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ATENÇÃO/HIPERATIVIDADE: CONTRIBUIÇÕES PSICANALÍTICAS¹

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MATERNITY OF CHILDREN WITH ATTENTION-DEFICIT HYPERACTIVITY DISORDER: PSYCHOANALYTIC CONTRIBUTIONS¹

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ABSTRACT. Attention-Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by inattention, hyperactivity and impulsivity. Its prevalence has increased recently and the origin remains under investigation. Genetic susceptibility combined with environmental factors, especially family life, are important components of the etiology. Therefore, this study aimed to understand the maternal experience of women with children diagnosed with ADHD. For that, we developed a qualitative research by using the clinical-qualitative method and the Transferential Narratives as methodological strategy. The Children's Apperception Test, animal figures - CAT-A was used as a mediator in the interview. Winnicottian Psychoanalysis was adopted as a theoretical reference for the interpretation of the results. Participants were four mothers of children diagnosed with ADHD. Interpretive analysis showed that mothers experienced distress from the gestation and birth of the children. They had difficulties in connecting to their children early in life, did not have objective and emotional conditions to experience devotion and manifested limitations in bonding with them and offering them holding. These difficulties in the initial relationship were due to mothers' latent or manifest depressive experiences, which made it difficult for them to help their children reach the capacity for transitional experiences, for the play and for symbolization. The children seemed to respond to maternal indifference through their creative gesture by means of an exacerbated and aimless motricity. The article alerts to the need for attention and psychotherapeutic follow-up for the mother and not only for the child with ADHD.

Keywords: Attention-deficit hyperactivity disorder; psychoanalysis; mother-child relations.

MATERNIDADE DE CRIANÇAS COM TRANSTORNO DE DÉFICIT DE ATENÇÃO/HIPERATIVIDADE: CONTRIBUIÇÕES PSICANALÍTICAS

RESUMO. Transtorno de déficit de atenção/hiperatividade (TDAH) é um transtorno do neurodesenvolvimento caracterizado por desatenção, hiperatividade e impulsividade. A prevalência aumentou nos últimos tempos e sua origem permanece sob investigação. A suscetibilidade genética em interação com fatores ambientais, principalmente a vida em família, é considerada componente importante da etiologia. Diante disso, este estudo buscou compreender a experiência materna de mulheres com filhos diagnosticados com TDAH. Para tanto, foi desenvolvida uma pesquisa qualitativa empregando o método clínico-qualitativo e as Narrativas Transferenciais como estratégia metodológica. O Teste de Apercepção Temática Infantil, forma Animal - CAT-A foi utilizado como mediador na entrevista. A Psicanálise Winnicottiana foi adotada como referencial teórico para a interpretação dos resultados. As participantes foram quatro mães de crianças diagnosticadas com TDAH. A análise interpretativa mostrou que as mães experimentaram angústias desde a gestação

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e nascimento das crianças; elas tiveram dificuldades para entrar em sintonia com os filhos no início da vida e não tiveram condições objetivas e emocionais para experimentar a devoção e manifestaram limitações para vincular-se com eles e oferecer-lhes *holding*. Essas dificuldades no relacionamento inicial eram decorrentes de vivências depressivas latentes ou manifestas das mães, que lhes dificultavam auxiliar os filhos a alcançarem a capacidade para as experiências transicionais, para o brincar e para a simbolização; estes pareciam responder à apatia materna pelo seu gesto criativo por meio de uma motricidade exacerbada e sem objetivos. O artigo alerta para a necessidade de atenção e acompanhamento psicoterapêutico para a mãe e não apenas para a criança com TDAH.

Palavras-chave: Transtorno de déficit de atenção com hiperatividade; psicanálise; relações mãe-filho.

