

DISCRIMINATORY BEHAVIORS FROM RELATIVES ENCOUNTERED BY STIGMATIZED PARENTS OF ADHD: A QUALITATIVE STUDY

Faiza Kiran

PhD Scholar, University of Central Punjab

Dr. Rabia Farooqi*

Associate Professor, University of Central Punjab,

Nur International University

*Corresponding author: Dr. Rabia Farooqi (dr.rabia.farooqi01@gmail.com)

DOI: <https://doi.org/10.71146/kjmr295>

Article Info



This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license

<https://creativecommons.org/licenses/by/4.0>

Abstract

Stigma refers to the humiliation and dishonoring of an individual because of the characteristics they possess. Therefore, this study addresses the problems of stigma encountered by Pakistani parents of ADHD children, which is qualitative in nature. The research features a sample of 10 parents with ADHD children aged 7 to 12. Participants were approached through a purposive snowball sampling strategy and data was gathered through semi-structured interviews. The study explains the themes emerging from thematic analysis using NVivo-14 and examines parenting difficulties of parents with diagnosed ADHD and relentless discrimination by relatives. Widespread family blame, lack of understanding, pressure to adapt, impact on sibling relationships, and emotional burden on parents of ADHD children from society, in general, resulted in public and self-stigma. The findings of the current study highlight the importance of arranging education campaigns to promote awareness and knowledge about ADHD, to reduce stigma and to improve child and parent support within the extended family.

Keywords:

Quantum confinement, surface plasmon resonance, nanomaterial-based membranes, water purification, titanium dioxide (TiO₂), zinc oxide (ZnO), gold nanoparticles (Au NPs), silver nanoparticles (Ag NPs), photocatalysis, heavy metal removal, antibacterial activity, membrane fouling resistance.

Introduction

Hinshaw (2007) defines stigma as the value placed on certain individuals for possessing some characteristic, associated with membership in a group that the general society dislikes, values, or disrespects. People with psychological issues and their families are often stigmatized by the wider community (Stier & Hinshaw, 2007). Stigma occurs when the public holds negative beliefs about a group of people (stereotypes), reacts with negative emotions (prejudice), and treats members of the group in ways that are unfair and unjust (Kaushik et al., 2016). Stigma is divided into three dimensions including public stigma, self-stigma and courtesy stigma. Public stigma, as designated by Corrigan and Shapiro (2010), is the collective decision by many people to be suspicious of individuals who are accused of having diverse characteristics in physical and behavioral aspects. Exposure to stigma is associated with the risk of developing “self-stigma” (Corrigan & Watson, 2002). Self-stigma occurs when a person becomes aware of the prejudiced beliefs of others, accepts the prejudiced beliefs as true, and applies these beliefs to themselves (Corrigan & Rao, 2012). Experiences of self-stigma are subsequently associated with a variety of negative outcomes, such as lower self-esteem, more severe psychological symptoms, and increased suicidal ideation (Catalano et al., 2021). Self-stigma is defined as the extent to which an individual adopts negative stereotypes about themselves, which impacts their overall quality of life and social functioning (Fabriga, 1990). Courtesy stigma is defined as family members or another person who negatively mediates simply because of their relationship with the stigmatized person (DosReis et al., 2010; Kendall & Hatton 2002; Koro & Bussing, 2009; Norvilitis et al., 2002).

Furthermore, Stigma has been shown to have a significant impact on caregivers of children with ADHD. As such, evidence-based research reported that parents were encountering stigma due to their child being diagnosed with ADHD (Dosreis et al., 2010). In a study, Lin et al., (2023) investigated the negative aspects of the associated stigma that result in caregivers of ADHD children needing more support or understanding from society. Practically the strongest evidence comes from a study by Ozaslan and Yildirim (2021) that sought to investigate the relationship between internalized stigma in ADHD, self-esteem and severity of ADHD symptoms among mothers of ADHD children. Based on the data analyzed, it was concluded that mothers with higher education showed higher levels of internalized stigma. Similarly, a study conducted by Charbonnier et al., (2019) confirmed that mothers of male ADHD children had more distress, which was positively related to the level of symptom severity in ADHD children and this association was not significant for mothers of female ADHD children.

