

## Exploring the Role of Interpersonal Relationships in Adolescents with ADHD

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### ABSTRACT

ADHD is one of the most common disorders beginning during childhood and around 80% of young people continue to have ADHD into adulthood (Chadd, 2018). According to the American Psychiatric Association, 13.6% of adolescents have ADHD. This review paper is an exploratory summary of how ADHD stemming from childhood and persisting in adolescence and plays a role in the formation of interpersonal relationships which include platonic, familial and romantic. There were also intervention studies discussed to improve the interpersonal relationships. Studies working on ADHD in adolescents were identified and a comprehensive analysis was done. It was found that adolescents with ADHD face more conflicts and poorer communication in their interpersonal relationships due to the underlying symptoms of ADHD.

*Keywords: ADHD, Interpersonal Relationships, Adolescents*

ADHD is a behavioural disorder marked by the persistent pattern of symptoms involving a) inattention (failure to pay attention to tasks or in interactions along with distractibility) or b) impulsivity or hyperactivity (speaking out of turn, fidgeting, running about and not being seated in a place and difficulty in organizing things) (APA, 2023). ADHD is a highly occurring disorder in childhood (Barkley, 1998; for review, see Biederman, 2005; Biederman & Faraone, 2005). Some disorders that are highly prevalent in comorbidity with ADHD include oppositional defiant disorders conduct disorders, mood disorders, anxiety disorders, and learning disorders (Gillberg et al., 2004; see also Biederman, 2005). There are mainly three types of ADHD which includes predominantly inattentive type, predominantly hyperactive/impulsive type and the combined type involving symptoms of both inattention and hyperactivity (Watson, 2008). In addition to the primary symptoms exhibited by the children with ADHD, they also highlight problems with adjustments and difficulties in social relationships (Frick & Lahey, 1991). Prior to 1993, impairments in the social domain were not included in symptoms of ADHD but the formation of DSM-IV (APA, 1993) included significant impairment in social, academic and occupational functioning as a diagnostic criteria which gave interpersonal relationships good attention (Nixon, 2001).

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This review paper addresses the interpersonal relationships of adolescents with ADHD in 3 distinct domains. First it reviews the familial relationships, then their peer relationships and lastly their romantic relationships. It covers the communication styles, interaction of adolescents with ADHD, underlying causes for the behaviour, its impact on their psychological functioning and certain interventions researched on by a number of studies. The paper thus provides an overview of level of interpersonal relationships in the lives of adolescents with ADHD

### *Familial Interpersonal Relationships of Adolescents with ADHD*

ADHD has been considered to only be a disorder present in the childhood, but recent studies indicate that it is a lifelong disorder leading to some impairments in academic, social and interpersonal skills (Souza et al., 2008). In the domain of interpersonal relations, there are research exploring the ways in which the symptoms of ADHD like inattentiveness, hyperactiveness and impulsivity impact the relationships and the interaction pattern with the family especially with parents (Barkley et al., 1992). Families of adolescents with ADHD tend to have frequent and intense conflicts (Edward et al., 2001) and the relationship's withing the family get very disturbing and confusing. Parents and teens are likely to use bad comments/ insults or defensiveness during arguments and discussions (Berkely, 2005). They also have poorer communication in the family than those without ADHD (Wehmeir et al., 2010). The poor communication could be due to the inattentiveness of the adolescent during a conversation making him to miss out details or understanding things wrong. The families of adolescents with ADHD have conflicts regarding daily activities- school, friends, house chores and poor habits (Wehmeier et al., 2010). Adolescents with ADHD are very restless and fidgety and are often more stressed and demanding to their parents which puts a negative impact on their relationships and their mental health (Johnson & Mash, 2001).

