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The life experiences of therapists who are mothers to children with developmental disability.

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3. RESULTS

This section will discuss the results obtained from the data collection. The results are presented according to the four roles which participants were deemed to fulfil. In addition, all results are displayed thematically and are a combination of images, transcriptions from the interviews as well as field notes as observed by the researcher.
A summary of the emergent themes and sub-themes according to the raw data have been tabulated and inserted into the appendix.

Throughout the study, an outstanding feature of the findings was the significant overlap of roles. Although each role was defined by core features, there was a seamless flow of characteristics from one to the other. Despite the close connection of roles, the imagery task revealed that the participants had ordered the roles that they occupy according to priority. This was evident from the manner in which participants unwittingly clustered more images around a role that was significant to them. Emerging themes, verbal and non-verbal body language as well as emotive words that emerged during the interview supported this finding. More importantly, it allowed the researcher to gain insight into how participants had conceptualised their own identities.

3.1. THE MOTHER AS A CAREGIVER

This role revealed that all the participants considered mothering to be the most significant role in their lives. The themes suggested that the participants viewed this role from three perspectives. The first perspective was an almost automated reaction to the term “mother” which was apparent from images of traditional obligations such as cooking, cleaning and nursing. The second perspective reflected greater depth in conceptualising the role of a mother. Here participants defined the role as mother as a nurturer whose aim is to facilitate psychological, mental and emotional growth. Participants also considered the effect of nurturing on themselves. Thirdly, participants examined the support structures which facilitated their role as mothers.

[Table 3.1 in the appendix lists the findings of participants' perspectives on their role as mothers and is marked annexure "K"]

3.1.1. The theme of being a nurturer

By far, all participants emphasised that nurturing equated to mothering which led to great discussion around this topic. Being a nurturer was a strong theme which emerged.

3.1.1.1 Fulfilling basic needs

Most mothers had images of food, medication and health. For example, Sapphire had a picture of a red cross which symbolised medical care while Amethyst had a picture of plates of steaming home cooked meals. Here the mothers were establishing the traditional obligations which they fulfilled. Image of food also represented the act of feeding or physically nurturing growth, which was integral to the role as mother. Apart from specifying the traditional role of a mother, it was also used to indicate authority and position of power within the family nucleus. Tanzanite used the image of a pot boiling away on a stove with the mother in the background. She explained the image saying,

"Even though I have help, (domestic worker) I do the cooking and feed my child; it's part of my role".

Images of fruit and vegetables were common which symbolised monitoring nutritional intake and health of the family. The importance of family health was also displayed by vitamin tablets. Amethyst had a picture of a longitudinal section of the respiratory tract which was a concrete depiction on nursing family members back to good health.

"…knowing when they are going to get sick, that's where the mothering instinct comes in…listen to the mothering instinct, its part of being a professional".

Here we see participants conveying that to be a mother is to ensure optimal physical health and well-being of the family, especially her children. Also, at this early stage it is evident that rudimentary mothering behaviour shapes the participant's professional outlook.

To return to family responsibilities, participants maintained that domestic duties were part of motherhood. This was implied by pictures of a home and garden setting, dog food as well as grocery store logos.

"I like to be creative, it's a hobby…a way of unwinding and distressing…I feel like I'm the artist and home is my canvas. My decision making is the colour which creates the final picture"

Efficient execution of domestic responsibilities no doubt requires structure and time management, which were depicted by a clock. Tanzanite stressed the importance of routine and structure in order to adhere to her responsibilities as a mother.

"Everything is done according to time, even feeding the baby – actually he's like a watch himself!" Routine is my working schedule".

In essence the role of the mother is to take care of her family. The core concepts are cooking, feeding, ensuring a clean, tidy and organised environment in a structured, time orientated fashion.

3.1.1.2. Facilitating emotional growth and development of talents/skills

Though the participants expressed that the traditional, domesticated role as a mother was significant there were greater issues that made up this role. For Crystal these motherly obligations were dismissed as *"just being part and parcel of living".*

The first image which indicated an extension of the traditional mothering role was a hand drawn image of woman driving a car with children sitting in the back seat. The participant explained that the image explained the amount of driving and general chores that she did in order to further her child's development.

"I know that he has potential. I don't want to regret it later on that I didn't do enough for him".

The image of the car symbolises the participant physically driving her son to all his extra-curricular activities. On a deeper level, she is also driven to see him improve the quality of his life and to take whatever action is necessary.

Another image was an excerpt from the book “Danny the Champion” by Roald Dahl which discusses how parents should not be ‘stodgy but SPARKY’. She was trying to explain the stance that she had adopted as a parent. The participant surrounded the word “SPARKY” with colour, glitter and qualities of a sparky parent. She said,

“*I like to have fun and for me it’s about being sparky….it’s my personality…I like to be bright, cheerful, fun loving and sunny.*

She felt that by her exhibiting such positive behaviour, it would make her child see her as a source of unconditional love, support, safety, happiness and also as someone who can ‘lift him’ when he is down and restore his confidence when need be. For her a positive approach to parenting was a method of survival both for herself as well as her child. She disclosed to the researcher that the effect of witnessing the impact of the developmental disability on her child was so severe that it caused her to suffer a “nervous breakdown”. Nevertheless, there is a constant theme of living life to the fullest that was radiated, which is also a coping mechanism in order to manage her stress levels. However, in relation to her role as a mother, what is apparent is the level of determination this mother shows in ensuring the well-being of her child.

As an image, Crystal used the word ‘kindness’ underlined in a passage which explained what this human quality meant. For her, this was a most important human attribute. It was integral to being human and did not require moral judgement or reasoning. Crystal felt that being a mother is to be kind, to oneself and to the child. Kindness embraces care, love and support. She also implied that it facilitates emotional growth of the child which is the most important part of child-rearing.
Another aspect of nurturing emotional growth was the degree of happiness that their children exhibited. Platinum said,

“The first week or so that she went to this new school and it was quite lovely and she had so many friends already….I can’t tell you how happy I was because I thought I made the right decision, I can see there’s light in the road”.

The child’s emotional state can be seen to have a profound impact on the mother. Also as in Platinum’s case, mothers are observed to constantly try to take decisions that are in their children’s best interests.

Ruby said,

"I had to find out what he needed to do next and I'd be encouraging in order to get him to do it…..so we had to keep changing the goalpost".

This was said in discussing the cognitive skills that her child was gradually acquiring. Her desire to enhance her child's abilities is evident as she took it upon herself to adapt daily routines and learnt behavioural patterns in order to enhance his learning potential.

From a different perspective importance of good interpersonal family relations appeared as an off-shoot from overall emotional and psychological stability that mothers nurtured. This was evident from Diamond, where she illustrated her family dynamics by means of a video cassette which recorded a family holiday. She used words such as warmth, love, support, laughter, fun and close bonds to describe the type of relationship she always attempted to instil amongst her children.

"It's so important that they (refers to her children) connect with each other, no matter how far away they are from each other. They always need to touch base with each other".

Adding to this, another participant said,

"It's a big thing in my life, particularly with Christmas, I always used to say 'Christmas is mine and you're all home, New Year's you can be where you want to'".

Again, this highlights the strong sense of family values and ties that mothers, as nurturers aspire towards. The impression gained is that emotional growth embodies the multi-directional influences that family members have on each other. The mother takes it upon herself to facilitate this interpersonal growth of the family nucleus while simultaneously nurturing emotional skills on an individual level as and when it is needed. The result is not only well-balanced family members but also a satisfied mother who feels accomplishment in her role.

3.1.1.3. The impact of nurturing on participants

It seems logical that the amount of time and energy that a mother invests in her family would inevitably leave its impression within the individual.

An exceptionally powerful image was that of a mother with children literally hanging off her while she wore an expression of suffering, exhaustion and burn-out. The participant commented,

"That's how I see my role with her also because I want her to get out of that protective little place and be her own person also".

The participant as a nurturer wanted to encourage self growth and independence as she felt that it was in her child's interests. However, her concern for her child achieving this was so great that it caused her stress and worry which was what the image symbolised. The participant implied that mothers tend to give so much of themselves that there is little energy left for them even to engage in basic grooming activities.

Apart from the emotional distress, there was also the physical effect which care-giving laid on the individual. An image of an analogue clock with the hour and minute hands depicted that being the primary care-giver is a full time occupation. Consequently, any care-giver would need support in order to alleviate the never-ending nature of mothering so that they are allowed time to themselves. Whether the support is physical such as bathing, feeding, changing, assisting with dropping or picking up the child, in the case of young children, or emotional such as advising, supporting them through friendships, being sensitive to maturational changes and emotions, as with adolescents, it allows the primary care-giver time to recuperate.

"She's so dependent on me and I feel… sometimes I can't handle it because it's only me, you know".

This highlights the frustration the participant feels in being the sole person that her child depends on. What was apparent from this participant is that if the necessary the support is not obtained, responsibilities are assumed to the point where it is viewed as a burden. The concern here is that mothers may still carry on with their responsibilities even when they feel that they cannot cope. The consequential mental and emotional strain may result in negative feelings towards their children.

Furthering the theme of mental and physical strain of care giving was the image of a person skipping. What this image literally represents is an individual who keeps on

skipping until she is tripped by the rope. This again symbolises the continuous flow of various responsibilities that a mother assumes. There is no boundary separating duties or assigning duties to another person. A mother takes it all on and only stops when she "trips". This suggests that motherhood is vast in terms of breadth, width and depth and also multi-dimensional which makes it hard for the individual to determine the intrinsic, psychological landmark at which they can go no further. There are also a myriad of factors which could cause them to 'trip'.

