

Article

Growth in Mothers of Children with Attention Deficit Hyperactivity Disorder: The Roles of Social Support and Parental Well-Being

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Abstract

Children with Attention Deficit Hyperactivity Disorder may experience difficulties in emotional regulation, social participation, academic functioning, and daily routines, which can place increased emotional, practical, and caregiving demands on parents. At the same time, parenting a child with Attention Deficit Hyperactivity Disorder is also associated with positive aspects, including opportunities for personal growth. The current study examined perceived growth among mothers of children with Attention Deficit Hyperactivity Disorder, and specifically the associations between types of social support (from family, friends and significant others), types of parental well-being (parents' cognitive assessment, and positive and negative feelings toward parenting), and types of perceived growth (personal, social, and religious growth). Participants were 246 mothers of children with Attention Deficit Hyperactivity Disorder, aged 28–70 years ($M = 43.31$, $SD = 7.52$), who completed questionnaires assessing the primary study variables. Family and significant-other support were associated with personal, social, and religious growth, while friends' support was associated only with personal and social growth. Positive feelings toward parenting were positively associated with all three dimensions of perceived growth, whereas cognitive assessment related only to personal and social growth. Negative feelings toward parenting were not significantly associated with growth. Hierarchical regression analysis indicated that social support explained a small but significant proportion of variance, but once parental well-being was added, only positive feelings remained uniquely associated with perceived growth. These findings highlight the potential importance of fostering positive parenting experiences and emotional well-being, alongside strengthening social support resources, among mothers of children with Attention Deficit Hyperactivity Disorder.

Keywords: attention deficit disorder; social support; parental well-being; perceived growth; parenthood



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1. Introduction

Raising children is a significant and complex task in the lives of parents. Therefore, being a parent is considered both the most difficult and the most rewarding job in the world and has implications not only for the parents themselves but also for child development, fertility, and the overall health of a society [1]. Raising a child is accompanied by expectations and the investment of physical and emotional resources. This investment is often rewarded when a parent sees the child reach developmental milestones and thrive.

In contrast, raising a child with a neurodevelopmental condition may involve distinctive parenting demands that are shaped not only by the child's characteristics, but also by family resources, social attitudes, educational expectations, and the availability of appropriate support [2,3]. Alongside stress and demands that require adjustment, many parents also report positive meaning, strengthened relationships, and personal or relational growth [4]. These are indicators of perceived growth, which refers to the positive life changes that people make as a result of their struggles to cope with negative life events and difficult situations, which includes creating meaning following a challenge [5,6]. Identifying the social and emotional resources associated with positive change may inform strengths-based support for mothers of children with Attention Deficit Hyperactivity Disorder, beyond interventions aimed only at reducing parental stress. As such, the current study examines perceived growth among mothers of children with Attention Deficit Hyperactivity Disorder within the context of family, social, and environmental demands.

1.1. Parenting a Child with Attention Deficit Hyperactivity Disorder

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common neurodevelopmental disorders, affecting between 7–10% of children globally, with diagnoses on the rise [7]. The onset of ADHD usually occurs in early childhood, but the diagnosis is generally made during the school-age years [8]. ADHD is characterized by differences in attention, activity level, and impulse regulation, which may affect children's emotional, social, and academic functioning, particularly when environmental demands are not well aligned with their needs [9]. In an emotional context, poor emotional regulation, emotional instability, low frustration tolerance, and low sleep quality are described [7,10,11]. Socially, children with Attention Deficit Hyperactivity Disorder may have fewer opportunities for social interaction due to peer rejection, resulting in social maladjustment and low self-confidence [7,12]. Academically, deficits in executive function, reward processing, temporal processing and information-processing capacity are reported, which in turn, are associated with difficulty paying attention in class and completing homework in a timely manner. Children often have lower academic achievement, and higher dropout rates [7,8,13,14].

