Family Reactions to A Diagnosis of ADHD

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The process of grief is activated when the family receives a diagnosis of ADHD. Many of the same feelings and reactions brought about by a significant loss such as death, become a part of the family’s emotional processing. The well known reactions of denial, anger, and acceptance begin their cycles. I would emphasize that these phases are cyclic, and not fixed or sequential. These reactions will ebb and flow, disappear and reappear like winter fog along a river bank. My descriptions are intended to help you process these reactions, not to suggest a rigid progression of events. Here is a summary of some of the reactions I have seen from parents of recently diagnosed children with ADHD.

Reactions to a Diagnosis

- **Denial** is often the first reaction to the discovery of ADHD. This can be true for one or both of the parents in the months or years prior to ever seeking professional help. “Oh, he’s just being a boy” or “If you would just be more firm and consistent with her everything would be okay” are a couple of examples of expressions of denial prior to a formal diagnosis. “There’s nothing wrong with my child,” or “It can’t be true. The doctor is wrong,” and “She just needs more time to mature and more understanding teachers,” are examples of denial following a formal diagnosis.

- **Anger** often follows the denial phase. This anger may be directed inward, against yourself, often in the form of guilt, or it may be directed outward, blaming the other parent or some outside source. “We never had anything like this on my side of the family.” “That pediatrician should have paid closer attention to those ear infections.” “The kindergarten teacher should have seen the problem and told us to get help three years ago.” All of these expressions are signs of anger displaced toward others. Similar to the guilt reaction, blaming an outside source places responsibility somewhere, and protects you, the parent, from feeling helpless. One major problem coming from this reaction is the effect on the child. If the ADHD child hears the parent making constant disparaging and critical remarks about the major sources of help in his or her world, the child’s faith and respect are undermined for the very people the family must turn to for help and hope.¹
Sometimes the feelings which tend to emerge during the anger phase of grief may harbor anger at God because He let you down. "Why does my child have to struggle with these problems? Why hasn't God answered my prayers?"

I cannot deny the pain, and I cannot explain why such things happen. I just know God can work and be glorified even in the middle of our problems. He understands our anger. The process of raising an ADHD child to health and maturity is a tedious journey, not an overnight trip. The process of identifying your fear and anger will take a while. As the journey proceeds, you will find anger and doubt turning to hope.

- **Guilt** is another common reaction. “Why me?” “It’s all my fault.” “God is punishing me because...” or “If only I hadn’t let him bump his head, had played with her more, had been more strict, or had followed the doctor’s advice.” These are all manifestations of a judgment of guilt by the parent, followed by feelings of sorrow and remorse. Dr. Larry Silver describes identification of guilt as an attempt to establish control over a situation that a parent perceives as hopeless and out of control. If a parent can lay the blame or attribute the cause to himself or herself, that person then “conquers” the situation by explaining it, however erroneously. The “logic” used is that if this happened for a reason—on account of something I did—and if I do not practice that transgression again, then nothing like it will happen again. ²

- **Overprotection** is one outgrowth of fear that can emerge as the parent is trying to cope with the demands and stress of dealing with an ADHD child. Children definitely need the protection of parents. It is part of your responsibility to keep your child safe and to expose the child to those challenges that are developmentally appropriate. The goal is to protect the child when needed, and yet to encourage learning and exploration even if frustration is involved. Only through taking on new, untried challenges will a child become a confident learner. An overprotective parent covers a child’s weaknesses, but this also smothers the child’s strengths. Overprotectiveness keeps a child immature and delays growth. It also makes a child feel inadequate. If a child looks around and sees other siblings doing chores, taking on a paper route, and trying out for the ball team, but never gets the same opportunities, he or she will conclude, “I can’t do anything.” ³
Parents need to identify tasks that are appropriate for the ADHD child, as well as learn to “engineer” the environment so as to maximize success. Taking on a daily paper route, for example, may not work. However, a once per week paper delivery might be possible.