This idea is perpetuated by the image of the eyes at the back of the head. The participant explained the image,

"Not only is mothering around the clock and continuous in duties and obligations you also have to be aware of all things, all the time. Being a mother requires the impossible i.e. you have to do what you physically can't do".

The overall impression that was created is that participants experienced being a nurturer as a selfless act even in the face of intense frustration. It seems that the participants expressed that being a nurturer is a full time, twenty four hour job that has no boundaries and limits. They generally expressed that the personal capacity of a mother to give appears to be limitless though this is definitely not the case. The outcome could be physical and mental strain though this does not prevent mothers from carrying out responsibilities beyond capacity.

3.1.2. The theme of love

3.1.2.1. Motherly love which is natural and permanent

The theme had a strong presence and was evident amongst all the participants. A strong image which represented love was a heart-shaped stone which described motherly love. The stone was a metaphor for love that comes naturally while the shape of the stone represented love. The metaphor of love was further illustrated by the nature of the stone, which can withstand the harshness of the elements (fire, water, wind) and does not erode easily. Likewise, for this participant motherly love can withstand hardship and is permanent.

The durability of love was also depicted by an image of a smiling happy mother with her arm around a disgruntled child. What the participant was trying to convey was unwavering stability of affection towards her child despite his emotional state. This

participant was a mother to a child with autism and her display of affection was not reciprocated. Taking the child's disorder into account the image chosen is a powerful metaphor for limitless extent of motherly love.

"I chose this picture just to show affection, it is the joy of motherhood….but I do not feel completely like a mother because there is no joy or satisfaction…there is no reciprocal affection and showing affection from his part".

What was also apparent is the need for motherly love to be acknowledged by the child. Failure to receive positive reinforcement for the show of affection has a negative impact on the mother. Yet despite this, the participant expressed that as a mother she was still capable of loving her child despite the lack of reciprocity. The disorder that her child presents with has resulted in an emotional void in her life. She *"does not feel like a mother"* because she cannot interact with her child as she would like. As a result she feels that her expectations of motherhood have not been met. In this case, the participant concluded that being a mother meant that she had to be flexible to the dynamic process of interactions as it suits the needs of both her and her child.

Motherly love begins at a very early age as indicated in a picture of a mother cradling her newborn baby. The image reinforces the importance of reciprocal patterns of love, bonding and attachment behaviour.

Love is not always displayed in a positive way. During the interview, Amethyst said,

"Often I get so angry and frustrated and my husband will say 'why do you always shout the kids' and I say 'because I'm a mother'".

Her response suggests power, control and almost dictatorship qualities that form part of the mothering identity. The intensity of what a mother is required to give of her self is counterbalanced by these qualities, which the family has to accept.

Ruby described herself as a mother hen though she chose an eagle to convey the depth of her protectiveness towards her children.

"…I saw this lovely eagle and I thought that it's better suited because the eagle is slightly more aggressive that a hen and I thought 'that's me'. I would almost fight to protect them".

Here the instinctive nature of a mother is obvious. The parallel drawn with the animal kingdom depicts the primal yet characteristic feature of a mother which is to protect from harm.

The researcher gathered from participants that maternal love was motivating factor which provided them with the impetus to manage physical and mental stress. The depth of their love gave them the liberty to express negative emotions if it were in the children's interests.

3.1.2.2. Self sacrificial nature

Though this theme may appear similar to the impact of nurturing on the participants, it reflects conscious awareness the type of and level of care which they deemed suitable.

The most striking image displayed was of a woman whose arms were pulled in different directions and tied to the ground. Her appearance was dishevelled and unkempt. Her head was bent over so that her face was covered while her body posture was slouched over and generally very awkward. Her children were hanging off her arms and oblivious to their mother's emotional and physical state.

The participant used emotions such as despair, exhaustion, being burdened, resentful, feeling unsupported and frustrated. However, further probing revealed that she feels that the care-giving, dependency role that she has assumed as a mother has exceeded its time limit. In the early stages of motherhood, she assumed the responsibility of caring for and supporting her children as any mother would. During this time, it was acceptable for her children to be dependent on her as indicated by the image because her children were young. Presently she is at a stage in her life where her role as a mother should have evolved according to the needs of adult children. Her current perception indicates that she feels stuck in the role and that the cycle of motherhood has not progressed. Despite her high level of frustration, she still assumes the responsibilities of care-giving as if though she has a young child. The message from this image is that being a mother entails making personal sacrifices even though it may require the mother to give off more than she can manage. More importantly is the mother's compliance in the matter despite the repercussions it may have on her.

Diamond had a different perspective on mothering. She said,

"I really feel that mothering has been my priority. I guess I've always played a nurturing role. I've got that from my own parents and I've always been a nurturer, that's where I've got a lot of fulfilment from…..I've never seen it as a negative thing and I guess on some level it's tied up with the fact that I don't prioritise myself".

Here the joy in caring for her children is starkly apparent. The fact that she does not prioritise herself suggests that most of her time, energy and resources are directed towards her children. The self sacrificial nature that she displays is an inherent aspect of how she was brought up and subsequently imparts in her role as a mother. A point of interest is that her response exuded warmth, positivism and almost nostalgia. However background information indicated that the nature of her child's difficulties was very different to the needs of the previous participant's child. Not only was this relation to the manifestation of the different disorders, but also in terms of constant dependency and need on the mother. This could have had a significant impact on Diamond's perception.

However, the significance is that Diamond wanted to engage in this type of mothering because it was part of her evolved identity. Platinum was willing to make sacrifices for her child yet valued character traits such as independence and self-reliance. During the interview it was apparent that these were core principles that she wanted to impart to her child.

It seems that the level of personal sacrifices a mother makes is inherently related to the social and moral values which she aims to instil in her children. What emerges is that internal emotional conflicts within the mother may be due to personal expectations of what constitutes successful child rearing. As a result mothers may be seen to go to extreme measures in ensuring that her objectives are actualised.

3.1.2.3. Relationship with family members

Apart from love, for the participant, the family was analogously viewed as food for the soul. This is where participants found comfort, experienced growth and moulded their identities. All the participants spoke with fondness about their families. Clearly, their respective families were central to their lives. Themes of happiness, closeness, bonding and a sense of familial identity were evident.

The first image was that of the family picture encased within a gold locket. This represented how valuable and precious the participant's family was to her. Another image of a family portrait symbolised that the participant viewed herself as part of a larger social structure and she conceptualised her identity within this social context.

"I am what I am because of them. They are my world".

The family portraits also illustrated the type of relations that participants displayed. The body posture of family members, facial expression and poses that were adopted suggested warm, loving, open, trustworthy, reliable and comforting relations. The images of the happy faces and red hearts supported these themes. However, not all family relations were expressed positively.

"Mothers, used and abused… (Laughs)"

The participant said this with a degree of fondness and acceptance while hinting at defeat. What emerged from the interview is that relationships within the nucleus family, like all other relationships in life, do have a limit. Mothers being the key figures within the family tend to take on more responsibility compared to other family members, which is considered normal and therefore accepted by all including the mother. What may occur are distorted expectations of husband and children from the mother and perhaps too much complacency from family members. The overall result would be an overworked mother resulting in possible stressed and strained family relations.

3.1.3. The theme of support

The support that the participants received affected the coping strategies that mothers employed. Participants who had stable and multiple structures in place coped better with the demands of mothering.

3.1.3.1. Spouse

The most important form of support came from the participants' spouses. A participant said,

"I like to have fun but my husband is a real worrier, he tends to be negative and keeps trying to bring me down to earth"

Incidentally, the participant has suffered from a nervous breakdown and feels that she has to over-extend herself in assisting her child.

"I don't think that he (her husband) ever really accepted him (the child)".
Also it was apparent from the interview that she feels her husband does not understand the magnitude of the disorder in terms of the disabling and handicapping effect it has on their child.
Very often, she appeared frustrated by this which increased her anxiety levels which made her feel as though her husband's support was intermittent. As a result she felt forced to manage the difficulties she experiences as a parent on her own.

On the other hand, the image of the happy, smiling couple coupled as well as the statement "IT'S A JOINT VENTURE" symbolises the unity of parenting and sharing of responsibility. Both share the same emotions and feelings towards the child and are instrumental in care-giving. In this instance, their interpersonal relation allows them to share the same concerns for the child. The nature of the statement is almost blunt and to the point suggesting that joint parenting is almost non-negotiable.

Ruby was more optimistic than most mothers when her son was born, where she says she rattled keys in front of her baby when born and she saw a response. Her reaction to this was expressed as,

"Well if he is going to be an (names the developmental delay) then he's going to be a good one".

Her husband was extremely supportive and involved in caring for their children.

"…When (her child) was born, he (her husband) went and helped wash him and he just came back and he said 'This is going to be such a special baby'".

This may account for her positive, pro-active approach to caring for her child.

In addition a participant said,

"*My husband is my best friend and source of support".*

Apart from the emotional and physical support, husbands exerted a huge amount of influence on the participants. This influence is furthered by the image of sportswear which represented health and physical vitality.

What was significant was that these values were prioritised by the participant's husband and inadvertently had an effect on her.

"My husband is very into caring for his body and being fit and healthy. I have also started gyming and eating better…he's also helping me to stay on track".

In contrast a participant included an image of woman alone with two children to illustrate the effect of not having support of her spouse in raising her child with disability. The participant said,

"He spends more time with the other child because it's so much easier for him to relate to the child. Even when he does spend time with her (child with disability), it's very superficial, he'll never talk to her about her feelings, friends or experiences… yes he is busy but even when he does have time he's got all his hobbies again".