Living in a family with a child with Attention Deficit Hyperactivity Disorder may involve ongoing daily challenges and increased family stress, and studies have shown that parents of children with Attention Deficit Hyperactivity Disorder tend to report higher levels of frustration, fatigue, anxiety, depressive symptoms, helplessness, and lower self-esteem, both personally and in relation to their parenting role, compared to parents of typically developing children [15,16]. Previous studies have also described challenges in family functioning in some families of children with Attention Deficit Hyperactivity Disorder [17]. Moreover, parenting a child with Attention Deficit Hyperactivity Disorder may involve substantial and ongoing demands, particularly when environmental expectations and available supports are not well aligned with the child's and family's needs. These ongoing demands may affect multiple aspects of family functioning and have been associated with emotional, social, physical, and financial challenges that may influence parents' quality of life [18]. Previous research has suggested that parents of children with Attention Deficit Hyperactivity Disorder may report elevated levels of parenting stress compared with parents of children with some other developmental or health-related conditions, including autism spectrum disorder [19], learning or language disorders [18], and physical conditions such as HIV infection or asthma [20]. Recent studies suggest that perceived social support may serve as an important resource associated with lower parenting stress and better maternal well-being among mothers of children with Attention Deficit Hyperactivity Disorder [21,22]. Despite these challenges, evidence suggests that mothers raising a child with a disability may also experience positive psychological changes, including personal

growth [5]. Yet, few studies have examined this positive aspect associated with parenting children with Attention Deficit Hyperactivity Disorder, highlighting the innovative nature of the current study in addressing this gap among mothers of children with Attention Deficit Hyperactivity Disorder.

From a disability-informed perspective, the experiences of mothers of children with Attention Deficit Hyperactivity Disorder should not be understood solely as responses to child symptoms, but as shaped by the interaction between the child's neurodevelopmental characteristics and contextual conditions, including school expectations, family resources, social attitudes, stigma, and the availability of accommodations and support. This perspective enables examining maternal perceived growth without positioning ADHD itself as inherently traumatic or deficit based.

1.2. Theoretical Framework

Beyond the influence of child characteristics on family functioning, ecological perspectives also emphasize the role of contextual and environmental factors in shaping parents' coping and adaptation processes. According to Bronfenbrenner's ecological systems theory [2], individuals' experiences are influenced by ongoing interactions with multiple environmental systems, including family relationships, social networks, community resources, and broader social contexts. Within this framework, social support may serve as an important environmental resource for parents of children with Attention Deficit Hyperactivity Disorder. In addition, parental well-being may reflect personal and relational resources that influence how parents perceive and cope with ongoing parenting demands. In line with this ecological perspective, the current study also draws on the growth model proposed by Richard Tedeschi and Lawrence Calhoun [23], which suggests that individuals may experience positive psychological changes while adapting to highly challenging life circumstances. Within this framework, social support and parental well-being may contribute to adaptive coping, meaning making, and perceptions of growth among mothers of children with Attention Deficit Hyperactivity Disorder. Accordingly, the current study examined the associations between social support, parental well-being, and perceived growth among mothers of children with Attention Deficit Hyperactivity Disorder.

1.3. Social Support and Well-Being

Research has shown that social support is one of the main resources for parents dealing with unique situations, such as parenting children with disabilities [4]. Perceived social support is a person's knowledge that they have someone to whom to turn to receive empathy, cooperation, and help. The latter can come in the form of information, emotional support, or social and instrumental help, which can be given from different sources, such as family, friends, or significant others [24,25]. Associations between parent appraisals of social support and a variety of parent-child health and development outcomes have been frequently reported [26]. Various studies have found that support from family, friends, and community is an important resource that contributes to successful coping by mothers of children with disabilities and can serve as a protective factor reduces the negative psychological effects of raising their child [5]. Most of the studies that examined the effect of social support on mothers of children with disabilities considered social support as a univariate variable. In this study, we explore social support as a multidimensional variable and separately analyze how each of the sources of support (family, friends, and significant others) relates to mothers' perceived growth. Examining each source of social support separately is important because each provides unique types of assistance and may differentially contribute to maternal perceived growth [27]. Examining these sources separately may inform more targeted interventions and offer a more nuanced understanding of the

association between social support and perceived growth among mothers of children with Attention Deficit Hyperactivity Disorder.

Well-being is another important aspect of parenting in general, and in particular in the case of parenting children with Attention Deficit Hyperactivity Disorder. Well-being is defined as the way that individuals experience and evaluate themselves and their lives in terms of subjective feeling (e.g., life satisfaction, life meaning, loneliness), emotional health (e.g., anger, guilt), mental health (e.g., depression, anxiety), and physical health. Well-being is thought to have three components: a cognitive evaluation of one's life overall, along with frequent experiences of positive affect, and infrequent negative affect. These are associated with greater socioeconomic advantages (e.g., higher education, higher income) as well as more positive psychological, interpersonal, and physical functioning (e.g., higher self-esteem, greater optimism, stronger interpersonal bonds, less physical impairment and illness) [28]. Parental well-being has been studied among parents of children with various disabilities and also among parents of children with Attention Deficit Hyperactivity Disorder. Mothers of children with Attention Deficit Hyperactivity Disorder often experience a lower sense of well-being compared to mothers of typically developing children [29]. Parents' well-being is vital because it has implications not only for the parents themselves but also for child development [1]. Accordingly, the present study examines the associations between maternal well-being and perceived growth among mothers of children with Attention Deficit Hyperactivity Disorder.

