

## Disability and Shame Special Issue Forum: Research Article

### The Intersections of Culture, Disability, and Shame: The Experiences of Emerging Adults with Developmental Disabilities and their Families in South Korea

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**Abstract:** Every cultural group has its cultural values and beliefs, which influence experiences of their citizens. This study analyzes how culture and shame affect the lives of emerging adults (ages 18–26) with developmental disabilities and their families in South Korea, especially during the transition from early childhood to emerging adulthood.

**Keywords:** Emerging Adulthood; Transition; Developmental Disabilities; South Korea

South Korea is centrally located in northeastern Asia with a total population of 51.5 million (Ministry of Health and Welfare, 2016). In the late 1800s and early 1900s, Korean education was first made available to children with disabilities (Jung, 2011; Kim, 2012; Kim, Rhee, & Kim, 2009). Special schooling began with children who had visual or hearing impairments. In the 1960s, schooling became available to children with other disabilities (Kim et al., 2009; Park, 2002). Christian missionaries from Western countries were pioneers in providing education to children with visual and hearing impairments (Park, 2002; Ryu, 2009). In 1946, Pastor Y. S. Rhee was the first Korean to establish a Special School while the government was solely focused on developing an education system for children without disabilities (Kim et al., 2009). From then on Pastor Rhee unceasingly advocated for the educational rights of students with disabilities in South Korea.

### Special Education in South Korea

The first legislation to support educational rights for children with disabilities, the Special Education Promotion Act (SEPA) of 1977, was enacted in South Korea 32 years after gaining independence from Japanese colonial rule and 24 years after the Korean War (Jung, 2007, 2011; Kim, 2012; Kim et al., 2009; Park, 2002; Ryu, 2009; Yoo & Palley, 2014). This Act promoted free education for children with disabilities during elementary and middle school, which was designated as compulsory for children with disabilities at a time when only elementary education was compulsory for children without disabilities (Jung, 2007; Park, 2002). The original 1977 SEPA was revised several times (for example, in 1987, 1990, 1994, 1997, 2000 and 2007), however, substantive revisions were undertaken in 1994 and 2007.

The 1994 SEPA revision mandated public school districts to provide individualized education plans (IEPs), that established inclusive opportunities and special education services for students with disabilities (Ryu, 2009). In addition, the 1994 SEPA revision played a

significant role in expanding compulsory education for students with disabilities. Compulsory education for students without disabilities was six years of elementary and three years of middle school. For students with disabilities it now included three years of pre-school/kindergarten education, six years of elementary school, three years of middle school, and three years of high school (Jung, 2007, 2011; Park, 2002; Ryu, 2009; Yoo & Palley, 2014).

According to the latest 2007 SEPA amendments, students with disabilities received special education services in various settings, such as inclusive education, self-contained education (special education classes at a public school), and segregated education (classes in special schools). The 1994 revision also made available other related services, such as therapy, speech therapy, vocational training, medical services, and additional necessary therapies, for students with disabilities (Park, 2002; Ryu, 2009; Yoo & Palley, 2014). In addition, an early childhood education program for children with disabilities under age three was made available for free, whereas previously parents had to cover the expenses on their own with occasional support from private organizations (Jung, 2011; Ryu, 2009). After three years of compulsory high school education, the two-year transition education program was also made available to eligible students cost free, however it was not made compulsory (Jung, 2011). The transition program often focused on vocational training that prepared newly completed high school students with disabilities for the next phase of their lives. These revisions also emphasized on increasing professional development opportunities for teachers and encouraged students to actively participate in decision-making processes in their education and future career planning.

### **Developmental Disabilities in South Korea**

Of a total population of 51.5 million in South Korea, approximately 2.5 million people (5 percent of the total population) were reported to have disabilities according to the December 2015 Registration Status for People with Disabilities (Ministry of Health and Welfare, 2016). Of the 2.5 million people with disabilities, 8 percent (210,859 people) were diagnosed as having developmental disabilities. Ninety percent of the population with developmental disabilities (189,752 people) were diagnosed with intellectual disability and 10 percent with autism spectrum disorders (21,103 people). Typically, these two disabilities, intellectual disability and autism spectrum disorder, are considered to be developmental disabilities in South Korea (Choi, Baek, & Yim, 2013).

