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Parental Discussions Online through the Medical Discourse-lens

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Abstract

In the present study the research objective was to gain insights into parental communication on an open Internet forum where parents had the opportunity to discuss issues related to ADHD. In order for clinicians to help troubled children brought to the health clinic it may be important to learn more about the life situations of these troubled families as treatment options can require complex interventions for the whole family. Our aim was thus to go beyond the neurobiological medical model of ADHD, which does not take into account contextual factors. In today's society specialized online discussion forums are available for parents who seek support for various difficulties that arise in the family. The online forums are sources of research data. As research tools we used the narrative psychological approach for the analysis of 72 online narratives. These narratives provided support for that the parents embraced medical explanations for the difficulties experienced when raising children, despite obvious challenging life circumstances, such as for example being a single parent without social support. Even very young children had been given serious psychiatric medical diagnoses such as ADHD, Bipolar disorder, Mood disorders and Obsessive Compulsive Disorder. Some of them had been diagnosed with more than one of these disorders. The complexity of the parental narratives in the present study indicates that the neurobiological model is not sufficient enough to form the basis of a personalized and comprehensive care for vulnerable families.

Keywords: Parenting; ADHD; Online discussion forum

Introduction

Modern societies have gone through a variety of changes in the past few decades with regard to family structure. For example, parental separations such as divorces have increased rapidly [1-4]. Parental separation often set into motion a number of additional stressful events for children, including changes in residence, school, financial income loss, less parental supervision, deteriorating relationships between children and parents, stepfamilies or single parent households [5-7]. There is for example a rapid growth in single-parent families [8]. In a study by Collings, Jenkin, Carter and Signal [9] 4860 partnered parents and 905 single parents from New Zealand were compared and the results revealed that single parents, especially mothers, reported higher levels of psychological stress than partnered parents.

Research has found that divorce and parental separation is associated with negative consequences for children such as for example emotional distress, depression, aggression, criminal behavior, substance abuse [10-15] and academic failure [16-20]. Studies demonstrate that more children and young people have mental health problems today than a few decades ago [21,22]. Research reveals that young adults who have grown up in divorced families have poorer mental health than peers who have grown up with both biological parents [12,23] and that such health consequences last into adulthood [11].

According to the family instability perspective, the family constitutes a basic stable socialization institution, which provides stability, predictability and security for children [24]. Children tend to do best in stable households; a high frequency of family transitions is associated with negative effects that may be cumulative and last into adulthood [13,25]. The study by Lindström and Rosevall [13] was conducted in Sweden and included several thousand participants between the ages of 18–80. Parental separation and divorce in childhood was significantly associated with poor psychological health in adulthood. Early life conditions can thus set the stage for later health outcomes. The study by Lucas et al. [25] was a longitudinal study from Australia where a nationally representative sample of almost three thousand children aged between 4–5 years, at recruitment, were followed up every 2 years until the age of 8–9 years. Results indicated that mechanisms involved in increased risk of poor mental health in

children of separated parents was parental conflict, socioeconomic disadvantage, parental mental illness, inconsistent parenting and loss of contact with the father. Despite the increase in shared residential custody, parental separation generally tends to result in decreased contact with the nonresident parent (often the father) and with other relatives such as grandparents [26,27]. Research reveals that reduced father involvement after divorce is associated with mental health problems in children [28]. Added complexity in family relationships may be introduced by the presence of stepparents and stepsiblings resulting in diffuse roles in the family and conflicts [29].

While first-time parents would traditionally have turned to their own parents for support and advice, the increased mobilization seen in young adults away from family and relatives has resulted in weaker social networks [30]. Internet has become a powerful everyday social arena accessible universally regardless of time constraints or geographical distances. Research reveals that parents are active Internet users who mainly go online in order to obtain parental information and social support [30-32]. The combination of weaker social support, increasing challenges for parents and a dynamically changing media environment has had consequences for socialization processes, which in turn evokes new topics for social research [33,34]. Contemporary parents, who would in the past have primarily turned to their own parents for advice on health matters, increasingly turn to other socializing agents as supplements, such as for example peers on the Internet [35]. Parents can search for expert advice on the Internet but they can also have online discussions on open Internet forums with other parents. Parents can join these discussion forums at their convenience regardless of physical location. The anonymity and the availability provided by such Internet forums can be especially attractive for parents who lack social support and who fear stigmatization [36].

There are specialized online Internet forums for parents who experience various difficulties and on these stigma related forums parents could communicate in a non-judgmental environment with other parents in situations similar to their own [37-41]. These online socially interactive environments can constitute new communities where close relationships can be formed among regular users [30]. For example, in a study by Appleton, Fowler and Brown [42] online discussion communities for parents' of obese children were studied. The researchers found that parents learned from each other and supported each other through their common experiences. Other research also supports the view that online peer-to-peer interactions can provide emotional support and informational support [43,30].