1.4. Current Study

Based on the literature described above, the current study examined the associations between social support, parental well-being, and perceived growth among mothers of children with Attention Deficit Hyperactivity Disorder. In doing so, the study sought to expand current understanding of factors that may contribute to positive adaptation among these mothers. Perceived growth among parents has been found to increase positive perceptions of parenting challenges and strengthen their coping abilities [30]. In this way, parents are able to create a more supportive and resilient family environment, which indirectly benefits children's emotional and social development [31]. Therefore, examining perceived growth in parents of children with Attention Deficit Hyperactivity Disorder is highly important, as it can inform interventions that not only support parents' own well-being but also promote better outcomes for their children.

The following research questions and hypotheses guided the study.

1. What is the nature of the relationship between perceived social support by mothers of children with Attention Deficit Hyperactivity Disorder, well-being, and perceived growth? We hypothesized that higher levels of general social support and of general well-being will positively relate to general perceived growth.
2. Is there a relationship between different types of support (family, friends, important individuals), types of well-being (cognitive assessment, positive feelings, negative feelings) and types of growth (personal, social, religious)? As previous studies rarely differentiated between types of support, well-being, and growth, this question was more exploratory, with no specific hypotheses in terms of the specific relationships.
3. Which variables will predict perceived growth among mothers of children with Attention Deficit Hyperactivity Disorder?

2. Method

2.1. Participants

The study included 246 Israeli mothers of children with Attention Deficit Hyperactivity Disorder, 35 of whom had children with comorbid Specific Learning Disorder (SLD).

Mothers' ages ranged from 28 to 70 years, with an average of 43.31 ($SD = 7.52$). Most of the mothers were married (92%). Overall, the sample was characterized by relatively high educational attainment and predominantly middle socioeconomic status. All mothers completed high school, while nearly 70% of them held at least a bachelor's degree, and most reported household incomes close to the Israeli average. On average, the children were 11.93 years old ($SD = 3.19$). Similar to the prevalence reported in the literature [32], twice as many children with Attention Deficit Hyperactivity Disorder were boys (169 boys, 77 girls). Mothers reported whether their child had been diagnosed with Attention Deficit Hyperactivity Disorder by a qualified healthcare professional (e.g., a neurologist, psychiatrist, physician specializing in ADHD, or as part of a comprehensive psychological evaluation), according to the diagnostic procedures commonly used in Israel [33]. ADHD severity (mild, moderate, or severe) was based on the mother's subjective rating. Demographic characteristics of the participants are described in greater detail in Table 1.

Table 1. Demographic Variables.

Variable	Mean or n (%)	SD	Range
Age	43.31	7.52	28–70
Family status			
Single	4 (1.6)		
Married	224 (91.1)		
Divorced	16 (6.5)		
Widow	2 (0.8)		
Education			
High school	25 (10.2)		
Professional	46 (18.7)		
BA	90 (36.6)		
MA	73 (29.7)		
Doctorate	8 (3.3)		
Mothers' diagnosis of ADHD			
Yes	35 (14.2)		
No	211 (85.5)		
Income			
5500–9500 or less	21 (8.5)		
9500–13,500	44 (17.9)		
13,500–17,500	66 (26.8)		
17,500–21,500	61 (24.8)		
21,500–25,500	30 (12.2)		
25,500–29,500 or more	24 (9.8)		
Age of children with Attention Deficit Hyperactivity Disorder	11.93	3.19	6–18
Age at ADHD diagnosis (years)	8.23	2.65	2–16
Child' sex			
Boy	169 (68.7)		
Girl	77 (31.3)		
Severity of the disorder			
Mild	86 (35.0)		
moderate	122 (49.6)		
severe	38 (15.4)		
Number of children	4.83	2.20	1–12

2.2. Measures

All the questionnaires described below were administered in Hebrew, using versions previously used in Israeli research [5,34].

