

New Trends and Issues Proceedings on Humanities and Social Sciences



Volume 6, Issue 1 (2019) 425-429

www.prosoc.eu

Selected Paper of 11th World Conference on Educational Sciences (WCES-2019) 07-10 February 2019, Milano Novotel Milano Nord Ca' Granda Convention Center, Italy

Being a mother of children with ADHD and the problems it causes to mothers

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Suggested Citation:

Ozdemir, N. & Abaci-Erginyavuz K.(2019). Being a mother of children with ADHD and the problems it causes to mothers. *New Trends and Issues Proceedings on Humanities and Social Sciences*. [Online]. 6(1), pp 425–429. Available from: www.prosoc.eu

Selection and peer review under responsibility of Prof. Dr. Jesus Garcia Laborda, University of Alcalá, Spain.
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Abstract

Attention deficit hyperactivity disorder (ADHD) is one of the most common neurodevelopmental disorders in the childhood period. In the children, the symptoms of this disorder are reluctance to tasks that require attention, disorganisation, losing things frequently, forgetting homework, restlessness, being unable to wait their turn and so on. Those children, who are hyperactive, impulsive and distracted, might experience severe problems in their relationship with their families, parents, peers and friends. Compared to the parents of normal children, the parents of children with ADHD, especially the mothers who play a more active role in child care, are more likely to suffer from stress, anxiety and depression in the course of time. Therefore, in order to protect family functionality and provide a healthy communication between the parents and the child, it is crucial to raise parents', in particular mothers', awareness on ADHD and its treatment for the evaluation of parents' psychological state and referring them to a specialist, if necessary.

Keywords: ADHD, child, mother, psychological problems, psychiatric nursing.

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1. Introduction

Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder which is characterised by basic symptoms of inattentiveness, hyperactivity and impulsiveness incompatible with the person's age and the expected development level (Biederman, 2005; Biederman & Faraone, 2005; Dogangun & Yavuz, 2011; Kayaalp, 2008; Kucuk, Dogaroglu, 2013). Manifesting itself with symptoms, such as distractibility, impulsive behaviour, inability to focus on an activity, increased motor activity, inability to control impulses, ADHD is accompanied by a series of other different cognitive and behavioural symptoms. It is a neuropsychiatric disorder that is generally believed to be a childhood disorder. However, it might start at early childhood ages and continue during adulthood, as well (Kiris & Karakas, 2004; Ozkorumak, Ozten & Tiryaki, 2013; Yazihan Torun, Ozsahin & Sutcgil, 2009; Yuksel, 2014). ADHD, the symptoms of which are more severe, constant, or heavy than the symptoms seen at similar age groups and development level, is one of the most frequent (Akgun, Tufan, Yurteri & Erdogan, 2011; Kaymak Ozmen, 2010; Keskin, 2014; Tufan & Yalug, 2009), the most diagnosed, the most treated (Cetin & Isik, 2018; Karabekiroglu et al., 2009), and the most studied subject among the childhood psychiatric disorders (Cetin & Isik, 2018, Imren, Rodopman Arman & Uluhan, 2013). It is believed to affect 5%–12% of all children, and a metaanalysis conducted on the disorder has shown that the average worldwide prevalence of ADHD is 5.29% (Dogangun & Yavuz, 2011). In diagnostic and statistical manual of mental disorders (DSM-V), it was stated that ADHD has three sub-kinds which are: (i) predominantly inattentive presentation, (ii) predominantly hyperactive-impulsive presentation and (iii) combined presentation. It was also reported that the prevalence of disorder is three to five times higher in boys than in girls (Koroglu, 2013; Yuksel, 2014). Although information on ADHD etiology is not precise, it is thought that ADHD is a multifactorial disorder that is mainly caused by genetic and environmental factors (Kayaalp, 2008; Oner, Oner, Aysev, Kucuk & Ibis, 2008; Uyan, Ceyhun Peker, Tekiner & Ulukol, 2014). Children with ADHD frequently experience problems with their parents, peers and friends or at school and their surroundings (Oner, Oner & Aysev, 2003). These children's parent-child relationship is negatively affected by the problems they face, such as reluctance to attention requiring tasks, forgetting given tasks, being easily distracted by external stimuli, difficulty doing their schoolwork due to constant state of attention deficit, losing things frequently, inability to complete the tasks they start, making simple and careless mistakes, appearing to be not listening, disorganisation, having speech defects and difficulty in verbal reasoning (Kaymak Ozmen, 2011; Oner et al., 2003; Tuglu & Sahin, 2010). ADHD is a public health problem that affects not only the individual with this disorder but also his/her parents, family, surroundings and the society (Kaymak Ozmen, 2011; Tuglu & Sahin, 2010). Especially, during childhood period, it causes serious problems in the family; it negatively influences the parent-child relationship, increase the family's burden of care, increase stress and tension stemming from care, reduce the family's quality of life and cause significant loss in functionality of the family in the long run. Also, it paves the way for psychiatric and socio-pathological states in the family (Deniz, Oztop & Mistik, 2008; Durukan, Turkbay & Congologlu, 2008; Imren et al., 2013). It was found in previous studies that families with ADHD children experience much more intra-familial problems, the parents feel themselves less confident in being parents, they believe they are unable to cope with the problems they face, they feel the need to get support in child raising and that there are problems in the family as to the distribution of roles (Imren et al., 2013). Besides, it was also reported that families experience high level stress, inconsistency in their attitudes, self-reproach, social isolation, inadequate sense of parenthood, low parent affection, high level of anxiety, more pathology and marital problems (Durukan et al., 2008). In addition to these, it was pointed out that the parents with ADHD children are more likely to exhibit disapproval behaviour towards their children, give orders to them more frequently, display strict and inconsistent attitudes, make use of disciplinary and physical punishment methods; and as a result of them, exhibit a more negative parent attitude (Cakaloz, Pekcanlar Akay, Bober, Eminagaoglu & Gunay, 2006). Unsatisfactory parent-child relationships may cause misbehaviours in ADHD children such as disobedience, non-compliance and aggression, and in the long run, it may lead to comorbid diagnoses that will accompany ADHD (Cakaloz et al., 2006). When comorbid diagnoses accompany ADHD, it