MATERNIDAD DE LOS NIÑOS CON TRASTORNO DE DEFICIT DE ATENCIÓN/HIPERACTIVIDAD: CONTRIBUCIONES PSICOANALÍTICAS

RESUMEN. El Trastorno por Déficit de Atención con Hiperactividad (TDAH) es un trastorno del neurodesarrollo caracterizado por desatención, hiperactividad e impulsividad. Su origen permanece bajo investigación, indicando la susceptibilidad genética en interacción con factores ambientales, principalmente la vida en familia, como componentes importantes de la etiología. En este estudio se buscó comprender la experiencia materna de mujeres con hijos diagnosticados con TDAH. Para tanto, se desarrolló una investigación cualitativa empleando el método clínico-cualitativo y las Narrativas Transferenciales como estrategia metodológica. La prueba Apercepción Temática Infantil, forma Animal - CAT-A fue utilizada como mediador en la entrevista. El psicoanálisis Winnicottiano fue adoptado como referencial teórico para la interpretación de los resultados. Las participantes fueron cuatro madres de niños diagnosticados con TDAH. El análisis interpretativo mostró que las madres experimentaron angustias desde la gestación y nacimiento de los niños, ellas tuvieron dificultades para entrar en sintonía con los hijos al inicio de la vida y no tuvieron condiciones objetivas y emocionales para experimentar la devoción y manifestaron limitaciones para vincularse con ellos y ofrecerles *holding*. Esas dificultades en la relación inicial eran derivadas de vivencias depresivas latentes o manifestadas de las madres, que dificultaban ayudar a los hijos a alcanzar la capacidad para las experiencias transicionales, para el juego y para la simbolización; estos parecían responder a apatía materna por su gesto creativo por medio de una motricidad exacerbada y sin objetivos. El artículo alerta sobre la necesidad de atención y acompañamiento psicoterapêutico para la madre y no sólo para el niño con TDAH.

Palabras-clave: Trastorno por déficit de atención con hiperactividad; psicoanálisis; relaciones madre-hijo.

Introduction

Sometimes I have said that the mother of a hyperactive child has to have much ... much ... will to live ... much firmness, because it is not easy. I've already cried about it. 'Why is he like that? What's going on? Because I can't stand it any longer and I do not know how to take care of my own son. (Carla³, mother, research participant)

Attention-Deficit Hyperactivity Disorder (ADHD) is a much debated topic, especially with regard to school-age children. This diagnosis refers to a neurobiological disorder that

³ All names used are fictitious in order to preserve the anonymity of the participants.

arises in childhood and can accompany the individual throughout life. ADHD raises much concern and stress in the lives of parents and occupies a prominent place among health professionals, being considered the main psychological disorder in children (Rodrigues & Leite, 2016).

It is a picture composed of behavioral signs and symptoms related to inattention, hyperactivity and impulsivity, which must imply some kind of difficulty or impediment to the accomplishment of tasks and prejudice in relationships. There are currently two main sets of diagnostic criteria for current-day ADHD, one based on the International Classification of Mental and Behavioral Disorders, 10th revision - ICD-10 (WHO, 1993), and another based on criteria in the Diagnostic and Statistical Manual of Mental Diseases – DSM, 5th edition (APA, 2014). This last version of DSM 5 (APA, 2014) allows to classify ADHD in mild, moderate or severe according to the degree of impairment and determines three subtypes of ADHD: combined, when both inattention and hyperactivity criteria are met; and predominantly inattentive and predominantly hyperactive/impulsive. In all cases, the criteria must be presented in the last months. The definition of these criteria has come a long way, given the difficulties of describing this disorder in terms of its symptoms and its etiology.

Population studies show that ADHD is present in most cultures in about 5% of children and 2.5% of adults (APA, 2014). For Cheida and Monteiro (2014), the prevalence rates are quite variable, but it is estimated that 8 to 12% of the children in the world suffer from this disorder; among whom 0% to 85% remain with this condition in adolescence. The incidence ratio between boys and girls ranges from 4:1 to 9:1. The explanation for this difference seems to be that boys are referred for treatment more frequently than girls because they also develop behavioral problems and thus bring greater worry to their teachers and family (Benczik, 2010).

ADHD is a complex disorder whose etiology is not well defined. Scientific evidence suggests that environmental and genetic factors are associated with increased susceptibility to it. Environmental factors are usually related to the family and socioeconomic context. Other factors affect specific brain processes, such as fetal exposure to alcohol, maternal smoking, low birth weight, which compromise attention and motivation processes. There is also a high participation of heredity in the onset of this disorder (Dumas, 2011; Hora, Silva, Ramos, Pontes, & Nobre, 2015), being that the estimates in this sense approximate 80% (Kappel, 2016).

