

# Lived Experiences of Mothers with Attention-Deficit/Hyperactive Children: A Phenomenological Approach

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## Abstract

**Background:** This study aimed to investigate the lived experiences of mothers with attention-deficit/ hyperactive children.

**Methods:** The present qualitative descriptive study was conducted based on a phenomenological approach that investigated the experiences of primary caregivers of attention-deficit/ hyperactive children. The population of the study included mothers of attention-deficit/hyperactive primary school students in Tabriz. A total of 13 children were selected using purposive sampling. Data were collected through face-to-face, in-depth, and semi-structured interviews with participants. The interviews were conducted in schools and the Hasti Counseling Center. Moreover, Smith's cognitive phenomenological method was used to analyze the data.

**Results:** The analysis of the data revealed 4 main themes and 25 subthemes including emotional responses (depression, loneliness, anger and rage, embarrassment, desire to have a calm child, stress, confusion, remorse, regret, frustration, anxiety and dread), behavioral responses (self-blame, frequent crying, shouting, aggression, trying to control oneself), physical responses (palpitation, feeling hot water drops on one's head), and cognitive responses (feeling inhuman, isolation, feeling guilty, embarrassed, and blameful, problems in pregnancy, insanity, feeling hyperactive due to inability to control oneself, feeling accused of lying).

**Conclusion:** The results of this study will pave the way for further research in the field of mental health interventions for mothers of attention-deficit/hyperactive children. Accordingly, it is essential to design and evaluate the effectiveness of psychotherapy interventions that can cover various dimensions of the problems of this group of mothers.

**Keywords:** Attention-deficit/hyperactivity disorder, Phenomenological study, Mothers

**Citation:** Abbasalizadeh Ranjbari R, Badri R, Esmailpour K, Nagi Agdasi A. Living experiences of mothers with attention deficit hyperactivity disorder. *J Qual Res Health Sci.* 2022;11(3):171-179. doi:10.34172/jqr.2022.04

**Received:** August 16, 2020, **Accepted:** October 16, 2021, **ePublished:** September 20, 2022

## Introduction

Attention-deficit/hyperactivity disorder (ADHD) is a developmental neurological disorder that dates back to childhood and its symptoms include attention deficit, impulsivity, and hyperactivity (1). Children with ADHD have major functional problems in education, family relations, and social situations (2). Pressures caused by problems of children with ADHD can be passed on to other family members. Studies have also shown that disorders in children with ADHD are closely related to maternal mental health (3). Problems caused by the children's behavioral disorder affect the mental and psychological condition of the parents, especially the mother, in an extraordinary and unusual way. Many families do not know much about the specific mental and

behavioral status of the child with the behavioral disorder, and this ignorance causes more conflicts for the mothers (4). Moreover, the presence and existence of a child with a behavioral disorder can damage the quantity and quality of couples' relationships and endanger their mental health (5). Behavioral problems of the child in the early years of life are associated with negative behavior and relationship of the mother and her stress, and through this, the child's problematic behavior causes unpleasant emotional reactions and reduces general health of the mother (6). In general, children with behavioral disorders have an adverse effect on the mental health of family members and couples and create a kind of negative cycle (7). The presence of such children in the family might lead to parents' fatigue and life discouragement as the



parents have to spend all their energy on controlling the child and as a result, they no longer have the strength to communicate with each other and meet each other's needs. The accumulation of frustrations and tensions in daily life causes couples to ignore their needs and those of their spouse, and as a result, their life quality decreases (8). Mothers of children with hyperactivity disorder show an inability to deal with uncontrollable behaviors and negative emotions and pay more attention to the children's negative behaviors. Such a bias towards the negative behaviors of the children, interferes with the neutral or positive attention to the behaviors of the child, and makes the mother more sensitive and impulsive (9). Sometimes the parents of these children may have passive behaviors and treat their children with less warmth. Hence, the vicious cycle between the child's behaviors and parenting strategies continues (10). Numerous epidemiological studies have estimated its prevalence to be 4% to 12% in the school-age population (11). The prevalence of this disorder is higher in rich than in poor countries. The prevalence of this disorder in Iran has been reported to be 5.5% to 5.8% (12).

