

SCIENTIFIC STUDY OF PROBLEMS OF SOCIAL ADAPTATION IN ADOLESCENTS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER

Surayyo Norkobilova*

Karshi State University, Karshi, Uzbekistan

Abstract. This article examines the difficulties that adolescents with ADHD face when adapting to an educational organization in all areas of their lives, in terms of educational activities, personal development and interpersonal relationships. In addition to the problems of social adaptation, the negative qualities of children's personal development were noted and the need for organizing special psychological and pedagogical support was emphasized.

Keywords: Social adaptation, misadaptation, teenagers with attention deficit hyperactivity disorder, socialization.

Corresponding Author: Surayyo Norkobilova, Karshi State University, Karshi, Uzbekistan, e-mail: norkobilovasurayyo@gmail.com

Received: 5 April 2024; Accepted: 16 May 2024; Published: 11 June 2024.

1. Introduction

The problem of social adaptation of children with disabilities is one of the leading problems in psychological and pedagogical practice. The introduction of a center for social adaptation of children with disabilities in our republic and its regional branches in the regions requires the creation of special conditions in educational organizations that facilitate easy socialization of children. It is impossible to effectively organize psychological and pedagogical support without taking into account the characteristics of personality development and interpersonal relationships of each category of children with disabilities. Currently, the attention of psychologists and medical and pedagogical specialists is attracted not only by the features of the neuropsychic development of children with mild brain pathology, but also by the formation of their individual personality traits. The article discusses the features of social adaptation of children with attention deficit hyperactivity disorder (ADHD). The features of adaptation to the conditions of an educational organization are described, the psychological mechanisms of problems arising in school are determined, taking into account its cognitive, personal and behavioral components. The results of an experimental study based on many years of systematic observation are presented. Students with ADHD face difficulties in adapting to the educational organization in all areas of life: educational activities, personal development and interpersonal relationships. In addition to problems of social adaptation, children also develop negative qualities of personal development. The need

Norkobilova, S. (2024). Scientific study of problems of social adaptation in adolescents with attention deficit hyperactivity disorder. *Socium*, *1*(2), 138-143 https://doi.org/10.62476/soc12138

^{*}How to cite (APA):

to organize special psychological and pedagogical support for the category of children studying in educational institutions is especially recognized.

2. Methods

In recent years, the concept of "social adaptation" has been actively used in the psychological and pedagogical practice of our country. V.G. Aseev emphasizes the relevance of the problem of determining social adaptation in connection with the complexity and inconsistency of this process. N. Nikitina interprets social adaptation as the integration of a person into the system of social relations that has developed in society. S. D. Artemov defines social adaptation as the process of a person's adaptation to existing norms, social relations, traditions of society in general and in particular to the conditions of educational organizations. S. D. Artemov defines social adaptation as the process of a person's adaptation to existing norms, social relations, traditions of society in general and in particular to the conditions of educational organizations. Children with ADHD have difficulty adapting to the conditions and demands of educational institutions; they are characterized by behavioral disorders and learning problems. The lack of common ideas about the nature, symptoms and complexity of this condition among specialists in different fields leads to conflicting developmental forecasts and unclear approaches to rehabilitation and correction of disorders in children. In addition, the most active research is being carried out in the field of medicine, more attention is paid to the neurological treatment of ADHD symptoms, but the psychological and pedagogical side of the problem remains insufficiently studied.

O.I. Romanchuk characterizes ADHD as a polymorphic clinical syndrome and notes that its leading manifestation is a violation of the child's ability to control and regulate his own behavior, which leads to movement disorders, attention problems, and impulsivity. The prevalence of ADHD varies greatly between countries, ranging from 1–5% in the UK to 5–20% in the US. There is no specific information about the prevalence of this condition in the domestic literature. According to N.N. Zavadenko, the frequency of occurrence of the syndrome ranges from 4 to 10%, according to Yu. S. Shevchenko - 25-40%, N.Yu. Semago notes 2-19% of children with ADHD. An analysis of psychological and pedagogical literature allows us to highlight the gender aspect of the problem: in the works of N. u. Semago, such problems occur in boys 4-5 times more often than in girls. In her research, N.N. Zavadenko notes that there are 9 times more boys with ADHD than girls.

Local and foreign researchers pay great attention not only to information about the spread of the syndrome, but also to its manifestations and symptoms. Studies conducted by I.P. Bryazgunov and E.V. Kasatikova highlight the diversity of clinical characteristics of children with ADHD. In the first place are attention disorders - the frequency of manifestation is from 96 to 100%, then motor activity increases - 63-84%. Difficulties in terms of social development are noted in 80-90%.

