, the time and place of the counseling, were explained. In writing, the promise of confidentiality and anonymity, withdrawal of participation in the study, the right to not answer questions, recording counseling contents, and confirming the final report of counseling were presented, explained, and signed.

## **3. Data Analysis**

The analysis of the data was conducted simultaneously with the collection of data, and the counseling records and recorded counseling data prepared during counseling were transcribed and analyzed according to the four steps of Giorgi[21] technical phenomenological method.

As a first step, the recording transcription data of the study participants were repeatedly read within the phenomenological reduction attitude, and a comprehensive and general perception of the parenting experience of mothers with developmental disabilities was made. The ambiguous part of the description went through the process of asking the study participants again.

In second step, the task of classifying the semantic units of the transferred counseling data was performed. It was summarized without distorting or omitting the statements of the study participants for each classified semantic unit. The difficulty in this process was the ambiguity of clear standards for distinguishing discriminatory technical content. Accordingly, in order to establish a clear standard,

Giorgi[21] thesis was referenced, and 166 semantic units were derived and analyzed from three study participants.

In the third stage, the meaning stated by the study participants is converted into the language of the researcher. In order to strictly convert it into psychological terms without departing from context, the researcher repeatedly performed a phenomenological reduction posture that excluded arbitrary judgments and prejudices by returning to transcriptional data.

In the fourth step, it was integrated into the structure of experience based on the converted semantic unit. Considering the common components of each study participant as the essential meaning of experience, they went through the process of rearranging and tying the relationship and common attributes between the components in a temporal and causal manner. As a result, the essence and structure of the parenting experience of mothers with developmental disabilities could be derived with 5 components and 19 sub-components.

#### 4. Result

Through counseling, the characteristics of children with disabilities and the difficulties of parents could be vividly heard in the field, so the researcher was able to obtain various information about the family with developmental disabilities. This played a positive role in telling parents how to cope with their children's behavioral problems and how to interact with them. Therefore, there was a strong desire to supplement this through qualitative research to further examine the experiences of the study subjects. In order to prevent these researchers' prejudices, prior understanding of the parenting experience of mothers with developmental disabilities was clarified before data collection and analysis, and literature review was conducted after data collection and analysis to prevent obstruction.

In order for the research results to be valid, reliability and strictness must be secured in the research process. Two important factors that threaten the validity of conclusions in qualitative research are the selection of information to meet the existing theories or prejudices of the researcher or to select data that meet the researcher's expectations. To protect the research results from the subjectivity of researchers threatening the validity of the research results, six strategies were proposed: triangular verification, long-term relationship formation, peer group advice and support, participant inspection process, audit data, and exceptional case analysis[22]. This study also tried to secure reliability and rigor in the research process by referring to the following proposals.

First, triangular verification was used based on objectivity in qualitative research, and in-depth counseling data from study participants, self-help meetings of parents, and handwriting of parents were referenced in the data analysis process.

Second, Lapo was formed by voluntarily participating as a parent counselor with disabled children to which the study participants belong for five months from August to December 2020 to secure sufficient reliability in collecting and accessing data.

Three mothers of children with disabilities met with the counselors, and the counseling was conducted within 24 hours. This formation of a relationship between researchers and research participants helped increase the reliability of the data by allowing the research participants to express their experiences without hesitations.

Lastly, the two doctors were guided for their qualitative analysis, and the records of the data collection and data analysis process were left as data.

##### Study Participant A.

Study participant A is currently, working as a teacher at a special school, and his children with disabilities are working as social workers at a nursing care center. About two months after birth, the

child had a fever and went to the hospital. The mother went to 00 Hospital because she was told to go to a large hospital, but the moment her child got the injection by the doctor's prescription, her daughter cried out loud. The fever did not go down, and her condition did not improve further. A few days later, the child was discharged from the hospital, but she could not suck the milk, so the mother made a large hole in the milk bottle and managed to feed the milk. Two years later, the child was diagnosed with intellectual disability. At first, the mother blamed the world and herself a lot, but she went to a special graduate school to know her child well and have a job, and then became a special teacher. After many twists and turns, she have now found psychological stability economically and psychologically, but she hopes there will be a single organization that operates on psychological counseling and integrated system for families with children with developmental disabilities

Study participant B.

Among her children, his boy with disabilities is in the sixth grade of 00 School due to brain lesions, had leg surgery in the summer of this month, and is currently undergoing rehabilitation treatment. Both parents had cancer surgery every month, and at first, they knew their son's disability and could not go outside for about two years. People thought they were all disabled and that everyone would ignore them because they did not live as well as others. However, she realized her husband's dedication and the importance of her family during her son's surgery. She realized that it is up to them to have a happy home. Even now, they are struggling not to know whether social capital is applicable to disabled children, so she hoped there will be a single organization that operates an integrated system so that disabled children can be born and receive timely services.

