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Being a 'good' mother: Immigrant mothers of disabled children

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Abstract

In South Korea, disability and immigration are hidden and invisible phenomena. This article examines how immigrant mothers experience the intersection of immigrant status and mothering a disabled child. Through semi-structured interviews with 16 immigrant mothers, this study found that the values of Confucian familism regarding motherhood and gender roles influenced how these immigrant mothers behaved. The study also found that immigrant mothers faced multiple forms of stigma and discrimination as a result of negative socio-cultural views of disability and immigration. Therefore, the article suggests a need for inter-professional, anti-oppression work strategies to support immigrant mothers of disabled children, along with education for social workers about these issues.

Keywords

Anti-oppressive working strategies, disabled children, immigrant mothers, mothering, South Korea

Introduction

South Korea (hereafter Korea) is rapidly transforming from an ethnically homogeneous society to a multicultural one. During the last three decades, the immigrant population in Korea has dramatically increased from approximately 1.1 percent of the total population in 2000 to 3.5 percent in 2015 (Ministry of the Interior (Mol), 2015). The largest category of immigrants in Korea is unskilled workers, whose numbers reached 538,587 in 2014, accounting for approximately 34 percent of the total immigrant population (Ministry of Gender Equality and Family (MoGEF), 2014). The second biggest group of immigrants consists of international marriage migrants, totalling 147,918 in June 2015 (Korea Immigration Service, 2015). The families of such migrants have officially been termed *damumhwa-gajok* (multicultural families)¹ in Korean family policy and welfare systems.

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Multicultural families typically consist of a Korean husband married to a non-Korean bride. The majority of marriage migrants are female, with over half coming from China (58.6%), followed by a large proportion from Vietnam (19%), the Philippines (5.6%) and Japan (4.3%), and a small number (5%) from other countries, such as Indonesia, Malaysia and Taiwan (MoGEF, 2014). As a result, the number of children from multicultural families increased considerably from 44,258 in 2007 to 179,283 in 2014 (MoGEF, 2014). Despite this upsurge, Korean society is not yet culturally prepared to adjust to this change (Kim, 2014), because immigration is a fairly new concept in Korea, where foreigners make up only about 3 percent of the population (Mol, 2015). Inter-racial marriage is accepted as an unavoidable trend, yet 'mixed blood' (*honhyeol*) children are perceived negatively (Lim, 2010). Due to its long history of ethnic homogeneity and cultural roots in Confucian notions of the family as bloodline, Korean society traditionally emphasises the importance of lineage, yet this concept does not extend to include outsiders (Choi, 2007), exacerbating ongoing discrimination and social inequality. In the case of marriage-migrant women and their children, this exclusionary attitude reveals a complex process of othering (Ministry of Health and Social Welfare (MoHSW), 2009). This juxtaposition has led to social inequality and discrimination towards immigrant parents and their children (Han, 2015) illustrated by a Committee for the Elimination of Racial Discrimination (Office of the United Nations High Commissioner for Human Rights, 2007) report which highlights 'the persistence of widespread societal discrimination against foreigners, including migrant workers and children born from inter-ethnic unions, in all areas of life, including employment, marriage, housing, education and interpersonal relationships' (p. 90). In such cases, multicultural families were often unable to engage with outside help for reasons such as unfamiliarity with existing systems, lack of knowledge regarding available services, the perceptions of service providers, language issues and culturally incongruent service delivery systems (King et al., 2013; MoGEF, 2013).

In Korea, there were 78,186 disabled children under aged 18 registered in 2013 (Korea Disabled People's Development Institute (KDPI), 2013). Various efforts (e.g. the Disabled Children Allowance) have been made to support disabled children and their families, but these children and their families have still struggled emotionally, financially and socially due to the demands of raising a disabled child (KDPI, 2013). Korean disability policy and legislation have adopted a social model of disability (Oliver, 1990) which holds that the environment plays a role in creating a disability for people with an impairment. However, disability has been seen as individual problem, people with disabilities have been dehumanised, and disability has been conceptualised as shameful to the family; in addition, it has been taken for granted in Korean society that solving the problems related to disability is the responsibility of the family (Hwang and Roulstone, 2015).