Regarding the family factors involved in the etiology of ADHD, Pires, Silva and Assis (2012) found that the family environment of these children was less organized and more conflicted than the control group; they emphasize the environment as the promoter, maintainer or trigger of the picture. Harvey, Metcalfe, Herbert, and Fanton (2011) found an association between parental depression during the preschool years of the child and the presence of ADHD, confirming the findings of Takeda, Ambrosini, Berardinis and Elias (2012), who link parental psychopathology to increased risk of this disorder. Gau and Chang (2013) also verified the existence of damages in the relationship of the baby with the environment and manifestation of ADHD when the mother presented depressive symptoms.

The interactions between parents and children with ADHD are characterized by more conflicts, coercion and stress; however, discipline may also be lighter compared to families without such complaints (Benczik & Casella, 2015). However, much of the family conflict seems to stem from the children's ADHD and its impact on the functioning of the family

rather than its etiological agent. Even so, Benczik (2010) affirms that parents' behavior, their characteristics and their occupational pattern contribute to the occurrence of these problematic relationships.

Schicotti (2013) analyzed mothers of children with ADHD from a psychoanalytic perspective. He concluded that they sometimes offered an experience of sudden and violent separation, sometimes put themselves as an inexhaustible source of food and affection for the children, which generated a lack of control of the impulses and avoidance of situations that required effort, thought and concentration. Schicotti also noted the existence of a merger of the child with the mother, coupled with a sense of paternal helplessness. These descriptions highlight the individual and family psychodynamics present in the promotion and maintenance of this picture, as well as the emotional suffering caused by it.

The treatment of ADHD requires a broad and multidisciplinary approach. The most widely used therapeutic approaches include education about the disorder for family and teachers, use of medicines for the child, and psychotherapeutic interventions with the child and the family. Drugs are prescribed in most cases for schoolchildren, adolescents, and adults (Mattos, Rohde, & Polanczyk, 2012).

From a psychodynamic point of view, Couto & Castro (2015) and Laidlaw & Howcroft (2015) argue that it is important to consider the case in its singularity, and that psychoanalytic intervention needs to focus on the effects of family, institutional and social relationships of the school environment in the subjective position of the child diagnosed with ADHD.

Considering that ADHD has its emergence and perpetuation favored by the family life of the child, in this work we chose the Winnicottian theory for its comprehension. This option is based on the characteristic of this psychoanalysis field that the subjective constitution of the individual (Self) depends on a facilitating environment that promotes a sense of continuity with the world. It is in the exchange of experiences in relationships with the other that the child becomes capable of existing in the world in a creative and pleasurable way, taking advantage of what it offers and also contributing to its development.

Winnicott (1986/2005) attributes to the Self the primary creativity and the spontaneous gesture of the individual. Its manifestation is possible in more advanced stages of maturation, for in the beginning what exists is a potential Self. In order for it to become central, it is necessary an environment that facilitates the development of the child, capable of enabling him/her to acquire a sense of continuity with him/herself and with the world. At the beginning of life this environment would be represented in most societies and cultures by the mother.

Winnicott (1958/2000) named the mother who can perform her duties to meet the needs of the baby as a "*good enough mother*." He developed the concept of "*primary maternal preoccupation*" to name the psychological state that acts on women between some time before birth and a few weeks after the baby's birth. At the beginning of the child's life, the good enough mother offers to the baby a devotion that allows her to almost adapt to his/her needs, producing a feeling of omnipotence in the baby, making him/her believe that the breast that feeds him/her was created by him/her: this experience is called an illusion. Subsequently, the task of the mother will be to disillusion the baby; under these conditions, the baby starts to develop resources not to depend entirely on the mother. This process of illusion-delusion favors the perception of self as a creative being and, subsequently, the differentiation between self and non-self.

Winnicott (1979/2007) divides maternal functions into three distinct fields: holding, handling and presentation of objects. Holding is an aspect of maternal care that especially includes the physical and emotional support of the infant. It is described as a form of love that needs to be consistent and that implies maternal empathy, not just concrete environmental provision. Handling can be understood as the set of physical care that helps in the process of integration, which helps in the establishment of the personality in the body, for the formation of a psychosomatic unity. Regarding the third function, the mother helps the child to come into contact with reality, presenting the objects that are part of it and contributing to the development of the sense of reality (Saldanha, 2017).

