Research in Developmental Disabilities 34 (2013) 1581–1594

Contents lists available at SciVerse ScienceDirect

Research in Developmental Disabilities

Maternal parenting styles and mother–child relationship among adolescents with and without persistent attention-deficit/hyperactivity disorder

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ARTICLE INFO

Article history:
Received 7 November 2012
Received in revised form 1 February 2013
Accepted 5 February 2013
Available online

Keywords:
Mother's parenting style
Persistent ADHD
Non-persistent ADHD
Adolescent
Mother–child relationship
Family support

ABSTRACT

We investigated mothering and mother–child interactions in adolescents with and without persistent attention-deficit/hyperactivity disorder (ADHD) in a sample of 190 adolescents with persistent DSM-IV ADHD, 147 without persistent ADHD, and 223 without ADHD. Both participants and their mothers received psychiatric interviews for diagnosis of ADHD and other mental disorders; and reported on the Parental Bonding Instrument about mother's parenting style, the Social Adjustment Inventory for Children and Adolescents for interactions with mothers and home behavioral problems. The mothers also reported on their ADHD and neurotic/depressive symptoms. Our results based on both informants showed that both ADHD groups obtained less affection/care and more overprotection and control from the mothers, and perceived less family support than those without ADHD. Child's inattention and comorbidity, and maternal depression were significantly correlated with decreased maternal affection/care and increased maternal controls; child's hyperactivity–impulsivity and maternal neurotic trait were significantly correlated with maternal overprotection; and child's inattention and comorbidity, and maternal neurotic/depressive symptoms were significantly correlated with impaired mother–child interactions and less family support. Our findings suggested that, regardless of persistence, childhood ADHD diagnosis, particularly inattention symptoms and comorbidity, combining with maternal neurotic/depressive symptoms was associated with impaired maternal process.

1. Introduction

Attention-deficit/hyperactivity disorder (ADHD), a common [5–10% worldwide (Spencer, Biederman, & Mick, 2007) and 7.5% in Taiwan (Gau, Chong, Chen, & Cheng, 2005)] yet under-diagnosed disorder in Asia (Gau et al., 2010c), greatly impacts affected children and their families. ADHD symptoms and associated negative and incompliant behaviors (Johnston, 1996)

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http://dx.doi.org/10.1016/j.ridd.2013.02.002

may lead to parental challenges (Pelham & Lang, 1999), insufficient parenting (Pelham & Lang, 1999), parent-adolescent conflicts (Edwards, Barkley, Laneri, Fletcher, & Metevia, 2001), and parental anxiety and mood problems (Edwards et al., 2001; Gau, 2007; Gerdes et al., 2007; Pelham & Lang, 1999), particularly with the mothers (Lifford, Harold, & Thapar, 2008). Mothers, commonly the main caretakers of the family (Chao, 1994), were more likely to be affected by their children's ADHD behaviors than fathers (Patterson, 1982), because they often interacted with these children in situations influenced by ADHD symptoms such as doing homework, following instructions for daily activities etc., and were more likely to be blamed for child's poor academic and social performances (Chao, 1994). Hence, having a child with ADHD markedly increased care burden, stress and frustration to the mothers (Barkley, Fischer, Edelbrock, & Smallish, 1991).

Parent–child interactions were often influenced by several factors such as emotional stability (Gerdes et al., 2007; Nelson, O'Brien, Blankson, Calkins, & Keane, 2009), behavioral disturbances (Johnston, 1996; Podolski & Nigg, 2001), parent–child bonding (Barkley, Anastopoulos, Guevremont, & Fletcher, 1992; Gau, 2007), and parenting styles (Gau, 2007). Bidirectional relationships were observed between overt child behavioral problems and hostile parenting (Lifford et al., 2008), and between parent–child relationship and the severity of ADHD symptoms (Lifford et al., 2008). The severity of negative mother–child relations also increased with age in youths with ADHD. As the child grew older, he/she would resist parental instruction and monitoring and would start to bargain with the rules (Barkley et al., 1992). Increased risky behaviors, deviant peer influence, peer rejection at early adolescence, often found in adolescents with ADHD, had been found to be associated with increased maternal overprotection and authoritarian controls (Fanti & Henrich, 2010); authoritarian mothering, on the other hand, may reflect increased caregiver burden (Barkley et al., 1991) while dealing with conflicted-irritable children, who were more moody, fearful and vulnerable to stressors (Gau et al., 2008), or who had oppositional/conduct problems (Thompson, Hollis, & Dagger, 2003).