Under the Welfare of Persons with Disabilities Act (2015), people with an intellectual disability must have significant impairments in cognitive skills which affect their daily lives including their social lives. Those with autism spectrum disorder have significant impairments in communication, social interaction, and/or behavior, which affect their daily lives and social lives, both of which require the support of others. In addition, people with disabilities are often diagnosed as having disabilities of varying severity (Welfare of Persons with Disabilities Act, 2015).

Most disabilities are organized into six severity levels, level 1 is severe and level 6 is mild; however, developmental disabilities have three severity levels. Twenty-eight percent of 210,855 people with developmental disabilities experience severity level 1, 35% at level 2, and 37% at level 3 (Ministry of Health and Welfare, 2016). Developmental disabilities are considered to be severe impairments in cognitive function, communication, social interaction, and/or behavior that cause developmental delays and/or lack of abilities, which create further limitations in their lives (Choi et al., 2013). Thus, people with developmental disabilities are often perceived as those who would be unable to take care of themselves including managing an occupation and living independently as an adult.

### **Cultural Values and Beliefs of South Korea**

In Korean society, having a disability is associated with negative perceptions, such as shame, inferiority, and worthlessness (Cho, Singer, & Brenner, 2000; Kim & Kang, 2003). Negative perceptions of disability, quite possibly, cause many Korean parents to feel “shame, self-blame, sorrow, denial, and anger” (Cho et al., 2000, p. 241) towards their children with disabilities, especially when their children are first diagnosed. As such, when a child is diagnosed with disabilities, prevailing cultural and societal expectations contribute to Korean parents’ experiences with intense emotional crisis (Lee, 1999). These social perceptions are grounded in Confucian and collectivist values, which have influenced foundational values and beliefs in Korea including culture, traditions, and relationships within Korean society (Hyun, 2001; Kim, 1997; Lee, 1999; Min & Kim, 2012; Paik, 2001; Park & Cho, 1995).

According to Confucianism, society is organized into a hierarchical system with a “vertical structure of superiors and subordinates” (Hyun, 2001, p. 205). In this structure, superiors shared “wisdom, responsibility, and benevolence;” subordinates presented “obedience, loyalty, and respect;” and friends shared “trust and sincerity” (Hyun, 2001, p. 206). Confucianism stresses interpersonal relations between: “ruler and minister, parent and child, older and younger brothers, and husband and wife” (Hyun, 2001, p. 206), thus expecting different behaviors based on each person’s role. This Confucianism structure of society is a large part of the family systems. Thus, “being a loving parent, taking good care of offspring, being a dutiful child, and supporting siblings” (Park, 2012, pp. 2–3) are important values within Confucianism. Another important value that Confucianism emphasizes is collectivism, which places the group “above the individual and the latter’s life is bound to be group oriented” (Lee, 1999, p. 186). In addition, South Korea’s emphasis on collectivistic cultural values were more likely to “support interdependence (rather than independence), complying with social norms (by avoiding socially prohibited behavior), completing socially recognized role transitions (such as marriage), and the capacity for fulfilling family roles (such as providing financially for a family)” (Arnett, 2003, p. 64). Since Confucian and collectivistic cultural values are a large part of the family systems in Korean society; thus, nearly all Koreans place their family at the center of their lives. In other words, greater familism values, which is at a family-level of collectivism (Chun, Knight, & Youn, 2007), are present in Korean families.