- **Envy** may also frequent the experience of the parents of a high maintenance child. “Why do other parents have it so easy?” “Everything good happens to them and everything bad happens to us.” “It’s not fair. We work so hard and get so few results.” These statements come from thoughts of envy or even jealousy of other families who don’t appear to have the same struggles as ADHD parents. I might tell parents with whom I work, “These comparisons are normal. However, we don’t want to dwell on the differences between your child and other children. Let’s focus on what is good about your child.”

It’s entirely possible, of course, that many of those “well adjusted” families have their own problems and frustrations. The parents of an ADHD child should not assume that everything is always rosy at the family across the street. As their counselor, I try to point out this reality to the ADHD family.

Also, I highlight the many unique qualities and creative potential found in many ADHD children. Many characteristics of ADHD children are quite appropriate and desirable. Their spontaneity, zest, tirelessness, enthusiasm, intensity, curiosity, stimulating brashness, and life-of-the-party energy have their useful moments. These children have rich imaginations and can quickly generate new and different ideas. They can pick up on emotional nuances that other people miss. They can combine ideas in creative ways through art and writing that no one else has tried. The need is to bring the ADHD child’s problem behaviors under control. Then the useful abilities can be harnessed for good

- **Mourning** is a time of grieving specific losses. These losses can be primary, such as the death of a loved one. Or they may be secondary, such as the realization that a child may not be able to reach certain goals the parent had established. “I guess he won’t be a doctor.” “She’ll not be able to go to the same college I did.” “I was a good student, I guess my child will never be on the honor roll.” These are examples of mourning the fact that certain accomplishments may be unreasonable for a particular child.

Take the time to examine whether your expectations are, in fact, accurate. We never want to put a ceiling on any child. At the same time, over the course of the years, the evidence can certainly point in a given direction. Try to be objective as you sort through the months and years of evidence regarding your child’s
abilities and interests. Try to focus on what the child can do, rather than on what he or she can’t do. There may need to be a shift in goals and expectations from what you had initially visualized for your child. However, the key here is “shift” not “lower.” Seek to identify the strengths of your child and find ways to cultivate those strengths.

• Acceptance and hope are eventual goals for the grief process. If the process goes the way it should, acceptance and hope become more a part of your family’s day-to-day experience. There will still be those days when hope subsides and you will consider moving to Tasmania. Remember, you have the same choices as your child, in regard to the presence of attention disorder. An ADHD child can pity him or herself and be miserable and dependent the rest of their life. Or they can do the best with what they have and work hard in the process.⁴

“Okay, my child has ADHD. What are we going to do to help?” “My child has some weaknesses and some strengths. How can we build on those strengths?” “It will take the help of a team of professionals, a loving and supportive family, and our faith in God, but we’ll make it.” These are the comments of parents who have accepted the reality of the diagnosis, know there is work to be done, and have committed to being an advocate for their special needs child.

Conclusion

Like any other context for grief, a person may get stuck on any of these phases or emotions. Chronic denial, anger, or guilt are the most common. The normal reaction of denial, for example, after learning of their child’s ADHD, is to be expected. However, if that reaction, as evidenced by continual flight or blame, goes on for months, rather than days, the progress and health of both you and your child will be compromised.

Grief work is difficult. My experience suggests two years is a common time line for moving from initial denial to acceptance, in persons dealing with the death of a loved one. Dealing with a diagnosis of ADHD may take that same kind of patient, but persistent effort. Remember, this process does not end at the end of some arbitrary interval, such as two years. Managing life with an ADHD child (often with the frustrations of also being an ADHD parent) is a continual challenge. Yet, experience and faith allows us to be confident in the outcome.
*This article is an abridged version of a chapter found in Dr. Martin’s book: The Attention Deficit Child, Chariot Victor Publishing, 1998.

References


2. Silver, ibid., 94-96.

3. Silver, ibid., 96.