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Comparison of psychological well-being, resilience and rumination in mothers of children with attention deficit hyperactivity disorder and normal children

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Abstract

The present study compared psychological well-being, resilience, and rumination in mothers of children with attention deficit hyperactivity disorder and normal children. This study was applied in terms of objective and comparative in terms of causal method. The statistical population of this study included all mothers of children with attention deficit hyperactivity disorder and normal children. Patients with attention-deficit/hyperactivity disorder were selected among mothers referred to health centers in Arak city. Both groups of mothers were selected with a total of 30 people and 60 people in total, and psychological well-being questionnaires of Riff's (1989), Connor and Davidson's (2003) resilience, and Hoeksma and Marrow's (1991) rumination questionnaires were distributed among them. The collected data were analyzed using the statistical method of multivariate analysis of variance. The results showed a difference between the two groups in all the components of psychological well-being (independence, mastery of the environment, personal growth, positive communication with others, purposefulness in life, and self-acceptance), resilience, and rumination.

Keywords: *Psychological well-being, resilience, rumination*

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Introduction

In all cultures and societies, the family is the center of identity and behavior formation and mutually affects the relationships between individuals and their members. Family is a network of communication in which parents and children interact in a two-way process. In this group, the parties can have tremendous effects on each other. By scrutinizing the quality of parent-child relationships and scrutinizing it, one can understand the sensitive role of the mother in the relationship with the child. In recent decades, psychologists have emphasized the child's relationship with his caregivers a lot. They mentioned mutual reactions as the basis of children's emotional and cognitive development. The development of the child's personality depends on the mother's behavior and her character structure. Opinions derived from the perspective of a psychoanalyst assume that the primary interactions between mother and child have a quality necessary for the child's early development (Zoghi Paydar, Ghasemi Bayat, and Sanayei Kamal, 2014). The presence of a child with behavioral problems and disorders, one of the most important and common of which is attention-deficit/hyperactivity disorder in any family, affects the structure of that family and overshadows the mental health of the family, especially the parents. Attention deficit/hyperactivity disorder is a common chronic disruptive disorder observed in 3-7% of school-aged children. Children with attention deficit/hyperactivity disorder show more inappropriate behaviors and obey less. Parents are negative and participate less in social activities. These inappropriate and stressful relationships between parents and hyperactive children are in a vicious cycle. Therefore, the forms of parent-child relationships in families with children with attention deficit/hyperactivity disorder and normal are among the characteristics of such families. At the same time, ADHD is a highly treatable disorder due to the documented efficacy and safety of

stimulants, and these treatments can reduce many of the adverse outcomes associated with ADHD. However, due to limited access to expertise, access to appropriate diagnosis of ADHD and subsequent treatment is not always available in many parts of the country. This issue is especially acute in rural and deprived communities. (Spencer, Noiz and Biederman, 2020)

It is assumed that problems related to parents, especially mothers, such as impaired psychological well-being, resilience, and obsessive-compulsive disorder, put the child at risk of developing mental health problems (McBrunt & Pfeiffer, 2008). Nowadays, the science of psychology has moved away from focusing only on pathology by emphasizing the approach of positive psychology, and many researchers put this approach at the top of their work. One of the variables derived from the approach of positive psychology, which has received much research, is the well-being of positive psychology (Cox, Eaton, Ikas, and Vanancourt, 2015).

The psychological well-being approach emphasizes the study of the positive characteristics of humans and the strategies of using the maximum innate and environmental talents to benefit from healthy mental states and productive life (Virtanen and Vallampi, Tropea, Lerkanen and Nurmi, 2019). Psychological well-being is a feeling of happiness and the absence of psychological pressure in life and includes happiness, purposefulness, and a sense of belonging despite pain and suffering (Gary, Ozer, and Rosenthal, 2017). Psychological well-being emphasizes positive health, and according to Reif and Keyes (1995), it is more than illness. In this view, well-being means striving for transcendence and promotion, manifested in the realization of one's talents and abilities. According to them, psychological well-being means the positive perception of people about different aspects of personal and social life. These dimensions include independence, mastery of the environment, personal

growth, positive relationship with others, purpose in life, and self-acceptance (Chen, Yang, Wang, and Zhang, 2012).