2.2.1. Demographic Questionnaire

This 27-item self-report questionnaire solicits information on both the family, and the child. The items comprised questions on maternal age, SES, marital status, and education, along with child age, sex, ADHD, diagnosis, the presence of comorbid SLD, and the number of other children in the family.

2.2.2. Multidimensional Scale of Perceived Social Support (MSPSS) [35]

This 12-item, self-report questionnaire examined mothers' perceived level of support from three sources—family (e.g., “My family really tries to help me”), friends (e.g., “I can rely on my friends when problems come up”), and other important individuals (e.g., “There is someone close to me who cares about my feelings”). The survey included four questions relating to each source. Participants responded on a Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). Subscale scores were calculated by averaging the four items corresponding to each source of support, and a total perceived social support score was calculated by averaging all 12 items. Higher scores on each subscale and on the total score indicate higher levels of perceived social support. The MSPSS is a well-validated measure of perceived social support with demonstrated good reliability and construct validity across diverse populations [35]. In the present study, reliability was Cronbach's $\alpha = 0.95$ for overall social support, $\alpha = 0.92$ for family support, $\alpha = 0.93$ for friends' support, and $\alpha = 0.93$ for support from significant other important individuals.

2.2.3. Stress-Related Growth Scale (SRGS) [36]

This 26-item, self-report questionnaire examined perceived growth and aspects that can predict growth of parents of children with disabilities. The items are divided into three areas: personal growth (12 items, e.g., “I learned to cope better with uncertainty”), social growth (11 items, e.g., “I developed new relationships with meaningful people”) and religious growth (3 items, e.g., “I developed/increased my trust in God”). Participants were asked to respond to items on a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). Subscale scores were calculated by averaging the items corresponding to each domain, and an overall growth score was calculated by averaging all 26 items. Higher scores on each subscale and on the overall score indicate greater perceived growth. The SRGS has demonstrated good psychometric properties, including acceptable internal consistency, test–retest reliability, and construct validity [36]. Reliability in the current study was Cronbach's $\alpha = 0.97$ for the overall score, and $\alpha = 0.96$, $\alpha = 0.93$, and $\alpha = 0.92$ for personal, social, and religious growth, respectively.

2.2.4. Parental Well-Being [34]

This 21-item self-report questionnaire relates to three aspects of well-being: parents' cognitive assessment (e.g., “I'm satisfied with my mothering”, “I'm not as good a mother as I want to be”), positive feelings towards parenting (e.g., “I'm happy with my parenting”, “My children give me pleasure and satisfaction”), and negative feelings towards parenting (e.g., “I'm frustrated with my parenting”, “I feel that raising my children is hard for me”). Participants were asked to rank their level of agreement with each item on a scale of 1 (very little) to 5 (very much). After reversing scores for negative feelings, the average of the items served as the overall score, with higher scores reflecting higher levels of well-being. Subscale scores were calculated by averaging the items corresponding to each domain.

Higher scores on the cognitive assessment and positive feelings subscales indicate more positive cognitive evaluations of parenting and more positive feelings toward parenting, respectively, whereas higher scores on the negative feelings' subscale indicate higher levels of negative feelings toward parenting. The questionnaire demonstrated excellent reliability and was developed based on established measures of parental well-being and parenting stress [34]. Reliability for the questionnaire in the current study was Cronbach's $\alpha = 0.89$ for the overall score, $\alpha = 0.72$ for cognitive assessment, $\alpha = 0.90$ for positive feelings, and $\alpha = 0.80$ for negative feelings.

2.3. Procedure

The study received approval from the Ethics Committee of Michlala Jerusalem College on 7 August 2023. Data collection began later that month and continued through January 2024 using an online Google Forms questionnaire. Participants were recruited using a convenience sampling method through Facebook and WhatsApp groups, as well as through the personal and community networks of the research team. Participation was voluntary and anonymous. As the questionnaire was distributed through open online platforms and community networks, the total number of mothers who received the invitation could not be determined; therefore, a response rate could not be calculated. In addition, average completion time could not be calculated because Google Forms recorded only the questionnaire submission time and not the time at which participants began completing the questionnaire. The study and its goals were explained to each mother who expressed an initial interest in participating. Mothers completed a consent form wherein standards of ethics and confidentiality were guaranteed. Mothers received and returned the questionnaires via internet. The questionnaires were presented in the following order: demographic, social support, growth, and well-being.

