
Children with ADHD are sceptical to the use of medications

[Society & Culture](#)[1]

[Society & Culture](#)[1][ADHD](#) [2][Children's health](#) [3][Gender](#) [4][Norway](#) [5][Forskning.no](#) [6]

Mum is relieved; Dad is sceptical. The child has mixed feelings towards the diagnosis and the pills. 'We must listen more to the children,' says Norwegian researcher.

"When I take the pills, I become girlish in a way, and I just want to relax all the time, and then it's like 'ooh, a flower!'. That's how it feels." (Knut, 14 years old)

ADHD is a much-debated diagnosis. Many believe it is a biological condition that needs treatment, normally with medication. Others believe that we medicate normal boy behaviour.

Aina Olsvold is a psychologist with years of clinical experience who recently completed a doctoral degree on Norwegian families that live with an ADHD diagnosis. She interviewed mothers and fathers - and the children who are on medication: 17 boys and two girls. She found disagreement over the diagnosis and the use of medication.

Dad: sceptical

"It's alarming that you need a diagnosis to get help just because you can't sit still in the classroom. You are doped up so that you don't disturb the others." (Father)

"The fathers were sceptical towards the diagnosis and critical about viewing their child in this way. Many of them had to be convinced to medicate their child," says Olsvold.

She found that the fathers applied a gender perspective more often than the mothers. Like this father:

"I was in an all-boys class at school. We did well in school. We had a teacher who told me when I was at my worst: 'Go ahead and run a few laps'. [...] So we did very well because there weren't a lot of girl parents who came to the parents' meeting and said things like: 'Someone has to stop these troublemakers'".

Masculinity and class

Olsvold had not expected the significance of class. Children of all social classes are diagnosed with ADHD. But social background was significant for how the family perceived and handled the situation.

"Working class fathers in particular identify with their sons and believe that they were also like that as children. Their son's behaviour does not conflict with their views on masculinity. For example, they say it's important that boys can put up a fight. Medication can be a threat; their son won't be boy enough," says Olsvold.

The fathers in Olsvold's sample have nonetheless accepted the use of medication.

"In many working-class families the mother is the 'main parent', while the father is the main provider. He

often has an authoritarian style of childrearing and says that he has no problem setting boundaries for the child. It's the mother and teacher who can't manage this, according to the father."

"In the middle class, the son's behaviour conflicts more with the norms. These fathers are worried about low grades and their son's future. Middle-class families often practice more gender-equal parenting, and the fathers are more likely to say that their son's behaviour is also problematic for them," explains Olsvold.

However, many middle-class fathers also point to gender: They believe the problem is partly that the school has become feminised and that society no longer tolerates "normal" boy behaviour.

Mum: relieved

"Extremely relieved, finally...! [...] I was so relieved for Stian's sake, or maybe mostly for my own sake, to be able to explain his outbursts. (...) When he gets tired, he gets aggressive. It's not about me." (Mother)

Some mothers had been worrying for a long time. For others, the school had pointed out the problem behaviour. Both groups were relieved when the child was diagnosed.

"It has to do with the mothering role. We still perceive mothers and fathers differently. When a child displays problem behaviour, many mothers feel responsible. The mother has the most to gain from being given a biological explanation: It is neither her fault nor her child's. It is something inside the child's head that explains the behaviour," says Olsvold.

To tell or not to tell?

It was important for the working-class mothers to tell others about the diagnosis.

"When the professionals had provided an explanation, the mothers felt respectable again," says Olsvold.

The middle-class mothers had more doubts about who should be informed of the diagnosis. They were more concerned about the stigma attached to ADHD and that medication is a debated issue. They more often find that their friends and families don't support them in their choice to use medication.

Having ADHD

Olsvold registered three different psychological strategies for the children's relationship to their diagnosis: rejection, identification and negotiation.

"The largest group in my material are those who identify with the diagnosis. They describe themselves using the diagnosis as a point of departure, often with negative words. But one of the boys also emphasised that ADHD made him creative."

According to the researcher, the boys who reject the diagnosis say that they do have ADHD, but that it doesn't mean anything. They want to be like everyone else.

The boys who engage in negotiation around the diagnosis were typically from the middle class.

"They say that their ADHD isn't so serious. They know that ADHD is associated with violence and other criminal behaviour, and they distance themselves from it," says Oldsvik.

For these children the diagnosis may help them understand themselves. They become conscious of their own behaviour and disassociate themselves from behaviour they do not want to be identified with.

"In the working class, the parents are more fatalistic; ADHD is something in the brain, a handicap the child

has to live with. This makes also the children identify more closely with the diagnosis,” says the researcher.

“I hate the medication!”