However, some researchers, such as Terbeck and Chesterman [44], have warned about the potentially negative consequences of online support groups. Terbeck and Chesterman [44] analyzed parental discussions that took place on the five most popular international Internet forums about concerns related to the diagnosis Attention-Deficit/ Hyperactivity Disorder (ADHD). The researchers specifically studied the reactions of parents who had been told that their child did not have the diagnosis and the responses from other parents. Terbeck and Chesterman [44] found that parents reinforced negative attitudes toward professional decisions not to diagnose children. However, ADHD is a hotly debated diagnosis [45] and is proposed to be marked by a persistent pattern of inattention and/or hyperactivity/impulsivity [46]. Central features of ADHD are inability to concentrate, regulate emotions, screen out distractions and organize behaviors in a goal-oriented way, resulting in difficulties at school and in social situations.

Some researchers propose that ADHD is a neurodevelopmental medical disorder [47,48] whereas other researchers propose that ADHD like behaviors are reactions to social, environmental, educational and economic factors [49,50]. Timimi [50] proposes that the line between normal and abnormal is culturally constructed and not a fact of science since there is no medical test that can determine whether or not the child has a brain disorder. Yet, the rate of children being diagnosed with ADHD is increasing at a fast pace [51-53]. This increase in diagnosing children has evoked concern among many researchers [54-56]. Of particular concern is the increase of stimulant medication to children diagnosed with ADHD [50]. Prescriptions of stimulants in the UK for example rose from about 6000 a year in 1994 to over 1 million by 2013 [55]. The number of children on drug treatment has increased in several countries in recent years [57-59]. This increase in drug treatment is seen in all ages, ranging from young children to adolescents, and the use of medical increase also continues into adulthood [59,60]. Yet, research on the long-term effects of stimulant medicines is scant [57,61].

The medical model does not take into account contextual factors such as disadvantages of various kinds; unstable home environments, divorce, traumatic experiences, low socioeconomic status, insecure attachment to parents, parental mental illness and/or substance abuse. Several studies have found that children from families facing various such disadvantages are diagnosed with ADHD more frequently than children who are not disadvantaged [62-66]. In a major study of more than a million school children in Sweden strong links were found between receiving medication for ADHD and poor maternal education, single parent families and welfare benefits [67]. The researchers of this study concluded that almost half of the cases of ADHD could be explained by socioeconomic factors. Other models than the medical, such as for example psychological and sociological models, may thus be able to contribute by providing other explanations to children's restlessness and inattention [68-70].

The ADHD diagnosis is by some researchers described merely as a descriptive umbrella of different behaviors [50]. However, the major discourse of ADHD presented to the public is a biological, permanent genetic disorder of the brain best treated with medicine [71,55]. As a consequence, there is an increasing tendency to portray children as dysfunctional where the definition of normal behaviors in children has been reconstructed and narrowed [72]. There is a risk that parents, teachers and health professionals increasingly view children

through this medical discourse of ADHD [50]. There is a tendency to adopt neurological explanations in order to manage certain behaviors and devious identities [73]. The rapid increase of childhood ADHD diagnoses may thus reflect a self-fulfilling cultural language when the population of a society collectively adopts the medical discourse of ADHD [74]. The ADHD diagnosis provides a model for understanding and explaining suffering and adverse experiences in life [75]. Receiving an ADHD diagnose has even been experienced as a relief and a sense of social belonging [76]. The collective characteristics associated with the diagnosis might provide a sense of identity that is perceived as culturally legitimate [76].

Terbeck and Chesterman [44] proposed that it is important that parents are made aware of that they are not receiving unbiased information and advice on online discussion forums. The medical explanation of ADHD may be favored by parents who feel stigmatized and thus alternative explanations for their child's behavior, such as stress, parental separation, lack of structure and support or normal child development, may not be considered. The need for a positive self-image and group membership may motivate conformity and compliance and as a consequence a sense of collective identity on Internet discussion forums. Parents may seek out others who are struggling with similar difficulties in order to receive feedback that confirms that they are doing a good job as parents and should not be judged for the child's difficulties. Parents may thus encourage each other to strive for a medical diagnosis for their children in fear of being judged as bad parents. Social support and empathy may thus not always necessarily be beneficial and positive but may sometimes foster problematic attitudes and hinder alternative solutions to problems [44].