This not only indicates the lack of support that this mother feels but also her view on what constitutes fair division of time between the children as well as her expectations of support. She wants her husband to be actively involved in rearing the child instead of merely fulfilling duties which she considered to be the superficial aspects of caring for their child.

3.1.3.2. Family and friends

The support of friends or colleagues was another influential factor which affected the coping strategies of mothers. For three mothers in particular, the sadness of the initial shock was overcome by one highly significant moment. It is interesting that they all experienced this event. The birth of their respective children generated much melancholy from friends and family. During this dark period in their lives, they recall the impact of a colleague who congratulated them on the birth of their babies. Ruby said,

"A colleague came in and said "CONGRATULATIONS on having a baby" and I thought well thank you…..it was actually really nice to have that positive statement and I always remember that".

Amethyst said,

"I phoned a colleague who has a special interest in the disorder and told her about the baby. Her (the colleague's) response was "Hold on, is it a patient or is it your own baby? I said 'No, it's my baby' and she said "Congratulations" and that was huge".

Diamond said,
"I can never forget how supportive my colleague was. When I first phoned her for assistance, the first thing she did was congratulate us on the birth of our baby. It was incredible".

The words "I'll always remember that"; "that was huge" and "it was incredible" highlight the positive impact that the act of kindness had on participants. It also draws attention to the emotional vulnerability of mothers in the early post-natal period.

Family played a significant role in maintaining participants' emotional and mental states of calm. Interestingly, the participants who did not have family support are the ones who suffered from "nervous breakdowns" or are currently on anti-depressive medication. Tanzanite, who has a large family support structure in place, was one of the participants who appeared to be better adjusted. Though she does not live in close proximity to her family, she said,

"Even though I only see them on weekends, it makes such a difference just to talk to them without being judged. I can just be myself".

Amethyst had the support of her mother-in-law when her second son was born, which enabled her to cope better with the rest of her family and domestic duties. She acknowledges how much more responsibility she has to assume now that this support is no longer available.

Participants who had relatively small family support structures relied on domestic workers for assistance. Amethyst has discussed the significance of her domestic worker in helping her to shoulder her domestic responsibilities.

"She's been with us for more than 18 years. I've taught her how to cook and care for the kids, she even resuscitated (names the child) on one occasion"

Platinum said,

"We're looking for a full-time domestic who can be with her…we had somebody before and it was a great help"

None of the participants were in a situation whereby they had no assistance. Participants with little support structures hinted that they would have preferred a better system in place though they did establish their own social networks to assist them. However, these networks provided them with emotional support which they

needed. Mothers ultimately assumed the responsibility for the support that their children and husbands required.

The negative aspect to support was accepting it when it was not needed. The outcome of such a scenario proved traumatic for this participant and her husband. Diamond spoke of a colleague who in an effort to be supportive took it upon herself to explain their newborn baby's developmental delay to her husband.

"He was absolutely traumatised. I know that she wanted to explain and provide knowledge for him but it was very difficult for him… (Ponders colleague's reason)…but it was highly insensitive of her…and I had to do a lot of damage control".

What comes across is that professionals need to understand parents instead of assuming outcomes.

A subtle theme which emerged pointed out the limited contact that participants had with classmates. This seems to be either due to the nature of therapeutic work and also lack of established friendships.

"It's lonely to work on your own and I didn't keep contact with classmates so it's not like I have a professional camaraderie that I can fall back on".

"The nature of our work is very isolating unless you work for the state like a school or hospital. Also many of my colleagues are in very different situations from mine so I don't know how much help they'd be".

It appeared that participants were seeking social networks which they could relate to. For them, the idea of colleagues as friends seemed well suited as it meant that they possibly meet on the same wavelength.

3.1.3.3. Time out

Interestingly, there were only three participants who emphasised the importance of time to themselves, away from the mothering role.

The word ‘JUMP’ could be understood for exactly what it was. The participant said,

“To jump is to be jolly. Also, I love social events and I always ‘jump’ at the opportunity to be in charge. For me, it’s about the freedom to be impulsive and enjoy life”.

The image of a woman laughing represented freedom, youth and being carefree to the participant. Sapphire said,

“My ideal is to be free, like when I was younger without as many cares as I do now”.

Another participant used an image of a hot air balloon to represented being ‘ungrounded’. She was conveying that at times she liked to be impulsive and be spontaneous. This allowed her to break the monotony of her everyday routine which she felt kept her grounded. For this participant, riding in a hot air balloon was a treat that she was aspiring towards and also an opportunity to do something for herself.

“Although I’m a mom, I still like to be me and do things that I enjoy. That’s living life”

The overall impression gained was that being a mother has its responsibilities and joys. However, it is important that mothers do not forget to live their own lives even if it means doing things on their own. Time out allows them to cope with their families yet maintain their own identity. Interestingly, the participants saw their pre-mothering days as the lamppost of who they were and seem to hold on to this identity.

The role of a mother is seen to be highly complex. Not only is mothering multi-faceted on an individual level but also on a group or family level. Though mothering bears incredible mental and physical stress, most individuals take this in their stride and consider the positive emotional satisfaction to outweigh the negative aspects. Support structures, particularly husbands, played an important role in the manner in which mothers coped. Support in the form of domestic help was often the last resort yet always an option that could be utilised. People who supported the therapist mothers assisted with the physical care of the child in most instances. All the mothers were the key factor in the developmental care that the children received. Support structures also assisted by allowing the mother to have some time alone. This was important as mothers felt that they could recuperate from the home stresses with the peace of mind that their children were well taken care of. The

mothers who did not have the support structures that they needed were notably more stressed, irritated and frustrated. Mothers stated that they were the central figure in their families and that their mental and physical health was of utmost importance to the well being of their families. They attempted to deal with their stress levels by ensuring they were mentally and emotionally sound. To this end, they were pro-active in ensuring support where necessary and also tried to make time for themselves where possible.

3.2. THE MOTHER TO A CHILD WITH DEVELOPMENTAL DISABILITY.

This was by far the most strenuous and taxing role that mothers occupied. Participants were observed to have engaged in deep introspection. Initially participants spoke of their children. This entailed discussing the various disorders and how they went about trying to facilitate positive outcomes. Participants then discussed their emotional states which had been brought about the developmental disability. They also spoke of how their role as a mother had merged with their role as a professional. Again, support emerged as the predominant theme though it differed significantly from the support discussed previously.

[Table 3.2 in the appendix is titled participant's perspectives on the role as a mother to a child with developmental disability. It is marked as annexure "L"].

3.2.1. Vulnerability

3.2.1.1. Emotional reactions

There was unanimous agreement amongst all participants that being a mother to a child with developmental disability was emotionally stressful. In many cases this was overtly evident through images and words which participants used to convey the emotions that they felt. Sapphire's use of the heart with a crack down the centre conveyed sadness, grief and melancholy about the situation. In Amethyst's situation, her child's behaviour had a negative impact on her stress levels. She termed his behaviour "terrible two's" and said,

"He was moody and displayed aggressive tantrums from age two up until his early twenties".

Part of the imagery task included words such as depression and anger to describe feelings. In an attempt to explain her emotional state, a participant said,

"I started writing because I was going through so much pain".

Furthermore images of a woman with a dejected expression as well as an angry woman pulling her hair out elicited themes of despair, frustration, losing control and defeat. The message that the participants were trying to convey was the negative impact their children's developmental disability had on them.

"It's quite painful. Not headache painful but emotionally draining. I needed a picture of someone crying".

For some participants the images displaying negative moods were partly due to feeling helpless to stay on top of the situation. For example, Gold stated,

"There are often too many obstacles along the intervention route despite my best efforts to overcome these…I often have neither the time nor the additional help to take my son for sports and therapy …and it really upsets me at times".

This participant was aware that both extra-curricular activities were essential to his progress and felt frustrated that these activities could not be actualised. To a lesser extent, it suggests feelings of guilt at not being able to provide a comprehensive level of care for the child.

Frustration was a common emotion that was expressed in many ways. Feelings of helplessness often anchored frustration. Participants' re-acted to the developmental delay as mothers, especially in cases where the disorder was subtle or undiagnosed. Clearly participants experienced mixed feelings. They felt worry and concern regarding their child's development especially in the early developmental phase. Yet the positive behaviours that they observed in their children gave them a degree of hope that all may span out well. Amethyst explained the uncertainty that she felt,

"I always had a gut feeling that something was not right though other developmental milestones appeared to be age expected…I can now see that I hyper-focused on his child's splinter skills, I didn't want to see the developmental delay".

Vacillating between different emotions also caused uncertainty as to what measures needed to be implemented. Sub-consciously these mothers had been monitoring their children's progress as per their knowledge of early child development. An example would be whether it would be more feasible to have a developmental assessment conducted or rather to allow the child time to "catch-up". It is this

uncertainty of direction that impacted on their identity as a mother as well as identity as a professional. In some cases individuals felt helpless which in turn caused frustration.

"I was at my wits end. I knew something was wrong because I took him to lots of doctors yet I felt that I was being overly concerned and that perhaps it was nothing, she would just catch up".

Despite these difficulties participants always displayed resilience to negative emotions. Amethyst decided to be pro-active by turning to the medical profession for assistance in caring for her child. Crystal embraced her new role by remembering the positive qualities that her son displayed as well as how special he was to her. She used positive perceptions to guide her through her care-giving experience. In a way Crystal used an optimistic mindset to re-iterate her primary role as a mother while fencing off her professional abilities into the work domain.