Despite the growing prominence of this problem, disabled children from multicultural families receive less attention than their ethnic majority counterparts and are often unacknowledged in research, policy and practice (Berg, 2015; You and Rosenkoetter, 2014). In Korea, local authorities are responsible for collecting information about disabled children in multicultural families, but no official data exist on the prevalence of disabled children among multicultural families. Culturally appropriate support for immigrant parents and their disabled children is often not available at the local level, leading to an isolation and a reluctance to be exposed to

society (Jeon and Lee, 2014). The majority of studies concerning ethnic minority families with disabled children have been conducted within Western contexts (e.g. Berg, 2015; Kramer-Roy, 2012; Sim and Bowes, 2005), and little is known about immigrant mothers of disabled children who are exposed to new socio-cultural norms, values and systems in non-Western contexts. Many have acknowledged the unique intersectional barriers that arise when disability and other statuses are combined, such as the increased risk of poverty for disabled females (European Parliament, 2017) and the higher unemployment and underemployment rates for ethnic minority disabled people (Woodhams et al., 2014). In particular, the intersection of ethnicity, culture and disability is very complex: it gives disabled members of ethnic minority groups the 'double disadvantage' of being a member of a non-dominant race in a racist society and disabled in an ableist society, resulting in a situation of 'double invisibility' (Harris and Roulstone, 2011). Moreover, the meaning of disability, particularly whether disability is attributed to individual or societal causes, varies greatly by culture and influences how families cope with their children's disabilities (Ravindran and Myers, 2012). The notion of intersectionality has played an important role in social work generally by emphasising diversity and difference (Bubar et al., 2016). It has encouraged us to look at how different strands of oppression and marginalisation interact to frame people's experiences. Utilising an intersectionality lens, therefore, this article will explore the reality of being a mother of a disabled child in an immigrant country.

Mothering disabled children

Although it is no longer only the mother's role to be a family's main caregiver, gendered practices and expectations within societal contexts continue to locate the mother as a primary caregiver for children (Macdonald, 2009). In Western culture, there is a substantial literature focusing on the concept of the 'good mother' and mothering ideology. This literature identifies particular social and cultural expectations that designate women as normative caregivers and coordinators of housework and domestic events (Bianchi et al., 2013). But mothering ideologies varies by race, class and culture, and changes over time along with other social, historical, political and economic changes. Korea has a long-standing and rich tradition of Confucianism that strongly influences Korean daily life. The key values of Confucianism such as the importance of family, personal betterment and respect for age and authority continue to feature strongly in Korean culture to this day. The Korean family in particular is based on strong intra-familial bonds and filial piety (Cho and Kim, 2006). The family is the fundamental unit of society. Pride and dishonour stem from family characteristics, and the individual is seen as a reflection of his or her family (Hwang and Charnley, 2010). The nature of mothering in Korea has been determined more by societal and cultural norms than by individual values. As the head of the family, the father has had the authority to control family affairs and regulate relationships among family members and has financially supported the family, while mothers have been responsible for caring for children or elderly parents and managing household affairs. However, globalisation and industrialisation have led to a shift in Korea from these traditional socio-cultural values, based on Confucian ideals of the family, to individualist values. The number of extended families and the fertility rate have dramatically declined, and the number of working mothers is increasing. Korean mothering ideology is currently influenced by modernisation and adaptation to Western mothering practices (Cheah

and Park, 2006). Despite these transformations, patriarchal norms and beliefs continue to affect the everyday lives of Korean families, especially women with dependents (Lim and Tina, 2012). Korean mothers continue to sacrifice their personal priorities for the sake of their children's success and achievement, while Western mothers expect to play a pivotal role in enhancing their children's future value and productivity as an adult and are socially rewarded as 'good mothers' for these activities (McKeever and Miller, 2004). In this context, marriage-migrant mothers are expected to maintain Korean patriarchal traditions within their families. This expectation is linked to a cultural norm, based on Confucian familism, that women should be obedient, passive and dutiful wives, mothers and daughters-in-law (Moon, 2006).

