

UNDERSTANDING THE EMOTIONAL IMPACT OF ADHD IN PRIMARY SCHOOL STUDENTS

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AUTHOR'S DATA

Narine Stepanyan, PhD, Associate Professor,

Chair of Applied Psychology

Khachatur Abovhan Armenian State Pedagogical University, Republic of Armenia

Contacts: stepanyannarine23@aspu.am

ABSTRACT

Today, a remarkable place in society is occupied by children who need special conditions of education and their inclusion in schools, which determines the peculiarities of the organization of education. In all historical eras, the development system of special education has been connected with the socio-economic structure of the country, the state's value system and society, and the state's policy towards children who have developmental problems.

The article highlights children with special educational needs, especially children with attention deficit and hyperactive behavior syndrome. Children with attention deficit and hyperactivity disorder are included in the inclusive education system, and the organization of their educational activities, their inclusion in schools is considered an important and primary issue. To organize the effective teaching of hyperactive children, it is necessary to study the features of the emotional sphere of these children, which will make it possible to identify their strengths, highlight their problems, and accordingly organize their education more effectively, as well as interpersonal interactions with classmates in public schools. At present, the syndrome of attention deficit and hyperactivity is the subject of study of many psychologists, because the features of the emotional sphere of these children are not so well studied.

Keywords: *attention deficit and hyperactivity syndrome, ADHD, empathy, behavioral disorders, conflict, developmental problems, emotional sphere, socially mediated fears, children with special educational needs, system of inclusive education, impulsive type.*

INTRODUCTION

Attention deficit hyperactivity disorder (ADHD) is a common neurodevelopmental condition affecting millions of children worldwide. While often recognized for its impact on focus and behavior, ADHD can also significantly influence a child's emotional well-being. Attention lack and hyperactivity syndrome is a more widespread neuropsychological disturbance a lot meeting among boys, and

compared with girls the structure is from 3:1 with a ratio of up to 9:1 (Evert, et. al., 2013). ADHD begins at children's age and is expressed with factors such as hyperactivity, forgetfulness, attention Decentralization, impulsiveness bad control, and dispersion (Romanov & Fesenko, 2010).

ADHD affects millions of children globally. Beyond impacting focus and behavior, ADHD can significantly influence a child's emotional well-being in primary school (ages 6-12). This exploration delves into the emotional challenges faced by children with ADHD, such as frustration, low self-esteem, and difficulty regulating emotions. Understanding this connection is crucial for providing effective support and fostering their emotional development (Barkley, 2014).

Brain injuries, psychosocial factors, and adverse factors during childbirth also play a major role in the occurrence of hyperactivity. A frequent factor is fetal oxygen deprivation during pregnancy, to which the developing brain is most sensitive. Toxic pregnancies are also dangerous. The mother's fear, and anxiety during the 12-22 weeks of pregnancy leads to the development of hyperactivity. In hyperactive children, such a concept as executive dysfunction (dysfunction of controlling behavior) is distinguished, which appears against the background of brain immaturity and is manifested by insufficient activity of inhibitory structures (Barkley, 2014).

Children with hyperactivity often struggle with managing their actions and thoughts. This broader ability to control oneself and guide behavior toward achieving goals is known as executive function.

Several aspects of executive function can be affected in hyperactive children:

- **Difficulty controlling impulses:** Acting without thinking things through.
- **Trouble restraining urges** and inability to resist immediate desires.
- **Challenges organizing impulses:** Difficulty prioritizing and sequencing actions.
- **Problems managing mental processes:** Difficulty focusing and maintaining attention.

The next section likely discusses the predicted consequences (forecast) of these impairments.

Here's a breakdown of the improvements:

- **Simpler language:** Replaces "control function" with "managing actions and thoughts".
- **Clearer connection:** Explains the link between the control function and the executive function.
- **Bullet points:** Maintains the list format for clarity.
- **Anticipation:** Mentions the potential discussion of consequences in the next section (Monina, Lyutova-Roberts, Chutko, 2007).