Research has shown that parents express preferences for obtaining information about ADHD from the Internet [77]. ADHD is a pertinent child health topic and a key health concern [51]. However, without adequate evaluation skills parents are vulnerable to misguidance. Considering the popularity of online support groups more research is required in order to understand the social processes involved on these online environments. Research is scant on what type of needs these online discussion forums meet for parents. It is essential that research is conducted in order to learn more. The objective of the present study was, therefore, to gain insights into parental communication on an open Internet forum were parental issues are discussed related to ADHD. Online narratives are potentially fertile sources of research data since people use story telling in order to understand, explain and interpret experiences. Interpreting online narratives can provide researchers with inside perspectives of parents' attempts to make meaning of their children's behaviors. Are parents seeing their children through the medical discourse-lens? Are they adopting the medical discourse of ADHD when narrating their experiences with their children and when discussing their children?

Method

Data collection comprised a total of 72 posts involving 64 user names on an International Web site and discussion board of health issues, in English. A single message, or conversation, is on these sites called a post. A post can be replied to by anyone and by as many people as so wish. In the present study replies to posts were not analyzed. Posts are referred to as online narratives. Search engines for parental issues were chosen. Furthermore, the search parameters were then subsequently narrowed to select posts featuring the term "ADHD". Posts by parents discussing ADHD in relation to their children were thus sampled in the present study. All of the 72 online narratives written between January 2007 and March 2017 were reviewed. This ten-year span was perceived appropriate considering that the rate of children being diagnosed with ADHD has increased during these years [51,52,78].

Ethical considerations

Ethical considerations need to be taken into account when conducting research on online discussion forums. The forum used in the present study is not password protected but open to the general public. Therefore, in line with other similar studies, no consent was perceived necessary [42]. This aligns with the practice of several previous studies [79-82]. In general, the use of online content for research purposes is permitted if the website is considered to be in the public domain [83]. The status of such websites is equated to published material. However, the rights of the users were protected by not identifying the user names. Furthermore, the web site is not identified in the present study in order to protect the parents posting on this web site. The complexity of the parental narratives regarding their troubled children demand the entire story to be heard and therefore the decision was made to conserve large pieces of the narratives communicated by parents. In this way the readers can see for themselves what the most devastating parts of the stories are and perhaps make use of this knowledge in their professional and clinical practice.

Data analysis

In the present study parents' life experience shared as posts online were analyzed as narratives following a narrative psychological method [1,2]. Hence, the psychology of the narrative proposes that the ability to cope with stress and changes in life is influenced by the stories people construct about themselves and their lives [84]. The stories people tell about themselves are reflections of subjective reality [85]. Through narration it is possible to restore a sense of order into life. Ricoeur [86] proposes that the opposite of agency is suffering, being due to misfortune or to social oppression. We believe that suffering is what urges parents to seek help and advice over the Internet; out there is someone who might want to listen to their story. The parents are choosing a listener with whom they might share traumatic experiences as well as concerns and worry for their children.

The online narratives were examined by identifying relevant content that reflected parents' attempts to construct meaning of their experiences with their children. All narratives were first read closely in order to establish a general knowledge of

the data. After that each narrative was reread and evaluated in terms of how parents expressed themselves when trying to interpret and understand their children. The researchers were then searching for themes frequently occurring in the narratives as well as the tone and the structure of the same [1]. Besides searching for common features in the narratives, our aim was to give voice to each narrator's unique story.

Results and discussion

The parental online narratives were rich, providing detailed accounts of the everyday life experiences as parents. Most posts started negatively reflecting how overwhelmed parents were feeling. The structure of the narratives was generally unstable and reflected chaos where the parents seemed unable to cope and appeared to be disoriented. Chaos makes the mind blurred and can lead to disorientation, breaking down sense of coherence [1]. The general tone of the narratives was thus negative conveying little hope of positive future change. There are several dominating themes that can be found throughout the parent's personal stories and the most pronounced seems to be "Lacking control". The children's behaviors dominated the lives of parents despite their efforts to take control over the chaotic situation. Parents expressed how they were trying to reach out to their children who would not listen. Another theme in the narratives pointed to a "Loss of confidence". In most cases it appeared as if the parents have come to a dead end as no fruitful dialogue with their children was possible. Parents lacked self-esteem and self-confidence in their role as parents and they also sometimes seemed to have lost confidence in the health care system. Another theme occurring in most of the narratives was "Powerlessness". As a consequence of this powerlessness parents may themselves be victimized, which may also be the case when in the process of seeking help.

A common general feature of the narratives was that they conveyed a tragic everyday life story. The only light in the tunnel for most of the parents was to rely on their child being diagnosed and given medication as a solution to the experienced behavioral problems. The tone in the narratives was pessimistic most of the time. Moreover, the stories were often centered on broken dialogues and failures to build and restore healthy relationships with the children. Below are examples of parental narratives reflecting the challenges faced by parents and the attempts by parents to understand and make sense of their experiences with their own children.