The majority of disabled children reside within the family home. Mothers are the main source of care for 91.2 percent of disabled children, whereas only 3.7 and 2.7 percent are cared for by their fathers and grandmothers, respectively (KDPDI, 2013). Within the dominant cultural construction of disability and mothering in Korea, having a disabled child is often regarded as evidence of a mother's mistakes, as disability is assumed to be caused by the mother's failure to properly care for her child during pregnancy or infancy (Lee, 2010). Mothers face judgement, exclusion and stigma as irresponsible parents when they fail to meet social expectations by having a perfect and healthy child (Landsman, 2005).

In recent decades, extensive studies of the experiences of mothers of disabled children have been carried out in Western countries (Bromley, 2004; Ramzan and Minhas, 2014; Ryan and Ruswick-Cole, 2008), but these studies have yielded inconsistent findings. The majority of literature has found that mothering disabled children is a substantially different experience from mothering non-disabled children. This literature has generally focused on the negative aspects of a child's disability, such as the burden of care, parental stress, grief and disruption of family relationships (Runswick-Cole, 2013). In contrast, since the 1980s, a number of academics and families have challenged this pathological approach, arguing that parents of disabled children experience numerous benefits and positive outcomes, such as family harmony, spiritual growth and a deep understanding of the lives of others (Kayfitz et al., 2010). Hastings et al. (2005) found that mothers of children with intellectual disabilities experienced less parenting stress and reported more positive experiences in the process of raising their children. Such positive experiences led to lower levels of parenting stress and a good level of health and well-being overall (Dykens et al., 2014). However, these findings cannot be generalised to all mothers of disabled children, because the experiences of mothers of disabled children vary across cultures and societies.

Research has shown that mothers of disabled children struggle with the concept of being a 'good mother'. Taylor et al. (1995) find that parents of disabled children who construct positive, normal images of their family are often seen by others as 'denying reality'. Conversely, Green (2007: 151) argues that mothers of disabled children are constrained by powerful societal discourses surrounding disability and therefore hold low expectations about the ultimate 'success' of their efforts to parent their disabled children. Feminist studies of motherhood show that stark, yet historically flexible, moral binaries construct the 'good mother' as opposed to the 'bad' or 'negligent mother' (Blum, 2011: 942).

Based on the social model of disability, mothers of disabled children have resisted the medicalised model of 'good mothering' (Runswick-Cole, 2013). As Hillyer (1993)

emphasises, on the other hand, Korean mothers of disabled children are valued according to the degree to which they help their disabled children overcome limitations. The 'good mother', therefore, is regarded as a mother who sacrifices herself and her own needs in order to achieve incredible educational and medical improvement or indeed a cure for her disabled child, assessed against the milestones of 'normalcy'. You and McGraw (2011) find that Korean mothers of disabled children who have conformed to the traditional beliefs about 'good' mothering feel discouraged, because it can be difficult for their disabled children to be academically successful. Cultural displacement (including changing conceptions of gender roles), family structure, social networks, cultural conflict and having a disabled child all have an impact on the dilemmas associated with being a 'good mother'. As a result, the effort to be a 'good mother' will have unique meaning for the lives of women who become the mother of a disabled child in a new country.

Methodology

A narrative enquiry approach was selected for this study for two reasons (Connelly and Clandinin, 1990). First, previous empirical and theoretical work has not produced a specific theory of the intersection of migration, disability and culture. Second, this study was designed to obtain rich information about intersection of migration, disability and culture as complex phenomena. The approach involved investigating both the individual experiences of immigrant mothers with disabled children and these mothers' collective experiences as members of the community of immigrants. This qualitative design enabled the researcher to share in the understandings and perceptions of the intersection of migration, disability and culture from the perspectives of immigrant mothers with disabled children.

The study drew on semi-structured interviews to explore how immigrant mothers of disabled children in Korea experience the intersection of migration, disability and culture. Ethics approval was provided by the Soongsil University Ethics Committee.