Some studies observed significant relationship between perceived stigma and parenting style in mothers of school-aged children with ADHD and other developmental disabilities. The most significant findings were that mothers of children with ADHD received more hostile remarks from strangers compared to parents of children without ADHD as indicated by greater levels of perceived stigma (Norvilitis et al., 2002). Mikami (2015) and his colleagues studied the parental affiliate stigma among caregivers ADHD children. They found that parents with greater affiliate stigma reported negative effects on parenting behavior. The findings are suggestive of the negative effects of affiliate stigma on children's and parents' behavioral problems and outcomes. This indicates a serious issue among ADHD families which needs to be addressed.

Rationale of the study

Parents play a fundamental role in the lives of children and the present study used a standardized methodology to explore the stigma experienced by parents of children diagnosed with ADHD in Pakistan. Therefore, in Pakistan, parents of children with ADHD experience more emotional, psychological and behavioral difficulties from society and relatives than typically developing children. It may take a long time for parents to accept our society’s negative perception of special children as many people criticize or react to parents of children with ADHD. The literature review identified some gaps that the current study aimed to address. To identify areas where interventions were needed to promote anti-stigma, to improve the lives of parents with ADHD in Pakistan. Stigma for ADHD is prevalent in Pakistan and most parents

of children with ADHD experience some level of stigma. Therefore, the current study aims to bring into focus some of these issues and investigate the challenges faced by parents of children with ADHD in the socio-cultural setup of Pakistan.

Method

A purposive snowball sampling technique was applied to acquire data from ten parents of children with ADHD between 7 to 12 years old from private and government special education sectors in Pakistan. Qualitative research design through the triangulation method was employed to investigate the stigma experienced by parents having ADHD children (Carter et al., 2014). Data was analyzed through Braun and Clarke's (2006) six steps for thematic analysis along with NVIVO 14. In addition, permission for the study was obtained from the Institute Research Board and Institutes. Furthermore, confidentiality, anonymity and privacy of information were assured.

Results

The analysis identified a theme, which encompassed various subthemes highlighting different dimensions of stigmatization.

Theme: Discriminant behavior from relatives

Family blame: A family accusation is an integral part of all forms of discrimination in the life of Pakistani parents of ADHD children. Values of harmony within a family and the firm emphasis placed on the parent's role in child-rearing only serve to amplify an already disturbing act of discrimination to become a whole web of stigma within the family system. This participant describes the critical comments of the mother-in-law, which make a direct connection between the child's behavior and the mother's parenting. The criticism goes beyond the child's parenting, which affects the participant's identity. The attribution of blame increases the associated stigma within the family, which is emotionally painful for the mother.

"My mother-in-law tells me how her children aren't well-behaved and well-mannered. She remarks that maybe it's my fault because I'm not disciplining him enough and it's painful because I constantly feel that, not just as a mother but as a person."

This participant communicates the implicit belief within the family that links the child's ADHD to the mother's parenting skills. The expectation that a better mother could have prevented the condition intensifies feelings of guilt. This dynamic contributes to a pervasive sense of blame within the family, affecting both the mother's self-perception and family dynamics.

"There is a clear expectation in my family that if I were a good mother, my son wouldn't have ADHD. He seems to reflect on my abilities and it's hard to shake that accusation. This expectation adds a layer of guilt to our already existing problems."

This respondent suggests passive but insistent comparisons and evaluations by relatives that contribute to feelings of failure as a father. This demonstrates how stigma can stifle multiple areas of family relationships. The respondent describes the psychological effects on the overall mood of family members.

"My relatives always compare my son to his cousins and say that I am not doing anything and it is my fault. It feels like I have failed as a father and this is creating a tense atmosphere at home."

Lack of understanding: The frustration expressed by parents that the extended family does not understand them is a major contributor to the relative stigma attached to the ADHD phenomenon in the Pakistani cultural context. This helps explain why the extended family can portray ADHD as just a passing phase, making it difficult for their parents to grasp its realities. Parents' frustration caused by the lack of understanding, despite attempts at education, argues for this issue needing help. In turn, the expressed need for help shows how this confusion affects the wider family system.