Compared to children with hyperactivity, children with attention deficit disorder have many fears. In children with inattention, anxiety increases with increasing guilt, which increases the number of fears (Fesenko & Fesenko, 2022).

Although specialists dealing with the problem of attention deficit hyperactivity disorder state that

these children have a large number of fears, the psychological features of the manifestation of fears are still not well studied. However, analyzing the features of the emotional sphere of these children, it can be assumed that the emotional manifestations (aggression, anxiety, fears) of hyperactive children are interrelated (NIMH, 2023).

In children with attention deficit disorder, emotions are shallow and unstable. They are often nervous, and tense. The emotional sphere of these children is poor. Depending on whether hyperactivity, inattention, or impulsivity predominates in hyperactive children, the characteristics of the emotional sphere are different.

Children with a predominance of inattention are more likely to flare up, be rude, and irritable. These children experience guilt more than children with predominant hyperactivity. Anxiety, irritability, willingness to harm others, and verbal abuse increase with the increase of guilt in children with the dominance of inattention. With the predominance of inattention, children experience negative emotions within themselves, which are associated with the scolding of parents and teachers. Aggression and fear in these children can lead to various depressive disorders and addictions at an older age (Fadina, 2004).

Zakharov (2004) mentions fear as a unique way to recognize the surrounding reality. Fear can play a certain socializing or teaching role in the process of forming an individual. The word "fear" coincides with the term "anxiety". But anxiety boils down to a negative emotional state that arises from a dangerous situation. Fear implies the existence of a certain object, person, or event that scares you. Most of the children's fears are related to age characteristics, are age-related and disappear if we correctly approach the causes of their occurrence.

Parents often do not understand what is happening with the child, but their behavior is disturbing. Unaware of the hereditary nature of ADHD, they attribute their child's behavior to "wrong" parenting and blame each other. Improving the child's emotional sphere depends not only on treatment but also on a kind, calm, consistent attitude. These children fail to consider the bad, negative, and even dangerous consequences of their behavior that may be associated with their actions. Often they expose themselves to unwarranted, unsolicited risks to demonstrate their bravery to their peers. As a result, there are many unfortunate incidents. They have problems in interpersonal relationships (Fesenko & Fesenko, 2022).

METHODOLOGY

From the analysis of the scientific literature, it becomes obvious that the emotional sphere is quite affected in children with the syndrome of attention deficit and hyperactivity. The article presents a quantitative type of research, which was carried out among 20 children with ADHD and 20 non-disabled children. The choice of this scheme is because it allows us to study more in-depth the most expressed type of fears among children of primary school age with ADHD. As the basis of research, the main

method of conversation was chosen, as well as the methodology of Zakharov's "Fears in the houses" (Kolyagina, Odriozola & Eremina, 2021; Panfilova, 2002) has been implemented to get the full picture.

DATA ANALYSIS AND FINDINGS

By analyzing various types of data, it is possible to gain deeper insights into the characteristics, causes, and potential treatments for ADHD, ultimately aiming to improve the lives of individuals affected by this condition. For this purpose, the following quantitative research is conducted with primary school-age children.