Participants

A purposive sampling approach was used since a limited number of people have expertise in the area being researched. Participants were recruited through local social welfare agencies for disabled people, multicultural family support centres and centres for children's welfare in three urban and two rural areas. Staff in the centres were asked to disseminate information to potential participants who had resided in Korea for more than 3 years and who had a child registered as disabled. In Korea, the disability registration system is significant not only because it provides a legal designation of disability status but also because it determines the beneficiaries of disability welfare allowances (the Act on Welfare of Persons with Disability enforced on 2011). As Table 1 shows, 16 immigrant mothers from different ethnic backgrounds took part in the study. All had lived in Korea for 5 to 16 years, and all held Korean citizenship. All participants spoke Korean at home, but four were not fluent in Korean. The ages of children with disabilities ranged from 5 to 14 years.

Data collection and analysis

Data were collected through semi-structured interviews which were audiotaped and subsequently transcribed. The semi-structured interview guides included questions such as ‘How did you come to Korea?’ ‘How did you know your child was different?’ ‘What did you do to diagnose your child and get treatment?’ ‘What difficulties or barriers have you faced in getting services for your child?’ These guides were developed and modified based upon a pilot study. Participants gave written informed consent but were not remunerated for their participation. The interviews took approximately 1 to 3 hours at mutually convenient and secure places (e.g. participants’ homes and researchers’ offices). Interviews with 12 participants were conducted in Korean, 3 participants were interviewed in English, and 1 interview was conducted in the participant’s own language through an interpreter. Since the first author had completed her doctoral work in the United States, linguistic fidelity was maintained. One participant spoke her own language and used an interpreter to participate in the study. This interpreter came from the same country as the participant and had been working as an interpreter in Korea for 5 years. The constant comparative data analysis approach was used to generate and refine themes (Erlandson et al., 1993). For ‘within-case comparisons’, all information and insights of each participant on given code categories were examined and themes were developed. ‘Between-case comparisons’ examined the differences and similarities between participants relating to all themes. The strategies for rigour were triangulation, peer debriefing, a methodological log and self-auditing for dependability, including an audit trail of data collection and data analysis (Padgett, 2016). Triangulation of data sources was supported by using multiple and different data sources. The individual interviews, field notes and the focus group with the consultant panels constituted interview-type data with people of various viewpoints. The disability researchers’ group assisted in peer debriefing. This group met during the data analysis process to help the researchers achieve a synthesis of meaning and discuss tentative findings. A methodology log was kept to record methodological considerations, decisions and justifications for the study. Periodic self-audits of research methods, tools and analysis were performed and shared with consultants. An organised audit trail facilitated a high-quality product for analysis and permitted researchers to trace ideas back to the original data to verify conclusions.

Table 1. Characteristics of immigrant mothers and disabled children.

Participants	Age	Country of origin	Length of stay in Korea (years)	No of disabled child	Type of disability
1	40	Philippines	12	1	Physical disabilities
2	39	Philippines	11	1	Intellectual disabilities
3	29	Vietnam	9	2	Intellectual disabilities Cerebral palsy
4	43	China	17	2	Hearing impairments
5	41	China	11	1	Autism
6	46	China	18	1	Autism
7	45	China	10	1	Intellectual disabilities
8	31	Uzbekistan	10	1	Cerebral palsy
9	39	Uzbekistan	10	1	Cerebral palsy
10	49	China	11	1	Intellectual disabilities
11	34	Philippines	5	1	Autism

12	45	Philippines	14	1	Intellectual disabilities
13	33	Vietnam	8	2	Autism
14	34	Vietnam	8	1	Cerebral palsy
15	46	Philippines	11	1	Physical disabilities
16	47	Japan	16	1	Intellectual disabilities

Findings

The impact of traditional patriarchal domination on motherhood

This study found that the cultural norm of a good mother was enforced on immigrant mothers. Eleven participants were responsible for all care of their disabled children. Participant 4 said, 'I have taken care of three kids and my parents-in-law by myself'. Participant 5 said, 'Everything was imposed on me ... I had to do everything by myself'.