"My spouse and I felt as if we were talking to a wall; when we tried to explain ADHD to our extended family. They keep telling us that it's just a phase that children go through. No matter what we say about these challenges, they never tend to accept reality."

This respondent describes a kind of anxiety that flows in the family that somehow lends ADHD not as a disorder but as a consequence of the failure of parents to discipline their children. The struggle against

these myths only ends up enhancing the community's sense of isolation and loss of support. The knowledge gap in the culture is frustrating.

"They don't think about ADHD as a real condition. To tell you the truth, many people think the disorder is just a question of discipline on our part. That's why it's frustrating to keep fighting this kind of myth and misconception. We feel pretty isolated and unsupported."

Pressure to Conform: The parents of ADHD children in Pakistan seem to be under immense pressure to conform to the slanting view of extended family and tradition, which worries participants about family expectations and the outcomes of children with ADHD. The frustration within the families appears to be a significant source of pressure, accompanied by a prevailing sense of inadequacy in meeting societal expectations. The respondent is aware that mentally pushing oneself to meet these expectations causes an undue burden.

"Our family has certain expectations about what children should be like and with our son's ADHD showing up, we felt we weren't doing something right. There is this indescribable disappointment and it is hard to shake this feeling that we are unable to help our child."

The respondent depicts familial expectations pertaining towards parenting with children suffering from ADHD. The pervasive expectation to meet this undefined standard has led to self-doubt and questions regarding parenting abilities. The clash between the societal model and the reality of living with ADHD has become the major battle arena.

"Our family has an ideal image of how children should be raised. It seemed like we had deviated from that ideal. The pressure to conform to this unspoken norm is always there and it makes us constantly question our parenting abilities."

Impact on sibling relationships: The effect of stigma is also further transposed into sibling relationships for families that possess an ADHD child in the Pakistani socio-cultural context. One of the participants highlighted the impact on older siblings who must navigate the challenges associated with their brother or sister's having ADHD. Pressure from expectations by extended family members makes things harder and negatively impacts the relationship between siblings. The participant further highlights the continued navigation of this fragile balance within the family.

"Our son sometimes gets frustrated because he feels to be 'perfect' to compensate for his brother's challenges. Expectations from the extended family add to this pressure and it is affecting their bond. We are constantly striving to achieve the delicate balance."

Stigma relating to ADHD adds fuel to the fire, for it's just very hard for siblings to understand and accept their brother's condition.

"Our ADHD son gets a lot of attention and other children notice this difference in attention. This gives them a feeling of injustice and they easily get annoyed by their brother. We try to explain them but associated stigma with ADHD creates hindrance in understanding and accepting what's going on with their brother."

Emotional Burden on Parents: The emotional burden on the parents needs to be addressed from the extended family's point of view who constantly judges the parents. The participant emphasizes that judging by the extended family, collectively puts pressure on parents concerning their child. The emotional burden is not only upon the child with ADHD but also comes upon the parents themselves. The invalidation by family members takes a heavy toll on emotional well-being and trust between parents, as the participant described.

"Our extended family is always judging us. The emotional pressure is massive. It's not just about our ADHD child, it's about us. All these decisions erode our trust and drain us emotionally."

The participant illustrates the compounding pressure of judgment, emphasizing mocking comments and seemingly constructive suggestions with a questioning gaze. These factors create a compelling urge for parents to defend their choices, further creating emotional exhaustion inflicted on parents' well-being.

“There is a lot of judgment at every family gathering like unsolicited advice, the questioning looks. It feels like we are always defending our parenting. It’s emotionally exhausting and it puts pressure on our mental health.”