For all the negative communication styles, frequent conflicts, hostile attitudes and stressful environment can be understood by expressed emotions. It is a measure of how family with an adolescent of ADHD interact within the house (Kocabiyik et al., 2002). One of the studies on Perceived family climate (2020) reported that adolescents with ADHD feel lesser emotional support and higher intrusiveness compared to their peers with no ADHD and thus find their family more irritating (Halit Necmi Uçar, Şafak Eray, Ayşe Pınar Vural, Ömer Kocael, 2020). This study really provided an insight of the underlying cause for the poor family relationships and its impact on the adolescents. This could help in developing interventions to work with the concept of expressed emotions and coping strategies. All these negative life experiences and difficulties leads to negative self-esteem in the adolescence (Bouden & Halayem, 2000; Kanay & Girli, 2008). There are a number of studies providing evidence for low self-esteem (Barber, Grubbs, & Cottrell, 2005; Dumas & Pelletier, 1999; Edbom, Lichtenstein, Granlund, & Larsson, 2006; Göker, Aktepe, & Kandil, 2011; V. Harpin et al., 2016; Mazzone et al., 2013; Shaw-Zirt, Popali-Lehane, Chaplin, & Bergman, 2005; Slomkowski, Klein, & Mannuzza, 1995) in ADHD patients. According to many studies, it has been found that parents of adolescents with ADHD are more controlling and over reactive, involve greater control and negative responses (Barkley et al. 1992; Edwards et al. 2001; Markel and Wiener 2012) (Campbell, 1973, 1975; Cohen, Sullivan, Minde, Novak, & Keens, 1983; Cunningham & Barkley, 1979) (Barkley, Karlsson, & Pollard, 1985) (Barkley et al., 1985; Barkley, Karlsson, Strzelecki, & Murphy, 1984).

The negative relationship between the parent and the child starts from childhood but the parents starts to consider the inattention and hyperactivity of the child intentional and thus keeps growing until adolescence causing serious dysfunctions in the family (Cifford et al.,

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2008) but as time passes, parents start to show little interest in their adolescent's lives due to getting bored of taking a check at every single step (Hurtig et al., 2007). This worsens the situation within the family and causes more negative interaction. The parents are very commanding, hostile (Wehmeier et al., 2010) and parenting style is lesser effective and involves low monitoring and reactive behaviour towards adolescents. (Anastopoulos et al., 2009) There are a lot of research conducted on mothers of adolescents with ADHD and it has been found that they have more negative communication, frequent conflicts, higher overprotectiveness and an authoritarian style of parenting. (Wiener et al., 2016, Barkley et al., 1992) (Fanti & Henrich, 2010) But when the mother was put under medications, she reported to have better warmth and contact and adolescents also reciprocated with cooperation (Schachar, 2016).

There have been very limited research on the father's perspectives which needs attention too since some of the adolescents have a single parent or are closer to the father than that of the mother. But in general parents with children of ADHD suffer from higher parental stress compared to non-ADHD parents (Hurtig et al., 2007) (Biondic 2011; Johnston and Mash 2001; Theule et al. 2013). There has also been limited study on sibling relationships in the family, but one study reported to have higher conflict between siblings in the family of a child with ADHD (Anastopoulos et al., 2009). ADHD in adolescence comes with a high comorbidity for conduct disorders and studies have shown that a combination of ADHD and ODD leads to higher conflicts, more negative interpersonal relationships and communication (Haydicky et al., 2015, Anastopoulos et al., 2009, Hurtig et al., 2007, Barkley et al., 1992) (Thompson, Hollis, & Dagger, 2003).

There have been good research done on the number of interventions to improve the interpersonal relationships which should include both the parents and the adolescents for improved results (Haydicky et al., 2015). The most important is making the family members comfortable with the fact that ADHD is a genetic disorder (Wehmeier et al., 2010) and parenting practices is not causal factor (Katragadda & Schubiner, 2007). One of the studies in 2015 evaluated the treatment of Mindfulness Based Cognitive Therapy for both the teens and the parents and found it to be effective for improving relationship quality (Haydicky et al., 2015) Another study dealt with therapy programs for treating family conflicts (APA PsycNet, 2023). It mentioned about structural family therapy which seems promising (SFT; Minuchin 1974; Minuchin & Fishman, 1981). Another intervention includes development of problem solving and communication training for conflicts to improve family systems and encourage engagement with their child (Patterson & Forgatch, 1987; Robin & Foster, 1989). All these have shown to produce noticeable improvements in parent adolescent community with reduced anger intensity and conflicts and greater satisfaction to the treatment takers.