2.4. Data Analysis

Prior to the statistical analyses, participants' response patterns were examined to identify potential careless responding, including straight-lining (i.e., invariant response patterns) and extreme responding. Inspection of response variability and overall response distributions revealed no evidence of systematic problematic response patterns. Therefore, no questionnaires were excluded on this basis. The data were also screened for missing values, outliers, and the assumptions relevant to Pearson correlations and hierarchical regression. No missing data was identified. Skewness and kurtosis values were examined to evaluate univariate normality, and the values indicated acceptable distributions for the study variables. Boxplots and standardized residuals were inspected to identify potential outliers and influential cases, and no influential outliers were detected. Linearity and homoscedasticity were evaluated through inspection of scatterplots of standardized residuals and predicted values. Multicollinearity was assessed using tolerance and variance inflation factor values, which indicated no problematic multicollinearity. The assumption of sphericity was not applicable because no repeated-measures analyses were conducted.

Following this initial evaluation of the data, descriptive statistics were calculated for all study variables. Then, to evaluate the associations between social support, parental well-being, and perceived growth, two-tailed Pearson correlations were conducted using composite mean scores for each scale and subscale, including the subtypes of support (family, friends, and important individuals), parental well-being (cognitive assessment, positive feelings, and negative feelings), and perceived growth (personal, social, and religious growth).

Preliminary analyses were conducted to examine whether maternal and child background variables (maternal age, maternal education, household income, maternal ADHD

diagnosis, number of children, child age, age at ADHD diagnosis, and maternal-reported ADHD severity) were associated with the main study variables and with total perceived growth. None of these variables was significantly associated with total perceived growth, which was the primary outcome variable. Therefore, these variables were not retained as covariates in the main regression model, in order to preserve model parsimony.

To examine the unique contribution of the dimensions of social support and parental well-being to the explained variance in perceived growth, a hierarchical multiple regression analysis was conducted. In Step 1, the three dimensions of social support were entered into the model and in Step 2, the three dimensions of parental well-being were added.

3. Results

3.1. Descriptives

Descriptive statistics for the study variables are presented in Table 2. It can be seen that mothers of children with Attention Deficit Hyperactivity Disorder report higher social support from significant others than from family or friends. They also reported experiencing higher positive feelings compared to negative feelings or engaging in cognitive assessment. They experienced a similar level of self, social and religious growth.

Table 2. Descriptive Statistics, Skewness, and Kurtosis for Study Variables.

Variable	M	SD	Range	Skewness	Kurtosis
MSPSS					
Family support	3.97	1.11	1–5	−1.03	0.24
Friends support	3.70	1.18	1–5	−0.64	−0.64
Significant-other support	4.26	0.93	1–5	−1.28	0.88
Total social support	3.97	0.94	1–5	−0.86	0.05
Parental well-being					
Positive feelings	4.25	0.66	1–5	−1.15	1.92
Negative feelings	2.53	0.83	1–5	0.15	−0.49
Cognitive assessment	3.58	0.59	1.89–4.89	−0.06	−0.25
Total parental well-being	3.72	0.54	2.23–4.75	−0.27	−0.60
SRGS					
Personal growth	3.34	1.10	1–5	−0.49	−0.62
Social growth	3.24	1.07	1–5	−0.47	−0.53
Religious growth	3.19	1.36	1–5	−0.31	−1.16
Total perceived growth	3.29	1.05	1–5	−0.53	−0.51

MSPSS = Multidimensional Scale of Perceived Social Support, SRGS = Stress-Related Growth Scale.

3.2. Relations Between Types of Social Support, Types of Well-Being and Types of Perceived Growth

As can be seen in Table 3, family support was positively associated with personal growth ($r(244) = 0.168, p = 0.008$), social growth ($r(244) = 0.226, p < 0.001$), and religious growth ($r = 0.196, p = 0.002$). Similarly, support from significant others was positively associated with personal growth ($r(244) = 0.158, p = 0.013$), social growth ($r(244) = 0.215, p < 0.001$), and religious growth ($r(244) = 0.156, p = 0.015$). Friends' support was positively associated with personal growth ($r(244) = 0.190, p = 0.003$) and social growth ($r(244) = 0.271, p < 0.001$), whereas its association with religious growth was not statistically significant ($r(244) = 0.111, p = 0.082$). Table 4 presents the relations between types of well-being and types of perceived growth. Results revealed that positive feelings toward parenting were positively associated with all three dimensions of perceived growth, including personal growth ($r(244) = 0.297, p < 0.001$), social growth ($r(244) = 0.264, p < 0.001$), and religious growth ($r(244) = 0.204, p = 0.001$). Cognitive assessment was positively associated with

personal growth ($r(244) = 0.133, p = 0.037$) and social growth ($r(244) = 0.144, p = 0.024$), but not with religious growth ($r(244) = 0.112, p = 0.079$). Negative feelings toward parenting were not significantly associated with any of the perceived growth dimensions (all $p > 0.05$).