Korean society evaluates people based on Confucian and collectivistic cultural values. In Korean society, “success in individual life was viewed as the highest honor for one’s family” (Lee, 1999, p. 189); therefore, people who have stronger familism values may make decisions that would benefit their family and increase the family’s happiness before their own (Chun et al., 2007; Hu & Palmer, 2012). In addition, parents are defined as good parents when their child reached society’s standard of success (Grinker, 2007). Thus, children’s actions were a reflection on their parents. If anyone violates any of these values, shame is imposed on them as well as on their family (Lee, 1999). Shame is perceived as collective shame. These Confucian and collectivistic cultural values create a face-saving culture (Lee, 1999; Paik, 2001; Park, 2012; You & McGraw, 2011), which is “a kind of a disguised mask characterized by social collectivity in our relationship with others” (Lee, 1999, p. 187). Under the face-saving culture, people are more concerned about perceptions of others; thus, formality and appearance are cornerstones when interacting with others in society.

In Korean society, one of the greatest shames is when the child lacks filial piety toward his or her parents (Lee, 1999; You & McGraw, 2011). Under Confucian and collectivist values, especially familism values, the duty of supporting a family member is a normative part of the family system but negatively perceived as an obligatory duty (Chun et al., 2007). This ideology seemed to influence the National Basic Livelihood Security Act (2012), which mandates that family members continuously and faithfully practice filial piety, as known as unconditional obligation and duty of children to their parents and elderly family members (You & McGraw, 2011), by positioning immediate family members to be family providers. Because of the obligation to support the family members, parents and/or other immediate family members of older children with disabilities are expected to care for their children (Lee, 2016). Thus, the responsibility of caring for family members with disabilities falls squarely on the rest of the family members instead of relying on the government’s service system to guarantee a subsistence level for people with disabilities. In addition, Korean children with disabilities are believed incapable of practicing filial duty, such as financially supporting elderly parents, since many people with disabilities experience difficulties getting and maintaining a well-paid job (Kim & Kang, 2003).

## The Study

According to Blumer’s (1969) three premises, people act according to the meanings they attached to things in their world. People’s meanings and perspectives are socially constructed and constantly changing as they are continually influenced by, and on others in specific contexts (Bogdan & Biklen, 2003; Charon, 1992; Taylor & Bogdan, 1998). The overall goal of this study was to understand how culture and shame affect the lives of emerging adults with developmental disabilities and their families in South Korea from one phase of life to the next: early childhood, childhood, adolescence, and emerging adulthood. Using an interpretive methodology grounded in the theoretical perspective of symbolic interactionism, the authors sought to gain a holistic understanding of the experiences of emerging adults with developmental disabilities and their families, including sociocultural contexts. Thus, the study was guided by the following questions:

1. How do family members, especially parents, describe their experiences as their son/daughter with developmental disabilities transition from one phase of life to the next?
2. How does culture and shame affect the lives of both emerging adults with developmental disabilities and their families?

## Methods

This study was part of a larger study on understanding the experiences of Korean emerging adults during their transition from emerging adulthood to adulthood (Chun, 2017). In this study, stories of two different South Korean groups of people were included: (1) emerging adults (ages 18–26) with developmental disabilities, and (2) parents of these emerging adults. The criteria for participation were Korean emerging adults (ages 18–26) with developmental disabilities and parents who had not lived outside of South Korea for extended periods, and those who lived in one of 85 cities (designated 77 urban and 8 metropolitan cities) of South Korea.

To be sensitive and appropriate to the high context culture of South Korea—which heavily emphasizes commitment, expectation, and mutual support as important characteristics in the relationships (Kim, Pan, & Park, 1998)—initial recruitments of participants began through social connections of local parent organizations' events. In addition, a snowball sampling approach was employed to recruit additional participants by asking participants to recommend other potential participants who met the above mentioned criteria of the study and who might be interested in participating (Creswell, 2008; Merriam, 2009; Patton, 2015; Schwandt, 2015; Taylor & Bogdan, 1998). Through this process, twelve parent participants agreed to participate; eight parents of emerging adults consented for their children to be observed in different contexts, such as social events and/or home. These eight emerging adults also gave their permission for observations. In addition, when parent participants were initially contacted for the study, they referred to themselves as a mother or father of their child, instead of using their name. They continuously referred to themselves in their parental role as mother or father, which they preferred to be called. Thus, in this study, each parent was referred to as the parent of their child's pseudonym (for example, WooJin's parent).

