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Understanding Parental Guilt in Caregivers of Children with Behavioral Disorders

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ABSTRACT

Objective: This study aims to explore the experiences of parental guilt in caregivers of children with behavioral disorders in Turkey, focusing on emotional, social, and coping dimensions.

Methods and Materials: A qualitative research design was employed, using semi-structured interviews to collect data from 27 caregivers of children with behavioral disorders. Participants were selected through purposive sampling, ensuring diversity in age, gender, and child diagnosis. Data were analyzed using thematic analysis, and NVivo software was used to organize and identify emergent themes. The study utilized theoretical saturation, with interviews conducted until no new themes emerged.

Findings: Three main themes emerged from the data: Emotional Burden, Social Pressure and Stigma, and Coping and Adaptation. Caregivers reported persistent self-blame, emotional exhaustion, and feelings of inadequacy, often linked to internalized shame and societal expectations. Social pressure, particularly from extended family and educational institutions, exacerbated guilt. Coping strategies included seeking professional help, peer support, spiritual practices, and cognitive reframing, which helped mitigate guilt but were often insufficient without systemic support.

Conclusion: Parental guilt in caregivers of children with behavioral disorders is a complex emotional experience shaped by personal beliefs, societal judgments, and the demands of caregiving. The study highlights the need for targeted interventions and support systems that address caregivers' emotional burden, including counseling, peer support groups, and education on child development. Understanding the cultural context is crucial in designing effective interventions that can alleviate caregiver guilt and improve well-being.

Keywords: *Parental Guilt, Behavioral Disorders, Caregivers, Emotional Burden, Social Stigma, Coping Strategies, Turkey, Autism Spectrum Disorder (ASD), ADHD, Caregiver Support*

1. Introduction

Parenting a child with behavioral disorders often entails complex emotional experiences that surpass the normative demands of caregiving. Among the most distressing of these emotions is parental guilt—a persistent and deeply internalized sense of failure or inadequacy in fulfilling perceived parenting responsibilities. In the context of behavioral disorders such as Attention-Deficit/Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), or conduct-related issues, caregivers frequently encounter an amplified emotional burden shaped by societal expectations, clinical challenges, and a pervasive sense of personal culpability (Lin et al., 2020; Saber et al., 2024). This emotional turmoil often extends beyond momentary self-blame, becoming an enduring psychological experience that intersects with shame, anxiety, social isolation, and even trauma-like symptoms (Rizzo et al., 2024; Schnabel et al., 2020). Although considerable research has explored the functional and psychosocial challenges of parenting children with developmental or behavioral difficulties, less attention has been paid to the nuanced emotional states—particularly guilt—that underlie and shape caregivers' experiences across sociocultural contexts.

Parental guilt is not merely an emotional reaction but a complex interplay of cognitive appraisals, perceived responsibility, and moral beliefs about parenthood. Guilt often emerges from discrepancies between parental expectations and lived realities. In caregivers of children with ASD, for instance, guilt can be triggered by the unpredictability of the child's behavior and perceived parental inefficacy in managing it, regardless of the child's diagnostic profile (Darshan et al., 2023; Kim et al., 2024). Caregivers may internalize behavioral incidents as direct reflections of their parenting competence. This attributional bias frequently leads to emotional distress and deterioration in caregivers' well-being (Ebadi et al., 2021; Rabinowitz et al., 2019). Further compounding this emotional burden is the societal idealization of the "good parent"—a trope often associated with control, predictability, and the capacity to ensure normative child development (Montano et al., 2023). Within such a framework, behavioral disruptions become moralized, and parental guilt intensifies when children fail to conform to social norms.

Cultural and social factors significantly shape the experience and expression of parental guilt. In collectivist societies where family roles are rigidly defined, and community judgment holds weight, caregivers often report heightened feelings of shame and guilt due to public scrutiny and familial pressure (Karuna et al., 2024; Seeridaram & Rashid, 2023). In these contexts, guilt may emerge not only from personal expectations but also from external evaluations, such as criticism from extended family or educators, who may interpret behavioral disorders as the result of poor parenting (Dennhag et al., 2019; Peplak et al., 2022). In some cultures, mothers may experience guilt more acutely due to gendered caregiving roles that equate maternal identity with moral responsibility for a child's behavior (Montano et al., 2023). Such dynamics create environments in which caregivers experience "secondary wounding"—emotional harm not just from their child's struggles, but from the reactions and misjudgments of others.