Abazari et al reported the parent-child relationship plays an important role in child's growth (13). Besides, Abedi et al believed parents are the main managers of the emotional state of the family and the need for knowledgeable and responsible parents to create an intimate family and use appropriate parenting is evident (14). Thus, it is necessary to address the emotional state of the parents of children with ADHD, and in this regard, it is important to mention that certainly the lived experiences of mothers of children with ADHD and how these mothers experience and manage the problems in such situations can be explored and explained by qualitative studies. A number of studies have been carried out in this regard. Harazni and Alkaissi did a study on the experiences of mothers and teachers of children with ADHD and attempted to explore their management methods in dealing with these children. The results of interviews with mothers revealed three main themes (burden and problem of caring, inadequate support, children's behavioral disorders) and nine subthemes (15). In a study by Gharibi and Gholizadeh on the experiences of mothers of children with ADHD, 4 main themes (family disorder, social worries, academic worries, and experienced negative emotions) and several subthemes were extracted (16). The present study was conducted in line with the above-mentioned researches, of course, with a localized structure of the experiences of mothers of children with ADHD.

The results of this study can be useful for psychologists and parents dealing with children with ADHD, and will theoretically help experts in this field to conduct more researches based on these findings to address the problems of this group of mothers as well as the children with ADHD, themselves, and to develop and modify

existing theoretical perspectives. Furthermore, mothers' interaction with their children, whether violent or loving, forbidding or liberating, is under the influence of the specific cultural model of the society (17). On the other hand, the results of the studies on parent-child interaction in families of children with ADHD in Iran showed these parents use authoritarian parenting and punitive methods more than parents of normal children and have less warm relationships with their children (18). Accordingly, considering the gaps that exist in the subject under study, the present study aims to investigate the lived experiences of mothers of children with ADHD in a context of indigenous Iranian culture in the counseling center environment so that the results could pave the way for the development of knowledge related to the life problems of mothers of children with ADHD. In fact, the present study aims to review and describe the lived experiences of mothers who have the most daily interaction with children with ADHD.

### Methods

The research population included the mothers of second- and third-grade primary school students in Tabriz in the 2019-2020 academic year suffering from ADHD. The main criteria for entering the study were attending the school and having ADHD as diagnosed by a psychiatrist. To identify the participants, with the permission of the Department of Education of East Azerbaijan, the diagnostic process of children with ADHD was carried out in schools. Then, the mothers of the introduced students were invited to the school and after providing the necessary explanations about the process, a written consent was obtained from each participant for conducting the interview and the common ethical considerations of the research were explained to the mothers. Moreover, the participants were assured that their participation would not have any negative psychological and emotional consequences for them. Then, semi-structured interviews were conducted with the participants and the ambiguities of the interviews were clarified with the interviewer's analysis and follow-up questions until the statements were clearly defined. The interviews continued until theoretical saturation.

The participants were selected through purposive and convenience sampling. Due to the fact that in the phenomenological method, the sample size varies between 5 and 25 individuals (19), in this study, after interviewing 13 mothers, the data were saturated (Table 1). The data collection tool was a qualitative semi-structured interview. Data were collected using in-depth semi-structured interviews and the interview process took 45-70 minutes.

Since it is easier to deal with an issue as it is lived by the individuals themselves and to understand the true meaning that comes with dealing with these behaviors

on a daily basis, it is reasonable to use phenomenological method, which can describe the experiences as they are. The main purpose of utilizing this method in the present study was to investigate mothers' inner and mental experiences. The phenomenological method was developed by Giorgi as a phenomenological description of the humanities. The purpose of phenomenological psychology is to provide a detailed description of the human experiences. For this reason, this method mainly uses the world of participants' lives, how they behave, and how they experience situations to search for the psychological meanings of the phenomenon (20).