Impending disaster

The following words are used by four mothers who describe their children's misbehaviors. The parents expressed being at the end of their tether expecting an impending disaster. Parents emphasized behaviors that were perceived to be out of the ordinary and even abnormal. The children were out of control and the parents' were unable to find any functional strategies. The parents were bewildered as to what to do. The parent of the narrative below interprets the behavior of her three-year old son as a sign of abnormality. Her patience has come to an end and she reacts with exhaustion. She expresses feelings of helplessness and appears to be in a state of confusion:

"I am a mother of two, one 3 ½ year old boy and one 5 month old girl. I´m having a lot of trouble with my son who will not listen to anything unless he wants to and his behavior can be horrid. While I know it is normal for 2 year old's and older to act out throw tantrums and not want to listen, I sometimes don´t know if his behavior is normal…" "But, I´ve really exhausted my options and don´t know that else to do. He makes me so mad and fed up I just cry. My pediatrician said he's a strong willed child. But, I´m to the point thinking this isn ´t normal for a three year old. Is there something wrong with him? Has anyone else had a child like this?"

In the parental narrative below, the boy's behavior is described in a way that suggests that he is malevolent. It is proposed that he behaves badly in order to upset his parent. Throughout this communication the parent seems to feel victimized by her son and asks for help finding strategies to handle him:

"My son is 7 yrs old and has ADHD, he also has alot of behavior issues and can not be left unsupervised for 1 minute, some of the problems range for minnor (talking back, tantrums) others are major problems, like walking around the house at all hours of the night, where he also is waking his younger brother up by shaking his cot, stealing food, stealing money. i have tryed to disiplian him but he just dose not seem to care wat i do to him, his main goal from first thing in the morning is to upset me. i have just started using behaviour charts and they work cause he is getting something out of it, but unless he gets something he wont do it(does that make sense), i just really need some help and strategies to deal with him because i can not handle him anymore, on a normal day he will bring me to tears at least once and this is just not how i want this to be."

The following narrative entails the words of a mother whose husband left her and three children. A now single mother describes how she is unable to handle the relationship with her oldest son. He is resistant to all her attempts to make him behave in an acceptable way. The option that is left for her is to start to medicate her son, but she is resistant to do so and seeks advice for an alternative solution:

"I am a single mother of three children I know some would say that my oldests distructive behavior is due to the fact my husband just left us. However, this has been going on since he was 2 years old I have had to put locks on my fridge freezer and most of my cabnits and somehow he still finds a way to get into our food and play with it in his room. I really would be less upset about it if he actually ate the food but no he likes to paint with it. I have tried making him clean the mess I have tried putting him in the corner I have tried groundation pretty much everything I can to make him stop. The last thing I have left is to put him on medication. Are there any other suggestions from anyone that might prevent me from having to medicate my child?"

The narratives selected reflect that parents had difficulties perceiving adaptive solutions to their children's problematic behaviors, medicine was sometimes the only solution left that they could think about. Parents were unable to think of problem solving strategies that could be adopted in order to take control over the situation.

"I´m trying my best here and it's not enough. I´m seriously thinking of sending my child to a residential treatment facility so that she can be better helped."

Multiple diagnoses

Several parents did also provide accounts of that their children had been diagnosed with several serious psychiatric disorders. The explanation behind the children's behaviors was proposed to be medical. For example, in the parental narratives below it is evident that children as young as four years old are diagnosed with ADHD and six year olds are proposed to be suffering from bipolar disorder. These are the accounts of five mothers:

"Hi, am new to this and am wondering if anyone out there has a young child that has been diagnosed as my 6 year old is in the process of being looked at, but docs have said they are almost certain that she has bipolar. She also has ADHD, and poss ODD, if anyone else is in a similar position would love to hear from you, thank you."

"My son Jack is 9 years old and was dx with ADHD at age 4. Unfortunately thou, as he gets older his emotional/personality issues are becoming more complex. Although he still displays the hyperactivity sometimes, he is also calm when he wants to be…"" I´ve been taking him to a counselor and a psychiatrist for a couple years now. He is currently taking celexa, tenex, and dextrastat. The psychiatrist has talked about bipolar disorder and narcissist."

"I have a 16 year old daughter who was officially diagnosed with Bipolar as well as ADD (inattentive type) a little over a year ago. I also have a 19 year old who was just diagnosed recently with ADD type 6/mood disorder a few months ago…"

"…i have five boys one with adhd, mood disorder, ODD, anxiety. One with adhd combined type, episodes of depressed mood, ODD. One with ADD<adhd at times with Major depression or bipolar. I have a hard time with discipline issues on what to do. I am at my wits end with the school, and people not pointing me in the right direction before now and waiting for it get to get out of hand. Any support or advice would be great while i go nuts!"

"I am wondering if anyone can give me some advice on this parenting thing. I have five boys all together ages are 17, 13, 13, 12, 6. One of the twins are ADHD combined type and the other is Bipolar. The six year old is also ADHD possibly Bipolar."