Parental guilt is also shaped by psychological and neurodevelopmental dimensions of the child's disorder. For example, in families where a child is diagnosed with ADHD or ASD, caregivers may struggle to reconcile erratic behaviors with the need for predictability, often feeling ill-equipped to manage persistent outbursts or developmental delays (Kang et al., 2024; Tekola et al., 2019). When these behaviors escalate in public or school settings, caregivers may feel exposed or responsible, especially if others interpret the child's conduct as a reflection of permissiveness or neglect (Papadopoulos, 2023). Studies show that such experiences can lead to chronic stress and even symptoms consistent with post-traumatic stress disorder in caregivers, driven largely by feelings of helplessness and repeated emotional injury (Lindly et al., 2021; Schnabel et al., 2020). In this way, guilt becomes a mediator of psychological strain, often co-occurring with caregiver burnout, sleep disturbances, and depression (Johnson et al., 2022; Marsack-Topolewski et al., 2021).

Importantly, guilt does not function in isolation but interacts with broader affective states such as shame, anger, anxiety, and empathy. While guilt may foster constructive behavior in some contexts—such as seeking professional help or adjusting parenting strategies—it can also contribute to maladaptive emotional regulation and expressive suppression (Juszko & Szczepańska-Gieracha, 2021; Metcalfe et al., 2022). Suppressed guilt, in particular, has been associated with increased irritability, interpersonal conflict, and social withdrawal among caregivers, undermining both caregiver and child well-being. This is especially pronounced in cases where guilt is accompanied by limited access to mental health services, inadequate social support, or lack of validation from professionals and peers (Luehring & McIntyre, 2023; Marino, 2023).

Recent qualitative studies have begun to unpack the layers of this emotional experience. For instance, parents of children with ASD in Nepal expressed intense feelings of failure and guilt, particularly when comparing their children to neurotypical peers or confronting community stigma (Thapa et al., 2024). Similar findings have emerged in cross-national studies that show how structural limitations—such as scarce educational resources, lack of trained professionals, or rigid diagnostic labels—amplify guilt in caregivers by depriving them of clear pathways for help or improvement (Karuna et al., 2024; Kim et al., 2024). Some studies have also highlighted the critical role of digital and telehealth tools in alleviating guilt by providing caregivers with knowledge, support, and behavioral guidance, thus empowering them to feel more competent and less isolated in their parenting journey (Kang et al., 2024; Marino, 2023).

Beyond cultural and structural factors, gender also plays a significant role in shaping parental guilt. While both mothers and fathers experience guilt, research indicates that mothers often carry the emotional labor of caregiving more acutely and are more likely to experience guilt as a moral failure rather than a practical concern (Montano et al., 2023; Papadopoulos, 2023). Mothers often report feeling judged not only by professionals but by other parents and family members, especially when their child's condition is not visibly evident. This "invisible disability" dynamic makes public behavior even more critical in triggering guilt, as many caregivers are compelled to justify or hide their child's needs in social situations (Lin et al., 2020; Peplak et al., 2022). These pressures can contribute to emotional exhaustion, decreased self-efficacy, and relational strain, particularly when caregivers lack emotional outlets or institutional recognition for their efforts.

Nevertheless, guilt is not inherently destructive. Some caregivers describe guilt as a motivator for personal growth, increased empathy, and deeper engagement with their child's needs (Metcalfe et al., 2022; Rizzo et al., 2024). In these cases, guilt catalyzes constructive coping strategies, such as seeking therapy, joining parent support groups, or advocating for better services. However, this adaptive function of guilt depends heavily on context—specifically, on whether caregivers receive validation, support, and guidance from their communities and professionals (Nunnally et al., 2021; Tekola et al., 2019). Without these external buffers, guilt is more likely to spiral into self-blame, emotional isolation, and burnout, thereby undermining the caregiver's capacity to function and support their child effectively.