The conclusions of the medical and psychoanalytical literature on the role of the family in the emergence and maintenance of ADHD demonstrate the need to know in depth the family groups in which the children with this diagnosis live to propose intervention strategies directed at them and also at the parents. In this aspect, the Winnicottian theory makes its greatest contribution in understanding how the human being is humanized in relation to the other (in the beginning, the mother) and from there to tread the path of primary narcissistic withdrawal into the shared, cultural world. In the case of ADHD, the serious individual, family and social consequences that it entails, together with its important prevalence, make this type of study not only necessary, but also urgent.

This study aimed to understand the maternal experience of women with children diagnosed with Attention-Deficit Hyperactivity Disorder (ADHD) in terms of their difficulties, needs and distress, as well as their emotional resources.

Method

This is a clinical-qualitative research (Turato, 2008) based on the Psychoanalytic method, which aims at the production of new senses instead of making generalizable inferences for the sample or population (Pacheco-Filho, 2000). The methodological strategy used was that of the Transferential Narratives, which are composed of three moments: the meeting with the participant, the writing of the clinical event of that encounter (the narrative itself) and, in the third stage, the interlocution of the narrative with the scientific literature, from its equi-floating reading⁴ by the researcher (Aiello-Vaisberg, Machado, Ayouch, Caron, & Beaune, 2009). In the writing of the clinical event, the researcher makes an authorial report of the meeting, tells what happened between him/her and the participant and his/her personal and counter-transferential impressions. In the third moment, this narrative is related to theoretical concepts, based on Psychoanalysis. In this way, Transferential Narratives are reliable as a methodological strategy, because the events are described with transparency (Aiello-Vaisberg et al, 2009).

Participants

Four middle-socioeconomic level mothers, whose male children were diagnosed with ADHD by a child psychiatrist at the Mental Health Outpatient Clinic of a small city in the

⁴ "Equi-floating" reading refers to the first contact of the researcher with the transcribed material, trying to reach the message that the individual sought to transmit through his/her speech (Shimizu & Ciampone, 1999).

state of São Paulo. The exclusion criteria referred to the existence of family members with a history of alcoholism, psychopathology with psychiatric hospitalization, drug addiction, attempted suicide and domestic violence, as well as a suspicion of profound intellectual deficit in the child or in the mother. Participants were Carla (29), Maria (29), Julia (34) and Sonia (34), with schooling between incomplete elementary school and postgraduate studies. All of them had more than one child, three were married and one was divorced.

Instrument, procedure and analysis of data

In the meeting with the participants, a psychological interview was carried out, mediated by a projective technique, the Child Apperception Test, Animal Form - CAT-A (Bellak & Bellak, 2010/1952). The use of CAT-A as mediator (and not as psychological test) in the interview with parents has already been the subject of other studies, in which it was able to reach the proposed research objectives on parental experience (Heck, 2014; Bonfim, 2015, Barbieri, 2015). Five CAT-A cards were used, namely numbers 1, 2, 3, 4 and 8, selected according to the latent themes that evoke: orality and relationship with the maternal figure; oedipal conflict, perception of parental figures and relation to authority; sibling rivalry; perceptions of family dynamics. These cards were considered the most significant for the understanding of the experience of motherhood.

The interviews were conducted individually. The CAT-A cards were presented to the mothers, one at a time, upon the following request: *"I will show you some pictures and I would like you to, looking at them, tell me how it was and what it is like to be the mother of (child's name) in those situations"*. The mothers' reports on the CAT-A cards were recorded in MP3 format and later transcribed.

In the analysis of the results, after the writing of the narrative about the clinical event experienced with each of the mothers and their interlocations with the literature, we made a final synthesis of the group, seeking to understand the maternal experience of these women in terms of their similarities and singularities.

The project was approved by the Research Ethics Committee of the Faculty of Philosophy, Sciences and Arts of Ribeirão Preto of the University of São Paulo (Approval Certificate 45378215.3.0000.5407), according to the requirements of resolution 4/12 of the National Health Council. Each meeting lasted approximately one hour. The cases will be briefly presented in the next section, followed by a final synthesis.

Results and discussion

Carla: 29, has been officially married for 6 years, but has been in stable union with her husband for 14 years. She has completed high school and works as trader and a housewife. She has undergone psychiatric treatment for anxiety/depression four months ago (five years ago she did the same treatment and stopped it on her own). She had three pregnancies but missed the first one at the beginning. She is the mother of two children, the oldest one is 7 years old and the youngest one is 4 years old. The firstborn is called David and attends the

2nd year of elementary school. He was diagnosed with ADHD and had used Ritalin ⁵ for two years, but two months ago he started taking Concerta⁵. He has school difficulties.