### ***Peer Interpersonal Relationships of Adolescents with ADHD***

In the period of adolescence, the idea of making friends and expanding a social circle is centralized so peer relationships stand more important compared to parent child relationships (Hartup & Stevens, 1997). It also is important because most of the time of an adolescent is spent at school so facing social difficulties are very common in them (Hoza, 2007). Children with ADHD diagnosed or undiagnosed have issues in their relationships with their peers and social adjustment (Diamantopoulou et al., 2005; Hoza et al.; 2005). 50% to 70% children experience peer related difficulties (Gardner, 2015). The problems start in childhood and flow till adolescence and remain until adulthood (Bagwell, Molina, Pelham, & Hoza, 2001; Mrug et al., 2012; Sibley, Evans, & Serpell, 2010). Many studies have shown the association of early social dysfunctional and difficulties with their peers with emotional

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and behavioural problems (Greene et al., 1996; Greene, Biederman, Faraone, Sienna, & Garcia-Jetton, 1997). Most of the studies have found that adolescents with ADHD face peer rejection in the group, bullying or lack of close friendships (APA PsycNet 2023) (Hoza, 2007; Sciberras, Ohan, & Anderson, 2012; Sibley, Evans, & Serpell, 2010). They are not invited for group activities or not chosen to be in the same friends group, and they are made fun of due to their behaviour both in person and on social media platforms.

Considering the gender differences within the intensity of relationships, according to a study, girls with ADHD reported higher number of conflicts and lower friendships (Blachman & Hinshaw, 2002). They have also reported to have a lower tolerance level and decreased empathy level compared to the boys with ADHD leading to lower quality of interpersonal relationships (Barkley, 2006).

The negative aspects of peer relationships of adolescents with ADHD could be due to a number of factors. Firstly, attention deficits make it difficult for them to acquire the skills and learn the cues which are needed for social interaction (Landau & Milich, 1998). Secondly, they are impulsive and engage in certain obscure behaviours which does not help them have a good relationship with their peers (Gardner, 2015). Thirdly, it is found that childhood aggression also leads to adolescent peer problems (Cole & Dodge, 1983). Fourthly, adolescents with ADHD value certain characteristics in a friendship like a friend who is fun, entertaining and is always ready to explore new things but a child without ADHD would prefer emotional support and security above all the other things (Heiman, 2005). These conflicting views poses problems which choosing their peers or getting chosen as peers. Research on ADHD adolescents found hyperactivity as a symptom and overprotection to be positively correlated to problems with their peers (Kawabata et al., 2012). They deviate from normal behaviour and are less participative failing to make close friends or even friends. To add on, a study on executive functions in youth with ADHD found out that deficits in spatial working memory leads to increased levels of peer dysfunction and planning deficits leads to problems in interaction with the peers (Chiang & Gau, 2014). This study was beneficial in providing the underlying relationship of cognitive behaviour with peer function of youth with ADHD. Parental factors and familial relationships contribute significantly to peer relationships. Parental support and affection moderate a child's social competence and their interaction with their peers (Barber et al., 2005). It is difficult for them to maintain an interaction due to their disruptive symptoms (Baguella et al., 2001) leading to dislike and peer rejection. A qualitative study on their friendships found out that behaviour of teacher and classroom environment influences their relationship with their peers because the teachers' rejection and acceptance decide peer rejection (McAuliffe et al., 2009; Mokami et al., 2009). Parents of children with ADHD tend to adopt authoritarian parenting style as mentioned previously which their does not like since they believe it is their age to be independent and are excessively controlling which can lead to modelling of behaviours in their peer relationships (Hurt et al., 2007) causing more interpersonal difficulties. The adolescents with ADHD who have friends are likely to have a relationship which is more conflicting, less supportive and cooperative and involves lesser intimacy (Blachman & Hinshaw, 2002; McKee, 2014; Normand et al., 2011, 2013). Adolescents with ADHD due to their bad peer group relationships have a higher risk of substance abuse and indulging in bad practices (Belendiuk et al., 2016, Marshal et al., 2003). To overcome the issues faced by the adolescents with ADHD, significant number of researches have mentioned various interventions at a social level. Some of them include Social Skills Training which involves opportunities for behavioural rehearsal with group members who could be their classmates, friends and peers (Mrug et al., 2001), Summer