To ensure the validity of the general and initial questions of the interview, the opinions of the professors were used and during the interview, more detailed questions were asked based on the answers of the interviewees. To ensure the reliability of the research data, repeated study, data comparison, and summarization and classification of information were used without making any changes in the data. Confirmability and credibility were used to confirm the scientific accuracy and robustness of the data. Attempts were made to achieve conformability through comparison with the research background and available literature, continuous monitoring of the research from the beginning to the end, use of sufficient and appropriate samples, and continuation of the interviews until saturation. Moreover, the credibility was confirmed using the researcher triangulation method (21)

Smith's phenomenological method was used to analyze the data. First, the interviews were recorded as audio files and transcribed. Then, the researcher read and re-read the text of each interview frequently and the subthemes were determined and coded. Initially, 4 main themes and 29 subthemes were extracted. The researcher then proceeded to compare and take into account the differences and similarities of the subthemes to come to more general themes. Finally, a total of 4 main

themes and 25 subthemes were identified.

## Results

The analysis of the data revealed 4 main themes and 25 subthemes which can reflect the lived experiences of mothers of children with ADHD (Table 2).

### *The first main theme: Emotional responses*

Mothers gave a variety of reasons for this range of responses, but what they all acknowledged was that the afflicted child's behavior led to the development or worsening of the experience of negative emotions and conflict in the family.

#### *Subtheme 1: Depression*

Some mothers explicitly talked of their feeling depressed in their interviews, and some referred to its main symptoms. They acknowledged that they felt tired and unenergetic, lethargic, confused, worthless, and in some cases, they talked of feeling no pleasure in their lives. "My child has abusive behaviors, that's why nothing makes me happy, I get bored soon" (Participant 5).

#### *Subtheme 2: Loneliness*

The mothers stated that the responsibility for raising the child lies solely with them and they feel lonely because important people such as spouses, families, and professionals do not cooperate as much as mothers expect. "Sometimes I feel lonely and I don't know what to do" (Participant 1).

#### *Subtheme 3: Anger and rage*

Most mothers complained of their anger and rage. Communication with the spouse was often fraught with tension and conflict due to the mother's extreme fatigue, and being accused, or even blamed by the father. The

**Table 1.** Demographic characteristics of the participants

Age	Education	Place of birth	Number of children	Gender and birth order of the child with ADHD	History of psychological treatment
42	High school diploma	Tabriz	2	Boy and second child	None
36	Bachelor's degree	Tabriz	1	Girl and only child	None
39	High school diploma	Tabriz	2	Girl and second child	None
38	High school diploma	Ahar	3	Girl and third child	None
32	Bachelor's degree	Tabriz	1	Boy and only child	None
41	High school diploma	Bonab	3	Boy and second child	None
38	Undergraduate student	Marand	3	Girl and third child	None
33	Bachelor's degree	Tabriz	2	Girl and second child	None
39	High school diploma	Tabriz	2	Girl and first child	None
42	High school diploma	Sufiyan	2	Boy and first child	None
37	Bachelor's degree	Tabriz	2	Girl and second child	None
39	High school diploma	Tabriz	2	Girl and first child	None
40	Bachelor's degree	Tabriz	1	Girl and only child	None

**Table 2.** The Main themes and Subthemes Extracted from the Data

Main Themes	Subthemes
Emotional responses	Depression, loneliness, anger and rage, embarrassment, desire to have a calm child, stress, confusion, remorse, regret, frustration, anxiety and dread
Behavioral responses	Self-blame, frequent crying, shouting, aggression, trying to control oneself
Physical responses	Palpitation, feeling hot water drops on one's head
Cognitive responses	Feeling inhuman, isolation, feeling guilty, embarrassed, and blameful, problems in pregnancy, insanity, feeling hyperactive due to inability to control oneself, feeling accused of lying

child's not obeying the rules, excessive activity, irregular sleep hours, or conflicts with peers, led to anger and rage in mothers. *"At a party, when my daughter bustles about, it really gets on my nerves"* (Participant 4).

