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INFLUENCE OF ATTENTION DEFICIT HYPERACTIVITY DISORDER ON THE FAMILY DYNAMICS AND SOCIAL LIFE OF THE CHILD

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Abstract: The present work seeks to address the influence of Attention Deficit Hyperactivity Disorder on family dynamics, especially between parents/guardians and children. It was also sought to address the consequences of this disorder in the extra-residential environment resulting from the family relationship.
Keywords: Pediatrics, Family relationships, Mental health, Attention Deficit Hyperactivity Disorder.

INTRODUCTION

Attention Deficit Hyperactivity Disorder, or ADHD, is a biofunctional and, clinically speaking, heterogeneous disorder. It is estimated that 3% to 7% of the child population have this diagnosis. Typically, among patients diagnosed in childhood, 50% to 70% will remain with the disorder in adulthood. According to the Diagnostic and Statistical Manual of Mental Disorders, 5th edition, or DSM-V, a series of symptoms are present in this condition, such as inattention, hyperactivity and impulsivity, which are persistent and usually permanent.

On a daily basis, patients with ADHD may exhibit behaviors such as talking excessively, presenting agitation and restlessness, lack of self-control, difficulty in delaying responses and delegating tasks, not paying attention to details, constantly interrupting others and not being able to hear an entire question without try to answer. Furthermore, these patients are easily and constantly distracted, cannot memorize appointments, organize their schedules and tasks, in addition to constantly losing objects.

In the family's daily life, this disorder can culminate in the lack of understanding of the family, causing friction in this family life, given the impression that can be passed on to the parents and guardians of the minor. Considering that, to those who do

not have knowledge, they understand that the child does not listen, is disobedient, is a transgressor of the rules of the residence and the requests of their guardians, in addition to being aggressive in the face of some frustrations. This domestic phenomenon occurs due to the high level of impulsiveness, causing a negative impact on social and family relationships, causing stress to the minors.

Family relationships can be marked by unpleasant experiences in the face of an ADHD diagnosis. There are reports of parents who describe depression, low self-esteem, a feeling of failure as parents and as an educator, dissatisfaction with having to fulfill their paternal and maternal roles, caused by relationships that are often disharmonious and conflicting. That said, many parents rate their children as annoying, disobedient, rude, lazy and ill-mannered.

In addition, many parents also report the difficulty they have with their children due to their habits of avoidance, forgetfulness and postponement in daily tasks. The practice of ordering children to perform some activity becomes exhausting. Telling them to take a shower, brush their teeth, do housework, household chores and sit down to eat, for example. Thus, parents tend to react, respectively, directing, controlling, suggesting, encouraging and, finally, adopting an attitude, sometimes angry. With the evolution of attempts and in the face of lack of knowledge, parents adopt punitive, threatening measures and immediate negative reactions due to disruptive behavior.

Faced with excessive family demands, the child may present complaints, disobedience, excessive fights, lack of self-control and aggressive behavior. Socially, these children feel powerless, becoming withdrawn or aggressive, in addition to the rejection they feel from their family members. All these associated factors culminate in the perpetuation of the minor's behavior.

Usually, family frictions generated by the condition of the patient diagnosed with ADHD are not caused by society's lack of knowledge about the patient's condition, but by the lack of awareness about the condition. Family members of children with the Disorder usually declare that they are aware that the Disorder is not limited to the scope of learning, claiming knowledge of its effects on the child's social cycle, sometimes blaming them for the supposed problems they present.

METHODOLOGY

The present work consists of a qualitative review of the literature that sought to address results found in research on the pediatric theme and Attention Hyperactivity Disorder, whether in a comprehensive, orderly or systematic way. To carry out the work, the following steps were followed:

1) Selection of the corresponding themes;

2) Selection of the corresponding themes;

3) Analysis of the characteristics of the original research;

4) Analysis of the results obtained;

5) Realization of the review.

The databases of scientific literature and techniques used in carrying out the review were Google Scholar, Scientific Electronic Library Online (SciELO), Virtual Health Library, Latin American and Caribbean Literature on Health Sciences (LILACS), using the following search engines: "Attention deficit disorder in children"; 'ADHD within the family'; "Family Reflex of Attention Deficit Hyperactivity Disorder in Children".

Thus, the present work seeks not only to analyze the pediatric interface, but also to highlight the different thematic points that correlate with the theme of Attention Deficit Hyperactivity Disorder in the family environment, aiming to shed light on an

educational path, clarifying and raising awareness about the theme in question.

DISCUSSION

Patients with Attention Deficit Hyperactivity Disorder, especially children, are characterized by the following proposals:

- Low inhibition of responses;
- Low self-control;
- Problems with executive functions.

Low inhibition to responses is linked to the child's difficulty in organizing his mind about something he is about to do. That said, the person with the disorder cannot pause or quiet down for long enough, constantly acting impulsively.

Self-control is related to any reaction of the individual, which has been previously thought and/or planned, inhibiting the child's impulsive behavior. Self-control can be seen as psychological guidance that parents would give, guiding on what must and must not be done.

The patient with executive function problems has difficulties in performing determined and directed actions related to self-control. These activities relate to working and school memory, inhibitory memory, emotional control and daily planning. For the perfect execution of these functions, it needs effort and organization, not being carried out easily or automatically. This way, the person can control what he does and when he does it, practicing self-control.

Children with ADHD demonstrate executive impairment in the 3 functions listed above, and also have difficulty successfully integrating the emotion-cognition relationship. It must be noted, as appropriate, that the patient cannot control his behavior properly. These changes promote a change in the child's well-being and in their family life, which leads to an imbalance in the psychosocial and behavioral scope.

The alteration in the executive function of children with the Disorder interferes with the child's social and family well-being, causing behavioral and psychological damage to the child. Thus, relationships become exhausting, with the development of some conflicts, causing a negative reality to the child's development.

From the moment a child with ADHD finds himself in a situation of intolerance within his own family environment, he feels helpless and normalizes receiving the same treatment on the street. This phenomenon occurs due to the way in which the child with ADHD is noticed, led, educated and directed to adult life. This whole phenomenon is primarily due to the hereditary influence that causes the disorder, interfering in a unique way in the child's life, causing some consequences throughout the child's life, either in a transitory or permanent way.

CONCLUSIONS

In view of the above, it is noted that the parent-child interaction when the minors are diagnosed with Attention Deficit Hyperactivity Disorder can be configured as conflicting, since there can be disciplinary shock, which can be a milder or more intransigent upbringing, between different parents. Thus, it is noted that the behavior of those responsible for the child, as well as their characteristics and the peculiarities of the home relate and contribute to the occurrence of the troubled relationships mentioned above.

The disorder itself already causes numerous consequences for the well-being of the child, and can cause future damage to the patient. The prognosis of the same tends to become worse if there is not the necessary family support. The different contexts in which children live and interact will influence the development and treatment of minors.

Thus, there is an emergency need to develop measures that cover the patient with Attention Deficit Hyperactivity Disorder so

that they feel welcomed in their family and social environment. It is worth noting that the reception of the parents and the use of means that favor the treatment directly influence the development of the person with the disorder.

Thus, it is up to mental health professionals, pediatricians and educators to develop measures that promote interventions in family habits, minimizing the impact of ADHD on domestic dynamics. This objective can be achieved with family psychotherapy, consultations in pediatric centers and follow-up by psychiatrists, psychosocial therapy. Thus, it seeks to promote mental health, quality of life, practice of interpersonal relationships with patients diagnosed with the Disorder and good family life with the minor.

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