When the children were not helped long term by medicine prescribed for ADHD some parents continued to perceive their children through the medical discourse by searching for additional diagnoses. One mother wrote:

"10 years old and has been diagnosed with ADHD ever since he was in preschool. We tried for a year without any medication. There was no way we could do without the medicine. We adjusted his diet, such as no fastfood, very little sweets, no processed food etc, but he was struggling too bad in school. Well for years the medication helped him alot, but as of late I´m beginning to wonder if he suffers from bipolar disorder."

Overwhelming life

For a number of narrators life seemed to be utterly chaotic. Parents were overwhelmed by their parental responsibilities and in acute need of help and advice. They were single parents who had problematic relationships with the other parent and on top of this other serious problems of various kinds. It is possible that the perceived anonymity on Internet offers a safe place for parents to present their personal narratives. For example, one mother wrote about her son's criminal behavior and sexual abuse in the stepfamily:

"Please forgive the long posting, but I need to talk about this somewhere and maybe get some insight from others. I am a mother of a 17 year old son, who is having some major issues with behavior, defiance, law-breaking, etc. A bit of background… His father and I split in 2000 when he was 6. He was diagnosed with ADHD at the age of 4 and put on Ritalin, which helped his concentration and impulse control a lot. When my ex and I split, our 3 children went to live with him (ages 7, 6(son), and 5). He took our son off the Ritalin and almost immediately our son started havingbehavior issues in school. Through the years, he became more defiant and rebellious towards not just his father and I, but other adults as well. At the age of 13, he came to live with me and has been with me ever since. After he did, I found out things that went on at his fathers house. My youngest daughter was sexually molested by her stepbrother. Last year, I found out that my son was also molested by this same stepbrother starting around age 7…" "There was also physical abuse by my ex and his wife to our children…"

There are seldom easy solutions to complex problems such as trauma, separation and financial strain. Many of the parental narratives in the present study revealed serious challenges and complex problems. The narratives supports critics [50] who propose that there is a risk that the population, for example parents, increasingly view children through the medical discourse and use it as a model for understanding and explaining the emotional suffering of children [75]. There was a tendency for parents in the present study to consider several diagnoses when trying to understand and interpret their children's behaviors and emotional distress. The tendency to ignore contextual factors may lead to normal children being misdiagnosed and effectively turned into psychiatric patients, often for the rest of their lives.

Loneliness and social isolation

Several single parents struggling with serious challenges also seemed to lack social support. Parents expressed feeling

helpless and lonely. Virtual contact may be of particular significance for those parents who were socially isolated. In the narrative below one mother is struggling alone without social support. The mother felt locked away and totally alone without any empowerment in her own life. She described how her family had disowned her and the children and how difficult it was to maintain and form friendships and romantic relationships because of her children's disturbing behaviors. Despite the distressing life condition where it must be very difficult for one parent to meet the needs of four children on top of paying bills and doing household shores, the mother still does not see any other explanation for her children's distress and challenging behavior but disease:

"I am a single mom who works and goes to school. I have 4 kids who are 12, 11, 7, 7 and have all been diagnosed with ADHD. My 11 year old daughter is bipolar and so is one of the twins so I think their ADHD diagnosis was incorrect. My 7 y old is the worst out of the 4. He wakes up at the crack of dawn and proceeds to destroy everything he can." "My other kids suffer because I am yelling and crying and generally miserable with affects my relationship with them. Don´t mistake me, I tell all of my kids I love them ever day numerous times, I try to spend all my free time with them, I buy them stuff when I am able (not very often and they break it anyway), and I am a generally hands on mom. They are not neglected, abused, or any other thing that would cause this behavior… so I am assuming it must be the disease even though I was not like this…" "My family has pretty much disowned us because of how my kids are, my friends don´t want my kids in their houses because of the fact that they are so hyper and my son is so destructive. So here I sit, locked away with these issues and dealing with them totally alone. I can´t have anyone in my life because no one can deal with them and I don´t have the time to deal with my kids and be in a relationship." "… my kids literally argue and fight 95% of the time they are together (well my 3 boys anyway). My daughter (11 yr old) has moved in with her dad because of her brother's behavior. My oldest son will not go because he is afraid of what would happen if he weren´t here to help."

Some single parents had several young children, all in preschool years, and had trouble bringing them up on their own. In one narrative, presented below, the children were described as so aggressive that the mother felt helplessness as to what to do. The only option left for her was to see a psychiatrist. Despite an obviously challenging family situation with several young children needing attention, the medical discourse was used when trying to understand why the children were acting out:

"…i have 4 children the ages are 5, 3, 2 and 3 months my 5 year old i believe has adhd my 3 year old has anger issues he is already talking bak and yelling at me i think he got that from his bio dad my two year old is always screaming and banging his head on things for no reason i am getting him to a psychiatrist monday and well my three month old i cant really say much on her as of right now she is perfect lol but when she is crying fdor a bottle and the other is bouncing off wall (literally) 3 year old is demanding something from me and two year old is screaming because i dont know wat he wants (he wont talk) my days get a little hectic please tell me am i alone on this or is there another mother going as crazy as i am?"