One of the factors related to psychological well-being is resilience. Resilience is the process or ability to adapt oneself to failures, calamities, life conflicts, and challenging events and overcome them. So, resilient people show positive adaptive behavior when facing adverse conditions and stressful situations (Lee, Wang, Yisen, Lee, and Lee, 2018). Resilience is returning to the initial equilibrium or reaching a higher equilibrium level under threatening conditions. Also, resilience is the ability to adapt successfully to challenging and threatening conditions and develop competence under difficult conditions (Manino, 2015). Resilient people experience positive emotional and cognitive consequences, self-esteem and social functioning, and resistance to the stress of adverse life events (Beker et al., 2016). Despite these differences in the definition of resilience, a common theme of this concept is that resilience is the ability of a system (in a broad sense) to maintain or achieve desired performance after an event (McLeod Logan, 2022). Another issue that concerns mothers of children with attention deficit hyperactivity disorder is rumination. Rumination is persistent cognition that involves a repetitive, unproductive focus on a particular topic—for example, replaying a past event or thinking over and over about one's feelings. (Michel et al., 2020)

Materials

Reef's psychological well-being questionnaire: Reef psychological well-being questionnaire has 18 questions and has 6 subscales (independence, control over the environment, personal growth, positive relationship with others, purposefulness in life, self-acceptance). Its scoring spectrum is based on the six-option Likert scale, but this scoring method was reversed for questions number 1, 3, 4, 5, 9, 10, 13, 17. In the research of Khanjani et al. (2014), the results

of the single-group confirmatory factor analysis showed that the six factors (self-acceptance, environmental mastery, positive relationship with others, having a purpose in life, personal growth and independence) of this scale has a good value in the whole sample and in both genders. The internal consistency of this scale using Cronbach's alpha in 6 factors (self-acceptance, environmental mastery, positive relationship with others, having a purpose in life, personal growth and independence) was 0.51, 0.76, 0.75, 0.52, 0.73, 0.72 and 0.71 for the whole scale.

Resilience Questionnaire (RIS-CD). The resilience measurement tool of the present study is the Connor and Davidson (RIS-CD) resilience scale (2003). This questionnaire was prepared by Connor and Davidson (2003, quoted by Mohammadi, 2005) by reviewing research sources in the field of resilience. The psychometric properties of this scale have been investigated in six groups of the general population, primary care patients, psychiatric outpatients, patients with generalized anxiety disorder, and two groups of patients with post-traumatic stress disorder. The producers of this scale are of the opinion that this questionnaire is well able to distinguish resilient from non-resilient people in clinical and non-clinical groups and can be used in research and clinical situations (Mohammadi, 2003). Connor and Davidson's resilience questionnaire has 24 items that are graded on a Likert scale between zero (completely false) and five (always true). In the research of Sexby (2005), the total reliability score of the scale was reported as 0.96, and in the research of Saidi et al. (2011), it was reported as 0.92. Also, the criterion validity was evaluated simultaneously with the family assessment

tool of the first version and the family assessment tool of the second version and the personal meaning index.

Rumination Questionnaire. This questionnaire whose options are scored from never to always. A score of 33 is the cut-off point of the questionnaire, a score less than 33 indicates low rumination and a score higher than that indicates rumination. The rumination questionnaire was designed and developed by Hoeksma and Marrow (1991) to measure rumination. In psychology, rumination is defined as the compulsive focus of a person's attention on the symptoms and causes of a distress and paying attention to its causes and results, instead of focusing on its solutions. Rumination is similar to worry, except that rumination focuses on bad feelings and past experiences, while worry focuses on the potential for bad events to happen in the future. Both rumination and

worry are related to anxiety and other negative emotional states. Rumination has been widely researched as a cognitive vulnerability factor and as a background for depression. This questionnaire has 22 questions and measures rumination based on a four-point Likert scale with questions such as (You try to examine your personality to understand why you are depressed). Its scoring spectrum is based on a four-choice Likert scale. It is a high thought. In Hoeksma and Marrow's research in (1991), the reliability of the questionnaire was reported to be above 0.7

Findings

Among the mothers participating in the research, all of them had educational qualifications from diploma to doctorate with an age range of 18 to 30 years, and all of these people fully answered the research questions.

