

'Mothers Voice'

**Motherhood Experience of Mothers of Children
with Behavioral Disorders:
Phenomenological Research**

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ABSTRACT

Motherhood is an experience that accompanies the lives of most women in the world. It has become attached to the woman's world as early as in childhood, many years before she becomes a mother, and is perceived as both a personal and a universal experience. The transformation of woman into a mother is experienced as a transition stage and as a life changing experience, which involves a great deal of fear from being responsible to the growth of a child, a process that is frequently accompanied by a set of expectations and the investment of physical and mental resources.

When the family experiences a normal development and prosperity of the child, this investment is often rewarded with pleasure and satisfaction (DuVall & Miller, 1985; Herssen & Ammerman, 2000). On the other hand, raising children with behavioral disorders presents many difficulties to the family, which can harm mental well-being and create chronic distress (Ha, Hong, Seltzer & Greenberg, 2008).

In the center of this study are mothers of children with behavioral disorders. Despite the vast research on behavioral disorders, there is no reference to the voice of mothers and the experience they have accumulated in years of coping with the caring for and raising a child with behavioral disorders. In this study, I would like to hear mothers tell in first person how they experience their lives as mothers of children with behavioral disorders, and learn about ways to cope with these situations from their unique perspective, in order to create a theoretical conceptualization for coping with behavior disorders.

The Research Objectives: To identify the characteristics of the mother experience of a child who was diagnosed as having behavioral disorders, from narratives of 23 mothers, from different sectors, different family situations, and in a varied socioeconomic profile; Conceptualization and theoretical inclusion of mothering experiences for children with behavioral disorders; Producing ways to cope best with behavior disorder.

The Main Research Question: What are the characteristics of the maternal experience of a child with behavioral disorders?

The Secondary Questions: What is the personal experience described in the mother of a child with behavioral disorders' story? What is the marital experience and how are the roles and relationships in the family described in the mother of a child with

behavioral disorders' story? What is the social experience and how does the mother of a child with behavioral disorders describe her relationship with the social environment? What are the experiences that the mother describes as significant in dealing with her difficulties as a mother of a child with behavioral disorder?

The present study uses a phenomenological qualitative methodology, assuming that using this methodology will enable the exposure of a rich, complex and meaningful picture that would have been difficult to trace by other methods.

The study involved 23 mothers from different sectors in a diverse socio-economic group whose children were diagnosed with differential diagnosis for behavioral disorders without additional disorders. The majority of participants in the study are from middle class to high middle class backgrounds and define themselves as secular, with the exception of five mothers who define themselves as religious/traditional. Most of the mothers who participated in the study were single mothers. Four of them married or in a marital relationship, and 19 of them divorced. The age of the participants ranged from 25 to 45 years.

The participants were interviewed separately through life-story interviews (Atkinson, 2007), which served as the main research tool, in order to enable the participants' sense of freedom, flexibility and sense of control. The interviews lasted between one and a half to three hours. At the end of the interview, I asked the interviewees to add a metaphor for describing their life experience as mothers of a child with behavioral disorder, as another way to compare with the narrative created during the interview. The interviews were held between 2014 and 2013. They were recorded, transcribed and analyzed. The sample and its size were determined during the data collection and analysis according to the principle of saturation (Thomas & Pollio 2002). The participants in the study were located by the "snowball" method and by the "word of mouth" method, which was created following the connection created with the interviewees themselves.

Analysis of the data was done by means of thematic analysis, according to the principles of the Hermeneutical Circle (Kvale, 1996), whereby a constant process of entry and exit is required in each interview and in all interviews, from one theme to another, while searching for meanings that link between categories and meanings that distinguish them. The goal is to achieve a good degree of internal uniformity. In addition, the data were combined with the three theoretical frameworks that this study adopted: the SSA-Smallest Space Analysis (Cohen, 2003) model, the Kubler-Ross

(1969, 2001) stages of mourning, and Schaefer & Moss (1992) model that relates to coping with crisis and growing from it.

Analysis of the data revealed four themes: mother's functional style with her son's behavior disorder, personality patterns, support anchors, and mother-son relationship.

During the analysis of the categories found in the personal narratives, a meta-category was discovered that maintains relations with all the other themes and deals with the mother's emotional wellbeing. This category offers a theory that mothers build a narrative that attributes meaning to their emotional state in the continuum between distress and wellbeing in all the themes found. This finding was also anchored by comparing the narratives with the metaphors chosen by mothers to summarize the experience of living as a mother of a child with behavior disorder.

The Research Conclusions: The study of the four themes of the characteristics of the mother experience of mothers of children with behavior disorders revealed a large number of expressions of emotional dynamics between distress and wellbeing. In each of these themes, one can see functioning and coping in the continuum between optimal coping, as opposed to minimal functioning and dysfunction. Mental wellbeing was presented as a meta-category in this study, since the narratives and metaphors chosen by the interviewees revealed the reciprocal relationship between it and all themes.

It seems that the existence of the internal resilience component indicates the possibility of growth and improvement in the state of mental wellbeing. The inner strength appeared in the narratives of one group in the operating mother pattern as a given resource, but it seems possible to nurture those who lacked it and succeeded nevertheless in growing and empowering herself. It can be concluded that activity and experience can move forward mothers who have been stuck in the low and paralyzed stages of the emotional continuum.