Carla and motherhood: The narrative reveals an intense desire to have a child, accompanied by the fear of losing the baby during gestation, which often had left her literally paralyzed, in complete rest and afraid to move. After birth, motherhood came to be experienced by Carla in the form of demands that are beyond her capabilities and to which she has much difficulty to meet. The child is seen as invasive, opposing, a child who demands much attention, exposes her to the judgment of others and to shame:

In the house of others he has to tinker with everything. It can be in any person's house, he has to tinker with e-v-e-r-y-t-h-i-n-g; he has to see what's inside, put his hand on, touch. And it's too bad for us, right? (tone of sadness) ... Every place he goes, he picks up a fight, makes a mess. There is no place to rest, not at all.

She interprets his agitation as aggression. In the dynamics of the dyad, she sees herself as defenseless and the child becomes a persecutory object of whom she is a victim:

I'll tell you it's not easy. I have already been depressed because of him; I have already fought a lot with my husband because of him. He's a kid that confronts us, nothing is good for him, nothing makes him happy, you know? We try, but....

This confusion of identity between both is maintained by the mother, who prevents the father from entering into her relationship with the child and imposing identity limits between them:

My husband does everything, my God, he is a great husband, but he also wants Davi to become a good man, he does not like wrong things. If he sees Davi being stubborn, being rude, he gets nervous, sometimes he slaps David, sometimes I have to stay between them: I am the mother, I see him beating, and he is a big man, so I stay between them. Then, I end up fighting with him, I fight with my husband, and comforting Davi.

Because of the projective identifications, the dyad establishes a relation of mutual dependence and Carla can take pleasure in the son's feelings and attitudes (who performs the contents she had projected), at the same time that she feels threatened by them.

Maria: 29, has been married for 12 years. She has incomplete elementary school, is a housewife and has three children, a 10-year-old boy, a 3-year-old boy and the youngest son, 2. Pedro, the eldest child, was diagnosed with ADHD; he has used Ritalin for two years, only when he goes to school, and half a tablet at night before bedtime (his mother did not know the name). He had already presented learning difficulties, but currently he is better, as a caregiver began to help him in the classroom.

Maria and motherhood: Maria experiences motherhood amid doubts about her ability to love and to make herself loved:

I don't know what happens to me but I cannot show affection for him. I really wanted to show it but I'm not going to lie to you, when I give affection he starts to be mean towards me, because he's that kind of child that if you give him any freedom, he makes your life unbearable.

⁵ Commercial names of methylphenidate hydrochloride.

She revealed that, in her childhood, she had never felt that she had occupied a special place with her parents, especially her mother: *"I think I did not have the love from mother and father. My father used to beat me a lot ... (cries). So I cannot give love, affection 'to my children'."*

The repercussions of these unhappy experiences on the experience of motherhood are intense. As she is in a stronger position and an adult, Mary often humiliates her son, but when she realizes how much she hurts him with this attitude, she suffers deeply: *"I lose my temper and I start to beat him. I think that if I came and talked, I think Pedro would be better, much better."*

The area of transitional phenomena and experiences is too narrow and the world makes little sense to her: she cannot creatively take control of it, modify it, and modify herself from that interaction. In this way, there is no space to play, since creativity is overwhelmed by a false protector Self.

Maria says she would like to change but she cannot, because the only model of mother she has internalized and identifies with is someone incapable of offering holding and understanding. She lives a misunderstanding with the world, including with her son, as she sometimes hurts him, and sometimes she is hurt by him. To protect him and protect herself, she shrinks herself, further accentuating the sense of existence of a gap between her and the world.

Julia: 44, divorced. She has a postgraduate degree and is a student keeper at a private school. She has two children, Bia, 24, and Vinicius, 8. He has been diagnosed with ADHD and has been using Ritalin for 2 months.

Julia and motherhood: The maternity of Vinicius, as experienced by Julia, is closely related to her unsuccessful marital experience, a situation in which her low malleability and restricted creative expression do not allow her to overcome. The rigidity and shrinkage of the area of transitionality scarcely allow experiences of relaxation and creative elaboration of mourning for the beloved object, besides causing difficulties to regress and understand the son:

When he is doing homework or playing, I turn to him and say that it is not like that, that he will break the toy, that he needs to be more careful. So sometimes I prohibit him from playing, not to break anything, but It's typical of kids, right? (...)