Table 1. mean and standard deviation of research variables

| Variables | Subscales | The group of non-cohesive families | | Group of cohesive families | |
|---------------------------------|-----------------------------------|------------------------------------|--------------------|----------------------------|--------------------|
| | | Mean | Standard deviation | Mean | Standard deviation |
| Rumination | --- | 27/45 | 2/62 | 12/00 | 2/11 |
| Resilience | --- | 25/65 | 2/04 | 34/72 | 2/34 |
| Psychological well-being | Independence | 13/37 | 1/33 | 18/32 | 1/02 |
| | Control over the environment | 24/97 | 1/38 | 29/60 | 1/54 |
| | Personal growth | 18/32 | 1/02 | 22/42 | 1/03 |
| | Positive relationship with others | 22/42 | 1/03 | 26/95 | 1/21 |
| | Purposefulness in life | 7/72 | 1/10 | 12/05 | 1/31 |
| | Self-acceptance | 18/32 | 1/02 | 22/05 | 1/02 |

The results of Table 2 show that the average of all psychological well-being components in the group of mothers with normal (coherent) children is higher than the group of mothers with hyperactive (incoherent)

children. Also, the results show that the average rumination in the group of mothers with hyperactive children is higher than the group of mothers with normal children, and the average resilience in the group of

mothers with normal children is higher than the group of mothers with hyperactive children. Multivariate analysis of variance was used to compare rumination, resilience and all psychological well-being components between two groups of mothers with normal and hyperactive children, the results of which are shown in Table 4. In order to be able to use multivariate analysis

of variance, it is first necessary to observe its presuppositions, including the normality of data distribution, the homogeneity of the variance-covariance matrix, the significance of the group effect, and the equality of variances between the variables. In the present study, all these assumptions were met.

Table 2. The result of Wilks' lambda test of group effect in 2 groups of mothers with hyperactive and with normal children

| Variables | Valuable | F | Df (error) | Df (effect) | Sig | Eta Square |
|---|----------|--------|------------|-------------|-------|------------|
| Rumination | 0/580 | 13/668 | 56 | 3 | 0/000 | 0/420 |
| Resilience | 0/694 | 22/948 | 56 | 3 | 0/000 | 0/306 |
| All components of psychological well-being | 0/700 | 19/150 | 56 | 3 | 0/000 | 0/209 |

As can be seen in Table 3, the significant condition of the group effect has been met using the Wilkes test for psychological well-being and its sub-components, rumination and resilience.

In Table No. 4, the results of the multivariate analysis of variance are presented to compare all

the components of psychological well-being, resilience and rumination in two groups of mothers of children with attention deficit hyperactivity disorder and normal.

Table 3. The results of multivariate analysis of variance to compare the components of psychological well-being, resilience and rumination in two groups of mothers with children with attention-deficit/hyperactivity disorder and normal

| Source | Dependent variable | Sum of Squares | df | Mean squares | F | sig | eta square |
|--------------|-----------------------------------|----------------|----|--------------|--------|-------|------------|
| Error | Rumination | 147/625 | 1 | 147/625 | 13/500 | 0/000 | 0/196 |
| | Resilience | 129/756 | 1 | 129/756 | 15/623 | 0/005 | 0/102 |
| | Independence | 203/225 | 1 | 203/225 | 14/336 | 0/001 | 0/098 |
| | Control over the environment | 203/225 | 1 | 199/225 | 16/367 | 0/001 | 0/119 |
| | Personal growth | 203/225 | 1 | 267/542 | 18/359 | 0/001 | 0/139 |
| | Positive relationship with others | 203/225 | 1 | 255/186 | 15/409 | 0/001 | 0/148 |
| | Purposefulness in life | 203/225 | 1 | 263/348 | 12/437 | 0/001 | 0/100 |

| | | | | | | | |
|--|-----------------|---------|---|---------|--------|-------|-------|
| | Self-acceptance | 203/225 | 1 | 192/649 | 13/519 | 0/001 | 0/119 |
|--|-----------------|---------|---|---------|--------|-------|-------|

As can be seen in Table 4, there is a significant difference between the two groups of mothers with children with attention deficit hyperactivity disorder and normal in all research variables including resilience, rumination and all components of psychological well-being. In other words, the amount of resilience in mothers with hyperactive children is higher than mothers with normal children. Also, the amount of rumination in mothers with hyperactive children is higher than mothers with normal children. Finally, the amount of psychological well-being and all its components is higher in mothers with normal children than in mothers with hyperactive children.