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Treatment Program which is an 8 weeks intervention which includes doing activities together with their peers for improving group functioning and having regular parent sessions (Gardner,2015). Gardner (2015) did a study on peer relationships and friendships in ADHD and wanted to develop a buddy system intervention for the ADHD children. This is a very effective idea as each ADHD adolescent would be paired with a non-ADHD adolescent and they would carry out their tasks together and bond over the same and help each other in need. Hoza et al., (2003) found that adolescents with ADHD have a relationship with at least one close friend who helps compensate for the rejection and bullying and fulfils the social needs of the teen. A study used the concept of buddy system and the above idea of one close friend to propose an idea for intervention which includes working towards enhancing positivity in the existing friendships (Glass, 2016). Few other interventions explored in a study for improving peer functioning (Morris, 2021) are music therapy (Riderson & Watkins, 2003), challenging horizons program which is a developing theory involving use of reinforcements for appropriate social behaviour (Evans et al., 2004, 2005, 2007, 2011, 2016; Evans, Schultz, & DeMars, 2014) and lastly working on expanding their network.

### ***Romantic Interpersonal Relationships of Adolescents with ADHD***

Romantic relationships like peer relationships are a central concept of adolescence (Collins, Welsh & Fueman, 2009). Adolescence is the period when the individual hits puberty and starts to look for a romantic partner and explore new things and build their identity and personality in the journey. 70% of the adolescents are involved in at least one romantic relationship and depend on their romantic partner for their physical and emotional needs (Carver, Joyner, & Udry, 2003; Furman, Low, & Ho, 2009) (Kuttler & La Greca, 2004). A lot of prominent symptoms of ADHD like inattentiveness, hyperactivity and impulsiveness poses various problems in their romantic relationships. A study found out that they are always unorganized, distracted, impulsive, explosive which could affect their romantic relationship (Collins, Welsh & Fueman, 2009). They might start to fidget or lose interest during their conversation with their partner and as mentioned in the peer relationships section, they are not very empathetic and do not provide good emotional support which might lead to negative relationships. A study on identity status and attachment (2013) concluded that adolescents with psychiatric disorder experienced a higher preoccupied attachment style and also insecure attachment patterns (Cuhadaroglu et al.,2013). This shows that they might get emotionally dependant on their partner and thus have a constant fear that if the partner leaves them, they would be all lonely and will have no one to do activities with or match their activeness.

Adolescents with ADHD also reported increased risk for STDs and unwanted pregnancies, faster sexual activity and higher number of sexual partners (Barkley, Murphy, & Fischer, 2010; Flory, Molina, Pelham, Gnagy, & Smith, 2006; Huggins, Rooney, & Chronis-Tuscano, 2012; White & Buehler, 2012; Winters, Botzet, Fahnhorst, Baumel, & Lee, 2008). Canu & Cralson (2020) conducted research and found out that university students with the inattentive type of ADHD had lesser number of steady dating relationships whereas adolescents having combined type of ADHD- both attention deficit and hyperactivity reported to have lower relationship quality and it was more significant in women (Bruner et al., 2013). It was also supported by the finding of another research (2021) stating that they have higher number of small relationships because they are not stable (Margherio, 2021). This is inconsistent with the findings of Babinski et al.,(2011) which said that adolescents with ADHD have lesser experience in the field of dating romance as they are so self-engaged that they do not find the need to have a partner or do not have the emotional capabilities to connect to a partner romantically. Adolescents with ADHD reported to have

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frequent conflicts and negative resolution patterns towards it (Canu & Carlson, 2007; Overbey, Snell, & Callis, 2011) and are found to be more violent in their romantic relationships (Wymbs et al., 2012). These findings were also supported by another study (Davila et al., 2016).