She is barely capable of performing introjections and identifications, of symbolizing and has difficulty in initiating new relationships. Her rigidity prevents her from molding herself to the objects creatively imagined by the son and his gesture; therefore, she cannot promote in him a sense of continuity with himself and with the world. Her account is permeated by guilt and self-accusation because she recognizes how much her impatience, rigidity and intolerance compromise her relationship with her son: she suffers for herself and for him:

(...) I think that because I did not accept the pregnancy, I got very emotional about it, because I did not want it to be like this, I wanted to have accepted it, to have had a good pregnancy so as not to harm him. (...). All the emotions I felt because of the problems with his father, all the anger I felt, of harming him...

Because she is blocked by the sufferings of separation, Julia's relationship with her son oscillates between almost symbiotic empathy, in which he represents the incarnation of her suffering (for he has also suffered an abandonment), and abrupt separation; in short, the bond hesitates between indifference and indifference, as can be seen in the lines that follow:

Anything you want to talk to Bia (the eldest daughter), you can talk directly, because she's old enough for this. But, regarding Vinicius, I will always intervene and I will always talk to you, because he is not old enough to answer for him, so I will always do this! (Explaining how she addresses the boy's father and stepmother).

For example, last Sunday there was a birthday party for my nephew's son ... and he always makes fun of him (Vinicius), and Vinicius (...) cannot handle this situation, so he came to me, and I tried to show him that he has to settle with him, that I did not have to stay in the middle of it because they're kids and they have to make peace with each other.

She is able to guide and educate him because she knows from the intellectual point of view what is necessary for the development of a child, but she is disturbed and exasperated when he expresses his fragility as a child and asks for holding. At the same time that she cannot comfort him, she also does not allow him to seek comfort in another person:

Every time something happened, instead of coming to me, as he knew I was not going to help, he would go to the boy's mother for her to scold him. Then, I called his attention on this too; I said that this was annoying, that people came to the party to have fun.

Sonia: 34, and has been married for 10 years. She has completed high school and is a housewife. She had already suffered from high blood pressure, but lost weight and the problem is gone now. She has two children, Marcos, 9, and Henry, 3. Marcos was diagnosed with ADHD 2 years ago and has been using Imipramine ever since. According to Sonia, the symptoms began at the time of her second pregnancy; soon after this event, Marcos's maternal grandmother passed away (when he was years old) and he became more agitated. The following year the paternal grandmother passed away and finally the paternal grandfather, events that contributed to intensify the symptoms.

Sonia and motherhood: Sonia's experience as Marcos's mother is marked by a series of sufferings as she denies them and their gravity. She seems to present a precariously constituted Self and with inconsistent borders, oscillating between a complete symbiosis and abrupt and premature separation of the child, which has as one of her examples the difficulties of affective relationship at the time of breastfeeding:

Since I was having hypertension crises, I did not use to have patience to breastfeed. I would try to give and if he did not take it, I would give it in a baby bottle, so he would not be without the vitamins and the protection the milk has. Then, he did not want it anymore, so I would give only in the bottle and I did not force it much more, because once I put the breast in his mouth and it made him want to vomit, you know, so I started to give only in the bottle.

She does not seem to experience a sense of trust in the world, which is sometimes felt as indifferent to her (the husband is described as withdrawn and little understanding) and sometimes as hostile (the son's school principal suspected a child's intellectual disability, which hurt her and made her angry). Under these conditions, the area of transitional

experiences cannot develop nor at least expand. Relationships are experienced as invasions and, because of this, she has little tolerance for the symbiosis with the child, to the extent that the pregnancy has caused a depressive decompensation accompanied by psychosomatic symptoms:

My pregnancy was difficult because I had morbid obesity, gestational diabetes, and then, at the end of pregnancy, it was very difficult and he had to be taken off with 3 weeks. He was in fetal distress. It was difficult, I was afraid to die in childbirth and that he died in childbirth, (...). I was married and it was planned, but it was still difficult because I did not expect to gain so much weight, I became compulsive (...). When he was born, I had a hypertension crisis and I would faint, so my mother took care of him; she had direct contact with him.