These participants were struggling to adjust to life in Korea, yet their husbands rarely shared in childcare responsibilities. Because of either Confucian values or the husbands' physical unavailability, the expectation was that the wives would take on all caregiving responsibilities. As a result, participants reported high levels of stress, resentment and loneliness. For instance, Participant 5 described feeling like a single parent due to the unequal burden of childcare work:

It was pretty hard indeed. ... My husband didn't help me at all, and his idea of childcare was killing me. I had to do everything by myself, for example, obtaining Korean citizenship, receiving the disability evaluation for my kid, going through MRI scan. I was all alone. ... I reared my child as if I was a single parent. ... I was so depressed that I almost took anti-depressant pills.

Direct psycho-emotional ableism in family and public space

Four participants received ill treatment and/or insults from their husbands' families as a result of having given birth to a disabled child. In Participant 13's case, marital conflict over the raising of her disabled children led to a divorce, forcing her to stay at a shelter for abused wives along with her two autistic children:

I had to divorce due to my mother-in-law and sister-in-law. I held back as much as I could due to my children. But I lost my patience and decided to divorce.

Such significant negative attitudes were especially noticeable in rural areas, where mothers of disabled children were more likely to face discrimination and less likely to receive familial support while raising their children. Participant 14 lived in a rural area where a strong patriarchal tradition remained ingrained. She felt that her mother-in-law severely blamed her:

My mother-in-law said to my husband, 'Why did you bring home a woman like her? Why is my grandchild disabled? We all have a hard time because of her'. I cry very often. My mother-in-law's words hurt me.

In contrast, four participants had received active support from their extended family members during the birth and subsequent nurturing of their disabled children.

In some cases, parents-in-law continued to live with the participants under one roof so they could help with the household chores. Husbands of two participants helped take their disabled children to school, helped with their rehabilitation and helped the mother with translation. The husband of Participant 11 was more actively involved in bringing up their disabled children and searching for necessary disability-related information. These families were very supportive in the project of raising a disabled child.

Participants were often stigmatised not only as mothers of disabled children but also as immigrants. They experienced discrimination in public places, and six mothers believed that, even if they acquired Korean citizenship and changed their names, they would be associated with their country of origin.

I look exactly like a Korean, so when people start a conversation with me, they would soon become somewhat strange in their manners and then wouldn't talk to me any longer.
(Participant 12)

Six participants felt that Korean people lacked understanding regarding disabled children and thus had little concern for them. They were especially discouraged when parents of non-disabled children displayed disparaging looks and negative behaviours, such as not letting their own children approach disabled children. For instance, Participant 8 said that her daughter's mobility impairment led her to 'walk awkwardly' and recounted an experience relating to a visit to the market. Her daughter brought with her a beautiful doll, which attracted the curiosity of a child who wanted to approach her child to see her doll, but the mother of the inquisitive child stopped her and would not let her approach the participant's daughter.

Some of the participants' disabled children did not adjust well to their schools and ultimately chose to transfer to special education schools. This demonstrates that both racial discrimination and disability discrimination existed at these schools. Eight said that they had experienced discrimination from teachers and other parents at their children's schools. For instance, Participant 6 said,

There is nap time for all kids in the kindergarten. My daughter didn't sleep. Teachers put her in a room and did not look after her during nap time. ... If my child was Korean, would they have treated her like that? I was really sad ... but I couldn't argue with the teacher about their unfair treatment, because of my child.

Immigrant mothers and their disabled children were marginalised and not offered proper support by teachers and other mothers. As a result, the school often felt like an unsurmountable obstacle to participants.

Cultural diversity is reflected in the raising of a disabled child

This study found that the attitudes of the mothers towards disability and motherhood were closely related to those within their own cultures. For example, the participants from China, Uzbekistan and Japan thought that the cause of their child's disability was unknown and, thus, that there was no fault or blame attributable to the mother. For instance, Participant 16 from Japan said,

I hope mothers do not feel ashamed, ... I think having a child with disabilities is not the fault of

the mom.