The most appropriate way to achieve the purpose of this study was to use interpretivist research which relies upon qualitative methods of: (a) semi-structured, in-depth interviews and (b) participant observations. As a primary method, semi-structured, in-depth interviews were conducted with parent participants. Through this method, rich and detailed data were gathered in a flexible, changeable, and informal manner (Merriam, 2009; Rubin & Rubin, 2012). All semi-structured, in-depth interviews and meetings were scheduled at times and locations that were convenient to, and selected by the participants. Each parent participated in one to three interviews with one of the authors who spoke Korean. Each interview lasted approximately two hours and was audio recorded.

In conjunction with the semi-structured, in-depth interviews, participant observation

was also incorporated into this study. This data helped “discover complexity in social settings by being there” (Rossman & Rallis, 2003, p. 194). As the emerging adults interacted with their families and others in their communities, they were observed in various contexts. Field notes were created for each observation by including what one “hears, sees, and thinks in the course of collecting and reflecting on the data” (Bogdan & Biklen, 2003, pp. 110–111). In other words, in-depth and detailed conversations, as well as, complete descriptions of each meeting were included (Geertz, 1973).

### **Data Analysis and Credibility**

As qualitative researchers, the authors used an interactive approach to remain flexible throughout the data analysis process (Maxwell, 2013). First data analysis began when the authors became immersed in the information (Rossman & Rallis, 2003). Then, they created analytic memos, reflections, and ideas that were included as data (Bogdan & Biklen, 2003; Creswell, 2008; Marshall & Rossman, 2006; Rossman & Rallis, 2003). The materials were organized and analyzed by each family group to focus on a particular group’s story in order to understand deeper meanings and perceptions of their experiences.

The initial coding process began with descriptive coding, capturing a summary of the basic topic of a passage, and with in-vivo coding, which contained direct statements that participants used (Saldaña, 2009). Through these coding processes the authors coded groups into common themes and summarized each category. Then, the authors looked across the data under each category and conducted a second cycle of coding across participant families. Since all collected data were coded together, the observation field notes complemented the interview data in the findings, which also helped to contextualize the data more broadly.

Since data were collected in multiple ways—namely through in-depth interviews, participant observations, and document analyses across multiple participants—trustworthiness and credibility were advanced (Creswell, 2008; Maxwell, 2013; Rossman & Rallis, 2003). The authors were able to triangulate information that was gathered through multiple methods and participants, which helped to enhance the quality of the interpretations and findings.

During the process of collecting data, one of the authors verified and confirmed with participants through on-going member checks in order to prevent any misrepresentation of what was shared during the data collection process (Maxwell, 2013). This strategy also identified any of the authors’ personal biases regarding what they shared (Maxwell, 2013). In addition, a Korean-American, who is bilingual and bicultural, reviewed and edited quotes to enhance to fluidity of the contents and contexts, and to ensure participants’ stories were appropriately and accurately captured in English.

## **Findings**

The 12 parents of emerging adults with developmental disabilities shared their experiences as their son/daughter with developmental disabilities transitioned from one phase of life to the next (early childhood, childhood, adolescence, and emerging adulthood) in South Korea. The findings presented how experiences of emerging adults and their parents were

affected by cultural values and beliefs of South Korea. The following section discusses four themes: societal standards, familial responsibility, mothers' roles, and parental emotional burden.

### **Societal Standards**

The parent participants felt ashamed when their children engaged in socially unacceptable behaviors, which were not meeting societal standards and caused an inconvenience for others. When the emerging adults demonstrated some forms of socially unacceptable behaviors, service providers contacted the parents to pick-up their children in the middle of a school or program day. The calls from service providers caused the parents to feel sorry and ashamed for their children's disruptions in the class, so the parents ended up being compliant to service providers' request, though they may not have agreed with it.