Table 3. Correlations Between Types of Social Support and Types of Perceived Growth.

Variable	Personal Growth	Social Growth	Religious Growth
Family support	0.168 **	0.226 **	0.196 **
Friends support	0.190 **	0.271 **	0.111
Significant-other support	0.158 *	0.215 **	0.156 *

* $p < 0.05$, ** $p < 0.01$.

Table 4. Correlations Between Types of Well-Being and Types of Perceived Growth.

Variable	Personal Growth	Social Growth	Religious Growth
Positive feelings	0.297 **	0.264 **	0.204 **
Negative feelings	−0.101	−0.091	−0.104
Cognitive assessment	0.133 *	0.144 *	0.112

* $p < 0.05$, ** $p < 0.01$.

3.3. Variables Associated with Perceived Growth

Table 5 presents the results of the hierarchical regression analyses conducted to examine the unique associations of the dimensions of social support and parental well-being with perceived growth. In Step 1, the three dimensions of social support were entered into the model, explaining 5.6% of the variance in perceived growth ($R^2 = 0.056, F(3, 242) = 4.81, p = 0.003$). However, none of the individual dimensions of social support were uniquely associated with perceived growth.

Table 5. Hierarchical Regression Analysis Predicting Perceived Growth.

Variable	B	SE(B)	β	R^2	ΔR^2
Step 1					
Family support	0.105	0.100	0.110		
Friends' support	0.134	0.073	0.150		
Significant-other support	0.006	0.123	0.005	0.056	0.056 **
Step 2					
Family support	0.056	0.099	0.059		
Friends' support	0.127	0.072	0.141		
Significant-other support	−0.053	0.122	−0.047		
Positive feelings	0.434	0.127	0.272 ***		
Negative feelings	−0.052	0.124	−0.041		
Cognitive assessment	−0.142	0.199	−0.079	0.106	0.050 ***

** $p < 0.01$, *** $p < 0.001$.

In Step 2, the three dimensions of parental well-being were added to the model. The final model explained 10.6% of the variance in perceived growth ($R^2 = 0.106, F(6, 239) = 4.72, p < 0.001$). Among all variables included in the model, only positive feelings were uniquely associated with perceived growth ($\beta = 0.272, p < 0.001$), whereas family support, friends' support, support from significant others, negative feelings, and cognitive assessment were not significantly associated with perceived growth.

4. Discussion

The current study examined the relationship between perceived social support, well-being, and perceived growth among mothers of children with Attention Deficit Hyperactivity Disorder. Supporting our hypothesis, we found that higher levels of social support

were associated with increased maternal perceived growth. Regarding maternal well-being, positive feelings and cognitive assessment were positively associated with perceived growth. However, when all dimensions of social support and maternal well-being were considered simultaneously, only positive feelings remained uniquely associated with perceived growth.

4.1. The Importance of Social Support

Social support is reported to be the strongest and most frequently used coping strategy in families with a child with disabilities [37]. Social support may contribute to perceived growth in providing a feeling of encouragement and hope, reducing feelings of loneliness, reducing stress, and yielding a positive impact on quality of life [5]. Furthermore, social support may provide individuals with additional coping resources that facilitate the development of new cognitive perspectives regarding challenging experiences, thereby promoting perceived growth [38].

At the same time, it is interesting to note that Finzi-Dottan et al. [4] found that social support contributed more strongly to growth in a control group compared to a group of parents of children with Attention Deficit Hyperactivity Disorder. This seems to point to a diminishing of support among parents of children with Attention Deficit Hyperactivity Disorder and indicate dissatisfaction with family and professional support among parents of children with Attention Deficit Hyperactivity Disorder, possibly due to stigma surrounding ADHD-related behaviors, and parents' experiences of criticism or blame related to their child's behavior [4].