Not all the emotions related to coping skills. The image of a mannequin projected feelings of insecurity and ambivalence. For some participants, being a mother to a child with developmental disability was their priority. The presence of the developmental delay drew upon their professional knowledge and the resulted in partial merging of the two identities. This was overwhelming as they either felt that they have the professional knowledge but could not act upon it or that the nature and quantity of information that they possessed was too much to bear.

"At times I find it all too much to deal with. I can't be objective, it's my child. Yet I wish I could be because maybe I could help him more".

The effect of this was 'blanking out' and feelings of inadequacy. Some mothers tried to cope by structuring the disorder as they understood it and seeking information/assistance from relevant medical professionals. Others stayed clear of the medical route and concentrated on being mother, letting medical professionals "do their job". Despite the boundary, professional knowledge did creep into the mothering role. Some of the participants were very open about this, Amethyst for example, when discussing the various treatment measures her son had received said,

"That's where my professional knowledge as mother came in".

In contrast, Diamond felt that she was always a mother, even when her child received therapy in her career. She kept a safe, professional distance from the other therapist and chose to interact as a mother. Ironically, Diamond reflected on this period in time from a professional point of view.

"We'd go for therapy (name of career) and I'd wait outside, he'd come back with some work to do at home and that was it. Though now that I think about it I wonder how effective therapy really was".

Pondering over the findings, it seems that professional knowledge is analogous to water, persistence with its presence, even into places where it is not wanted. Similarly professional knowledge is an identity that cannot be contained. It is part of who the participants are and impacts in all facets of life.

3.2.1.2. Grieving for the loss of a typically developing child

Developmental disability interferes with all spheres of normal living. Therapists who work to improve the lives of people with disability understand the impact of Disability only too well. Perhaps the most difficult aspect of being a mother to a child with developmental delay is the knowledge that the child is disadvantaged in life.

In terms of imagery this is conveyed very strongly by a words from a newspaper, cut and joined together to form the phrase "disability is forever". For the participant, the permanency of disability is established, for her as a parent as well as her child. It will not go away nor will it improve.

"I thought that's something with a child with disability….you have them forever…I found that significant".

The fact that her children are entering adulthood highlights the reality of her words. Despite that she has spent close to twenty years trying to facilitate positive outcomes she has accepted that she will be responsible for their physical well-being for the rest of her life.

The image of the long road lined by trees reinforces the permanency of Disability. In addition it was symbolic of the strength that she thought that she must possess in order to endure the journey. The trees and sunshine were positive reminders of support, progress and happy moments along life's journey. Despite harshness, this participant expressed that there is always optimism.

Ruby used the word 'AFTERSHOCK' to draw attention to her emotional state subsequent to the birth of her child with developmental disability. On a literal level her emotional state was one of shock, implying that it was an unexpected, unplanned, stressful, confusing and anxious experience. The liquor was symbolic of a distraction to ease her emotional grief. The image also provided insight into the intensity of the participant's grief. She said,

"You need something to revive you after the shock. I needed it…..after he was born, I decided to do something I always wanted, so I went out and had my ears pierced".

All of the emotional responses from the participants tied in with long term concerns. The worded image of "What does the future hold" is a nagging worry for any mother yet more so for mothers of special needs children.

"You're always thinking about your child's future, what will happen as he grows up and the outcomes such how will he be educated, will he get a job or have friends or even enjoy his life?"

"If there's a sad aspect to it, it's because he will never be totally independent…and it upsets him".

Most of the mothers expressed sadness in relation to where life would take their child. Knowing full well that their children would never be independent and that they may not always be there to take care of the child, mothers discussed long term plans for their child. Ruby used an image of a bird in a nest which symbolised that her child, no matter what age he reached, would never truly be able to leave the home. This was more out of concern for his general safety and well-being rather than lack of need to leave home. Platinum was concerned about her child's level of physical and emotional dependence on her,

"Well, basically I'm everything in her life and it scares me also because if something happens…I don't know what's going to happen to her".

As a result she was trying very hard to establish independence in her daughter. The dependency factor was both worrisome as well as frustrating for some of the mothers. It was frustrating in the sense that they had less time for themselves and their needs. Being the primary caregiver meant that they had to assume care-giving for as long as it was needed.

Amethyst spoke of how her son is an adult yet she is unable to leave him in somebody else's care, let alone his own.

"I wish my husband and I could go away for a weekend without the kids but it's impossible. There's no one who can provide that kind of care for them".

A participant recollected how happy she had been when her daughter made new friends at school. This was a turning point in her life as it implied social progress and independence which consequently meant that she would have more time to herself. Unfortunately this did not work out as expected and the participant was left feeling agitated and almost angry. She said,

"I need my independence…….You have to think of yourself because nobody else is going to do it for you. If you're not going to make yourself happy, then it's your own problem"

In Amethyst's case, she stated that she has never reached 'a stage of acceptance', implying that she is still in the grieving process. Throughout the interview, Amethyst discussed how she had to take the initiative to find out about her son's medical treatment, which may have been therapeutic for her. She felt very unsupported by the medical personnel who cared for her son.

Disability affects the individual and close family members. Most of the participants grieved because there is no reprieve from Disability: it is eternal. Most of the participants were concerned about their children's long term outcome. The effects of Disability warrant strong coping mechanisms which participants attempted to manage on their own accord. Disability is seen to be a tragedy with many participants having to experience a variety of emotions on the mourning and healing continuum.

3.2.1.3. Outside pressures

For three of the mothers, the stresses of rearing a child with disability extended into their respective social environments. Tanzanite spoke of *"keeping it all together without caving in or complaining"*.

'Complaining' and *'caving in'* suggests the extent of emotional pressure to which mothers of children with developmental delay are subjected. In addition to experiencing the pressure, the mothers had to contain their emotions, often without

prior resolution. This suggests that these mothers could be vulnerable to emotional build-up which could lead to worsened outcomes.

The mask image was a metaphor for covering up the participant's true identity. She used her professional image as a mask and she spoke of her fear in revealing her true identity in the event that her professional image was tarnished. Here the participant was afraid of being judged or pitied by others. Her professional image masked her vulnerability and also shielded her from perceived public pressure.

"Sometimes the more people know about your life, the worse it is for you because you become insecure, especially when you're working with their child".

One of the participants and her husband had prospered financially, and as a result of this, she had to endure a great amount of social pressure regarding the well-being of her child. She reported feeling stifled by elders in the community who suggested traditional methods of healing which she knew did not have any scientific bearing. By repudiating these methods, she was perceived as a 'Westerner'. In addition, she was told that she should use her skills to 'fix up' her child. From all the pressures that she faced, she found the last statement to be the most devastating as she questioned her ability as a mother and as a therapist.

"…I remember them saying 'Well you work with these things why don't you do something about it?"…and it was like a knife in my chest…"

A point of interest is some of these mothers come from community orientated societies where information about community members is usually freely available. The findings suggest the importance of maintaining professional identities in the face of personal difficulties.

From another perspective Ruby discussed the dilemma she faced when she met a woman that she became acquainted with during her pregnancy. When her son was born, her acquaintance enquired about her child and commented on *'what a perfect little baby'* he was.

Ruby said,

"I thought do I say yes or do I say no? And I thought right, you tell the truth right from the start and then you don't have to do any covering up".

For her this took a lot of courage particularly as she said,
"*It was difficult to go out and face people with the baby*".

The term "covering up" indicates the extent of the social pressure to conform to what is regarded normal. In addition, she recalls how tense she used to be about going to social gatherings with her child. Interestingly, it was her professional knowledge that supported her, as many of the family friends knew very little about the disorder which resulted in her having to explain it to them. Being able to educate people in this manner permitted her to take on a new role which had positive outcomes. Not only was she able to let go of her perceptions of outside opinion but also the associated stresses that it brought about. In relation to this, Ruby said,

"…and it was good for me to be available to talk about it and be able to explain to them what it was all about…I found it very helpful to talk to people".

In light of the emotional strain and stress that the participants have experienced, it is surprising that very few had received professional counselling services. In fact two mothers had received professional services but this was due to episodes of "nervous break-down" which required these services and are subsequently on anti-depressive medication. Another participant almost reached the point of "mental break-down" when her family physician insisted that she consult a psychiatrist regarding 'warning signs' that she displayed. She is also currently on anti-depressive medication.

Another participant, Platinum, for example, said,

"My friends have suggested that I see a psychologist but I don't know that they'll understand my situation".

It could be that emotional vulnerability is so high that potential misunderstandings could cause more harm than good. It is alarming that therapist mothers who are so vulnerable to psychological breakdown do not receive the necessary support. In many cases, participants felt that the stresses experienced were part of life. Very often participants demonstrated positive attitudes and pro-active stances in coping with their situations. Perhaps the level of familiarity with Disability caused them to be more tolerant to emotional repercussions. A large part of understanding the lack of professional services utilised could also be due to feeling that they should be able to

cope, being so immersed in the situation that they do not realise the level of support which they require. Very often they turn to friends, family or domestic support structures in order to alleviate the psychological strain. Except that very often support structures read as what they are: structures in place to help the participants cope with everyday stresses. Amethyst, Sapphire, Ruby, Platinum and Tanzanite commented on how beneficial it would have been to have had other fellow therapists in a support group. Platinum said,

"I think that a support group with professional mothers would have been a nice idea and everyone would have been on the same wavelength…that's what I find my friends don't understand".

Amethyst said,
"You have to increase awareness amongst therapists, especially students so that they could manage their clients in a compassionate and empathetic manner".

She emphasised the importance of 'real-life experience' in therapists' interactions with clients.

"The therapists who interact badly with families are those that don't have the personal knowledge and experience of the families".