Discussion

The present study was conducted to compare psychological well-being, resilience, and rumination in mothers with children with attention deficit hyperactivity disorder and normal mothers. The results of the findings indicated a difference between all the components of psychological well-being, resilience, and rumination in mothers with children with attention deficit hyperactivity disorder and normal. In this way, the amount of resilience in mothers with hyperactive children is higher than in mothers with normal children, and the amount of rumination in mothers with hyperactive children is higher than in mothers with normal children. Also, the level of psychological well-being and all its components is higher in mothers with normal children than in mothers with hyperactive children. The results of this research are consistent with the results of Hosseinabadi, Pourshahriari, and Pourzandi (2017), Mohammadi and Soleimani, Fathi Ashtiani and Javidani (2013), Lee, Stratio, Siraria, and Sharma (2021), Shuang and Hesson (2020). Moreover, in the field of comparison of

resilience in mothers with children with attention deficit hyperactivity disorder and normal with the research results of Rezazadeh Moghadam et al. and Hesson (2020) are consistent. Also, comparing rumination in mothers with children with attention deficit hyperactivity disorder and normal is in line with the results of Akbari's research (2019).

In explaining the obtained results, the most important psychological feature that a healthy person should have is a sense of well-being or satisfaction. Mental well-being is an important structure that leads to depression and social isolation at a low level, causes a lack of satisfaction and trust in self and feelings, and decreases mental and physical health. It expresses how people feel about themselves. It includes people's emotional responses, satisfaction with life, and judgments about the quality of life. Mothers of normal children are people who have high well-being. These mothers with high well-being mainly experience positive emotions and have a positive evaluation of the events around them. While the mothers of hyperactive children have low psychological well-being and this low psychological well-being, they evaluate the events and situations of their lives as unfavorable and experience more negative emotions such as anxiety, depression, and anger. In addition, mothers who experience high levels of well-being are, on average, more trusting and more cooperative with others (Meiers & Diener, 1995). Therefore, mothers of normal children with high psychological well-being can increase independence, control the environment, personal growth, positive communication with others, purposefulness in life, and self-acceptance. These

characteristics put these people on a better path regarding mental well-being and life satisfaction.

Regarding the explanation of the difference in resilience between the two groups, it can be said that it is defined as a person's confidence in his abilities to overcome tension, having coping abilities, self-respect, emotional stability, and personal characteristics to increase social support from others. This structure is one factor that prevents the occurrence of psychological problems among young people and protects them from the psychological effects of problematic events. Resilience is a kind of self-repair with positive emotional, emotional, and cognitive consequences. Mothers of normal children have a more positive adaptation to life, and this positive adaptation to life can be considered a result of resilience, and as a consequence, it can cause a higher level of resilience. According to Walsh (2006), resilience includes the interaction between individual, family, and social factors that often moderate the impact of stressful life challenges. Resilience is not always a system of returning to the past or equilibrium in Folk's view. However, it will give the possibility of adaptation and transformation in the existing situation, as well as the possibility of survival and changes in the future. Mothers of normal children who are more resilient also experience positive emotional and cognitive consequences, self-esteem and social functioning, and resistance to the stress of adverse life events. The continuation of the research results showed that there is a significant difference in rumination between the mothers of children with attention deficit hyperactivity disorder and normal children. It can be said that rumination is considered one of the components of anxiety and

depression. The main feature of the cognitive syndrome is attention, which is activated in response to negative thoughts and emotions, sadness, and the experience of loss (Wells, 2011). According to information processing models, rumination can cause deficits in cognitive control and negative attention bias (Moore, 2015). Cognitive control is a process that facilitates flexible moment-to-moment cognition and behavior to achieve goals. This concept includes processes such as overcoming related executive functions. These cases happen in mothers with children with attention-deficit/hyperactivity disorder, and rumination is high in them. In a way, it leads them to review and repeat a class of negative thoughts so that they are still represented even in the absence of environmental and immediate demands. It also leads to a possible increase in depression and anxiety in mothers with children with attention deficit/hyperactivity disorder.

Undoubtedly, the present research had limitations like any other research. It can be pointed out that the study's statistical population is limited to mothers of children with attention deficit hyperactivity disorder and typical children in Arak city. The small sample size and caution should be observed in generalizing the results to the population. Therefore, in future research, it is suggested to be conducted in other parts of the country with a larger sample size. Also, in the present study, research data were collected using a questionnaire, so it is suggested to use interviews in future studies to identify the effective factors. In general, according to the findings and the review of past research, it is necessary to carry out more extensive studies in this field in order to be able to make the necessary comparison between the mothers of children with attention deficit

hyperactivity disorder and normal in other variables.

Ethics

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

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Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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