This attitude and understanding made it easier for these participants to accept their children's disabilities and to promote their children's independence. Therefore, they used various resources and shared their experiences with their friends, who were also mothers, back in their countries of origin. Moreover, they believed that good mothers who are healthy both physically and mentally can properly bring up their children, so they tried to set aside time for themselves. However, participants from Vietnam and the Philippines believed that the birth of a disabled child was their own fault and experienced psychological difficulties even at home. For instance, Participant 3 from a rural area of Vietnam believed disability to be a punishment for the sins of an ancestor and potentially contagious:

I was often told that in a previous life my grandfather had committed a serious crime and that my child is now compensating for it. I lived in a small farming village, and people had little understanding of disabilities. I didn't let him go out often, and he was left at home all the time and was not properly treated. People didn't want to come near my child. If there's a disabled person in a family, the neighbours stay away from them altogether. My neighbours said, 'There's something wrong with that house, so steer clear'. They also worried that their babies might be infected.

This negative view of disability had a practical impact on this Vietnamese women living in Korea, and she in turn projected that view onto compatriot women who had disabled children, thus compounding the difficulties experienced. In this case, Vietnamese mothers of disabled children experienced prejudices not only from Korean people but also from other Vietnamese women:

I was once at a restroom, and two of my Vietnamese friends were washing their hands, unaware that I was there. Then they said, 'Her child's disabled. It'd be shameful to carry a child like him on my back. I wouldn't leave home if I were her'. (Participant 14)

Imposed mothering as an exclusive caregiver in Korean culture

As shown above, the expectation for women with dependent children was that they should fulfil their roles by complying with their given duties as mothers. In fact, all participants in this study described themselves as having a duty to find appropriate early intervention, special education and medical treatments, and provide these things for their disabled children:

I must fully support my child to get medical treatment and therapies. (Participant 2)

As a result, all participants actively looked for information on special early medical interventions and education, seeking the best practitioners for their disabled children. For instance, Participant 10 sought treatment from physiotherapists to relax the muscles of her 1-month-old child. The therapist initially refused to provide any treatment, as her child was still in early infancy. However, she persevered visiting the physiotherapist three times every week over a course of 3 years to request treatment, because providing therapies for her child was her top priority in life.

Participants believed that they, as mothers, should focus all their time, all their financial resources and their entire selves on responding to their children's needs and ascertaining the best ways to meet their child's needs. Six participants were recipients of the Basic Livelihood Security Programme that was given to households below the poverty line. During the day, they took their children to hospital appointments or special intervention centres to get medical treatment or educational support, combining this with part-time employment at night. But this lifestyle was a significant factor which contributed to the deterioration of immigrant mothers' well-being:

Life's gotten harder. It's been like raising three or four children, not just one. I have to take my child to get speech and other therapies during the day. So I work a lot at night to make money. It seems like too much work in a short period of time has done great harm to my body. (Participant 7)

Immigrant mothers coped with this hardship by accepting it as an extension of their mothering responsibility. Their definition of mothering incorporated their own sacrifice for their disabled children and family. As a result, this study found that the belief in the importance of being a good mother continues to be the dominant cultural framework affecting immigrant mothers' behaviour. It was apparent that cultural expectations associated with the value of being a good mother deeply affected the lives of these immigrant mothers, regardless of their ethnic and cultural differences.

Barriers to becoming a good mother

All participants in this study had become pregnant soon after they had come to Korea as a result of their arranged marriages. All of them were learning Korean as a second language upon their immigration, so it was difficult for them to understand what doctors told them during their pregnancies, and they were unable to express their opinions properly. Interestingly, Participant 2 believed that her child had become disabled due to her own lack of Korean language skills combined with mistakes made by doctors:

Because I don't know about Korean culture very well and I'm poor at speaking Korean, when I went to see a doctor in the early stage of my pregnancy, the doctor did an internal examination to see if I had inflammation and then gave me an injection. So I just assumed that in Korea, doctors perform internal examinations and even give injections to pregnant women.