**Subtheme 4: Embarrassment**

The mothers of children with ADHD stated they feel ashamed at parties with their children's excessive movements and uncontrolled behaviors as well as shouting and quarreling with peers. There was also the experience of feeling embarrassed by repeated calls from the school about the educational and moral affairs of the afflicted child. *"When my child bustles about, I feel upset and ashamed that others think my child is noisy"* (Participant 9).

**Subtheme 5: Desire to have a calm child**

When mothers compared their child with other children, they wished their child was a calm and obedient one like others. *"I also like my daughter to be calm"* (Participant 1).

**Subtheme 6: Stress**

As mothers used to deal with the afflicted child almost all the time and were reprimanded, advised, and labeled as inefficient by others, they were under a lot of pressure and stress. *"I am under a lot of pressure to deal with this child alone at home all the time"* (Participant 2).

**Subtheme 7: Confusion**

Mothers did not know how to deal with the disobedience and stubbornness of their afflicted children and many mothers did not know much about the specific mental and behavioral status of the child with the behavioral disorder, and this ignorance caused them more conflict and confusion. *"Sometimes when my child is bustling about, I don't know what to do"* (Participant 6).

**Subtheme 8: Remorse**

Mothers were filled with remorse as in some cases they punished and reprimanded their affected children for their behavioral problems, and also because in most cases they blamed themselves in some way for giving birth to such a child. *"I used to calm down after punishing, but now I get filled with remorse"* (Participant 7).

**Subtheme 9: Regret**

When mothers express aggressive behaviors due to behavioral problems and in some cases the educational problems of afflicted children, they immediately express their regret for their behavior following their children's crying or imposed silence. *"She calms down by shouting, but because she misses me, I feel upset and we go to her aunt's house to calm her down"* (Participant 6).

**Subtheme 10: Frustration**

Due to having a child with ADHD, most often mothers could not attend gatherings as they become frustrated as a result of people's looks and at times, direct or indirect criticism in the form of blame or advice. *"Whatever happens in the apartment, everyone comes to us because our child is so restless and noisy"* (Participant 5).

**Subtheme 11: Anxiety and Dread**

The unrest and tension these children create in the family, transmit anxiety and dread to mothers. Most mothers are always expecting behavioral problems between the afflicted child and other family members and peers, and because of the high-risk behaviors and actions of these children, mothers are always anxious that their child may harm themselves or others. *"I'm always dreadful and I tell myself that he may hurt someone at school"* (Participant 2).

**The second main theme: Behavioral responses**

In the face of behavioral and educational problems of children with ADHD, mothers might show aggressive or passive behavior and use some techniques to control themselves at any cost to avoid any conflicts between the child and family members.

**Subtheme 1: Self-blame**

Almost all participants were self-blamers. Mothers began to blame themselves when the afflicted child got out of control, the mother lost her ability to manage the behavior, or she was somehow blamed for her child's behavior. *"Why did I allow my child, whom I was pregnant with in a crisis, to be born?"* (Participant 4).

**Subtheme 2: Frequent crying**

Most mothers stated they would resort to crying often due to



feelings of frustration, loneliness, isolation, or helplessness. Crying was mostly accompanied by expressions of regret and disgust from life. *“Because of this boy’s behavior, not a day goes by without screaming and crying”* (Participant 6).

#### **Subtheme 3: Shouting**

Shouting has been a common behavior of most mothers of children with ADHD. In some cases, mothers due to excessive fatigue and inability to manage their child’s behavior and education, shouted and screamed at both the child and family members, and often tried to express remorse immediately with showing compensation behavior. *“I calm down by shouting, but after that, because my child misses us, we go to her aunt’s house”* (Participant 13).

#### **Subtheme 4: Aggression**

When mothers were confronted with the disobedience and stubbornness of their children and were unable to manage their children’s behavior, they inadvertently resorted to aggressive behaviors. Moreover, despite their extreme tiredness, when they were treated unkindly and were neglected by others, especially their husbands, they showed aggressive behaviors. *“With this son, I become nervous and aggressive towards both him and my husband”* (Participant 8).