Despite the growing body of literature on caregiver burden, very few studies have focused specifically on the lived experience of guilt among caregivers of children with behavioral disorders. While some research has examined emotional suppression, stress, and trauma in this population, the emotional architecture of guilt—its antecedents, expression, and impact—remains underexplored, particularly in non-Western contexts (Ebadi et al., 2021; Thapa et al., 2024). Given that guilt is shaped by cultural norms, familial expectations, and social structures, it is imperative to understand how this emotion manifests across different sociocultural environments. Exploring caregivers' narratives in Turkey—a country marked by strong family ties, evolving mental health discourse, and sociocultural expectations of parenting—offers a valuable perspective on this phenomenon. This study aims to fill this gap by exploring the experiences of parental guilt in caregivers of children with behavioral disorders in Turkey through qualitative inquiry.

2. Methods and Materials

2.1. *Study Design and Participants*

This study was conducted using a qualitative research design with an interpretive approach to explore the lived experiences and perceptions of parental guilt among caregivers of children diagnosed with behavioral disorders. The participants were 27 caregivers residing in various regions of Turkey, selected through purposive sampling to ensure diverse backgrounds in terms of age, gender, socio-economic status, and the specific behavioral disorders of their children. Inclusion criteria required that participants be the primary caregiver of a child formally diagnosed with a behavioral disorder and willing to share their personal experiences in detail. Recruitment was carried out through online support groups and special education centers across the country. The sample size was determined based on the principle of theoretical saturation, which was reached after conducting 27 interviews, as no new codes or themes emerged in the later stages of data collection.

2.2. *Data Collection*

Data were collected through in-depth, semi-structured interviews designed to capture the emotional, cognitive, and contextual dimensions of parental guilt. The interview guide included open-ended questions such as: "Can you describe a moment when you felt guilty about your child's condition?"

and "How do you manage feelings of guilt related to your parenting?" Interviews were conducted either face-to-face or via secure online platforms, depending on participant preference and geographical constraints. Each interview lasted between 45 and 70 minutes and was audio-recorded with participant consent. All interviews were transcribed verbatim immediately after completion to ensure accuracy and preserve the depth of meaning in participants' responses.

2.3. Data Analysis

The data analysis was carried out using thematic analysis, guided by Braun and Clarke's six-phase framework. NVivo software was employed to facilitate the coding process, organize the data, and support the identification of recurring patterns and themes. The initial coding was conducted line-by-line, and emergent codes were grouped into broader categories through iterative comparison. Themes were refined and reviewed to ensure they were grounded in the data and represented the participants' voices authentically. The trustworthiness of the analysis was enhanced through peer debriefing, member checking with a subset of participants, and maintaining a detailed audit trail throughout the research process.

3. Findings and Results

The study included 27 caregivers of children with behavioral disorders residing in various regions of Turkey. Among the participants, 20 were mothers (74.1%) and 7 were fathers (25.9%). The age of participants ranged from 28 to 52 years, with a mean age of 39.6 years. Regarding educational background, 11 participants (40.7%) had completed high school, 10 (37%) held a bachelor's degree, and 6 (22.3%) had postgraduate education. In terms of employment status, 15 participants (55.6%) were unemployed or full-time homemakers, while 12 (44.4%) were employed either part-time or full-time. The majority of participants (n = 18, 66.7%) reported having only one child diagnosed with a behavioral disorder, whereas 9 participants (33.3%) had more than one child with similar challenges. Most of the children had diagnoses such as Attention-Deficit/Hyperactivity Disorder (ADHD) (n = 13, 48.1%) or Oppositional Defiant Disorder (ODD) (n = 9, 33.3%), while the remaining 5 children (18.6%) had comorbid conditions or other behavioral issues not classified under a specific diagnosis.