After their children were born, all participants went to hospital to address their children's disabilities but could not fully understand treatment procedures. Language barriers also made it difficult for them to learn about their children's disabilities. For instance, Participant 11 suspected that medical malpractice may have caused her child's disability:

My kid's condition got worse, but the doctor repeatedly said my child was fine. And then the private clinic called 119 [emergency call] for an ambulance and transferred my child and the doctor to a university hospital. A doctor in charge of the emergency room asked this doctor, the one from the private hospital, what had happened and how it had gotten to this point. But the doctor from the private hospital replied that he couldn't figure out what I was saying ...

Language barriers made it difficult for participants to understand their children's disabilities in detail and created complications in their communications with health care professionals, which led to confusion and miscommunication between health care professionals and mothers and led health care professionals to overlook the mothers' concerns. Participants had little or no knowledge of disability prior to giving birth as they had not interacted with disabled children in their own countries. As a result, they often misunderstood disability as a disease from which the child could recover through proper medical treatment. For instance, Participant 8 said,

I didn't want my kid to stay too long in the hospital. I kept asking when and how quickly we could leave the hospital. Then, one afternoon, I met a doctor in a consulting room, and he told me that my child couldn't be cured in a day or two. The doctor explained to me that my kid had to work hard at rehabilitation. And then I knew that this was different.

Moreover, the mothers had little information about the Korean education system and so were limited in the support they could offer. These limitations led them to feel guilty about being unable to help their children.

All participants received a variety of services (e.g. Korean language education, cooking classes or Korean culture classes) from multicultural centres, but this study found that there were no appropriate services tailored to the immigrant mothers of disabled children. The multicultural centres did not provide participants with any information specifically related to disability. Participant 6 did not have any information about disability support services in Korea, so she did not know what she had to do to get support services for her disabled child:

We have a hard time helping our [disabled] kids receive a decent education. You know, there are cultural differences as well, I suppose. I grew up in China, and everything's different. ... I have absolutely no idea how schools work. I had literally no information. I don't know what to do. ... Korean moms would know everything because they grew up here. ... What should we do? Indeed, there's nothing I can do.

Discussion

This study highlights the fact that values, behaviours and beliefs related to parenting a disabled child are strongly influenced by culture. Findings show that in Korea, immigrant mothers' devotion to nurturing their disabled children, promotion of their children's success and self-sacrifice in pursuing treatment for their children were considered indicators that they were 'good mothers'. Immigrant mothers of disabled children felt marginalised and experienced a sense of failure because Korean culture values children's successful achievement through their mothers' sacrifices. These findings align with the definition of a 'good mother' that is commonly accepted by Korean mothers under Confucian familism (Park and Cho, 1995). From a feminist perspective, however, this definition of a good mother has been criticised as part of a patriarchal ideology (Peskowitz, 2005). Hays (1998) argues that this type of mothering positions all women in the subject position of the all-caring, self-sacrificing ideal mother.

However, this study did not find any tension between the mothers' sense of their role and the socio-cultural expectations of mothering, even though the mothers had been raised in different cultural contexts from one another and from their host country.

Rather, some immigrant mothers in this study proactively participated in constructing their own lives with disabled children instead of becoming subjects of existing socio-cultural understandings of disability and immigration, as has often been found in previous research on the experiences of mother of disabled children (Skinner, 2011). The immigrant mothers in this study saw themselves as the most essential people in their disabled children's lives. In this sense, their positions as immigrant mothers of disabled children residing in Korea allowed them to construct a mothering identity similar to that demonstrated by Korean mothers of disabled children (Lee and Park, 2016). This study's claim that Korean Confucian familism had an impact on immigrant mothers is not an attempt to generalise its findings. Nevertheless, the narratives of immigrant mothers in this study were strikingly similar to common beliefs about being a good mother in Korea.