Tanzanite pointed out that while a support group of professional mothers is a good idea there are many impeding factors along the way.

"I don't know if students and new therapists have the maturity to understand these issues".

For example, she questioned how would such a group be structured, and whom would it target. She felt that these issues were highly sensitive and required a mature outlook which students or new therapists may not have the clinical maturity to appreciate. Her concern was that devising a group for professional support may cause more harm than good. This is an important reason for therapist mothers steering clear of public or professional support.

Ruby felt that a support group consisting of professional mothers would have been highly beneficial not only in supporting each other but also collectively in supporting mothers in general.

"I think we would have all been a lot more practical about it and pro-active in doing something about it. What can we do – you know to try and help women and teach them".

Sapphire said,
"I think it's a very good idea for professional mothers to support each other. I think that I would not be comfortable with a professional who was not a mother being part of the group. They have to be able to relate to us and understand exactly where we're coming from"

Again, this illustrates the need to be supported by a professional who can see the situation as they see it. Perhaps this is a reason for the lack of professional services being sought. Participants look for professionals who mirror their identity i.e. professional and mother.

3.2.2. The theme of the adaptive mothering

3.2.2.1. Balancing the needs of different children

All the mothers in the study had more than one child. For many, the role as a mother needed to be adapted according to the impact of the Disability on the individual children.

Diamond represented her confusion and almost despairs at not being able to fulfil her mothering role through a card that her elder child had made for her prior to the birth of his new sibling. It was her toddler's expectations of her to still be 'mommy' when she wasn't always able to be, that was difficult for her.

"The hardest part was balancing a toddler's needs with those of a child with developmental disability, a child who needed a lot of time. In later years, he (elder son) spoke of feeling that we weren't there for him, despite our best efforts".

All mothers have to balance their children's individual needs though this is more difficult when one child has greater needs. This participant was also seen to carry feelings of guilt for her child's emotional state.

"We were really cognisant of what he (elder child without developmental disability) might be feeling and that was something that I found very difficult.

This highlights the additional familial pressure that mothers face. Caring for a child with developmental disability does not absolve the mother of everyday duties and responsibilities. It indicates the expectations of other children, who are equally significant to the mother. All this points to increased mental, physical and emotional strain that mothers have to shoulder.

Ruby said,

"People asked us 'What have you told your toddler about his brother?' and I said 'Nothing, just that he has a baby brother and at the moment he's the same as anybody's baby brother'….my elder son soon started realizing the difference between X (disorder) and non-X (non disorder) and he would go around labelling babies, which was quite normal for him".

Here what was most significant was her son's gradual understanding and acceptance of his brother's developmental disorder. She spoke of how her anxiety levels decreased as her son became more familiar with the disorder.

For the mother with the child presenting with autism, being a mother meant that she had to have two different style of mothering according to the needs of each of her children. She said,

"…it's about balancing the good and the stresses of motherhood as well as the two different styles of mothering….for example hugging, you wish you want to do it but you don't do it as often as with the little one".

Interestingly, for four mothers, subsequent to the birth of the child with developmental delay, they were forthright in stating that they found their next pregnancies to be highly stressful.

"The most difficult period in my life was the pregnancy after he (child with disorder) was born….I was just so worried that there will be something wrong".

This was furthered by the comment,

"Pregnancy was very stressful because of all the knowledge…you know what can go wrong".

Another participant said,

"During my pregnancy I thought 'well if it's going to be any disorder rather let it be the same disorder than something else. Rather something familiar because you know what to expect and you can cope with. God forbid something new, I don't know how I would have coped".

A fourth participant said,

"I asked lots of questions when I went for scans. I also went for the amnio and blood tests but of course that doesn't rule out everything. I just thought that it wouldn't be fair for my elder child to have two siblings who were disabled".

Here the mothers are seen to be emotionally vulnerable to the impact Disability. What was also evident was the impact of their professional knowledge which to some extent guided their actions. The following comment highlights this,

"When he was born, I had the paediatrician check him on the inside and the outside. He looked at me and said 'I know who you are, you're the therapist with the (names the disorder) child aren't you?' I said 'yes'. He said 'Your baby is fine, you don't have to worry'. So then I relaxed".

The role as a mother to a child with developmental disability required participants to demonstrate great flexibility and patience. This was evident in how they balanced the interests of each child. It appears that the emotional stability of each child was the focal point. There was a well founded fear that they may have another child with developmental delay. What concerned them the most was the impact of such a sibling on their children and to a lesser extent the manner in which they would cope. The influence of professional knowledge into their personal lives was also apparent.

3.2.3. The theme of support

3.2.3.1. Self

Support was mandatory as a mother to a child with developmental disability. The stress of coping as a mother to a child with developmental delay was overwhelming. The professional knowledge acted as a springboard which often increased anxiety and stress levels. Two mothers reportedly suffered nervous breakdowns and two separate mothers were currently on anti-depressive medication indicating the severity of the situation. What aggravates the situation is that no formal counselling measures were utilised. However, part of the resilience that mothers showed were largely based on pro-active internal coping mechanisms.

The image of brightly coloured pills literally represented the anti-depressant medication that the participant required. The colour and nature of the pills symbolised the effect it had on her mood.

"The drugs are very important to our family life, I cope so much better. It literally turns the lights on for all of us".

Mothers resorted to activities outside of the home in order to alleviate stress.

"The reason that you need to do extra-mural activities is to take your mind off things".

It seemed important that they have time to themselves. For example exercise meant that at the very least they had to physically remove themselves from a stressful environment. The activity encouraged a positive, happier state of consciousness.

"…you know when you go to the gym, you run and endorphins are produced in the brain which makes you feel good, and you need that kind of feeling".

It also encouraged the participant to redirect her thought patterns while promoting a sense of calm. The participant used a picture of a woman sitting in a yoga stance, cross legged with the back of the hands resting lightly on the knees. The thumb and index finger made light contact while the other fingers were outstretched. She said

"I chose this picture because it's so spiritual. It's a moment to meditate. For me it's taking the time to heal and pray to God to heal my child".

The image of the Nike logo was captioned with the words 'Just do it'.
"It's about being pro-active and taking charge of your own life".

The participant felt that only she could take charge of her life in order to make a positive change. She felt inspired by the image for this reason. Ironically, having a child with disability instilled a sense of impulsiveness. She discussed how she had suffered so much emotional wreckage that she felt she would be able to handle the consequences of impulsive decisions. Such decisions included liberating herself from full time care for her child in order to do things which she considered to be relaxing such as going away for the weekend, a sudden trip to the shopping mall or a movie with a friend.

In a way, the child with the developmental disability was a beacon of light to the mothers. Amethyst said,

"He's such a special child. He is my strength when I am down…when I see him, despite the disability; he is all that I wanted".

It should be noted that this is very different to accepting the developmental disability and coming to terms with the long term outcomes. Rather the participant was expressing her relationship and understanding of her child. It seemed that she realises that on some level, her expectations have been met. The participant also spoke from an altered perspective and almost new understanding of herself. In light

of this self-reflection, she felt that her child supported her though her own journey of self discovery.

To summarise this sub-theme, participants were seen to be highly resilient to internal stress. Many if not all were pro-active in lifestyle management. Participants appear to have followed their own pattern of managing their grief. Their healing was highly individualistic, bandaged around their personal experiences, supportive structures and needs of their children. For example a participant who suffered from a "nervous breakdown" had an exuberant attitude towards life, provided emotional support for her child and family beyond ability yet makes an abrupt breakaway for time to herself when it was needed. Another participant revealed that her grief was still raw despite having experienced the disability for over twenty years. Nevertheless, she spoke positively of her experiences. Overall, she appeared to cope sufficiently despite her ambivalent emotional state.

3.2.3.2. Support others

More than half the mothers had been part of support groups for children presenting with the specific developmental delay. They had joined these groups as mothers who required the support. Not surprising, participants were of the opinion that these groups did not benefit them in any way.
Ruby said,

"It was terribly depressing because everyone was there weeping and moaning….I used to find them socially very patronising.

Another participant said,

"At times, I felt undermined, not on the group's account, but because it seemed that I wasn't doing enough for my child in comparison to everybody else. On a strange level, there was a degree of competitiveness amongst the mothers….eventually I stopped attending".

In addition, a third participant said,

"When I came back, my husband would look at me and say 'you've been to one of those groups for mothers of the funny looking children, you always look so depressed'".

What participants found to be more beneficial was supporting the other mothers. By virtue of the participants' professional status, the group members often turned to them for support and advice regarding the management of their respective children. Diamond said,

"Very often, mothers wanted professional knowledge and I had to provide answers".

Ruby said,

"I was asked by the organisation to start up a group, which is also what helped me to get back into work".

Amethyst said,

"I've learnt that we have to take action and empower ourselves as parents…so I've done talks with parents and I get involved in support groups".

What is interesting is that participants chose to offer professional support. For example a participant included an image of the photo album of her child. It contained pictures of the child during the developmental phase. The participant used it to represent growth, long term outcomes, hope and expectations. She shared this album with mothers in situations similar to her own. For her, it was all about providing professional knowledge in a supportive way.

The participant said,

"I stayed clear of the actual therapy though I always played a supportive role"

This statement indicated that participants emerged as counsellors, sources of information about the disorder and also offered insight into management of the disorder. It also alluded to being unable to engage in formal therapy. From the interviews it emerged that when their children were little, many participants were too fragile to cope with Disability from a work and mothering perspective. They considered it to be emotional and mental overload, especially at a time in their lives when they were also physically exhausted from care-giving responsibilities. Their need to retain their professional identities led to them working with Disability so that it did not invoke additional stresses in their lives while they felt a sense of achievement for clients as well as themselves.