Table 1

The Results of Thematic Analysis

Category	Subcategory	Concepts (Open Codes)
Emotional Burden	Persistent Self-Blame	I should've noticed earlier, My fault, Could have done more, Regret past decisions
	Feeling of Inadequacy	Not a good parent, Lack of patience, Failing the child, Incompetent in parenting, Doubt about parenting style
	Emotional Exhaustion	Drained every day, Crying alone, Mental fatigue, No time to rest, Lack of emotional space
	Fear of Judging Others	People stare, Afraid of comments, Worried about being blamed, Avoiding public outings
	Internalized Shame	Embarrassed to talk, Ashamed of child's behavior, Feeling like a bad person, Hiding emotions
	Sense of Responsibility	It's my job to fix this, I should carry this burden, Parenthood means sacrifice, Responsibility feels overwhelming
Social Pressure and Stigma	Judgment from Extended Family	Blamed by relatives, Accusations of bad parenting, Criticized by elders, Tension in family
	Isolation in Public Spaces	Avoid malls, Fear of meltdowns, Others don't understand, Social anxiety
	School and Teacher Criticism	Teachers blame parents, School reports biased, Lack of empathy from staff
	Negative Peer Comparison	Comparing to 'normal kids', Why isn't your child like theirs?, Feeling judged by peers
	Cultural Expectations	Society expects obedience, Good parenting = quiet child, Pressure to conform
Coping and Adaptation	Seeking Professional Help	Therapy sessions, Counseling benefits, Relief after diagnosis
	Support from Other Parents	Parent groups, Feeling understood, Shared stories, Peer support
	Spiritual Coping	Prayer, Faith as relief, Religious community, Divine support
	Reframing Guilt	It's not my fault, Understanding the disorder, Separating behavior from identity
	Engaging in Self-Care	Taking breaks, Sleeping better, Time for hobbies
	Emotional Expression	Crying freely, Talking to spouse, Writing feelings down
	Cognitive Reappraisal	Thinking differently, Looking for positives, Letting go of guilt

The findings of this study were organized into three main themes: *Emotional Burden, Social Pressure and Stigma*, and *Coping and Adaptation*. Each theme included several subcategories, reflecting the lived experiences of caregivers in relation to parental guilt.

In the subcategory of *Persistent Self-Blame*, participants consistently expressed internalized responsibility for their child's behavioral challenges. Many caregivers reflected on moments where they felt they had missed early signs or made poor decisions. One mother stated, "I should've noticed earlier; maybe things wouldn't have gotten this far," while another said, "Every time he acts out, I feel like I failed somewhere." These expressions reveal a chronic sense of guilt that many caregivers were unable to relieve, regardless of their actual involvement in the child's diagnosis and care.

Feeling of Inadequacy emerged as a strong subcategory as many caregivers voiced a belief that they were simply not good enough as parents. This feeling was often linked to perceived deficits in patience or skill. A participant reflected, "I don't have the patience like other parents; I lose it, and then I hate myself for it." Another shared, "I keep thinking I'm doing something wrong, like maybe if I were smarter, I'd know how to fix it." These statements point to a deep internal conflict between their efforts and the outcomes they witness in their children.

The subcategory of *Emotional Exhaustion* captured how the relentless nature of caregiving depleted participants' emotional and physical reserves. Caregivers described themselves as drained, with one mother saying, "Some nights I just cry myself to sleep—I'm completely exhausted." Others mentioned having no time to rest or recover emotionally. "It's like there's never a pause. You're just constantly on alert," said one father. The lack of relief from this state intensified feelings of guilt and helplessness.

Fear of Judging Others was a powerful driver of guilt, as many caregivers altered their behavior in public settings due to worry about being judged. One parent shared, "People stare when he screams, and I know they're thinking I'm a bad parent." Others noted avoiding outings altogether, with one participant explaining, "We don't go to restaurants anymore. It's just easier than dealing with the looks." This fear added a layer of isolation and reinforced feelings of parental inadequacy.

In the subcategory of *Internalized Shame*, caregivers described hiding their emotions or feeling embarrassed by their child's behavior. "I'm ashamed to talk about it sometimes, like I did something wrong," one participant admitted. Another shared, "I try not to talk about his condition with others, even family, because it makes me feel exposed." This shame often led to emotional withdrawal and a reluctance to seek support.