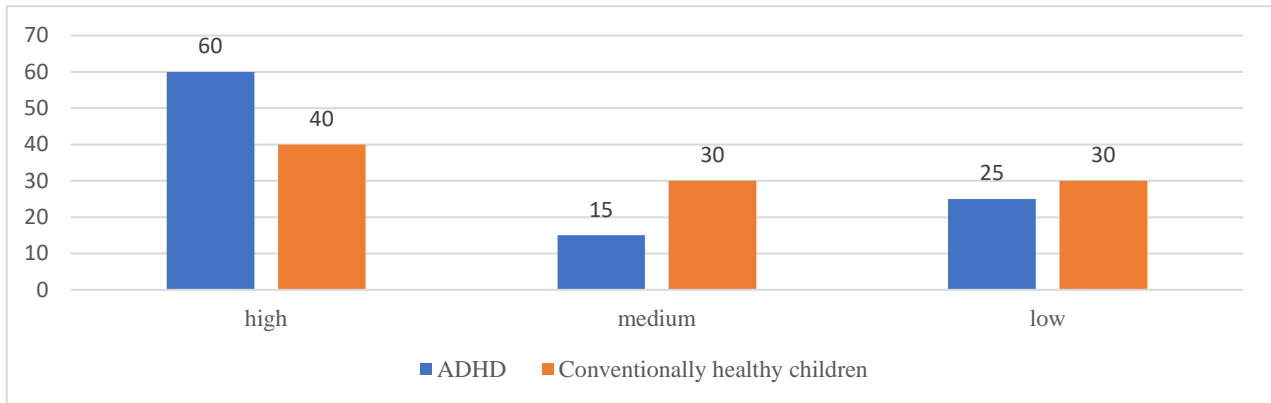
During a conversation with parents of children with ADHD, they noted that children are conflicted, naughty, and exhibit aggressive behavior both at home and in the environment. Parents also noted that children avoid contact with peers, and nightmares were also observed. In the course of psycho-correctional work with children of primary school age, we noticed that children have a negative attitude toward themselves and their peers. During the conversation, it turned out that children with ADHD stated that both parents and peers complain about their behavior, adding that no one understands them.

To assess fears in older primary school-age children, the study employed Zakharov's "Fears in the Houses" questionnaire. The questionnaire was adapted to identify fears relevant to this age group. Within the frame of this, the child participated in a game-like setting. Children were asked 10 questions to gauge their expressed fears. At the same time, children could respond in two ways: verbal answer (providing a brief answer if comfortable speaking) or non-verbal response (pointing to pictures depicting the fear; catering to children with speech impairments by offering an alternative to verbal communication).

The "Fears in Houses" method among 20 children with ADHD and 20 non-disabled children have been conducted. By comparing the obtained results, we conclude that 60% of children with ADHD have a high number of fears and 40% of "conditionally healthy" children have a high number of fears. It can be assumed that the high number of fears in both groups is due to age characteristics, as well as the younger schoolchild, begins to adapt to the social environment independently without the active help of parents (Figure 1).

Zakharov's "Fears in the House" methodology also provides an opportunity to group fears, identify types of fears, and see the features of their manifestation.

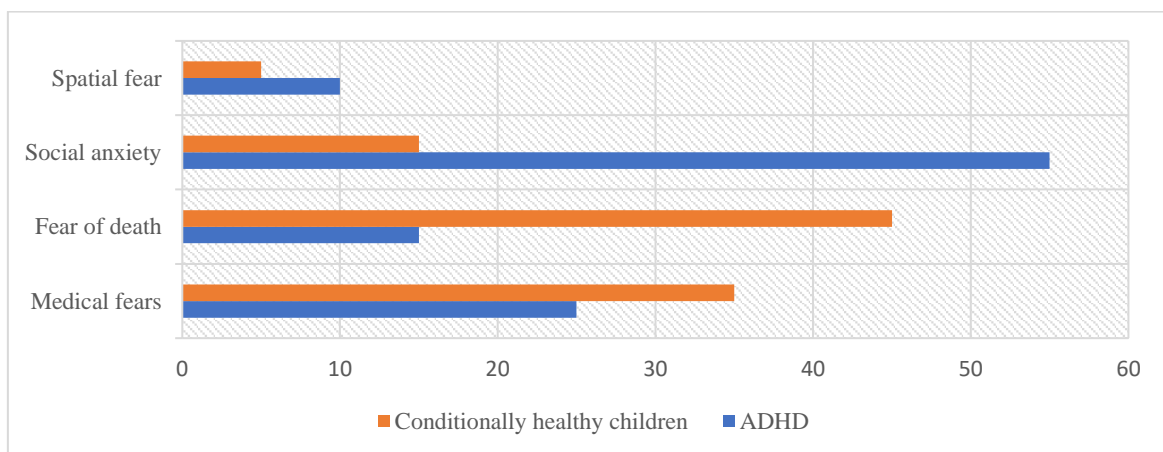
Figure 1.
The number of fears.