Thus, the maternal experience of Sonia is marked by deep suffering, rooted in the primitive moments of her emotional development that have updated in the relationship with Marcos and that were aggravated by the successive family losses they suffered, especially Marcos' maternal grandmother. The Attention Deficit, for Sonia, would be an environmental pathology, whose etiology rests on her difficulty in offering holding to the child due to her own emotional suffering and in no longer being able to rely on anyone to support her or to do it instead of her:

Then I told him he had an attention deficit and he does these things to get attention, he did not accept his brother's birth well, he lost his grandmother, and after that he completely changed his behavior.

This is her fantasy on the boy's illness, that healing consists of a genuine and spontaneous affective approach which, although she tries, she cannot reach because of her difficulties to relax and play.

Synthesis of the narratives

The descriptions of the cases reveal that mothers experience the maternity of the child with ADHD as arduous and exhausting, both because of their own emotional commitments, external to the bond with the child (Julia and Sonia), and because the child is a disintegrating factor of the family (Carla and Maria). They showed difficulties already in the gestation period. These tensions were not dissipated after birth and continued in the form of impairments in the capacity for maternal devotion at the beginning of the child's life, either in the sense of insufficiency (Maria, Julia and Sonia) or in the excess of it (Carla).

The difficulties of devotion also manifested in the problems related to the feeding of the child in the beginning of life. Less related to nutrition itself, these losses refer mainly to the context in which it occurs, since there is no possibility of enjoying the relationships in these moments of loving sharing.

At the psychodynamic level, the mothers' experiences were unanimously marked by difficulties in helping the child to carry out a gradual and continuous transition between the symbiotic relationship and the acquisition of relative autonomy. In these circumstances, the mothers, because of their personal difficulties, could not promote the child's play, nor perform this activity with them.

In the cases of Carla and Julia, although the relationship with the child oscillated between dependence and the abrupt imposition of autonomy, there was prevalence of an

extended symbiosis of the dyad. Even so, the illusion needs of the children were not genuinely met, given the mothers' shortcomings in adapting to the creative gesture and molding themselves to the objects imaginatively elaborated by them. The child's gesture, when not completely muffled by the mother, found no limit in the sense of not being offered a physical resistance that would allow them to adapt and conform in a real form that would legitimize their existence. Therefore, the gesture was not confirmed and inserted in the human world and the motricity could not be expressed within precise limits, carved in harmony with the real objects addressed to them. On the contrary, this unlimited or repressed motor demand of the child only found exaggerated and overflowing expression forms.

In terms of the structural diagnosis of personality, the narratives suggested that the four mothers had a borderline personality organization that at some point gave rise to symptoms of depression, with anxieties of loss of the object. The presence of an environmental support from a trusted mother who could provide holding for her and for the child seemed to make a major difference both in terms of the development of the case and of ADHD-related comorbidities. In two cases, the mothers had this support (Julia and Sonia), and their children, unlike the other two dyads, did not develop excessively aggressive and opponent behaviors, according to the mothers' reports. However, this needs further confirmation.

The parents' emotional difficulties that sustain and promote ADHD were emphasized by the women in their reports, demonstrating the need for psychotherapeutic attention for mothers and not only for the child. In this way, although the scientific literature on the etiology of ADHD states the combined action of genetic susceptibility (Martins et al., 2014; Hora et al., 2015) and environmental difficulties (Takeda et al., 2012; Gau & Chang, 2013), all mothers, in their narratives, placed the origins of the disorder in the child's experiences with the family and in their relationship with the child. Genetic hypotheses were rejected by them, although they were able to identify the existence of ADHD in other children of their families.

Although most mothers understood the symptoms of their children as being linked to experiences of distress on their part and of themselves that were being updated in the relationship of the dyad, these difficulties in bonding were aggravated by the son's disruptive behaviors, which acted as disintegrating factors in the family. In this sense, Benczik (2010) also demonstrated that the level of stress, conflicts and problems of people living with children with ADHD is high. These difficulties are not restricted to the relationship with the mother, but extend to all relatives: the mothers described the family moments as much "mess", agitation, opposition and "stubbornness". These occasions were not lived with satisfaction, but with fear, shame and anguish, with mothers being unable to rest in the presence of their children.

The disruptive behaviors of the children had more repercussions in the mothers participating in this study because in all of them a latent or manifest depression was present. Gau & Chang (2013) and Takeda et al. (2012) also verified the association between losses in the child's relationship with the environment and the manifestation of ADHD when the mother presented depressive symptoms.