As for the intersectionality of culture, ethnicity and disability, this study found that the combination of immigration and disability – both unwelcome in Korean society – is associated with inter-sectional barriers that are more complex than those associated with just having a disabled child. The immigrant mothers in this study experienced discrimination that was different from the discrimination faced by Korean mothers: immigrant mothers experienced double discrimination, the combined effects of practices that discriminate on the basis of race and disability. However, this study found that stigma related to ethnicity and disability was of less importance to these immigrant mothers, while seeking appropriate support to help their disabled children live as 'ordinarily' as possible was crucial – a finding that is inconsistent with past research (Daudji et al., 2011; Maloni et al., 2010). As other research (Lee and Park, 2016; Park and Chung, 2015) has shown, these attitudes of the immigrant mothers need to be interpreted within the Korean cultural context. Korean parents feel a strong sense of responsibility for fostering their children's success through education (Kwon et al., 2010). In this context, Park and Chung (2015) show that Korean mothers of disabled children were unable to let go of the hope that their disabled children might someday become like typically developing children if they tried just a little harder. For the same reason, the immigrant mothers in this study sought out the best possible services for their children regardless of the severity and type of disability. This may stand in opposition to the social model of disability (Oliver, 1990). Rather than using the social model to criticise the immigrant mother's behaviour, this study argues that immigrant mothers should be viewed as active agents who evaluate situations and implement practical strategies to handle challenges in daily life and to ensure their disabled children's welfare. In accord with McLaughlin's (2006) findings, as good mothers, they did not ignore their children's impairments, but they had pragmatic and practical attitudes towards their children's development and modified their parenting strategies based on their understandings of their children's potential and what their children needed.

This study lays out several implications regarding the dynamics and the multifaceted nature of the daily experiences of immigrant families with disabled children. In accordance with the literature regarding the importance of social supports (Daudji et al., 2011), this study finds that these immigrant mothers of disabled children did not get sufficient information about treatment and education for their children due to language barriers and discrimination based on race and disability. Particularly in light of cultural differences in how disabilities and medical interventions are understood, current disability support services need additional strategies to provide appropriate

cultural services for immigrant families. To address this, inter-agency systems need to be established to forge close connections between multicultural family centres and welfare centres for disabled people. Frontline practitioners and organisations should revise their current policies and available support to ensure that workers have the knowledge and skills necessary to work with immigrant mothers and understand their situations and needs, as well as knowledge about how being a mother affects immigrant women. Issues faced by immigrant mothers should be addressed in routine social work practice and settings.

This study also found that diversity has yet to be accepted or respected by Koreans on an individual level. As Welterlin and LaRue (2007: 749) argue, limited understanding of cultural differences may further alienate immigrant families and their disabled children. Therefore, education programmes urgently need to be provided to create a multicultural sensibility throughout the population. Issues faced by immigrants have not been appropriately addressed in existing social work curricula in Korea, and anti-oppression and anti-racism practices have not drawn attention in social work education and practice. Social work education programmes in Korea need to be revised to ensure that they are adapted to Korea's changing demography. It is important to consider the limitations of this study. The mothers in this study represent the perspectives of a small portion of immigrant families who have disabled children. Due to the small sample size and the few countries represented in this study, replication with larger and more diverse immigrant groups is recommended.

Conclusion

The experiences of immigrant mothers of disabled children have not been adequately considered in research, policy and support services. The findings in this study indicate that immigrant mothers of disabled children face discrimination and prejudice associated with immigration and disability, as well as many socio-cultural barriers, but their identities as mothers were not different from the identities of Korean mothers.

However, it is important to understand that immigrant mothers are a heterogeneous group with diverse backgrounds and needs and that they may have different mothering styles and values. Therefore, more research is needed to understand how immigrant mothers' identities as mothers intersect with their cultural and racialised identities as they care for their disabled children, as well as how these intersections influence their disabled children.

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Note

1. The Support of Multicultural Families Act (2011) defines this term as families formed by the marriage of a Korean national and a legally residing migrant woman or migrant worker, consanguinity and adoption, and the families of naturalised citizens. However, the families of permanent residents and families formed by marriages between two non-Koreans are not included in the definition of multicultural family included in the Act.

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