Incidentally, participants did not only have to support other mothers but also friends and family. Ruby joked that,

"Everyone who came to see us wept and I had to get my husband to get a box of tissues!"

She implied that she had to comfort and console her family and friends not only by drying tears but also reassuring them that all would be well. Ruby was also a source of information to many people in her social circles and had to constantly explain the developmental delay, intervention measures and prognosis of the delay. Similarly, Gold said,

"Family and friends knew so little and I found myself constantly having to explain what the disorder entailed. I think it helped them to understand the decisions that we were taking".

Interestingly, the supportive measures that participants engaged in reflected the changing nature of their needs.

"As his condition improved, I found less of a need to participate in this area of the profession and subsequently withdrew from it…on some level, immersing myself in the group did support me, which is what I needed".

Another participant said,

"As a therapist, I never enjoyed this area of the profession. I only got involved because of my child. As he improved, I ventured into what my real interests are".

Although participants found traditional support groups to be unsuitable to their emotional needs, they used their professional abilities to support others, which in a way alleviated their own grief. They supported mothers and significant others through counselling strategies rather than overt therapy techniques. It seems that this not only took their mind off the stresses of their own situation but also permitted a degree of role release. The type of professional work which they engaged in suggests that they were possibly too vulnerable to make a complete transition of roles though there was definitely merging of professional and personal identities.

3.2.3.3. Supporting the child with developmental disability

The highlight of this theme was primarily the emotional connection that the mothers had with their children, which was the driving force behind all intervention measures.

The initial reaction to the child in light of the developmental disability was of love and nostalgia. Participants used photographs and general pictures of children who were happy. The common feelings were that the disability aside, their children were very important to them and that their children's happiness was very important to them, at all costs. Crystal said,

"He's my darling little boy and always will be".

Participants also used the words cute, loving, supportive, brave, kind and caring to describe their children. It appears that remembering positive aspects encouraged resilience on the part of the participants, which encouraged them to persevere with treatment and psychological support measures.

The image of the bananas represented what was important to the child.

"He decided that bananas are good for his brain and when he does something wrong he'll say 'I'm sorry I didn't have a banana'…it's important for him to have what he really likes and to know that I can support them".

Following on from this, the image of the cup of tea metaphorically represented calm, support, recuperation, consolation, relaxation and also restoration of faith, both in the mother as well as the child. This is especially important for the participant whose child frequently displayed erratic and unstable behaviour.

The emotional support which participants expressed was extended by images of two individuals holding hands and reaching for the stars as well as engaged in a joint book reading activity. These images symbolised progress as indicated by the child. It also reflected participants imparting therapy principles to their child's level of development. Tanzanite explained,

"Despite limited learning, you still need to take time to stimulate him. You have to be patient and persevere because it's all about what he needs".

Chrystal said,

"It's about being in tune with his needs and showing him that he can achieve, no matter how small and graded this may be".

Ruby used a business card of a shoe shop by the name of "STEP AHEAD".

"I always felt that I had to anticipate what he might do, where he may be unpredictable or where he may wander off to. When he might not respond to discipline and various activities that he would get up to".

Though the level of mental planning and stimulation that the child is afforded, it was subtly apparent as to how much energy this must cost the mother. Once more the dedication of the mother in striving for the best potential outcome for her child is evident.

In keeping with the supportive role that the participants offer their children, there was a picture which depicted one-on-one, face to face counselling with the older woman using body posture, comforting hand touch and establishing eye gaze with a young woman obviously in need of emotional support.

Platinum made a simple yet powerful comment which explained the image,

"This is what I am to her".

Reflecting on this incident as it occurred during the interview, it appears that the participant's behaviour was a metaphoric representation of the saying 'actions speak louder than words'. The image and the words established the type and level of support which she offered to her child and her desire to help her child to cope with life's challenges.

Perhaps the image which truly summarised the support that mothers afford the child with disability was that of a bicycle wheel with spokes going out in different directions.

"I felt I was the centre and the spokes were the different roles that I had to be, you know; the mother, carer, nurturer, stimulator, teacher, the physio, the OT, the speech therapist….it took on a much wider range of duties than I anticipated. I felt like a big bicycle going in all directions".

A deep seated issue for most participants was the degree of ambivalence that participants displayed. Participants touched on this briefly.
Clearly it was a highly sensitive issue which they found difficult to discuss openly. The first feeling was wishing that they had not had this happen to them.

"Yes I did go through the stage of 'Why me?' and it wasn't easy to accept…"

"…look I know it's a bad thing to say but I often feel that she wasn't planned as a baby and it was one of the biggest decisions that we had to make (considered aborting the child)…but I believe there is a reason why she was born ….".

"Sometimes I find it difficult to bear the fact that physically he can't always take care of himself".

"…very few people thought of it as a positive thing to have a child with a developmental disability".

"…I always tried to find out why. For years I wanted to know why, what went wrong? From the professional side you want to label it".

What were apparent were the feelings of anger, regret, grief and personal hardship, all of which are part of the process of mourning.

3.2.4. The theme of professionalism

3.2.4.1. Interactions with other professionals

The relationship that mothers had with the professionals who cared for their children was unique. Interestingly, in most cases this emerged during the interviews as opposed to imagery task.

"As professionals we often don't understand what the parents are experiencing. For example, doctors tell a mother 'don't worry we'll operate on the child and the child will be fine'. But mothers' don't understand. Doctors may mean functionally normal whereas mothers may expect a normal looking and child"

I said to my husband 'I could understand what the doctors was saying, but how the other parents are feeling? ….I'm sure it must be difficult and traumatic to conceptualise'"

Coming from a therapist mother, this is a powerful indicator of the subtle differences between motherly and professional perspectives. There is seen to be a clear demarcation between roles regardless of the bi-directional influence of roles. Despite being able to work with medical professionals within a team setting therapists assumed their identity as a mother over and above that of a professional. Nevertheless, their professional knowledge demanded high expectations of the medical fraternity. This implies that despite best efforts to understand client perspectives, it takes a professional who has experienced a similar situation to truly

understand the impact of intervention on the family. This information is essential to family-centred intervention practices.

In addition, Amethyst recalls her concern that her son may have been epileptic yet there was no conclusive evidence of this despite numerous EEG's conducted. She narrates the following incident,

"…at the age of nine maybe, we were desperate. We went to the paediatrician and we said 'Look the medicine is not working, we need him hospitalised so that we can take him off the medication'. Nothing came of this because there were no facilities …we had to do it ourselves and we had a horrendous weekend".

The issue here is neither the level of competency nor compassion that the medical profession displayed. Rather it is the underlying support that this mother needed during a difficult period in time as well as her need for advice and expectations of the medical profession. What this suggests is that therapists react primarily as mothers however; their level of knowledge and skill inevitably guides them in the management of their child's disorder. Inevitably, the result is that while they are viewed through the 'mothering lens' by medical professionals therapist mothers maintain high professional expectations of medical personnel.

3.2.4.2. Professional skills

The duality of being a mother and a professional is emotionally and psychologically burdensome. Platinum said that her professional knowledge definitely impacted on her nurturing abilities. She was caught between trying to nurture her child's overall potential as a mother yet at the same time concerned about the developmental lag that her child displayed. Merging the two perspectives was very difficult for her especially as her child was obstinate to therapeutic intervention. Platinum said,

"Maybe if you knew nothing it would be easier to accept…..but the more you know the more frustrating it is because you can see the gaps widening".

A large part of the difficulties in being a therapist mother is the emotional attachment that a mother has with her child.

Crystal reflects this idea and said,

"I find it easier to work with other people's kids than with my own…therapy just doesn't work with him (referring to her child) but also you just don't have the patience like you have with other people's children".

Being a professional and a mother at the same time is challenging. Some of the participants admitted to have let their professional knowledge affect their pregnancy. In most cases it was a matter of them tracking the developmental growth of the foetus during gestation. What did intimidate some participants is their knowledge of what can go wrong during pregnancy. Most participants chose to ignore the fears and concerns that they had, preferring to enjoy their pregnancies. The stress and worry was more evident in pregnancies subsequent to the child with developmental delay and here mothers took additional screening and testing measures.

One of the participants compiled a developmental progress chart of her son in the form of a photo album. She said,

"I use this in therapy with other mothers. It explains outcomes and I think that it is something that they definitely can relate to".

For another participant, being a therapist mother to a child with developmental disability had been a great learning experience. She said,

"For me it was a real initiation into the University of Life".

This was a powerful and emotive metaphor which symbolised the gruelling yet rewarding path that one has to walk in order to emerge successful.

The role of a mother to a child with Disability is characterised by extreme and often conflicting emotions. More importantly, the internal conflict impact was seen to impact on the individuals' sense of identity. Despite the difficulties, participants attempted to maintain a pro-active, positive attitude whenever possible.

3.3. THE WORKING MOTHER

For most participants, discussing their perspectives on this role was uplifting and positive and they displayed these emotions during the interview. It came at the right time, particularly due to the sombre nature that discussion of the previous role had brought about. In this role, participants were observed to have introspected on their needs and desires above those of the family. They considered the benefits of working in relation to the challenges that work posed as well as their home and family responsibilities.

[Table 3.3. pertains to participants' perspectives on the role as a working mother. It is marked in the appendix as annexure "M"].

3.3.1. Theme of balance

Balance was essential to maintaining harmony in the home and at work. Harmonious environments suggest stress free and efficient coping mechanisms in place. Ultimately, this is highly therapeutic for a stressed mind.