WooYoung's parent shared that "WooYoung's teacher did not want him to be in the class due to his behavior so I had to pick him up after two to three hours of attending school." The parents of JooHo said:

JooHo had a crying behavior. . . . If he lost a pencil at school, he would cry until he found that same pencil he lost. . . . Peers also bullied him in school. So every time JooHo had an incident, the school contacted me to pick him up from school.

Similarly, WooJin's parent shared:

One day, I got a call [from the service provider] 15 minutes after I dropped WooJin off at the program at a community rehabilitation center. She asked me to pick him up as WooJin's vocal stimming behavior was interrupting the class . . . when he was supposed to be quietly watching the instructional video.

WooJin's parent shared another incident with one of the female teachers at WooJin's high school:

When WooJin sees [one of the female teachers], he gets very excited and does not know what to do. He does not express himself that way with others, just that teacher. . . . He never touched the teacher, but he walked very close to her. His behavior escalates in warmer months since the teacher wears a short tight skirt with a deep scoop or V-neck top. He engages in the behavior less during colder months when clothes are not as revealing.

WooJin's other teachers in the school were also aware that he responds differently to the female teacher's outfits. However, the school did not suggest to her to consider wearing different attire during work hours. Instead, "the school calls me to pick him up or asks me to address it at home, whenever WooJin shows [socially unacceptable behaviors] at school," WooJin's parent shared. WooJin's mother felt very stressed about his obsessive behavior with the female teacher, because it disturbed her.

When the parents received calls from service providers, the parents just apologized for

their children's behaviors and said they would address the behaviors despite not knowing how to properly help their children. The parents tried everything they knew to ameliorate their children's behaviors.

### **Familial Responsibility**

Under the strong familism values in South Korea, parents are solely responsible for their children with disabilities. For example, WooJin's parent shared incidents that WooJin had, in warmer months, with one of the female high school teachers who wears a tight short skirt with a deep scoop or V-neck top:

I needed to figure out ways to fix things. I needed to think about strategies to manage his behavior. It is my responsibility to support WooJin to reduce his behavioral outbursts so that he won't interrupt the class or group. . . . [For example,] WooJin always looked for and approached one of the female teachers that he liked. Although the way he expresses his emotions is not appropriate, the school does not try to teach him more appropriate ways. I had to come up with an alternative strategy, such as shaking the female teacher's hand.

Additionally, when there are incidents involving emerging adults and other peers, parents of emerging adults often decided they needed to settle the situation by offering a small monetary compensation to the other parents in the school disciplinary committee meeting.

In school disciplinary committee meetings, school personnel acted as mediators between the parents and school personnel, and in some cases, the school also provided support to the students. The parents of YeEun, SungSoo, and MinSoo shared their children's stories as follows. When YeEun was in her senior year in high school:

One of the classmates who also had severe developmental disabilities was touching YeEun's breasts. YeEun began to develop behavior such as refusing to go into the classroom if that student was there or cutting her hair, and taking her clothes off in the restroom. Since the student who harassed YeEun was also a friend and had severe developmental disabilities, I could not follow the policy and seek punishment for the student. When incidences are evoked by a student's behavior, usually the parents of victims and parents of the assaulters would need to settle the case between themselves.

In order to receive any support from the school district, parents needed to report the incident to the school disciplinary committee. YeEun's parent continued, "the school would serve as the mediator for the case. I did not report YeEun's incident to the school disciplinary committee. However, the school offered to provide YeEun with eight counseling sessions."

SungSoo's peers, in the general education classes, bullied him so he had outbursts of indignation, which created a lot of problems during middle and high school. SungSoo engaged in behaviors (for example, screaming, spitting) when he was isolated, or if there were environmental changes. SungSoo's parent explained that, unfortunately:

The school did not address the core of the issue that triggered SungSoo's behavior, nor



did they offer any intervention or support to address such behavior. The school wanted the parents of his peers and I to resolve the incident. I ended up apologizing for SungSoo's behavior and offering monetary compensation to them as a result.