#### **Subtheme 5: Trying to control oneself**

Mothers have controlled themselves as much as possible during their child’s noisy time so that it does not lead to unfortunate incidents against their child. This effort was also made in the face of criticism received from others. Meanwhile, some mothers believed that these controls did not work in some cases and led to severe tensions. *“At a party, when he bustles about, I only speak with my tongue”* (Participant 5).

### **The third main theme: Physical responses**

When mothers experienced negative emotions such as anger, they also exhibited behavioral responses and a series of physiological responses.

#### **Subtheme 1: Palpitation**

When mothers were exposed to behavioral tensions related to their child’s behavioral problems, inadvertently they felt that their heart rate has risen. *“We do not sleep and rest comfortably, I have palpitations, I have not been like this before, I am always worried to hear bad news about my daughter”* (Participant 4).

#### **Subtheme 2: Feeling hot water drops on one’s head**

Some mothers reported that they felt very upset when their child behaved badly and felt like hot water dropped on their head. *“When my child bustles about, I feel like hot water drops on my head”* (Participant 1).

### **The fourth main theme: Cognitive responses**

When exposed to tension and behavioral problems of children with ADHD, mothers had certain attitudes towards life, those around them, and themselves.

#### **Subtheme 1: Feeling Inhuman**

Mothers, following disobedience, stubbornness, and behavioral problems of their children with ADHD, became nervous and behaved aggressively and at times physically punished their children. Later, because of these behaviors, they became upset and regretful and felt as if they were not human. *“When I punish, I feel like I’m not human, and so I feel I have to control myself more in the future”* (Participant 5).

#### **Subtheme 2: Isolation**

Due to the child’s problems, mothers have limited their interactions with others or others refused to communicate with them. Thus, these mothers are automatically isolated, and they feel rejected by society and those around them. *“I don’t visit any relatives during the year, and I’m alone with a tense family and this child”* (Participant 10).

#### **Subtheme 3: Feeling guilty, embarrassed, and blameful**

Most mothers considered themselves incompetent and the cause of the child’s problems, hence feeling guilty. Others also blamed them for the child’s behavior. They also felt ashamed of the child’s behavior in situations such as parties and shopping. In other words, mothers sometimes blame themselves for developing ADHD disorder in their children or as they were blamed by their husband or those around them. One of the experiences of mothers was feeling guilty due to their own guilt and blame as well as mistreating and blaming the child. *“When I have a row with my daughter and hit her, I feel upset and guilty for up to 24 hours”* (Participant 12).

#### **Subtheme 4: Problems in pregnancy**

Most mothers believed that they had gone through a period of anxiety during pregnancy due to livelihood and psychological problems in their living environment, and during this time they were under more psychological pressure. Therefore, it is not unexpected in such situations that a child is born with uncontrolled, disobedient, and stubborn behaviors. *“I think the only reason for the birth of this child is the anxiety I experienced in my pregnancy due to financial problems”* (Participant 7).

#### **Subtheme 5: Insanity**

Mothers experienced a sense of madness when faced with behavioral problems and disobedience of afflicted children, and were unable to do anything possible and find a way out of the predicament in which they found themselves. *“I told myself I was mad that I beat my child”* (Participant 5).

### *Subtheme 6: Feeling hyperactive due to inability to control oneself*

When following the stubbornness and disobedience of children, mothers flied off the handle and, at times, verbally and physically punished their children, they soon felt that they were incapable of controlling their own violent behaviors and thought they, themselves, probably have ADHD. *“I felt that I was hyperactive too that I can’t control myself”* (Participant 4).

### *Subtheme 7: Feeling accused of lying*

The mothers have been accused of lying by those around them because of their child’s problematic behaviors. It was as if the mother has not observed or concealed matters concerning the upbringing and taking care of the child, so they were labeled liars or concealers. *“I feel I have been screwed up and it’s as if I’m accused of lying too”* (Participant 2).