The situational structure of the parenting experience of mothers of children with developmental disabilities according to Giorgi's[21] phenomenological technical analysis process include 19 sub-components derived and reclassified into 5 components. The five components of the parenting experience were "confusion in the diagnosis process," "mental experience after diagnosis," "experience in the treatment process," "experience in the parenting process," and "building a happy family." Table 3 is a component according to the temporal structure of the parenting experience of mothers with developmental disabilities.

[Table 3] Components and Sub-components of Parenting Experience of Mothers of Children with Developmental Disabilities

Ingredients	Sub-components
1) Confusion in the diagnosis process. -A naked pine tree on a winter night	① Discovery and vague expectations
	② Diagnosis and shock.
2) Mental experiences after diagnosis. - A hard journey. -	① Self-criticism that it is because of me
	② A long process until disability is accepted.
	③ Recognized disability and considered treatment measures.
3) Experience in the treatment process - Long tunnel. -	① My psychology changes depending on what the expert says.
	②Lack of social capital, information, and difficult medical expenses.
	③Support and encouragement from fellow mothers.
4) Experience in parenting. - Repeating a hard day. -	①Incomprehensible behavior of children.
	②Loneliness and shame within the family.
	③Social prejudice and coping.



	④Expectations and sorry for non-disabled children.
	⑤Disappointed and grateful to her husband, who is the best ally.
	⑥Children who are at the center of all problems.
	⑦Living as a mother of a child with disabilities
	①Growing up through a child.
5) Making a happy family. - We're family. -	②The Happiness of small achievements and success.
	③Our own happy life.
	④Wishes for social resources.

\* S. H. Lee[23].

#### 4.1 Discovery and Vague Expectations

Most of the children with disabilities are slower than ordinary children in terms of cognitive, language, and social emotional areas. Physical development is characterized by relatively normal development in other areas. From around 12 months, children with disabilities often walk or walk a little earlier, so when their parents call their names, they tend not to pay much attention to them even if the children do not answer and make well eye contact. This seems to be a less concern initially because there is no physical disability revealed by the eyes from birth, such as brain lesion disorder or Down syndrome. This was even more a lesser concern when there are people in their families or relatives who were late to develop.

(Research Participant A) : “The moment the nurse injected the shot at the hospital, the child cried loudly and when I heard it, I felt anxious. After discharge, the child could not suck the milk, so he made a large hole in the milk bottle and fed it one drop at a time by mixing breast milk and I barely swallowed it. At the same time, I felt anxious, but I tried to shake off my anxious thoughts, saying, "There's still something going on." But my child never cried, and I was even more anxious because at age five, my daughter could not sit with other children. She barely sat down, could not crawl around, so I had to sit with her. When I went to the pediatric psychiatry, my child was diagnosed with an intellectual disability.”

#### 4.2 Mental Experience After Diagnosis: A Tough Journey

In general, when a child is diagnosed with developmental disabilities, much of the wishes and expectations that parents have for their children disappear, and parents face an uncertain future for themselves and their children. People often experience a sense of loss and frustration that they do not have to experience. When a child's disability attacks, the father or mother suffers from severe anxiety and guilt about his or her child, thinking that he or she may have been born with a disability because of something wrong, and helpless days continue due to worries about the future. It is frustrating that a husband, who has to gather his heart for quick treatment, does not accept his child's disability, and sometimes rehabilitation treatment is started for active response rather than helplessly letting go of both hands.

(Research Participant B) : “I was diagnosed during the birth of my child, and I didn't go out for a year after that, and I couldn't go out because I thought someone would point at me as a mother who gave birth to a disabled child. My mother-in-law also seems to ignore me, and for some reason, everyone around me seems to ignore me, so I don't go outside if I can. Since I gave birth, I thought it was because of me a lot. I held onto the child and cried a lot. I cried every day. When I was pregnant with my second

child, I had a lot of good thoughts and prayers, but I was worried too because I heard many negative stories about having a second child and wanting to give birth quickly, and I wondered if I shouldn't have gotten pregnant. Anyway, I was in a very unstable state psychologically, and I felt sorry for the child because of me. I couldn't get out of the guilt and I still feel guilty. towards my family.”

#### **4.3 Experience in the Course of Treatment: a Long Tunnel**

In the process of accepting the child's disability, the mother goes through the most difficult process in the family. Even after being diagnosed with a disability at a hospital and guided to treatment, the mother goes through a very psychologically difficult process due to the view of the disabled child, and psychologically shrinks due to the sense of relatives about the disabled child. Despite the full-fledged treatment, the loneliness felt by the physical and psychological pressure that comes from having to bear parenting and treatment entirely by the mother alone made mothers more difficult. Research participant C expected her child's condition to improve as she focus on her treatment. But, she did not feel a noticeable change over time, and thought about giving up on life amid anxiety and hope for her child at birth.