Lastly, when MinSoo experienced a violent assault from three peers during her junior year in high school, MinSoo's parent shared that:

The school relied on the statements of the peers [from the general education class] and did not trust MinSoo's statement. . . . Since the peers harassed a student with disabilities, I could have requested the school expel the peers at the disciplinary committee meeting. However, I am also in a position of raising children so I could not request those children to be expelled. The peers' parents apologized so it was not easy to push for [the peers] to be expelled. . . . The school was willing to pay for the medical bills for treating wounds caused by the incident, but the amount was not that much, so I did not request a reimbursement.

MinSoo's parent went on to explain that because of the trauma that MinSoo experienced from the incident, his parent decided to arrange for counseling therapy. It was the parents' responsibility to arrange resources for MinSoo's therapy sessions. MinSoo's parent said:

Luckily, I knew a counselor, who generously charged only [\$10] an hour for the first couple of months, then [\$35/hr], which was still a discounted rate. Although it was a low rate compared to the standard rate, it was still burdensome to pay [\$35] each week, so MinSoo started attending biweekly sessions . . . MinSoo received counseling for a year and a half, but he could not be freed from the trauma. MinSoo faced limitations with counseling because of his limitations expressing his emotions verbally. . . . In the end, MinSoo continued to suffer from the incident. I did not know that he would have such a hard time being freed from those memories.

As illustrated above, it was mostly the parents who were responsible for addressing any implications of their children's behaviors.

### **Mothers' Roles**

The emerging adult participants with developmental disabilities in this study were born between 1990 and 1998. Eleven of 12 participants' fathers functioned as family breadwinners and provided for the material needs of the family. It was their mothers' jobs to take care of them and manage household-related duties. The parent participants, especially mothers, were solely responsible for finding and supporting the needs of the children.

Before the government-built infrastructures for citizens with disabilities, parents frequently had to move in order to find even minimal services. Interventions (such as speech therapy, physical therapy, occupational therapy, applied behavior analysis therapy, music therapy, academic enrichment tutoring, and play therapy) were expensive, the parents paid out-of-pocket for the supports they hoped would increase their children's development, and eventually ameliorate their child's developmental delays over time by providing intervention

from an early age. One parent later realized that intensive intervention schedules during early childhood were not the key to improving developmental delays in all emerging adults.

WooJin's parent shared that:

In 6<sup>th</sup> grade, WooJin refused to participate in any of the therapy programs [for about a year] . . . looking back, I was not aware of my child's stress from following such an intensive intervention schedule. Since then, WooJin only [agreed to] attend one program per day.

The emerging adults whose parents ensured various interventions and programs during early childhood also had fuller adult schedules. The parents believed that if emerging adults just stayed at home all the time, they would not use time wisely and would feel depressed and lazy, which would not be beneficial for their future development and progress. MinHo's parent believed that "it was necessary and beneficial [for MinHo] to follow and complete an organized and consistent schedule." The parents believed that the children's future depended on how the mothers could organize and plan for their children by using all possible resources they could locate—within the limited options—for emerging adult children with developmental disabilities.

### **Parental Emotional Burden**

Just as the parents searched for various interventions and programs when their children were young, during the transition from schooling to adult life, the parents once again had to search and plan for their children's future by themselves. The parents, especially the mothers, seemed to bear all the responsibility for the quality of their children's life. Eleven participants shared that most of the time fathers did not oppose the mothers' decisions and choices for their children and left decisions regarding the welfare of their children to the mothers. This role led the mothers to be solely responsible for the emotional load of caring for children.

Since the mothers were the main caretakers for the emerging adult, they made the majority of decisions for them. And although the mothers made decisions for the children, the mothers shared the decisions and choices that they planned for their children with their husbands. After seeking and providing various interventions and programs to the emerging adults, when the strategies were not helping them, it was very hard for the parents, especially the mothers, to deal with feelings of helplessness.