It was obvious from the narratives that many of the parents were experiencing multiple challenges in their lives without much social support. One of the most striking changes in family structure over the last few decades has been the increase in single-parent families [8]. In the past few decades many children have experienced increasingly unstable family lives such as parental separations and loss of social network [87,18]. Raising children requires time and energy from stable adults and it is not easy for one parent to sufficiently meet all the needs of children while at the same time taking care of the household and provide financially for the family.

Parental diagnoses

Some narrators had, on top of the above mentioned challenges, their own diagnoses. Parents described how their own difficulties compromised their abilities to function as parents and how worried they were that their children had inherited the same disease that they themselves had. Below are narratives from two mothers:

"I´m autistic. I have aspergers. As much as I need a routine and whatnot, it was proven to be almost impossible to implement when you have a child with such behaviours. I am sensitive to everything myself. A day at home with a child not on meds means I am exhausted to the point of fatigue. I cannot function. My child will argue with me over things that sometimes sound more aspergers than adhd and other times more defiant than anything."

"I am 25 years old and was diagnosed with Bipolar Disorder at 13. At the same time I was diagnosed with ADHD. I have been on every Bipolar medicine on the market and I Had trouble finding the best one for me. All the Med either made me manic or depressed. I have been back and forth on mess up until 6 months ago." "So I am wondering about my daughter. Bipolar runs in all the women on my moms side of the family. Started with my grandmother, then my mother, my Aunt, then me. My biggest concern is that it seems to be worse with each person. I had it the worst and I am concerned for my daughter. She is starting to show small signs that I am picking up on."

On top of multiple challenges some of the single parents raising several children on their own, without social support, were thus also struggling with mental health problems of their own. Despite these challenges few parents considered such contextual factors as explanations for their children's difficulties and emotional distress. Instead the explanation was sought inside the children. However, research reveals that there are several ways in which contextual factors may influence the well-being of children [67].

Personality flaws

Many narrators attributed the problematic behaviors of their children to negative personality traits such as being

selfish, rude, demanding and manipulative. Some described their children as mentally slow. Parents expressed disappointment with their children. Below are the narratives of two mothers who begin their stories emphasizing that they love their children but nevertheless continue to subsequently describe how upsetting life is for them as mothers. One of them expresses that she fantasizes about being dead so that her children would be forced to fend for themselves:

"I never dreamed I would be here writing this. I love my children but they have grown in into ALL ABOUT ME young adults. They are breaking me financially and emotionally. I am so hurt and in shock over how disrespectful they are. If their father was alive he would have never put up with this. I am ashamed to say I almost look forward to when I am passed away and they have to fend for themselves. I do not know where to turn. I feel like they are slowly killing me with all their financial demands… Any suggestions?"

"hi I´m a single mother of two beautiful children and i love them dearly but some times it feels like its getting to much my daughter is fine oops i mean health wise she is fine no problems but cheeky as ever she is two going on 22 so she thinks ha ha but my real problem is trying to deal with other things you see i have a 6 yr son who is mentally only 18 months he has adhd and behaviour problems the doctors still don´t know whats wrong its just been 6 years of testing and more testing my real worries are how to discipline him..."

Descriptions of this kind were used even when the child was going through puberty during which some turmoil may be expected. Children were for example described as impulsive and moody. Medication was proposed to reduce argumentative behavior and moodiness. Below are the narratives of two mothers:

"My daughter ADHD/BIPOLAR? I am sick of this, she makes me feel crazy… she is very smart and impulsive, demanding and rude. What is this? Manipulation, Impulsivity, Mood? Or all of them. She did take adderall during school, and it improved her arguing and mood, it made her nice!!! We could talk. But she does not want to take it this summer b/c she feels it is only for focus and that is for school. Do you see any bipolar in this constant name calling and demanding rude impulsive behavior? She is 16."

"My daughter will be 11 yrs old in July. She is rapidly showing physical and sexual signs of puberty. She is in 5th grade but is around the 3rd grade level educationally, sometimes being on target mentally with her 5 y old brother. She has ADHD (Severe) and possibly Bipolar disorder, along with a anxiety disorder. How do you go about explaining the changes in her body, physically, mentally and sexually to someone who is mentally 5 y old? I am totally stumped as to what to do. Any and all ideal would be welcome."