We examined social support from family, friends and important others. Mothers of children with Attention Deficit Hyperactivity Disorder were helped more by support from significant others, compared to support from family or friends. This finding is consistent with a previous study that showed that among parents raising children with various disabilities or neurodevelopmental conditions (Cerebral Palsy, Autism Spectrum disorder, Down Syndrome, Attention Deficit Hyperactivity disorder, Dyslexia), only perceived support from significant others (not from family or friends) was a significant predictor of resilience. Compared to family and friends, significant others in a person's life play an important role in emotional, informational and instrumental assistance and thus help in providing empathy, a sense of stability in relationships, financial support and non-judgmental advice [27].

We also found that all three types of social support (family, friends, important others) significantly related to social growth. This implies that social support received from any source is related to perceived growth in a social context. For example, the mothers of children with Attention Deficit Hyperactivity Disorder reported that they have developed more meaningful relationships with others, and mothers who received greater social support experienced more of these feelings. However, the pattern of associations was broader than social growth alone. Family support and support from significant others were also significantly related to personal and religious growth, whereas friends' support was significantly related to personal growth but not to religious growth. Thus, social support may be related not only to interpersonal aspects of growth, but also, in some cases, to more personal and religious dimensions of perceived growth. At the same time, these associations were modest, suggesting that perceived growth among mothers of children with Attention Deficit Hyperactivity Disorder is likely shaped by additional personal, familial, and contextual resources.

4.2. Well-Being and Perceived Growth

Parental well-being refers to parents' assessment of their satisfaction and joy from their parenting [39]. We found that maternal well-being was related to perceived growth in terms of positive feelings and cognitive assessment, but not with negative feelings, so that the more mothers with children with Attention Deficit Hyperactivity Disorder experienced positive feelings regarding their parenting and the more positively they evaluated their parenting, they reported more perceived growth. It should be noted that the presence of growth or positive change does not imply the absence of distress [37]. These findings are consistent with the broaden-and-build theory, which posits that experiences of positive feelings expand people's momentary cognitive action repertoire, which in turn serves to build their ongoing personal resources, ranging from physical and intellectual resources to social and psychological resources [40]. It seems that in the context of parenting children with Attention Deficit Hyperactivity Disorder, positive feelings toward parenting may foster more positive cognitive evaluations of the parenting experience, and together these processes may be associated with higher levels of perceived growth. As far as we know, the association between parental well-being and perceived growth has not been examined among parents of children with neurodevelopmental conditions in general, or ADHD, and the current study is innovative in examining this. The relationship between positive well-being and perceived growth may be bidirectional. On the one hand, higher levels of well-being can promote cognitive processing and meaning making, leading to greater growth [41]. On the other hand, experiencing perceived growth can enhance an individual's sense of purpose and psychological well-being [23].

As mentioned, negative feelings were not significantly associated with perceived growth. Parents of children with Attention Deficit Hyperactivity Disorder experience complex challenges related to their child's self-regulation and executive functioning difficulties across home and school settings, and may therefore experience frustration, stress, guilt, or dissatisfaction with their parenting [15,16,42]. However, the presence of these negative feelings does not appear to preclude the experience of perceived growth, which reflects the ability to view positive aspects arising from the difficulty [5]. This finding suggests that mothers may simultaneously experience the emotional burden associated with raising a child with Attention Deficit Hyperactivity Disorder while also recognizing positive changes and personal growth resulting from this experience.

4.3. Variables Associated with Perceived Growth

Although the dimensions of social support were significantly associated with perceived growth in the initial model, only positive feelings remained uniquely associated with perceived growth after the dimensions of parental well-being were entered into the hierarchical regression model. These findings support Bronfenbrenner's ecological systems approach by highlighting the importance of personal resources (positive feelings) and environmental resources (social support) in the process of positive adaptation. However, the results indicate that among mothers of children with Attention Deficit Hyperactivity Disorder, positive emotions appeared to be more strongly associated with perceived growth than social support in promoting growth. Social support is an external resource, that is, provided via one's surroundings, while maternal positive feelings is an internal resource, that is, what the individual brings to the challenging situation. Both internal and external psychological resources have been found to mitigate distress among people coping with stressful events [43]. However, internal resources seem to carry greater weight, which is in line with Wallander et al. [44] who noted that intrapersonal factors play a significant role in parents' coping with challenging circumstances. Also, among parents of premature children it was found that strong internal resources, as "constants," promote resilience in

the presence or absence of external resources. However, when these internal resources are not well developed, adequate external resources are crucial for mitigating distress [43], which is consistent with the finding that social support was positively associated with perceived growth in the present study. Although significant associations were identified, the explained variance was relatively modest, suggesting that additional personal, familial, and contextual factors likely contribute to perceived growth among mothers of children with Attention Deficit Hyperactivity Disorder. Future studies should examine additional variables that may be associated with perceived growth among mothers of children with Attention Deficit Hyperactivity Disorder.