## **Discussion**

Social perceptions that are grounded in Confucian and collectivist values (Cho et al., 2000; Hyun, 2001; Kim, 1997; Kim & Kang, 2003; Lee, 1999; Min & Kim, 2012; Paik, 2001; Park, 2012; Park & Cho, 1995; You & McGraw, 2011) influenced the experiences of the families as their children with developmental disabilities transitioned across the lifespan from early childhood to emerging adulthood. While the emerging adult participants were growing up in the 1990s, their parents believed that if their children received various intervention programs (such as speech therapy, physical therapy, occupational therapy, Applied Behavior Analysis therapy, music therapy, academic enrichment tutoring, and play therapy) as early as

possible, they would become *normal* like children without disabilities.

During early childhood, there were very few government-supported programs and support services available to these emerging adults and their parents. There were either no services available to these families or very limited supports in place. Parents had to advocate for their children in their search for support instead of waiting for the government to provide it. Consequently, parents were solely responsible for discovering support services that would potentially address their children's needs. In other words, parents continually explored and planned for their children's future on their own throughout their developmental stages, with limited support from service providers.

In addition, due to strong familism values in South Korea, parents and other family members are obligated to support their family member with disabilities, which reinforces the notion of disability as both an individual and family issue or burden. This ideology seemed to be embraced because of the strong familism values, influenced by Confucianism, that dominated Korean society and led to the legal conclusion that the family was the obligatory provider under the National Basic Livelihood Security Act (2012). This belief frequently caused hardships and distress for parents of emerging adults with developmental disabilities, and even affected the relationships between parents and service providers. For example, due to the cultural values and beliefs of South Korea, especially the strong familism values, when the parents receive calls from service providers, the parents tended to apologize and carry the weight of shame. This often caused them to remove their children from the situation to minimize inconvenience for others, and possibly, their own feelings and experiences of shame. The parents also informed service providers that they would address the behaviors, despite not knowing how to help their children.

In this study, consistent with other studies (Cho et al., 2000; Kim & Kang, 2003; Lee, 1999), the parents who had strong Confucian and collectivist cultural values, felt ashamed by their children's behaviors that caused any inconvenience for others. The parents continued to search for ways to help their children, trying various strategies to help them improve their behavior, as well as, ways to reduce and release the emerging adults' stress, frustration, and/or anxiety. The parents tried various interventions they believed that could help their children reduce and release stress, so that it could potentially increase their children's socially adaptable behaviors. Additionally, the parents, especially mothers, believed that the quality of their children's adult lives was based on how wisely the mother was able to organize and plan for her children.

The South Korean government and policy makers should support pre- and in-service professional development training programs for service providers to develop the necessary skills to effectively support emerging adults and their families during transition to adult life. In South Korea, training programs could enhance service providers' skills in planning goals that would meet the desired outcomes for the next phase of life for the emerging adults; and provide services that better support them to meet their life goals. It is important to remember that having a greater awareness of the cultural values and beliefs of the emerging adults and

their families can help service providers gain a more comprehensive understanding of the emerging adults and their families, which would then lead to a more beneficial transition to the next phase of life.

Furthermore, service providers should increase their awareness of, and sensitivity to the values and beliefs of families by understanding the process of how emerging adults with developmental disabilities and their families develop meanings during transition from school to adult life, in other words, from familiar to unfamiliar contexts. Gaining these understandings could enhance the quality of the relationships between service providers and families, which could potentially contribute to both service providers and families having a better understanding of transition expectations, and reduce concerns and stress for parents and families. The authors also encourage service providers to support advocacy and cultural change (Condeluci, 2008), which should be focused on aid and assistance that will result in differences in communities and society. Although, “awareness and attitude shift[s] occur slowly and tediously” (Condeluci, 2008, p. 91), through persevering actions that increase awareness of disability in society would help people with disabilities to have better transition experiences that could result in emerging adults' and their family's quality of life.

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