## **Discussion**

This study aimed to investigate the lived experiences of mothers of children with ADHD. The mothers of these children face many unpleasant experiences. In this study, these mothers expressed their experiences in four main themes including emotional, behavioral, physical, and cognitive responses. In the present study, all 13 participants were mothers who had one child diagnosed with ADHD. The extracted themes in the present study showed the mothers most often referred to feelings of loneliness and depression, remorse, anxiety and dread, self-blame, guilt, and problems in their pregnancy. The results of the present study are relatively consistent with those of other studies. For instance, in the study by Parand et al, from among the numerous experiences extracted, the experience of aggression and a sense of helplessness were consistent with the present study (22). However, other themes such as feelings of limitation or the existence of imposed relationships were not reported in the present study due to cultural differences between the studied communities. The common point of the previous studies and the present study is the existence of numerous negative experiences in mothers of children with ADHD.

The first main theme of this study was the emotional responses of mothers of children with ADHD. Conflicts between the mother and child as well as poor social and educational performance of the children with ADHD and the mother’s dissatisfaction with them provoke the mother’s anger. Feelings of guilt and blame are of the lived experiences of these mothers, which could be both clearly understood from their words and observed in their lives. Feelings of sadness, desolation, tiredness, loneliness, not enjoying, irritability, and boredom as well as headache were experienced by mothers due to the pressures of interacting with these children. These findings are in line with the results of other studies. Based on a study by

van der Oord et al, the mothers of children with ADHD suffer from depression, anxiety and stress (23). In a study by Benson, it was demonstrated that the mothers of children with ADHD suffer from loneliness, which is one of the elements of depression, and lack of control over the situation as the main symptoms of anxiety (24). Slagt et al concluded that living with a child with ADHD is a stressful factor for the family. Parents of these children do not function properly in controlling the child’s behavior. These children’s inattention to orders and misbehavior hurt the mother and disrupt their communication channel. The mothers experience psychological problems such as depression, anxiety, dissatisfaction with motherhood, stress, decreased sense of competence and attachment to the child, and impaired communication with others and the spouse (25).

The second main theme obtained from the analysis of the lived experiences of mothers of children with ADHD was behavioral responses. The mothers of children with ADHD attributed their child’s misbehavior to stress and tension, especially during pregnancy, so they blamed themselves for not preventing the marriage or pregnancy. The mothers’ crying has been due to their child’s misbehaviors and uncontrollability, or their sense of regret after punishing. Shouting is one of the behaviors that mothers showed in their interaction with these children. Shouting reduced the children’s misbehavior and in some cases calmed them down but in others led to mothers’ unhappiness. Mothers were aggressive and nervous towards their children and other family members. Some mothers hated this behavior themselves. Some mothers were trying control their own behaviors not to physically and verbally punish their child. These findings are consistent with the results of several studies. Gohari et al showed mothers of children with ADHD should be held accountable for the child’s problematic behavior in relation to others. They feel guilty and think they deserve to be blamed. Mothers experience varying degrees of social exclusion due to the child’s behavior, which can lead to increased stress and social isolation and a decrease in the mother’s sense of competence (26). In addition to behavioral problems, children are very sensitive and easily upset, which causes tension in most families. Family members are always on the alert that the child may show an emotional outburst at any moment (27). The presence of such children in the family causes fatigue and discouragement for the parents. The parents have to spend all their energy on controlling the child and no longer have the strength to communicate with each other and meet each other’s needs. This disorder can affect the functioning of the family and lead to the accumulation of frustration and stress in daily life and thus reducing the quality of life (28). Mothers of children with ADHD use more authoritarian behaviors when interacting with their child, disagree with them more, and give less rewards to

appropriate child behaviors that are often incidental. In general, these mothers are pessimist (29). Parenting is very difficult in the families of the children with ADHD and the challenging behaviors of these children result in negative emotions and violent behaviors of the parents (30).