Discussion

The experiences of parents, who raised children with ADHD in Pakistan involve a complex combination of cultural assumptions, family stress and stigma. The findings illustrate that when parents experience stigmatizing attitudes, misunderstandings, and social pressure from family members, they are burdened emotionally, and family relationships are strained. Their findings support earlier observations made regarding stigma and mental illness in collectivist societies, in which family harmony and societal conformity are utmost (Goffman, 1963; Reupert et al., 2021). The participants delineate the family blame that complexes stigma. In Pakistan, the stereotype of parents as a reflection of personal competence and moral standing leaves them particularly exposed to blame, in contrast to other regions. Implicit is the belief that the child's supposed behavioral problems stem from inadequate parenting which is consistent with literature that highlights the phenomenon of "mother blame" within collectivist cultures (Johnston & Mesh, 2001). In these collectivist societies, blame extends beyond the child's poor behavior to the poor identity of the mother, generating feelings of inadequacy and guilt. This dynamic concurs with the notion of courtesy stigma propounded by Goffman (1963), whereby stigma from the disorder is conferred upon family members, particularly caregivers.

Lacking a contextual understanding of ADHD as a neurodevelopmental disorder, family members reflect a cultural bias that affects children's lifestyles as a possible cause of blame on parents. The stigmatization inflicted on themselves as parents leads to their reluctance to come out and seek support. The distress indicated by the participants speaks to the psychological consequences of stigma leading to a presence of shame, isolation, and reduced self-worth (Tekola et al., 2023).

The participants expressed indignation at the lack of insight from extended family members, which serves as a crucial obstacle to stigma reduction. The attempts of participants to enlighten people about ADHD are almost always greeted with incredulity. This narrows down obvious cultural ignorance and lack of knowledge on mental health conditions, harmonized with past studies conducted within low- and middle-income countries with equally low mental health literacy (Javed et al., 2019). The active maintenance of myths and misconceptions as described by the participants adds to the challenges that parents face, making them feel further isolated and unsupported.

Such an attitude promotes the view of ADHD as more of a cultural statement than an illness. The implications of the disorder are thus destabilized and parents are defamed in the process of further stigmatization. Parents have a great emotional burden in trying to counter such mythologies that psychologically impair the caregiving process in a stigmatized setting (Henshaw, 2005).

A common theme that recurs in the narratives is an obligation for social and family expectations. Child-rearing expectations, described by the participants, in effect, set up the rigid expectations that parents of children with ADHD simply cannot hope to achieve. This mismatch between social expectations, most of which show no acknowledgment of ADHD and the reality of the situation is often a source of stress in these parents' lives. Cultural pressures toward family solidarity and obedience only exacerbate this tension by forcing parents into impossible expectations against the complex influences of ADHD (Chan et al., 2022).

The participants also supported the psychological instability that comes with such expectations concerning mental health literature and cultural norms. The deviation from social norms can cause severe emotional distress, especially in collectivist cultures, where individual behavior becomes the example of the family. According to the participants, parents of ADHD children in Pakistan appear to be under intense pressure to conform due to social expectations (Schreier et al., 2010). The pressure to conform always raises questions about the parent’s abilities, thus further reducing parental confidence and increasing feelings of inadequacy. Such parents face even more difficult lives due to the conformity of society, which puts more emotional and psychological pressure on them.

Findings also highlighted how stigma influences sibling relationships, noting that siblings receive differential attention and that older siblings bear extra burdens due to the familial implications of the stigma associated with ADHD. The frustration and resentment among the siblings give rise to a further need for educating the family system. Such strengths are consistent with research on the psychological effects of ADHD in siblings, which often includes feelings of resentment and neglect (Mikami & Pfiffner, 2008).

Furthermore, the experience of stigma is the emotional toll exerted on parents. Judgment from extended family members and unsolicited advice cultivate a hostile environment that fosters mistrust and burdens the mental health of the parents. Consistent with stigma research, this frequently precipitates emotional fatigue and reduces well-being (Yin et al., 2020). The erosion of trust between parents, as observed by the participant, further encumbers the complex caregiver relationship and indicates the need for interventions at the relational levels regarding the disorder.

Implications

The implications of this research suggest that culturally sensitive interventions are needed to address the stigma faced by parents of children with ADHD in Pakistan. First, awareness campaigns need to be developed to educate the whole family about ADHD. Campaigns can be incorporated into community health programs, schools and places of worship to reach a larger audience.

Second, family therapy and support groups need to be implemented to provide parents with coping skills and emotional support. This can reduce tension between parents and build acceptance within the extended family.