The difficulties faced by parents to deal with conflicts, personal dissatisfaction, grievances arising from marital separation and death of loved ones contribute to the disruptive behavior of children with ADHD (Gau & Chang, 2013; Benczik & Casella, 2015).

These circumstances were mentioned by all the mothers of this research, who revealed marked difficulties in working out their losses: the process of mourning was experienced by them, and indirectly by their children, as permanent.

The little consolidation of the boundaries of the Self of the studied mothers and their constant fear of being invaded by the other compromised their sense of autonomy. Thus, the regressive process necessary to achieve the state of "*primary maternal concern*" was seen as a threat because it would make them even more vulnerable to the possibility of losing themselves and having the Self taken and usurped by the child. For this reason, this state was only partially achieved by them, hindering the development of a level of sensitivity that would enable them to provide a unique, individualized and conducive environment for the child's emotional development, letting themselves be shaped by the child's primary creativity (Winnicott, 1958/2000). Thus, they could not help the child develop a sense of continuity with himself and the world and the relationship alternated between an undifferentiated symbiosis and an impassable gap between the dyad, caused by the defensive withdrawal of the mothers. The child's communication was precariously understood by the mothers, and since the child's spontaneous gesture was not welcomed, he did not come to know and recognize the external objects nor the body itself. In this way, the drive excitement did not find continence in the motor expression and could not be humanized, but it overflowed in the body through impulsive, unrestrained motility, without goals and unsuitable to the object.

In short, the fragility of the Selves of the studied mothers, whose boundaries are little consolidated, compromised the possibilities of devotion and a genuinely supportive symbiosis of the illusion-delusion process. As a consequence, the child's confidence that there is a world capable of embracing his primary creativity and of having a body capable of expressing it could not be established.

In some of the cases studied (Julia and Sonia), the deficiency of the maternal holding can be compensated by other figures, such as the child's sister, father or grandmother. If this (partial) repair does not prevent the onset of ADHD, it seems to have contributed to the absence or relaxation of the psychological comorbidities associated with ADHD, such as antisocial pathologies.

The results of this study show that ADHD should not be understood as a disorder only of the child, but also as a pathology of the relationship between the mother and the child, whose etiology lies in an insufficiency of the family environment in supporting the dyad during difficulties. The need for environmental support that sustains the mother in her role by a person of her confidence and who shows constancy seems to provide a very important part of the therapy of this disorder. Concomitant with this environmental holding, the results reveal the need for a clinical therapy directed to the mother and the child, aiming to broaden the area of the transitional experiences of the dyad, promoting play and make-believe.

Final considerations

The present study aimed to understand the maternal experience of women with children diagnosed with ADHD. The mothers reported anguishes experienced during gestation and after the birth of their children, as well as important difficulties in the initial relationship of the dyad. They found it difficult to get connected with their children and expressed limitations in bonding with them and offering them holding, deficiencies that

persisted throughout the child's life. This situation caused damage in the establishment of the process of illusion-delusion of the dyad, with the mothers being little capable of echoing the creativity of the children and adjusting themselves to the objects children have created, meaning their spontaneous gesture. The difficulties of devotion were due to latent or manifest depressive pathologies that affected the mothers. They experienced a deep loneliness and their sense of Self was built on very fragile bases. Their own creative living had no place and the constitution of the area of transitional experiences was not assured. The boundaries of the Self were established in a precarious way, and therefore the relationship with the son oscillated between experiences of invading him emotionally and being invaded by him. These relationships led to a smothering of the son's spontaneous gesture, which became unadapted to the objects of the real world and was expressed in an anxious way and without goals or limits. Therefore, the results suggest the need for a psychotherapeutic follow-up not only for the son but also for the mother, in order to facilitate the development and recovery of the creative capacity of the dyad and their spontaneous action in the world. The existence of an environmental support that sustains the suffering dyad is also relevant to attenuate antisocial psychopathologies, often associated with ADHD. The support and watchfulness for the difficulties arising from ADHD extend beyond the child, but for the mother and the family environment, from the beginning of life development.

This study also shows the relevance of the Winnicottian theory to the understanding of a disorder whose prevalence has been increasing in recent times. We hope that this work will be an incentive for the development of other systematized investigations on this framework in the theoretical perspective of Psychoanalysis.

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