The mentioned indicators cause very serious thoughts, which is evidenced by the fact that social fears prevail in children with ADHD: fear of parents, teachers, peers, and a new environment. These children often violate social norms and are repeatedly punished by the environment. After each action, children are afraid of a negative reaction from the environment, which causes psychological problems in interpersonal relationships, because of which a child with ADHD begins to conflict with the surrounding people. To avoid conflict, a child with ADHD begins to alienate himself from society, which causes social fear. "Conditionally healthy" children have a fear of death and medical fears, which, in our opinion, is considered the age norm (Figure 2).

This information establishes a correlation between ADHD and social anxiety. However, it doesn't necessarily prove that ADHD directly causes social anxiety. Other factors might be involved. The explanation points towards social difficulties as a potential trigger for social anxiety in children with ADHD. Further research is needed to explore the exact mechanisms at play.

Figure 2.
Types of manifestation of fears.



Thus, according to our results, hyperactive children have a greater amount of social anxiety compared to non-disabled children. It is explained by the fact that children with ADHD have a lot of problems in the social environment, in interpersonal relations, when communicating, and this is the basis for the emergence of social fears.

The study suggests that hyperactive children experience greater social anxiety compared to children without ADHD. The explanation proposes that social difficulties faced by children with ADHD (e.g., communication challenges, and trouble interacting with peers) contribute to the development of social anxiety (NIMH, 2023; Fesenko & Fesenko, 2022; Barkley, 2014).

CONCLUSION

Thus, based on the findings of the research it becomes possible to state that children with ADHD have:

- both emotional and behavioral disorders are combined and affect the child's learning process and social adaptation.
- high level of fear - social anxiety is a specific condition characterized by the fear of social situations, not necessarily a general "high level of fear";
- social fears prevail - this statement aligns with the potential link between ADHD and social anxiety;
- insufficient awareness on the part of the environment about the behavioral characteristics of the latter, which is the basis for these children to feel misunderstood and unaccepted - this is a valid point, raising awareness and providing support for children with ADHD in various settings (schools, families) is crucial;
- high level of conflict - while children with ADHD might face social challenges leading to conflict, it's not a universal experience.

Still, it is crucial to emphasize that the study identifies a correlation but doesn't establish a direct causal relationship between ADHD and social anxiety. Outlining the importance of comprehensive support, it is crucial to advocate for addressing both ADHD symptoms and potential co-occurring conditions like social anxiety through evidence-based interventions

RECOMMENDATIONS

The research suggests a potential link between ADHD and social anxiety in children. This can manifest as social fears and difficulties in social interactions. Limited understanding of ADHD by the surrounding environment can contribute to feelings of being misunderstood and potentially lead to social conflict. Early intervention, addressing both ADHD and potential co-occurring conditions like social

anxiety, alongside fostering a supportive environment that offers understanding and appropriate accommodations, is crucial for promoting the social and emotional well-being of children with ADHD.

As additional considerations, it might be required to emphasize the importance of seeking professional guidance from mental health professionals experienced in treating ADHD and co-occurring conditions. At the same time, focus on the potential for positive outcomes with proper support and intervention strategies should be taken into account.

By providing a more accurate and nuanced interpretation of the information, the conclusion effectively acknowledges the potential challenges faced by children with ADHD while highlighting the importance of comprehensive support and fostering a more understanding environment.

Further research is recommended through exploring the underlying mechanisms that contribute to the development of social anxiety in children with ADHD.

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