“I don’t notice any difference whether I take the pills or not, but other people do.” (Child)

In her conversations with the children, Olsvold found that many of them experienced side effects and that they did not like taking the medication.

“Children are loyal towards their parents, and most of them told me that they don’t have anything against taking the medication. But only two children felt that the medication has helped them. Two others shouted that they hate the medication as soon as I walked in the door,” Oldsvold explains.

Even the children who started out saying it was alright to take the medication had mostly negative things to tell when it came down to it.

“They might say that the medication works, but only a little bit. Or that they concentrate better from it, but they don’t think concentration is so important. Many say they don’t like to take it because it reminds them of the diagnosis. They feel that they aren’t themselves when they take the medication. They become tired and sleepy and get stomach cramps, headaches and nausea," says the researcher.

Painful to talk about side effects

Olsvold heard about many different types of side effects in her conversations with the children. The mothers, however, found this topic difficult. They are worried about what the medication does to the children, but they will not stop because of the medication’s positive effects.

“When things are going better, it’s easy to think that the medication is helping, and then they get afraid to quit,” says Olsvold.

The researcher believes that doctors should inform parents better about the side effects. Some of the mothers could hardly remember the doctor mentioning it at all. This makes it difficult for both the parents and the child to verbalise their negative experience with the medication.

“The result is that the child may be living with side effects that aren’t recognized. This is a problem,” says the researcher.

Culture or biology?

Because the medical understanding of ADHD predominates within the treatment system, a medical approach is often the first choice. Olsvold believes there is a need for a more psychosocial approach, in which the child and the parents are understood based on their day-to-day situation and the life they live together.

“The use of medication is a social practice, a way we have chosen to deal with what we view as problematic behaviour. But critical psychologists and sociologists, for example, can be sceptical of this understanding of children. They view an ADHD diagnosis as a way of solving problematic boy behaviour and regard it as social control of undesirable behaviour,” says Olsvold.

"We are continually understanding and explaining new aspects of humans in biological terms, and ADHD is a good illustration of the advantages and disadvantages of this. As a clinician, I have met children and thought to myself that there is something about them, and I have tried to help them with various approaches. We mustn’t forget that an individual is also a social and cultural being. The social context is also crucial: What parameters are we setting for normal behaviour? What ideas do we have about children’s development, and what demands and expectations of children and parents lie in the culture?"

We must listen to the child

Olsen urges more attention to what happens when a child's problems are explained in medical terms. Very many aspects of the child's behaviour are seen as part of ADHD. But other children can also be angry and lack concentration.

"ADHD is not a description of character, but a description of behaviour. The diagnosis doesn't tell us anything about why children act like they do in a given situation."

"We must listen to the children more. They are given medication that changes their behaviour even though they have not chosen it themselves. It's hard for them to say anything negative about it because it is the people they trust the most who are giving it to them."

"They must be given time to talk about their feelings. And other solutions can be found if the child does not like to take the medication," Olsvold concludes.

 [Children diagnosed with ADHD have not decided themselves to take medication. Therefore it is essential to listen to them about their experiences. \(Photo: Colourbox\)](#) [7]

 [Aina Olsvold. \(Photo: Heidi Elisabeth Sandnes\)](#) [8]

 [\(Photo: Colourbox\)](#) [9]

[KILDEN Information and News About Gender Research in Norway](#) [10]

[Common ADHD treatment has no effect](#) [11] [Girls are given less ADHD medication](#) [12] [Large differences in ADHD treatment](#) [13]

[Heidi Elisabeth Sandnes](#) [14]

Connie Stultz

September 29, 2012 - 06:02

This field is not in use. The footer is displayed in the mini panel called "Footer (mini panel)"

Source URL: <http://sciencenordic.com/children-adhd-are-sceptical-use-medications>

Links:

[1] <http://sciencenordic.com/category/section/society-culture>

[2] <http://sciencenordic.com/adhd>

[3] <http://sciencenordic.com/childrens-health-0>

[4] <http://sciencenordic.com/gender>

[5] <http://sciencenordic.com/category/countries/norway>

[6] <http://sciencenordic.com/category/publisher/forskningno>

[7] http://sciencenordic.com/sites/default/files/preview_COLOURBOX1133827_0.jpg

[8] http://sciencenordic.com/sites/default/files/Scale_2.jpg

[9] http://sciencenordic.com/sites/default/files/preview_COLOURBOX1133827.jpg

[10] <http://sciencenordic.com/partner/kilden-information-and-news-about-gender-research-norway>

[11] <http://sciencenordic.com/common-adhd-treatment-has-no-effect>

[12] <http://sciencenordic.com/girls-are-given-less-adhd-medication>

[13] <http://sciencenordic.com/large-differences-adhd-treatment>

[14] <http://sciencenordic.com/content/heidi-elisabeth-sandnes>