4.4. Strengths, Limitations, and Future Research

Our study can help fill in gaps in the existing research literature. ADHD is a common non-visible neurodevelopmental condition that may affect children's functioning, participation, and daily experiences [7,8,12,14]. Relatively few studies focus on aspects of parenting children with Attention Deficit Hyperactivity Disorder, and this is a strength of this study. In addition, most of the studies regarding parents of children with disabilities refer to stress-related aspects of parenting children with disabilities [15,16,42], largely ignoring any positive aspects. Our focus on maternal perceived growth highlights a positive element for mothers of children with Attention Deficit Hyperactivity Disorder. An additional strength of the present study is its relatively large sample size, which allowed for examination of associations between different dimensions of social support, parental well-being, and perceived growth.

Despite the study's strengths, there are also a number of limitations. The study employed a cross-sectional correlational design, and as such, the findings should be interpreted as associations rather than causal relationships. Another limitation is the absence of a comparison group, such as mothers of typically developing children or mothers of children with other neurodevelopmental conditions. Therefore, the findings do not allow comparisons between mothers of children with Attention Deficit Hyperactivity Disorder and other groups, and cannot determine whether the observed levels or patterns of perceived growth are unique to this population. This study was based entirely on subjective self-report questionnaires, none of which are norm-referenced, which may be subject to social desirability bias. In follow-up studies, it is advisable to use additional research tools, such as observations or reports from family members or friends, in order to expand the picture of parental behaviors and better understand the situation regarding the experience of parenting children with Attention Deficit Hyperactivity Disorder. In addition, the use of convenience and social-network-based recruitment may have introduced self-selection bias, such that mothers who were more engaged, supported, or motivated to reflect on positive aspects of parenting may have been more likely to participate. Moreover, ADHD severity was based on maternal reports rather than clinical assessment, which may limit the precision of classification. In addition, because all study variables were assessed using maternal self-report questionnaires, the observed associations may partly reflect shared method variance rather than only substantive relationships between the constructs. Similarly, qualitative studies can deepen the understanding of the experience of parenting children with Attention Deficit Hyperactivity Disorder and perceived growth. Importantly, this study only related to mothers, but in light of fathers' significant impact on their child's development [45], focusing on fathers' perceived growth is necessary.

5. Conclusions and Implications for Practice

Today, it is known that together with the evidence of the difficulties that mothers experience when raising a child with a disability, they also report personal growth [5]. Our

study extends these findings to mothers of children with Attention Deficit Hyperactivity Disorder, a neurodevelopmental condition that may shape family routines, parenting experiences, and interactions with social environments. Finding ways to not only mitigate negative aspects associated with parenting children with Attention Deficit Hyperactivity Disorder, but also how to increase positive aspects gains importance. Usually in the case of a child with Attention Deficit Hyperactivity Disorder, the treatment focuses mainly on the child, but the parents must also be taken into consideration. The present findings suggest that interventions aimed at strengthening social support, such as parent support groups, as well as interventions that promote positive parenting experiences and parental well-being, may be beneficial for mothers of children with Attention Deficit Hyperactivity Disorder. Given the observed associations in the present study, future research should examine whether such interventions are associated with greater perceived growth.

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Disability Language/Terminology Positionality Statement: This manuscript uses person-first language, such as “children with Attention Deficit Hyperactivity Disorder” and “children with disabilities”, reflecting terminology commonly used in the Israeli educational and family-research contexts relevant to this study. We recognize that language preferences vary across individuals and disability and neurodivergent communities, including preferences for identity-first language. The authors approach the topic from educational and family-research perspectives. Consistent with a contextual understanding of disability, ADHD is not framed as an inherent personal deficit; rather, experiences are understood as shaped by the interaction between neurodevelopmental characteristics and environmental, social, and family conditions. The study focused on mothers’ reported experiences and did not seek to prescribe how people with Attention Deficit Hyperactivity Disorder should self-identify.

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