Third, healthcare professionals and educators need to be trained to combat the stigma of ADHD and ensure inclusive approaches. Psychoeducational sessions for parents and caregivers can help parents overcome family stigma and get interventions for their children.

Conclusion

This study emphasizes that parents of ADHD children face a widespread stigma in Pakistan, particularly in a large family system. Family discrimination, i.e., blaming the family, lack of knowledge, society's pressure for conformity and emotional burden implies severe psychological distress to the parents. The findings show that stigma within a collectivistic culture secludes the parents' and relatives' discriminatory attitude negatively impacting their quality of life and overall well-being. Furthermore, the stigma creates tension among siblings and continues to preserve myths about ADHD. This cultural research suggests that stigma awareness campaigns, family therapy and professional training about ADHD need to be conducted. Emphasis on extended families and society in general will introduce more acceptance and less blaming, thus enhancing parents' support. Eliminating the stigma at the family and societal levels will provide a welcoming environment for the well-being of ADHD children and their caregivers while ensuring inclusion and support.

References

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Carter, N., Bryant-Lukosius, D., DiCenso, A., Blythe, J., & Neville, A. J. (2014). The use of triangulation in qualitative research. *Oncology Nursing Forum*, 41(5), 545-547. <https://doi.org/10.1188/14.ONF.545-547>
- Catalano L. T., Brown C. H., Lucksted A., Hack S. M., Drapalski A. L. (2021). Support for the social-cognitive model of internalized stigma in serious mental illness. *Journal of Psychiatric Research*, 137, 41–47. <https://doi.org/10.1016/j.jpsychires.2021.02.014>
- Chan, W. W. Y., Shum, K. K.-M., & Sonuga-Barke, E. J. S. (2022). Attention-deficit/hyperactivity disorder (ADHD) in cultural context: Do parents in Hong Kong and the United Kingdom adopt different thresholds when rating symptoms, and if so why? *International Journal of Methods in Psychiatric Research*, 31(3), e1923. <https://doi.org/10.1002/mpr.1923>
- Charbonnier, E., Caparos, S., & Tremolieres, B. (2019). The role of mothers' affiliate stigma and child's symptoms on the distress of mothers with ADHD children. *Journal of Mental Health*, 28(3), 282-288. <https://doi.org/10.1080/09638237.2018.1521944>
- Corrigan P. W., Rao D. (2012). On the self-stigma of mental illness: Stages, disclosure, and strategies for change. *The Canadian Journal of Psychiatry*, 57(8), 464–469. <https://doi.org/10.1177/070674371205700804>
- Corrigan, P. W., & Shapiro, J. R. (2010). Measuring the impact of programs that challenge the public stigma of mental illness. *Clinical Psychology Review*, 30(8), 907-922. <https://doi.org/10.1016/j.cpr.2010.06.004>
- Corrigan P. W., Watson A. C. (2002). The paradox of self-stigma and mental illness. *Clinical Psychology: Science and Practice*, 9(1), 35–53. <https://doi.org/10.1093/clipsy.9.1.35>
- Dosreis, S., Barksdale, C. L., Sherman, A., Maloney, K., & Charach, A. (2010). Stigmatizing experiences of parents of children with a new diagnosis of ADHD. *Psychiatric Services*, 61(8), 811-816. <https://doi.org/10.1176/appi.ps.61.8.811>
- Fabrega, H. (1990). Psychiatric stigma in the classical and medieval period: A review of the literature. *Comprehensive Psychiatry*, 31, 289–306. [https://doi.org/10.1016/0010-440X\(90\)90036-R](https://doi.org/10.1016/0010-440X(90)90036-R)
- Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs, NJ. Prentice-Hall.
- Hinshaw, S. P. (2005). The stigmatization of mental illness in children and parents: Developmental issues, family concerns, and research needs. *Journal of Child Psychology and Psychiatry*, 46(7), 714–734. <https://doi.org/10.1111/j.1469-7610.2005.01456.x>
- Hinshaw, S. P. (2007). *The Mark of Shame: Stigma of Mental Illness and an Agenda for Change*. New York: Oxford University Press.
- Javed, A., Lee, C., Zakaria, H., Buenaventura, R. D., Cetkovich-Bakmas, M., Duailibi, K., ... & Afridi, M. I. (2019). Reducing the stigma of mental health disorders in low- and middle-income countries: Challenges and opportunities. *The Lancet Psychiatry*, 6(8), 675-687.
- Johnston, C., & Mash, E. J. (2001). Families of children with Attention-Deficit/ Hyperactivity Disorder: Review and recommendations for future research. *Clinical Child and Family Psychology Review*, 4(3), 183–207. <https://doi.org/10.1023/A:1017592030434>
- Kendall, J., & Hatton, D. (2002). Racism as a source of health disparity in families with children with attention deficit hyperactivity disorder. *ANS. Advances in Nursing Science*, 25(2), 22-39. <https://doi.org/10.1097/00012272-200212000-00003>
- Koro, M., & Bussing, R. (2009). The Management of Courtesy Stigma in the Lives of Families with Teenagers with ADHD. *Journal of Family Issues*, 30(9), 1175-1200. <https://doi.org/10.1177/0192513X09333707>