The third main theme identified from mothers' lived experiences was physical responses. Palpitation was a major symptom in mothers of children with ADHD which usually occurs during child's misbehaviors or uncontrollable behaviors. Some mothers stated their child's behavior made them feel as if hot water drops on their head. Headaches and boredom are sometimes experienced due to the pressures of interacting and living with these children. Perez Algorta et al indicated that having a child with ADHD can cause physical problems as well as psychological disorders such as depression, anxiety, and stress in parents (31).

Finally, the fourth main theme was the cognitive responses of the mothers. Harazni and Alkaissi reported in their study that the existence of a child with ADHD has a heavy emotional burden and causes mothers experience feelings of frustration, anger, guilt, fear, and helplessness which is consistent with the results of the present study (11). Derakhshanpour et al showed that mothers of children with ADHD are more anxious and depressed, have lower physical and mental health, and experience negative consequences such as self-dissatisfaction, inability to make decisions, guilt, lack of interest in others, and decreased energy and sexual desire (32). In a study by Johnston, it was shown that children's behavioral disorders such as aggression and not following the rules and regulations, negatively affect the parent-child and other family members' interactions and disturb family functioning. Parents have more psychological problems and feel inadequate in parenting skills (33). Mothers of children with ADHD have low self-esteem and a growing sense of guilt and feel isolated. The child's problems are attributed to incompetence in taking care of the child and these feelings are usually accompanied by self-blame. Mothers of children with ADHD have unrealistic beliefs about the child and themselves (34).

In general, the lived experiences of mothers of children with ADHD indicated they endure various pressures and worries in psychological, family, and educational dimensions. Most parents of children with a mental disorder are involved in a psychological trauma (35). The cause of some concerns is the lack of awareness and scientific knowledge of parents about this disorder and the pressures caused by the maladaptive behaviors of the afflicted child. Therefore, recognizing the mental state of mothers, paying attention to their needs and problems, providing more support and cooperation by spouses, and understanding the world of mothers of children with ADHD are necessary to ensure their mental health. The

results of this study showed these mothers experience more psychological pressure and stress to the extent that it has weakened their performance in various dimensions and endangered their quality of life in all aspects. The results of other studies indicated that mothers of children with ADHD experience a chaotic family life and their family atmosphere is full of quarrels and conflicts. Rezaei et al demonstrated having a child with a mental disorder leads to mental pressure, fatigue, mother's sense of discomfort, and disrupted relationships between family members (36).

One of the limitations of the present study was the lack of sufficient qualitative researches that made it difficult to compare the findings. Moreover, the limited sample size in this study calls into question the comprehensiveness of the data. Therefore, considering these and reflecting on the obtained results, it is recommended to conduct further research in this area. Qualitative studies on mothers' problems and needs can provide important results to more scientifically deal with this issue. The research findings can help to solve the problem of taking care of children with ADHD in schools and at home and these findings can also be used in reflecting mothers' information about the management of the child's behavioral disorders. Understanding how mothers deal with children with ADHD provides important information about family functioning which might be useful for effective interventions. It also leads to understanding the child, the family, and their interaction which in turn facilitates the development of a care plan for children with ADHD and results in a correct understanding of their problems in the society.

### Conclusion

The results of the present study emphasized the need for specialized support for mothers of children with ADHD during the early years of the development of the disease. The themes identified in the study function as a potential therapeutic goal that should be considered to improve treatments. The present study was one of the few studies conducted in this field which had its own limitations due to the qualitative nature and lack of presenting hypotheses. Therefore, it is suggested that future studies be conducted to identify other possible variables and determine their importance by using both quantitative and qualitative methods. Researchers should also examine the ways the mothers' needs are addressed and the specialists' competence are improved to reduce the consequences of the disorder for the mother and the child.

### Acknowledgments

The authors would like to thank all participants for their cooperation in this study.

### Conflict of Interest

The authors hereby state that there is no conflict of interest in the present study.

**Ethical Issues**

This study was approved by Islamic Azad University, Tabriz, Iran with the code of ethics: IR.IAU.TABRIZ.REC.1398.071.

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