Another conclusion is that all mothers know the support anchors at their disposal but do not use them with the same degree of effectiveness, which offers a thorough examination of the accessibility of support anchors and finding ways to adapt them to individual patterns and coping patterns. This conclusion is also supported by the answers to secondary questions. We have seen that the patterns of maternal behavior with the spouse, the extended family, and the society, which constitute the potential of important support anchors to cope with a crisis in raising a child with behavior disorder, dictate whether or not the other will receive assistance.

In this study, it seems that the mother's mental wellbeing determines the degree of assistance she receives and that the more her pattern of functioning is victimized and weakened with the partner, the family, and the society, the more isolated she seems to be with coping with her child, and the more powerful and controlling she was, the more she was able to choose her appropriate support systems.

The findings of this study show that a better understanding of the components of the maternal experience of mothers of children with behavioral disorders can provide more effective help. Therefore, in order to help those mothers, attention and listening must be paid to the unique voices emerging from the private experience in order to outline ways of coping, and to identify the points that enable change and growth.

The voice of the research participants is used as a model for the experience of mothering children with behavioral disorder. Therefore, it is appropriate to make their voices be heard and share their themes with other mothers. Their stories may show other mothers raising a child with a behavior disorder that there is another side to their stories, and that they can grow from the difficulties, with implications for the rest of the family. In addition, the voice of mothers may educate the public about the phenomenon and change the attitude towards children with behavioral disorders and their parents, especially their mothers.

This study examined and identified the components of the maternal experience of children with behavioral disorders and was based on the life stories of 23 mothers. The sample does not statistically represent the perception of all mothers with children. However, consistency in the themes that arose, exhaustion of the themes beyond all the interviews and ensuring the reliability of the study allowed for theoretical generalizations that can be examined in other studies.

The research Limitations: This study examined mothers at a given time in the coping process and therefore caution should be exercised in generalization, while understanding that functions can change over time in light of support and change of experience. The experience measures that were codified from the interviews were classified into categories according to content, which could change and should be examined in additional studies.

Many studies have shown that mothers and fathers differ in their coping with a child with behavior disorders (Cadman et al., 1991; Hoekstra-Weebers et al., 2001). However, it is important to note that mental wellbeing and motherly perception were also based on the marital relationship, so it is appropriate to conduct a separate study

that examines the voices of the fathers and the paternal experience of fathers of children with behavioral disorder.

Another point to consider is that this study focuses on children aged 12-6. This age range is chosen to better examine the experience of motherhood at the age when she is required to function fully, since the child cannot cope alone with social institutions and systems. Therefore, the research should be extended to additional age ranges and to examine the mother's experience and coping with other difficulties related to the age and developmental stage of the child.

Another problem that requires attention is related to the personal exposure of the mothers who participated in the study and their difficulties during the interviews. The problem is exacerbated by the fact that some shared the details of their personal experiences for the first time. This exposure was overshadowed by difficulties that were not treated by a professional after that. However, most of the mothers did not ask to stop the conversation, and were even thankful for listening to their stories and the opportunity they were given to speak.

Contribution of the Study: This study is preliminary in its study of the mothering experience of mothers of children with behavioral disorders. This study enables a unique perspective of the maternal experience measures that are part of the mother's emotional wellbeing, which has been found to be most significant for the treatment of children with behavioral disorders.

The findings of this study show that when we come to help these mothers, we need to step back and pay attention, listen to the unique voices emerging from the private experience. The ability to help and intervene will be much greater. There is a great need and great potential to help and we should listen carefully to know how and where. A better understanding of the components of mothers' perceptions of children with behavioral disorders can enable more efficient and rapid assistance, anticipating ways of coping, and identifying the points of change and growth. Various stress factors arose out of the experience of mothering that there is room to expand and improve the professional response to them.

In this research, I proposed three new models, two theoretical models and one applied model. The first theoretical model contributes to the research literature a new look at the stages of processing grief, and draws on findings from the "chronic grief" experience that mothers of children with behavior disorder with whom they deal with, because the behavior disorder events erupt unexpectedly and return even after periods

of relaxation. All the components of the mother's experience are included in the second theoretical model , in a way that presents the centrality of mental wellbeing in each of the themes identified in the research, and its special importance to the ways in which mothers cope and their optimal functioning. The proposed model is derived from the theoretical model and is intended to enable therapists of children with behavioral disorders to prepare a focused intervention program to locate the mother's place in the continuum between stress and mental wellbeing. This will enable personalization of treatment and increase the chances of improving the quality of life of mothers and the lives of their children. Among other things, it will be possible to expand the counseling system for parents and to guide support groups or groups of parents in schools and in various frameworks.

The voice of the mothers who participated in the study serves as a model for the experience of mothering children with behavior disorders. Therefore, it is appropriate to spread their voices and to share other mothers with their own themes, which may show other mothers who raise a child with behavior disorders that there is another side to their stories and it also has implications for the rest of the family. In addition, the voice of mothers may educate the public about the phenomenon and change the attitude towards children with behavioral disorders and their parents, especially their mothers.