increases not only the parents' problems as to the childcare but also the risk of prevalence of psychological disorders in parents. Besides, it was reported that it increases the rate of depression in mothers and alcohol abuse in fathers (Kilic & Sener, 2005). The rate of anxiety, depressive disorders, panic disorders, agoraphobia and divorce was found high among the parents of ADHD children (Ozturk, Sayar, Tuzun & Tanriover Kandil, 2000). The results of the previous studies showed that the anxiety rate of prevalence ADHD is 23%, depressive disorder rate is 26% and adult type ADHD rate is 6.8% among ADHD children's parents. Comorbidity rate of mood disorders among parents diagnosed with ADHD was found to be 12.5% and the rate of anxiety disorder was found to be 25%. It was also reported that prevalence rate of ADHD among children whose parents have alcohol or drug abuse problems is higher, and that the parents of ADHD children have a higher propensity to develop alcohol and drug abuse (Guclu & Erkiran, 2004). Although there is a two-way interaction between parents and children, ADHD children's behavioural disorders influence parental attitudes; and such attitudes influence the severity of ADHD symptoms in children (Durukan et al., 2008). It was reported that the children whose parents have anxiety and depression are more likely to be diagnosed with ADHD. Although having an ADHD child have a negative effect on both the mother and father, it affects the mother much more deeply than the father since the mother is considered to be the one who is primarily responsible for child care in our society (Ozturk et al., 2000). The studies have shown that mothers of ADHD children are more likely to suffer from parental stress, feeling of insufficiency as a mother, anger, hopelessness, marital dissatisfaction and sleep problems as well as the psychiatric problems that disrupt functionality, such as anxiety, depression and somatisation (Durukan et al., 2008, Ozturk et al., 2000). In a study conducted by Guclu and Erkiran (2004), the lifelong prevalence of anxiety disorders in ADHD children' mothers was found to be 23.3%. In another study, major and minor depression rates among ADHD children's mothers were reported as 17.9% and 20.5%, respectively (Durukan et al., 2008). In addition to other difficulties, it brings about, having an ADHD child increases the mother's burden of care and the risk of prevalence of psychological disorders, and being a mom diagnosed with depression might negatively influence the symptoms of ADHD in her child. Besides, mothers diagnosed with depression also cause comorbid diagnoses that accompany ADHD symptoms, such as depression, anxiety disorder, anti-social behaviour, behavioural disorder and drug abuse disorder (Gokce, 2007). Depression not only affects mothers' functionality, quality of life and social adaptation considerably, but it also makes childcare much more difficult and causes various problems such as deterioration of marital relationships, loss of labour, child abuse, inattentiveness to child, inability to fulfil parental duties and responsibilities, feeling hopeless due to the child's problematic behaviours, exhibiting anger and violence. Along with these, psychological, cognitive, emotional, neurological and motor development of children whose mothers have depression might be retarded. This condition, which would be challenging even for the mothers that do not have depression, affects depressed mothers more negatively, might increase the level of depression and anxiety, might cause them to experience various emotional and behavioural problems, might hinder them from effectively coping with the situation, and might lead to loss of productivity, family crises, loss of love object, deterioration of health and less psychological endurance (Duran & Unsal, 2014). For an effective struggle against ADHD, it is crucial to help mothers cope with the problems effectively, support them in order to strengthen the family relationships and family dynamics, and raising their awareness on how to use those support systems effectively (Aydemir, 2007).

2. Conclusion

In the treatment of ADHD, along with the individual treatments offered to the child, the child should be evaluated together with the family members as a whole, and his/her parents, especially the mother, should be subjected to psychological examination and, if necessary, they should be provided appropriate treatment. This is crucial in that integrating the family into the treatment process has positive effects on the functionality of family. Health professionals led by psychiatric nurses should provide psycho-training for families, especially the mothers who are thought to be primarily responsible for child care. In those psycho-trainings, mothers should be informed about ADHD in order

to eliminate their ignorance on the issue and to take away their fears and concerns as to ADHD, an appropriate coping method should be adopted in order to ensure the child's and his/her family's adaptation to treatment, and parents should be supported in their struggle against ADHD by means of helping them with the severity of the symptoms and the child's success at school and adaptability to his/her environment. Making use of appropriate coping methods and an effective struggle against problems will contribute to improving the family dynamics and the family's quality of life. Building a healthy communication with the child and coping with the problems effectively will decrease the risk of secondary psychological symptoms to be seen in the child. As a result, once the mothers struggle against ADHD in an effective manner, the negative feelings they experience will be replaced by positive feelings, their self-confidence will increase, and they will be less likely to experience psychological disorders and burn-out (Aydemir, 2007; Durukan et al., 2008).

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