Sense of Responsibility was a recurring subtheme where participants believed it was solely their duty to resolve their child's issues. This sense was often fueled by cultural or personal beliefs about parenthood. One caregiver stated, "It's my job to fix this, no matter how hard it gets." Another echoed this sentiment, saying, "Being a parent means carrying this burden, even when no one else understands." The weight of this responsibility often intensified feelings of guilt and emotional strain.

In the theme *Social Pressure and Stigma*, one key subcategory was *Judgment from Extended Family*. Many caregivers reported being criticized by relatives who attributed the child's behavior to poor parenting. "My mother-in-law thinks it's all because of how I raise him," said one participant. Another mentioned, "They always say I spoil him too much—that it's my fault he acts this way." These familial tensions compounded the guilt caregivers were already experiencing.

Isolation in Public Spaces was another prominent subcategory. Participants noted withdrawing from social environments due to fear of public reactions. "I avoid going to malls or parties; it's just too stressful," said one mother. "When he has a meltdown in public, people don't understand. They think you're just a bad parent." This avoidance, while self-protective, also limited their access to social support.

School and Teacher Criticism was a significant source of external judgment. Participants shared how educational institutions often blamed them for their child's difficulties. "The school kept saying I needed to discipline him better," said one father. Others noted a lack of empathy from teachers. "They don't see what we deal with at home. They just label him as a problem," said one participant. These interactions reinforced caregiver guilt and eroded trust in support systems.

In the subcategory of *Negative Peer Comparison*, participants described feeling judged when comparing their children to others. "I see other kids sitting quietly, and then mine is having an episode," said one parent. "People always ask, 'Why isn't he like the others?'" These comparisons often came from peers or strangers and made caregivers feel isolated and scrutinized.

Cultural Expectations also shaped guilt experiences. Caregivers described how cultural norms emphasized obedience and quietness in children. "People expect kids to behave perfectly here. If your child doesn't, they assume you're not doing your job," one mother shared. These expectations heightened pressure on caregivers and limited their freedom to parent in ways tailored to their child's needs.

The theme of *Coping and Adaptation* captured strategies caregivers used to manage guilt. In *Seeking Professional Help*, participants discussed how therapy and counseling provided relief and validation. "Talking to a psychologist helped me realize I'm not alone in this," said one participant. Another shared, "Getting the diagnosis felt like a weight lifted—I wasn't imagining it."

Support from Other Parents emerged as a powerful source of comfort. Caregivers reported feeling understood and less alone when engaging with others in similar situations. "Parent groups are the only place where I feel seen," one mother stated. "Hearing other stories makes me feel human again."

In the subcategory of *Spiritual Coping*, some participants turned to faith and religious communities for emotional strength. "I pray every day, and that helps me believe there's a reason for this," one caregiver explained. Another noted, "My faith gives me peace when everything else feels chaotic."

Reframing Guilt involved shifting the internal narrative to reduce self-blame. Participants shared how understanding their child's condition helped separate their identity from guilt. "I realized I can't control everything—this isn't about me failing," said one parent. "Once I understood the disorder better, I stopped blaming myself as much."

Engaging in Self-Care allowed caregivers to regain emotional balance. Some participants described small acts such as taking walks, pursuing hobbies, or sleeping better as essential. "When I started carving out time for myself, I became a better parent," said one father. These strategies helped reduce burnout and emotional reactivity.

Emotional Expression included the open acknowledgment of difficult emotions, often shared through crying, journaling, or talking to a trusted person. "Sometimes I just cry in the shower, and that helps," said one participant. Others described opening up to their spouse or writing their feelings down as important outlets.

Finally, *Cognitive Reappraisal* involved actively changing how caregivers thought about their guilt. "I started to focus on what I *can* do instead of what I failed to do," one mother reflected. Another shared, "Letting go of guilt doesn't mean I don't care—it means I care enough to take care of myself too."

4. Discussion and Conclusion

The present study sought to explore the lived experiences of parental guilt in caregivers of children with behavioral disorders through a qualitative lens. Analysis of the semi-structured interviews with 27 caregivers from Turkey revealed three overarching themes: Emotional Burden, Social Pressure and Stigma, and Coping and Adaptation. These themes reflected not only the internal emotional struggles faced by caregivers but also the broader societal, familial, and cultural influences that shape their experience of guilt. The findings of this study highlight the multifaceted and dynamic nature of guilt, shaped by a convergence of personal beliefs, external expectations, and the inherent demands of raising a child with behavioral difficulties.