3.3.1.1. Family needs with work commitments

Balancing family needs with work demands was the fundamental theme which emerged from all participants.

There were many images used to depict the theme. The most frequent image was a dual weighing scale. Interestingly, the scales were always balanced which indicated the need for equilibrium in their lives. It also indicates there is no priority assigned to each commitment. Participants viewed their work to be just as important as the family needs.

Balancing work and family needs requires flexibility on both sides.

Diamond said,

"I think one of the interesting things for me about this profession is that it allowed me to work and be with my family. There aren't many careers which allow you to do that".

Perhaps this is a large part of the reason why participants chose to work within a private practice set-up. More than half the participants initially worked from home

and subsequently moulded their practices so that it reflected the merging of professional and mothering roles.

As an image, a participant had cut out the words 'WHAT THE FAMILY NEEDS' from a magazine and arranged them accordingly. This was an all encompassing phrase as the family not only needed her to be in sound mental health but also benefited from the additional financial income. The image also reinforces the primary role as a mother.

The highlight of this theme is that neither family nor work can be compromised, which is a principle that the participants were aware of prior to assuming work responsibilities.

3.3.1.2. Time constraints

In order to maintain the work and family equilibrium, participants were forced to enforce rigorous time management.
As an image, the participant included a picture of a huge clock. Apart from depicting the importance of time, the size of the clock indicated the overriding importance of being punctual.

"It was about dropping them off to school on time, getting to work within 20 minutes, doing as much as you can at work because you know there's no time at home…then fetching the kids at a certain time".

The nature of the therapeutic intervention is that assessment and treatment are very much time orientated.

"There are just so many clients that you can see in one morning…and you HAVE to be conscious of time or otherwise the next client gets short changed".

3.3.2. Theme of work challenges

3.3.2.1. The physical and mental exhaustion

Being a working mother meant role release and liberation from the daily grind of mothering responsibilities. The psychological exhilaration that work provided was not only short-lived but also proved to be taxing to the already taxed state of mind.

The image of a stooped person represented professional exhaustion. Engaging in work was described to be physically, mentally and emotionally tiring.

"Yes, it takes its toll on you…you think it's easy and that you'll cope but work has its own stresses which are exhausting in its own right."

There was also a desire for participants to further themselves within the work arena.

"…this is not an office job…I want to see growth in the child as well as in myself. I would like to progress to a higher position in time".

The nature of the work was indicated by an image of a person travelling along a bumpy road. The participant was trying to express that work is not straight forward. Each client presents with different issues and it's always a matter of working through the 'bumps' in order to see success.

"The bumps are not easy to endure; especially you are doing this for each and every client".

In no way does this imply unwillingness to engage in appropriate therapy. Rather it illustrates that work can be highly demanding of the individual.

Another image was of a woman exercising all four limbs. For the participant, this was symbolic of being pulled in different directions which reinforces the stress that work places on the individual.

"Working in this profession requires you to be highly attentive to the clients' needs and being able to facilitate all needs where possible. It sometimes feels like you are being pulled in different directions which can be daunting".

Crystal had written the words WORKING MOTHER in bold letters. She humorously said,

"What an odd term! Working and mother are total opposites yet we are expected to merge the two and find the middle ground. I think that's an enormous task".

She quite rightly expressed the dichotomous nature of the term. The term itself invokes perceptions of stress, perpetual balancing of daily living and the constant need for individuals to multi-task. This image was perhaps the most concise definition of what it means to be a working mother.

3.3.3. Theme of 'time out'

3.3.3.1. Escape

Platinum used the image of a bird flying out of a cage. This was symbolic of her independence and freedom which the work arena permitted. This was the primary theme that emerged. The need for a separate identity allowed them to remain focused and cope. What this means it gave them hope and supported them through a difficult period in their lives. Ruby portrayed work as an escape from jail. She said,

"*That's what I felt it was, going out to work and leaving the home, escaping from an environment which was stressful in its own right*".

The escape signifies the exhilaration at the possibility of freedom, living life and also a new beginning. The jail represents the stressful nature of the home environment, though she emphasised that she did not feel trapped or held back by her family.

Ruby said,

"I didn't feel like I wanted to escape from the family…. I think it was about abandoning the role as a mother because you get totally immersed in the work role".

What is interesting is that Ruby and Platinum used images of a cage or jail. This could suggest that the role as a mother can be stifling or hold them back. To a large extent, it depicts their personality styles which suggests woman with a strong desire to achieve in life.

Work was also an indirect method of psychological relief. For Tanzanite, apart from the satisfaction of engaging in her career, it also provided her with monetary gain.

"The money I earned allowed me to buy clothes which was a way of pepping myself up. So instead of attending counselling or psychotherapy, I chose retail therapy!"

3.3.3.2. Unwinding/relaxing

The image of the lady in a hot tub represented the need to have time to recollect thoughts, recharge batteries and de-stress. The participant felt it to be healing and therapeutic.

"I have to have quiet time on my own, away from work, on my own because I never really get time on my own. Work is busy with people and home is busy with people. It prepares me for whatever comes next".

The image of a woman having her hair done at a hairdressing salon represented the importance of preserving her mental state of mind at all costs through physical care. She said,

"*I need to take the time off and drop work if I have to ….*"

The need to have time to oneself is the overriding theme that emerged. Although work is an escape it is not the ultimate source of mental and physical distress. Rather it is an immediate coping mechanism that participants use to offload the stresses in their life, namely being a mother to a child with developmental disability. However, even work wears off its use after a while with mothers seeking a situation of solitude in order to heal from their stresses. What is perceived is the mothers need to rid themselves of psychological baggage. In their attempt to escape the home situation, they turn to their professional identity for assistance where they find work to be a temporary safe haven. However, this is short-lived and inevitably they turn to other internal sources of comfort. It seems that they are trying to enlist internal aids to cope with the disability. This supports the idea that they are perhaps unaware of their need for counselling services or that they feel the need to cope with their issues on their own. Either way it reinforces the lonely carrying of the burden.

3.3.3.3. <u>Personal growth</u>

The image of the thinking cap was depicted as a sports hat sporting a sparkly, flashing star on the inside. The participant explained,

"Work is my opportunity to use my skills and move the mental cogwheels".
This implies that work is a conscious form of mental stimulation. It invokes high order cognitive learning, which may be one of the fundamental reasons that mothers engage in their professional roles.

Crystal furthered this idea,

"I don't work because I have to…for money or anything of the sort. I work because I want to, it's for me".

Again, the need for self growth and almost a separate identity is what filters through.

Amethyst wrote *"Work is access to the internet".* She explained that it was her window to the world as it not only put her in touch with people but also enabled her access to information with the click of a button. Metaphorically, work opened up a myriad of possibilities in terms of learning.

Therapist mothers were conveying the advantages of working. It allowed them to make positive strides in their lives and document these life enhancing changes. What is significant is the need to constantly improve and update professional knowledge. This can be taken as high professional and ethical morals. Again, work is seen to draw out a separate identity, hinting at a high level coping strategy. Paradoxically, clinical growth and knowledge often demand mental resources which can be exhausting yet calming for the mothers.

3.3.4. Theme of role release

3.3.4.1. Professional role

There were two images which drew attention to the level of professionalism that the participants aspired towards. The first was an image of a huge watch. For the participant, the size of the watch was important as it symbolised that the nature of her work is very much controlled by time. Interestingly, the watch is an analogue-digital converter indicating moving in two directions and also planning in terms of times, days and times. The second hand and stopwatch are metaphoric representations of the specificity of working hours.

The second image was of a woman bending her body backwards so that the palms of her hands could touch the floor, also known as 'the crab position' in yoga. Here the participant was trying to convey the extent to which she goes for her patients.

"I often bend over backwards for patients. My role as a professional is totally opposite to my role as mother. When I work, patients take precedence even at the expense of my family. I feel it is my ethical responsibility and the family knows not to disturb me. I am not mom at that point"

This participant steps out of her mothering role completely suggesting a complete character persona and almost a side that does not want to be associated with the family. The rigidity in determining boundaries between working and mothering roles

suggest the intense need to break away from the family. It is one domain where family just cannot trespass, with professional regulations acting as the electric fencing guarding the professional domain.

What is apparent here are the professional expectations that participants have of themselves. It also suggests total immersion into another role to the point that the professional identity is upheld rigidly. It is clearly evident that there is no point of compromise in roles. It could be that participants are so cautious of violating professional guidelines that they take on an extremist approach in maintaining ethical responsibilities towards patients.

3.3.4.2. Implications of new identity

Work provided the participants the opportunity to immerse themselves into a different role. There were many reasons for engaging in the role of a working mother though all point to the separate identity that it facilitated. For four mothers, work gave them a reason to feel like woman. Being out in the public light demanded that they appeared well groomed.

"Looking good allows you to maintain your own identity….to hide your issues from others and be taken seriously. It says a lot about who you are and your working potential and this is what people look for".

For this mother, work is a shield from the real issues, which if exposed is seen as sign of weakness. Being glamorous is one way of masking the truth, perhaps even from oneself. The image of beautiful, sexy clothing and accessories represents this. Subtly, we see the emergence of uncertainty, insecurity and fear of "being found out" in case public opinion of her falters. Another participant voiced the same opinion, illustrating this with an image of a mask which hid the person's true identity.

"I'm afraid to let go (of work identity) because it may tarnish my professional image".

The identity as a working woman is seen to be a cover up of issues which they consider to define them. This may be a reason for remaining so secretive about their lives and not engaging in active counselling services.

Again, there was an image of a bird set free from a cage. The participant felt that work is exhilarating and represents freedom, excitement and life. It gives her the impetus to apply her mind to a situation that is short-term, in comparison with her home situation.