Parental dysfunctional disciplines (laxness, reactive parenting, and verboseness) also predicted poorer treatment outcomes in ADHD (Hoza et al., 2000), while parental stress mediated between parental depression and parenting (Gerdes et al., 2007). For example, child ADHD symptoms were associated with inconsistent maternal discipline (Ellis & Nigg, 2009) and increased maternal rejections (Lifford et al., 2008). The inconsistent maternal discipline was considered as ineffective parenting, subsequently causing emotional distress in the children (Ellis & Nigg, 2009). Taken together, both the severity of ADHD symptom and maternal characteristics contributed to the severity of maternal stress derived from having a child with ADHD (Gerdes et al., 2007). Contrariwise, reduction in child ADHD symptoms was linked to increased warmth and affection from the mothers rather than the fathers (Schachar, Taylor, Wieselberg, Thorley, & Rutter, 1987).

In addition to its influence on maternal parenting, ADHD also contributed to disturbed family functioning (Barkley et al., 1992), disrupted parent–child relationships (Barkley et al., 1992), and conflicting communications (Edwards et al., 2001). Increased physical and behavioral problems during the developmental stage from childhood to adolescence in youths with ADHD further added the burden and difficulties to their families (Angold et al., 1998; Gau et al., 2010c; Spencer et al., 2007). In fact, families of ADHD children with comorbid conditions encountered even greater parental stress (Podolski & Nigg, 2001), more negative parenting, and poorer parent–child relationships (Burke, Pardini, & Loeber, 2008) than their counterparts without comorbid conditions. Overall, in the families of having a child with ADHD, the child perceived more negative and controlling parenting (Finzi-Dottan, Manor, & Tyano, 2006), while the parents perceived their families as less supportive and more stressful (Brown & Pacini, 1989). Despite extensive research on the relationship between ADHD and family/parental process, no studies had been done to identify the effect of specific ADHD core symptoms on different aspects of parent–child interactions. Additionally, none had discussed the parent–child relationships or family function in adolescents with past history of ADHD who currently do not meet Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, (DSM-IV) diagnostic criteria of ADHD.

Despite many western studies on mothering in ADHD, few had been conducted in Asian populations (Gau, 2007), and none of them had investigated impaired mother–child relationship in non-persistent ADHD families. No studies had further examined whether specific childhood ADHD symptoms affect mother/family measures in adolescents with ADHD in non-Western countries. Hence, the present study aimed to test the following research questions: (1) whether adolescents with childhood diagnosis of ADHD were more likely to have impaired mothering, mother–child relationships, and perceived family support? (2) Whether mothering, mother–child relationships, and perceived family support are different between adolescents with persistent ADHD and adolescents with non-persistent ADHD as compared with adolescents without ADHD? And (3) what are the specific ADHD core symptoms and other correlates for mothering, mother–child relationship, and perceived family support? We hypothesized that both ADHD groups had more impaired maternal and family measures than adolescents without ADHD with greater severity in the persistent ADHD group; and that both child ADHD symptoms and maternal psychopathology were associated with different aspects of impaired mother–child interactions and family function.

2. Methods

2.1. Participants

We assessed 337 adolescents (male, 80.4%) aged 11–18, clinically diagnosed with ADHD according to the DSM-IV at the mean age of 6.7 (SD = 3.0) by the corresponding author, and 223 comparison adolescents without ADHD, who were recruited from the similar school districts of the ADHD group through the school principals and teachers rather than advertisement.