Adolescents suggest that most of them in romantic relationships engage in group activities with their partner (Amialchuk & Gerhardinger, 2015). This lack of group activities may indicate the social impairment among the adolescents with ADHD, in that, youth with ADHD may not have a large group of friends with whom to engage in group activities hence engage in activities with their partners. Within the adolescents suffering from ADHD also, girls diagnosed with ADHD had fewer and shorter romantic relationships compared to that of their peers (Babinski et al., 2011).

There are quite many reasons which are pointed out for their negative relationships. The major one is emotional dysregulation which is a core issue in the ADHD population. Emotional dysregulation is the poor regulation of emotions which deviates from the standard ways of regulating them (Sachdev, 2021). They tend to indulge in risky and obscure behaviours which includes risky sexual behaviour linked to emotional dysregulation (Hadley et al., 2015) and this in turn leads to poor romantic satisfaction due to unbalanced emotions from both the ends. They could tend to even get more involved in the relationship than necessary and feel very intense emotions which get overwhelming for them later. Hostile behaviour of the ADHD teen also mediated this unsatisfactory relationship (Bruner et al., 2015). Another factor contributing to their greater risk for relationship failure is due to their social and emotional deficits in understanding interpersonal cues which could help them modify behaviour (Paulson, Buermeyer, and Nelson-Gray (2005). To add on, a study on late adolescent girls found that inattention and hyperactivity found in ADHD impairs negotiation in romantic relationships (Babinski, 2016). This study thus poses a limitation which is that the results cannot be generalized since its sample consisted of women dating thus, they belong to the best group of ADHD with best interpersonal skills. Most of the studies pick participants who are dating leaving the single ADHD adolescents behind to find out further interpersonal deficits and the underlying causes behind it.

The negative factors causes them to have greater stress in their romantic relationship (Overbey, 2016). Thus, when they face a stressor in the relationship, they ought to use avoidance and maladaptive coping strategies which includes assertive confrontation, denial, distraction which are ineffective and worsens the whole situation (Young, 2005; Young, Chadwick, Heptinstall, Taylor, & Sonuga-Barke, 2005).

There are certain interventions mentioned in a few researches which could be employed on the adolescents. One of them could be an early intervention to deal with the core issue of emotional dysregulation which could be removed through psychotherapy (Mitchell et al., 2017; Suzer Gamli & Tahiroglu, 2018). There could be other therapies and sex education programs including their romantic partner also to strengthen their relationships and promote healthy sexual behaviour and practices (Walter & Borus, 2020). Apart from all the findings and conclusions above, there is limited research done on the romantic relationships of adolescents with ADHD and more is yet to be explored to understand further impacts and bring out better interventions to improve the quality.

In conclusion, ADHD is a very prevalent disorder and starts during childhood but grows into adolescence and adulthood as well. The symptoms of ADHD which include impulsivity,

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hyperactivity, inattention leads to a lot of social and interpersonal difficulties which can range from small discussions and frequent fights at home to making new friends and finding a secure romantic partner as adolescence is the age where the individual explores their sense of identity and learns about the concept of independence and these symptoms interfere with their growth and expectations. However, with certain interventions, psychotherapy and medications, they can learn to manage their symptoms and improve their relationships. In addition, family, teachers, friends and romantic partners can help them at their level by proving them with the emotional support and guidance to overcome emotional dysregulation and get better at handling relationships. This will lead in development of their self-esteem and improvement in their well-being.

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