The first theme, Emotional Burden, emerged prominently in caregivers' narratives and was characterized by persistent self-blame, feelings of inadequacy, emotional exhaustion, internalized shame, and an overwhelming sense of responsibility. Many participants expressed deep regret over perceived missed opportunities for early intervention or believed they were the primary cause of their child's behavior. This aligns with previous studies showing that guilt in caregivers often arises from attributional biases, where parents internalize their child's difficulties as personal failures (Lin et al., 2020; Saber et al., 2024). Such beliefs were evident in the participants' accounts, where they repeatedly questioned their parenting choices and blamed themselves for not being "good enough." Similar findings were reported by Rizzo et al., who found that guilt sensitivity was strongly linked to emotional strain and reduced well-being in caregivers of children with ASD (Rizzo et al., 2024). Likewise, Schnabel et al. argued that the constant exposure to challenging child behaviors could act as trauma-inducing events, especially when caregivers perceive themselves as solely responsible for managing or preventing such behaviors (Schnabel et al., 2020).

The theme also revealed how internalized shame and emotional fatigue co-occurred with guilt, reinforcing a cycle of distress and self-criticism. Previous studies have shown that guilt is often accompanied by shame, particularly when caregivers feel exposed to the judgment of others or when their child's condition is not immediately visible to outsiders (Ebadi et al., 2021; Montano et al., 2023). This study supports those findings, as caregivers reported hiding their emotions and avoiding social interactions to escape stigma. Moreover, the physical and emotional toll of constant vigilance and caregiving responsibilities contributed to exhaustion, a finding that aligns with Lindly et al., who documented high levels of caregiver strain in parents of children with developmental disorders (Lindly et al., 2021). The emotional labor inherent in these caregiving roles is often unacknowledged, making guilt both a symptom and a consequence of prolonged psychological distress.

The second theme, Social Pressure and Stigma, revealed the powerful role of societal and familial expectations in shaping caregivers' guilt. Many participants described being judged by extended family members, teachers, or strangers in public settings. These judgments often took the form of accusations of poor parenting, comparisons to neurotypical children, or implicit blame for their child's lack of discipline or social conformity. This aligns with findings from Seeridaram and Rashid, who showed that societal pressure significantly magnifies parental stress in families with autistic children (Seeridaram & Rashid, 2023). Cultural expectations regarding "proper parenting" and obedience were also influential in Turkish caregivers' accounts, mirroring results found in collectivist cultures where deviation from normative behavior is interpreted as family or parental failure (Karuna et al., 2024; Peplak et al., 2022).

Educational institutions were also identified as sources of judgment and guilt. Several participants reported that teachers often blamed them for their child's behavior or lacked empathy in addressing behavioral challenges in the classroom. These experiences are consistent with findings by Papadopoulos, who noted that inadequate support from educational systems contributes significantly to parental psychological distress during challenging periods, such as the COVID-19 pandemic (Papadopoulos, 2023). Similarly, Luehring and McIntyre found that negative parenting evaluations from professionals correlated with an increase in caregiver-reported stress and guilt (Luehring & McIntyre, 2023). These institutional criticisms can erode trust in professional support and reinforce caregivers' sense of failure and isolation.

The third theme, Coping and Adaptation, highlighted the strategies caregivers employed to manage their guilt. Participants reported a range of coping mechanisms, from seeking professional help and peer support to engaging in spiritual practices, cognitive reframing, and self-care. Many found emotional relief in therapy, support groups, or through religious belief systems. This finding is consistent with evidence showing that external validation and structured support networks can significantly buffer the emotional impact of caregiving (Kim et al., 2024; Thapa et al., 2024). For instance, Metcalfe et al. suggested that exposure-based parenting interventions not only improved child behavior but also reduced guilt and increased parental self-efficacy (Metcalfe et al., 2022). Likewise, peer support has been shown to mitigate feelings of isolation and promote emotional expression, especially when caregivers share experiences with others facing similar challenges (Marino, 2023).