Narratives above reveal that the explanation for the child's difficult behavior is to be sought inside the child. However, there is disagreement regarding the cause of children's mental health problems. On the one side is the medical model, which stresses neurobiological causes and views mental health problems as the result of dysfunction inside the child [47,48]. On the other side are the social and psychological perspectives, which stresses the context and adverse challenges in the environment [50]. Yet, the medical discourse seemed to prevail when parents in the present study attempted to explain their children's behavioral difficulties and emotional distress.

Loss of control and shame

Some parents revealed that they were unable to cope and keep calm. An online discussion board may function therapeutically by allowing parents to anonymously express forbidden thoughts and feelings of guilt and shame to others in similar situations. One mother admitted to abusing her son physically. The child had been getting into trouble at school and became confrontational when the mother addressed the problem. The mother then lost her temper and slapped him several times in the face:

"I live with my partner and have a 9 yo daughter. My son is from a previous relationship and has been living with us since the age of 9. His relationship with my partner has been difficult at times. Today I received a call from his school about his behavior, I was enraged at what he did and I hit him. I slapped him several times on the cheek, when he became confrontational and stated that he did not care." "He has been excluded from school on a previous occasion for stealing. Things have been gradually getting unbearable. He constantly refuses to accept any authority and follow simple rules. He does not respect curfews and strolls in very late. He has walked out of home on two separate occasions without my consent and stayed at friends. He started smoking not so long ago and has been hanging around with other kids that I am unhappy with. His behavior is very aggressive and rude. He stays up very late and over the last year has been late to school on more than 60 occasions. I have had complaints from the school about his behavior, being disrespectful to teachers, disruptive attitude in class and argumentative attitude."

Another parent consistently physically abused, humiliated and punished the child. It is possible that the Internet has a disinhibiting effect allowing parents to disclose information about their behavior and reactions toward their children that they would not have disclosed face-to-face. The virtual setting allows users to write about their lives without fear of reprisals and face-to-face judgement. Below is an example of such a narrative:

"I have a 7 year old son that is out of this world. Spanking have never worked for him, although I still do it, almost daily. I ´ve tried taking things away from him too. At one point, he had nothing in his room but a bed and his clothes and it was that way for about a month. It didn´t help. Sticking his nose in the corner and making him stand there, didn´t work. I am at my witts end and don´t know where else to look for advice."

The parental narratives analyzed in the present study were detailed and disclosing. Parents exposed of emotional reactions and dysfunctional parental strategies used when trying to take parental control. The perceived relative anonymity of the Internet may have fostered particularly

honest and authentic rather than social desirable narratives. Internet may have become an important source of social support for many people who otherwise lack social support. Today people have the opportunity to interact with an expanded network of people who share similar experiences. An online discussion board may even function therapeutically by allowing parents to disclose of reactions and emotions that are perceived as stigmatizing. Online narratives may provide an alternative to face-to-face interaction.

Relief on behalf of the child

One mother described how her daughter was perceived as easier to handle, subsequent to receiving a diagnosis and medication, by others around the daughter; the mother herself, teachers and fellow students. For some parents it may be a relief to be able to put a label on their child's behavior. However, the daughter herself had become "zombie-like". The diagnosis and medicine had been a relief for the people in the surrounding but the child herself was experiencing serious side effects that were detrimental to her health and development:

"My child was diagnosed with ADHD after five years of fighting for an assessment. Once my child was diagnosed, medications began and I felt that it was more of a relief for others which would be myself, teachers and students. Although my child does better in school now and is able to focus more, it is well documented that my child is sensitive to their surroundings and does better in a quiet non busy (visually) setting. She is calmer but unfortunately docs equate her calm with understanding the difference between right and wrong. The meds have her sitting there like a zombie. Her speech is slower and she doesn´t really talk much."

In the parental narrative above the mother does reveal some self-criticism where she questions whether medicating the child is the right thing to do. Her parental narrative thus reflects more coherence than the other parental narratives presented in the present study. She perceives the situation from several different angles and does not deny the problems posed by the medication for her daughter.

Better off somewhere else

There were examples in the narratives that revealed that the children were better behaved when not at home. Such accounts may reflect the need for familial and social context to be taken into account considering that the child described below functions better in a context outside the family. The explanation for the child's distress should perhaps not be sought inside the child:

"This is a kid that goes to residential camp during the summer, no meds and has no difficulties. I´m thinking that the quiet setting is what allows her to focus. She would be provided the structure she needs..."

Analysis of parental narratives suggested that parents accepted medical explanations for their children's misbehaviors despite, as in the above narrative, acknowledging that the child could be well behaved outside the home. The medical discourse may inhibit critical and rational thinking in parents. Instead of embracing complexity and considering concurrent contextual risk factors behind the child's emotional distress the child is medicalized. This may in turn hinder responsible changes necessary in order to foster adaptive long-term social, emotional and psychosocial development in children [88].