- Kaushik A., Kostaki E., Kyriakopoulos M. (2016). The stigma of mental illness in children & adolescents: A systematic review. *Psychiatry Research*, 243, 469–494. <https://doi.org/10.1016/j.psychres.2016.04.042>
- Lin, P.-Y., Chou, W.-J., Hsiao, R. C., Liu, T.-L., & Yen, C.-F. (2023). Association of Affiliate Stigma with Parenting Stress and Its Moderators among Caregivers of Children with Attention-Deficit/Hyperactivity Disorder. *International Journal of Environmental Research and Public Health*, 20(4), 3192. <https://doi.org/10.3390/ijerph20043192>
- Mikami, A. Y., Chong, G. K., Saporito, J. M., & Na, J. J. (2015). Implications of parental affiliate stigma in families of children with ADHD. *Journal of Clinical Child & Adolescent Psychology*, 44(4), 595-603. <https://doi.org/10.1080/15374416.2014.888665>
- Mikami, A. Y., & Pfiffner, L. J. (2008). Sibling relationships among children with ADHD. *Journal of Attention Disorders*, 11(4), 482–492. <https://doi.org/10.1177/1087054706295670>
- Norvilitis, J., Scime, M., & Lee, J. S. (2002). Courtesy stigma in mothers of children with Attention-Deficit/Hyperactivity Disorder: A preliminary investigation. *Journal of Attention Disorders*, 6(2), 61-68. <https://doi.org/10.1177/108705470200600202>
- Ozaslan, A., & Yildirim, M. (2021). Internalized stigma and self-esteem of mothers of children diagnosed with attention deficit hyperactivity disorder. *Children's Health Care*, 50(3), 1-13. <https://doi.org/10.1080/02739615.2021.1891071>
- Reupert, A., Gladstone, B., Hine, R. H., Yates, S., McGaw, V., Charles, G., Drost, L., & Foster, K. (2021). Stigma in relation to families living with parental mental illness: An integrative review. *International Journal of Mental Health Nursing*, 30(1), 6-26. <https://doi.org/10.1111/inm.12820>
- Schreier, S.-S., Heinrichs, N., Alden, L., Rapee, R. M., Hofmann, S. G., Chen, J., Oh, K. J., & Bogels, S. (2010). Social anxiety and social norms in individualistic and collectivistic countries. *Depression and Anxiety*, 27(12), 1128–1134. <https://doi.org/10.1002/da.20746>
- Stier A., Hinshaw S. P. (2007). Explicit and implicit stigma against individuals with mental illness. *Australian Psychologist*, 42(2), 106–117. <https://doi.org/10.1080/00050060701280599>
- Tekola, B., Kinfe, M., Bayouh, F. G., & Hanlon, C. (2023). The experiences of parents raising children with developmental disabilities in Ethiopia. *Autism*, 27(2), 539–551. <https://doi.org/10.1177/13623613221105085>
- Yin, M., Li, Z., & Zhou, C. (2020). Experience of stigma among family members of people with severe mental illness: A qualitative systematic review. *International Journal of Mental Health Nursing*, 29(2), 141–160. <https://doi.org/10.1111/inm.12668>