Research participant C

Currently, children with disabilities are autistic children who are in the sixth grade of general school, are good at studying, and have an absolute pitch, which makes them good at playing the piano. Research participant C is working in a public office and her child was diagnosed with disability. But, she did not register her child as a disabled person. It is said that the national benefit registering for disability is 100,000 won per month for treatment. The mother hopes that even if she does not register her child as a disabled person, she will be able to enjoy the same benefits as a disabled person. she is living a happy daily life especially after seeing her child riding a bicycle during weekends. Experience in the parenting process: Repetition of a difficult daily life

#### **4.4 How to Deal with Social Prejudice**

From the preconceived notion that people with disabilities can live only with the help of the normal people, when they see people with disabilities, they often make the disabled uncomfortable by helping them even though they did not ask for help. Falling into this fixed preconceived notion, mothers with children with disabilities tended to ignore themselves because they thought people ignored them and thought they were insignificant. The expression "I'm sorry, thank you" was expressed toward society, but that did not mean that mothers with disabled children had low self-esteem. Rather, They try to protect their pride and live their lives like that.

(Research participant A) : “There are cases that where children disappear once in elementary school. I also work as a teacher at school, and when my child disappears, I go around the neighborhood like a crazy woman to find a child. It's so hard, and I can't understand I've sinned so much that I don't know why I'm having a hard time doing this, and if my relatives give me pocket money on holidays, I can't raise my face because of a child who always cries and makes a fuss about money. No matter how much they educate us, on holidays, the two of us fight over money and cry.”

Apologies and expectations for non-disabled children.

“All attention and attention to children with disabilities were sorry for their indifference to non-disabled children, and they were grateful for acknowledging the reality of children with disabilities and helping them as members of their families. In addition, I expected non-disabled children to help take

care of disabled children in preparation for the future, and I found that there was a great desire to receive compensation for non-disabled children from the psychology of ignoring disabled children. At the same time, I was worried that such expectations from parents would be a lot of pressure on non-disabled children.”

Children who are at the center of all problems.

Participants in the study were coordinating what happened throughout their lives, focusing on children with disabilities. In the absence of a mother's outings, she gave up because there was no place to leave her disabled children, or the schedule of the non-disabled brothers prioritized, hurting the non-disabled brothers, and blaming themselves for the unexpected behavior of the children with disabilities.

(Study Participant C): “Even if my in-laws' families wanted to eat out, most of them were prepared by their mothers and ate at home because of my child. Even if you happen to eat outside, it's grateful that someone in your family sometimes takes care of your child. However, taking a child to a husband and a parent is rarely thought about and only goes to places where you can understand even if you make a mistake. I give my child a cell phone as a way to prevent him from making mistakes, but I felt sorry for him and wondered if he kept giving me his cell phone for my convenience. Even when I enter the restaurant, I put it in a corner so that my child wouldn't move. I think it's psychologically difficult because of my current situation, not entirely because of my child, and when I send my child to school, I have to ask my homeroom teacher and parents, stay in a low position, and always have to be sorry.”

## 5. Conclusion

Data collection was conducted from August 2020 to December 2020 with a question prepared by the researcher to fill out two to three in-depth counseling courses for each study participant, and the counseling time was around 120 minutes at a time. Information obtained by consulting the family of children with developmental disabilities was analyzed, and 608 semantic units were derived, grouped into 19 sub-components, and categorized into 5 components according to the temporal structure. The derived components were <diagnosis and confusion>, <psychological experience after diagnosis>, <experience in the treatment process>, and <happy family establishment>, and these components can be seen as a general structure that constitutes the nature of the Parenting experiences of parents with developmental disabilities are as follows.

First, it was found that the lives of families of children with developmental disabilities are affected especially the mothers. Second, it was found that family members and social support were needed until their children's disabilities were recognized. Third, it was found that raising children with developmental disabilities requires cooperation and support from all families of the mother's family, not just the mother's own efforts. Fourth, active social systems and support are needed for treatment education for children with developmental disabilities. For them, counseling for parents, psychotherapy programs for families with developmental disabilities, and active policy and institutional support for rehabilitation and social adaptation of children with developmental disabilities are needed.

Based on the analysis of the subjects' statements, the following suggestions were made. First, in this study, looking at the participation and feelings of mothers tending children with developmental disabilities, it is hoped that their realizations will help restore relationships between couples as well as establish a family order.

Second, the participants in this study were limited to mothers with children with developmental disabilities after marriage. Since it is a long-term parenting experience after being diagnosed with disability, it is believed that there will be characteristics unique to the family during the development period. In the follow-up study, more specific family counseling and education programs should be

conducted based on the difficulties of mothers' raising children with developmental disabilities and their career paths, to be used as research data for each development period.

Finally, this study was conducted as a phenomenological qualitative study. In the future, integrating this study with quantitative research on emotional and social support desperately required by mothers of children with developmental disabilities will help them establish practical social welfare policies that can help families experience and contribute to the development of family counseling programs.

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