"It's so rewarding because I can be more objective and this helps me to see progress".

For participants, work resulted in a sense of achievement which enhanced their self esteem and confidence. In light of all the stresses that participants experience work was seen as the solution to their difficulties.

Many participants included images of cosmetics or a cell phone. This indicated autonomy and independence especially as women. It came across as a nostalgic almost wistful reminder of carefree days when they were able to engage in social events and activities as and when it suited them. It was a metaphoric representation of youth, innocence and perhaps on some level also naivety to real life issues. Engaging in work seemed to be a means of them reliving the happy times of their lives which allowed them to re-experience positive emotions and mental states.

Being a working mother was a form of mental relief for the participants. These women, being highly educated and career orientated, welcomed the opportunity to use their skills. However, they were always concerned about their domestic responsibilities. As a compromise, most mothers worked part-time so that they could balance their work and family commitments. This was an integral aspect to being a working mother. On some level, there was a sense of slight guilt at fulfilling their desires at the expense of their families, even if this was partial. The intrinsic benefits were highly beneficial for them, especially from a mental health perspective.

Nevertheless, work in itself was demanding and some participants acknowledge that there was definitely a need for them to be reclusive in order to recuperate from the hectic lives that they led. This is yet another calling for supportive measures for professional working women.

3.4. Role as a professional working with disability

The most striking impression of this role is the extent to which it detracted participants from their domestic life domains. They viewed intervention from the perspective of effecting change within the client as well as the family. Compassion, optimism and perseverance were strong emotions which were displayed by all participants.

[Table 3.4. in the appendix is marked as annexure "N". It is a summary of the participants' perspectives on the role of the professional working with disability]

3.4.1. The theme of support

Once again, support was a significant theme which emerged. In this instance, therapists viewed their professional role as one of support to the parents and the child. The extent of role merging was overwhelming. All participants spoke of the importance of empathy as part of clinical skills. In many instances participants transcended the basic the meaning of empathy by discussing the importance of insider perspective into the clients' difficulties. In their efforts to be effective clinicians, participants often adopted a counselling role. What came across to the researcher was the participants need to make up for the shortcomings which they had encountered as mothers interacting with professionals who were involved in caring for their children.

3.4.1.1. Supporting parents

Many of the participants emphasised that their role was to counsel parents. This indicated that apart from acknowledging the emotional distress that parents experience, participants understood parent's emotional states and prioritised the need for parents to heal. They commiserated the distress that parents had to face. Participants speculated that they may have been the sole source of counselling depending on the type of intervention that the client was receiving.

On some level, there may have been transference of emotions considering the huge impact that such a situation had had on their lives. It may have been the case that therapists wanted to prevent the emotional scarring that they had experienced or make up for inadequate professional interactions that they had experienced.

The image of the ear symbolised the role of a professional was to listen and allow the parent to offload onto the therapist.

"So often I think we need to listen more and talk less".

By prioritising this role, it suggests that this in one of the primary roles which the participant deemed important as a professional. It also suggests the focus of intervention for these parents. For such therapists family centred intervention would most probably be viewed in a favourable light.

The image of the words "Mirror, Mirror" metaphorically represented the similarities which the parents reflected in the participants. The participant said,

"I chose this because I feel like saying 'I know how you feel'".

It was clearly the case of identifying oneself in the participants by virtue of sharing similar experiences. What this indicates is the influence of the mothering role onto the professional role in that the therapist can understand the parents' perspective. However, it also warns of the danger of seeing one's reflection in one's patients. This makes the probability of emotional transfer is high.

A participant included an image of herself surrounded by colleagues. She said,

"I never saw myself as a professional therapist, I saw myself as a professional mother".

When discussing her professional life, she says that she assumed a supportive, counselling role with parents. To the extent that she says,

"Within the support groups, there were often issues concerning therapy (refers to her area of expertise). This was hard for me because I didn't see myself as a therapist".

What this suggests is the powerful impact that mothering has on professional skills. Professionally, mothers are seen to prioritise emotional support for parents primarily from personal experience. While highly beneficial to parents it alerts one to the possibility of professional bias and misinterpretation of client's true state of mind.

3.4.1.2. Supporting the child

For all participants the therapeutic intervention with the child was of utmost importance.

Ruby illustrated this with an eloquent phrase:

"God works miracles but slowly"

For the participant, intervention was hope, courage, patience and faith. It also highlighted the resilience of a potentially negative situation. The child's ability to improve was a miracle worth waiting for.

"It teaches you to be patient during therapy because you do see progress".

The image of the adult walking backwards so as to face the child represented the importance of understanding the child's needs and supporting development every step of the way. It also suggested the high level of care as well as the nurturing of growth and development that the professional provides to the child.

"You have to respond to his needs on his time as well as anticipate what the child needs".

Children with developmental disability were special. This was depicted by a collection of precious metals and stones.

"These children are very special and I find it a privilege to be able to work with them".

Participants had considered the clients that they interact with from a professional view and the change in perspective was clearly noticeable. There is a theme of hope, faith and constant support to the clients which the participants give of themselves in a genuine manner.

3.4.2. The theme of choice of intervention measures

3.4.2.1. Professional behaviours

Professional behaviours reflected participants' real life experiences.

The image of the book represented the participant engaging in research and reading up in the specific developmental delay. The significance of the book being open

referred to the need to keep up to date with current literature. What is interesting is that the participant said,

"I found myself constantly trying to find out about my child's disorder and found a lot of information. But then I was always trying to diagnose him and eventually I stopped and just started being mom. I saved my clinical knowledge for my clients".

This participant was able to draw the line between professional and mothering roles though this took some time. Also it highlights the participants desire to seek information.

Amethyst said,

"As a professional I have become solution based. I look at the outcome and how to remediate the problem, not only for the child but for the entire family".

Gold said,
"You've got to improve them by aiming high…don't be afraid to work them hard".

These statements were carried over from their own personal experience with their children. The participants had discovered what had worked for them as mothers and incorporated this into clinical practice. This does however; highlight the diversity of personal styles, character traits and outcomes of success though the common thread is spill over of personal experience into professional life.

3.4.2.2. Therapy

In the minds of participants, parents seemed to have had clear sense expectations of therapy. Therapists pre-empted these expectations and resolved the situation by combining firmly grounded, realistic therapy measures with personal experience. This was apparent from the realistic attitudes that they displayed when discussing how they implemented therapy.

As mothers, despite idealistic expectations, they knew that complete recovery was not always possible and positive and so discussed this with the parents at the outset. The impression gained was that these mothers knew exactly the level at which this was to be discussed, highlighting their sensitivity to these issues.

"Being a therapist is not always a positive role in that not everybody gets better. It is a very topsy, up and down road and we have to make parents aware of this".

"I think that I have learnt to be very upfront with parents in terms of expectations. I know that I would have appreciated a realistic – not negative- attitude from professionals. It makes it so much easier to collaborate with parents.

Interacting with children and families was always highly rewarding. Apart from the immense amount of learning and growth as a therapist, the highlight of therapy was to see improvement and change in the child's life.

"*The rewards outweigh the cons"*.

For Sapphire the achieving optimal growth in the child was of so important that she admitted to being overzealous in her efforts at times.

"For me, the child and the family are so significant that I tend to have very high expectations of all professionals managing the case. I am rigorous about keeping therapy times, not cancelling therapy and homework that are sent home. I am usually the one who constantly phones other professionals to find out how the child is doing. If you're going to work with the child, it needs to be done properly".

What was evident from this excerpt is an almost frantic desire not to fail the child or the family. To a large extent, this may be due to her feelings of being let down by professionals. Her behaviour indicates her attempt to emulate her personal desires as a mother from professionals. Another instance where this type of behaviour was evident was from pictures of a fox terrier dog. The participant said,

"My dogs have a comforting presence and help to create the homely atmosphere. I like to create a friendly, homely practice environment and my dogs are always present".

The image of the dog represented comfort and tranquillity and she ensured that her practice reflected these qualities. Her practice reflected the supportive environment that she felt would be beneficial to clients.

The image of a person engaged in massage therapy suggested that therapy is 'hands on'. This suggests being physically aware of the client's ailments as well the being able to read socio-emotional and family needs. All of this would facilitate better treatment for the patient.

3.4.2.3. Personal growth

The image of a flashing light bulb symbolised the great learning strides that the professionals had made. Engaging in clinical work meant growth as a therapist. Individuals had the opportunity of constantly revising clinical skills.

In contrast, there were two participants who felt that their clinical training had not adequately prepared them to cope with their personal situation. It emerged that there was inherent expectation of professional knowledge spilling over into their personal lives, failing which there was a sense of intrapersonal lack of support and direction. Consequently, this affected the manner in their attitude towards clinical practice.

Perhaps most importantly was the fact that majority of participants worked in areas of the profession which related to their child's developmental delay.

"The reason I took on this job was so that I could help him out one day"

Another participant said:

"I never really liked (names the area of speciality). I just did it because of (child's name). Once he had outgrown the need for therapy I moved on and in a way I was glad to do so".

Yet another response was:
"I always preferred working with adults and I suppose I only really got back into the profession because of (child's name). I was approached by his school to get involved and that's how it started and I'd been doing it for many years before I finally decided that I needed to do what I liked".

Therapists who are mothers to children with developmental disability inadvertently bring personal issues into the professional arena. They were seen to attempt to make up for the individual shortcomings which they had personally experienced. However, these mothers were highly motivated to assist others. The dedication that their clients were afforded surpassed their professional obligations. Participants were also seen to be tireless in their devotion to their professional careers.