Summary and Conclusion

Parental narratives analyzed in the present study relied largely on medicalized language. These online narratives shed light on the meaning-making process of parents, reflecting the power of the medical discourse in shaping parents' experiences and interpretations of their children's behaviors. The parental narratives presented in the present study revealed that parents were struggling with severe challenges, such as for example single handedly parenting several children without social support. Despite such obvious challenges the parents appeared to embrace medical explanations for the misbehaviors seen in their children. Most parents had received medical evaluation for their children and had subsequently received medical diagnoses for them. When reading the narratives online it was evident that even very young children had been diagnosed with serious psychiatric disorders such as ADHD, Bipolar disorder, Mood disorders and Obsessive Compulsive Disorder. In some cases children had been diagnosed with several of these disorders.

Critics have raised concerns about the broadening classifications used in The Diagnostic and Statistical Manual of Mental Disorders (DSM) [89-92]. The DSM provides guidelines for diagnosing mental health disorders, broadening criteria allows a wider range of behaviors to fit a diagnosis. As mentioned previously, the major discourse of ADHD presented to the public is a biological, permanent genetic disorder of the brain best treated with medicine [71,55]. As a consequence, there is an increasing tendency to portray children as dysfunctional where the definition of normal behaviors in children has been reconstructed and narrowed [93].

However, the evidence that diagnoses and prescription of medication for mental health issues is proportionally higher in families who experience disadvantages of various kinds [62-66] lend moral weight to encouraging broader perspectives than solely the medical when discussing emotional distress in children. As adults we need to strive for ethical and responsible actions that is in the best interest of children. There may be a wish to explain the increase in mental health problems seen in children. However, unfortunately the medical discourse may result in scapegoating children. The purpose is not to blame parents, but to encourage the embrace of complexity when interpreting emotional distress and challenging behaviors in children so that supportive strategies can be adopted when raising children [93]. As adults we should release the burden from children and target several interacting explanations behind distress in children. Detaching children from their contexts does not embrace complexity. It is time more perspectives of mental health, than solely the medical, were given dignity in society.

There are a number of limitations in the present study. The small sample size and sample choice of one international health board may compromise the generalizability of the results of the study. Furthermore, as the data were collected from anonymous narratives on a website, it was not possible to contact the authors for further information and clarification. We do not know how truthful the information in the narratives analyzed is. The narrow search parameters of posts featuring the term "ADHD" may have resulted in families struggling severely with various serious problems finding it guilt-relieving to attribute difficulties to neurochemical problems rather than to broader social issues or parenting. It is thus possible that many parents do consider contextual factors when trying to understand their children who are experiencing severe emotional distress and behavioral difficulties. Furthermore, parents being critical of the diagnosis of ADHD for children may be less likely to visit online forums discussing such issues. Further research in an international context, with a larger sample, would be enriching.

Recommendations

Members of particularly challenged groups in society often lack the resources to communicate and tell their stories. For the first time in history marginalized individuals have the opportunity to communicate their narratives to the public through the Internet. The parental narratives in this study can be seen as socially constructed stories that have been shaped by the parents when trying to understand and interpret the emotional distress of their children. We therefore believe that it is important to take these voices into account when conducting research on children who are troubled. It is crucial to learn more about the life situations of disadvantaged families in order to be able to help and support them long term. For example, parental separation tends to set in motion multiple stressors for a family such as loss of contact with family members and relatives, diminished resources for the children, financial strain, moving and parental stress [5-7]. We would encourage family professionals to consider the importance of attending to the impact of the family situation on emotional, psychological, behavioral, social and academic functioning and development in children. A life course approach is necessary that considers cumulative and aggregate dimensions of health which in turn considers how adverse childhood experiences can threaten adaptive capacities and exacerbate early stressor effects. Early life interventions may prevent that adversities continues into adulthood. Parents and children may thus need support, for example in order to ease the strain of parental separation so that constructive co-parenting can be achieved. A challenging life situation can increase parental stress which in turn makes parenting more difficult. Parents experiencing multiple challenges may thus need help in order to develop competent parenting competencies. Timimi [50] stresses the importance of acknowledging the role of the quality of the parent-child relationship to children's emotional adjustment. The Relational Awareness Program (RAP) is an approach that aims to change the emotional dynamics within the family via relationship building [50]. Within this therapeutic approach parents are helped to use constructive coping strategies such as solving conflicts, being consistent in their parenting, communicating with their children, setting boundaries and increasing their sensitivity to the needs and feelings of their children. Timimi [50] emphasizes respect for the child's autonomy rather than control of the child's behaviors. Complex interventions that considers the child's home and environmental context is thus crucial when supporting disadvantaged families. Clinicians and family professionals should be aware of that children and young people presenting with symptoms of for example restlessness, hyperactivity, aggression and depression may have complex and very difficult family circumstances why a holistic approach to treatment is important.

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