Spiritual coping and cognitive reframing were also prominent strategies among participants. Caregivers who were able to reinterpret their experiences—by recognizing the neurodevelopmental nature of their child's condition or viewing caregiving as a meaningful role—reported decreased guilt and greater emotional resilience. These findings are supported by Tekola et al., who documented the positive role of caregiver education and skill-building programs in reshaping parental perceptions and reducing self-blame in low-resource settings (Tekola et al., 2019). Similarly, Nunnally et al. emphasized the importance of realistic expectations and contextual understanding in reducing the emotional volatility of parenting children with ASD (Nunnally et al., 2021). Engaging in self-care and emotional expression, whether through journaling, talking with a partner, or taking time alone, also emerged as vital tools in preserving psychological well-being.

While the study's findings are grounded in the Turkish sociocultural context, many of the emotional and relational dynamics it uncovered reflect universal caregiver experiences. Parents of children with behavioral disorders worldwide grapple with guilt arising from internalized responsibility, societal judgment, and emotional exhaustion. However, the specific expressions of this guilt—and the strategies used to cope—are shaped by cultural, institutional, and relational factors. For example, in high-resource countries, caregivers may have greater access to therapeutic services or inclusive education, while in low- and middle-income contexts, guilt may be amplified by lack of infrastructure, stigma, and limited understanding of developmental disorders (Darshan et al., 2023; Rabinowitz et al., 2019).

Additionally, the gendered dimensions of guilt found in this study reflect broader patterns in the literature. Although this research included both mothers and fathers, female participants reported more intense feelings of moral failure, shame, and emotional fatigue. These findings are consistent with those of Montano et al., who identified guilt as a central emotional experience for working mothers struggling to balance caregiving demands with societal expectations (Montano et al., 2023). Similarly, Marsack-Topolewski et al.

found that mothers of adults with autism reported higher caregiver burden than fathers, even when accounting for shared responsibilities (Marsack-Topolewski et al., 2021). These results highlight the need to consider gender as a key factor in understanding and addressing parental guilt.

5. Limitations & Suggestions

Despite its contributions, this study has several limitations. First, the sample size was relatively small and limited to caregivers in Turkey, which may restrict the transferability of findings to other cultural or national contexts. While qualitative research prioritizes depth over generalizability, future studies may benefit from including participants across multiple regions and cultural backgrounds. Second, the study relied solely on self-report data obtained through interviews, which may be influenced by social desirability bias or memory recall limitations. Third, while efforts were made to recruit both mothers and fathers, female participants were overrepresented, potentially skewing the emotional experiences reported. Lastly, the study focused primarily on guilt, without in-depth exploration of how this emotion interacts with other affective states such as anger, grief, or hope, which could offer a more comprehensive emotional landscape.

Future research could expand on these findings by adopting a comparative cross-cultural design to explore how parental guilt manifests in different sociocultural and economic environments. Such studies could illuminate the role of cultural narratives, institutional supports, and societal expectations in shaping the guilt experiences of caregivers. Longitudinal designs may also be useful in examining how guilt evolves over time and whether interventions such as counseling, support groups, or education programs can reduce its intensity and impact. Additionally, future research should consider the voices of children themselves to understand how parental guilt may influence parent–child interactions and developmental outcomes. Finally, studies incorporating mixed-method approaches could bridge the gap between subjective experience and measurable outcomes such as caregiver stress, coping efficacy, or psychological well-being.

Based on the study findings, several practical recommendations can be made to support caregivers. First, health and education professionals working with children who have behavioral disorders should be trained to recognize signs of caregiver guilt and offer empathetic, nonjudgmental support. Schools should foster inclusive environments that validate the challenges faced by both children and their caregivers, reducing the likelihood of blame or criticism. Creating accessible parent support groups—both in-person and online—can provide safe spaces for emotional expression, knowledge exchange, and peer encouragement. Moreover, incorporating culturally sensitive caregiver training into developmental health programs can help parents reframe their experiences and reduce self-blame. Finally, encouraging self-care, emotional literacy, and open communication within families can promote resilience and reduce the emotional burden associated with long-term caregiving.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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All authors equally contributed in this article.

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