In the works of E.M. Volkova-Gasparova, I.P. Bryazgunov, the following signs of ADHD were noted: absent-mindedness, lack of inhibitory control, impulsiveness.

According to the DSM-IV classification of American diseases, there are three versions of this disease:

- Combination of hyperactivity and attention deficit;
- Attention deficit disorder without hyperactivity;
- Hyperactivity syndrome without attention deficit.

3. Results and discussions

The most common first option is a combination of hyperactivity and attention deficit. The second most common variant is attention deficit hyperactivity disorder. It is more common in girls than in boys, and is characterized by a characteristic withdrawal into the world of their fantasies. And finally, the third hyperactive variant without attention impairment may be due not only to the syndrome, but also to the manifestation of certain disorders of the central nervous system, as well as individual characteristics of temperament. P. Wender and R. Scheider, in turn, in addition to inattention, hyperactivity and impulsivity, identify coordination disorders, emotional disorders, partial developmental delay, and behavioral disorders. When studying the problem of social adaptation and adaptation to educational activities of children with ADHD, the issue of studying psychological factors, mechanisms and conditions of the adaptation process is relevant. We consider adaptation to educational activity as one of the types of social adaptation, including biological and social components. Adaptation to learning at school is a complex process in a child's life, during which stable skills are formed that meet the requirements of training and education in an educational organization, and new social roles and positions are mastered. According to M.S. Yanitsky, the adaptation process can be considered in various areas of a child's life: in interpersonal relationships; in individual behavioral characteristics, the formation of basic mental functions and psychophysiological regulation. However, according to M.S. Yanitsky, the leading role belongs to mental adaptation.

In the system of mental adaptation, M.S. Yanitsky distinguishes three levels: truly psychological, psychophysiological and socio-psychological. Thus, the study of indicators of mental adaptation should include a comprehensive and simultaneous assessment of the child's current mental state, psychophysiological characteristics and microsocial interaction skills.

In educational organizations, the child receives new information about the assessment of his skills and individual characteristics, primarily from teachers and peers. The initial stage of school education is considered as a new social state of development. Most experts consider this situation stressful even for healthy and prosperous children. Children with ADHD face special difficulties when entering school, since in conditions where educational activities are carried out, the requirements for freedom of mental activity and self-control, that is, for these very processes and functions, increase. Children with ADHD show more impairment during this period.

According to N.N. Zavadenko, ADHD is one of the most common causes of adaptation at school. By disproportion in school, the author understands a violation of the adaptation of the child's personality to the educational conditions at school, which acts as a specific phenomenon of low mental adaptability in general. Most researchers (NN. Zavadenko, N.V. Vostroknutov, N.V. Dubrovinskaya) agree that maladjustment at school is a complex multifactorial process, including medical-biological and socio-psychological-pedagogical mechanisms of child personality development.

- O.P. Shmakova identifies three groups of etiological factors of adaptation at school:
- Biological (organic disorders of the central nervous system, mental retardation, ADHD);
- Psychological (wrong types of upbringing in the family, unconstructive style of behavior of the teacher in the classroom);

• Social (strict social norms of behavior, overload and complexity of the school curriculum).

The illogical organization of the educational process, the intensification of the educational process, the discrepancy between the used pedagogical technologies and the psychophysiological characteristics of students are considered by N.V. Dubrovinskaya as risk factors for the occurrence of adaptation at school.

In his latest study, N.V. Vostroknutov identifies three main components of adaptation at school: cognitive (lack of theoretical knowledge and practical skills), personal (lack of educational motivation among students) and behavioral (violation of school behavior).

The manifestation of ADHD in a child leads to difficulties in mastering school skills and completing academic tasks. The lack of psychological and pedagogical influence to eliminate difficulties at school gradually leads to problems in the educational activities of children. At the same time, low productivity is the result of the general effect of missing important blocks of information and the difficulty of formulating universal learning movements from lesson to lesson, from class to class.

Lack of attention and impulsive, thoughtless behavior also lead to failure in extracurricular activities. Any activity in an educational organization requires compliance with certain rules, at least previously known conditions. Independent organization of free time is of great importance in the overall development of the child, especially in social development.

The emotional development of a child with ADHD is usually characterized by disharmony, which is manifested by inconstancy, outbursts of anger, and intolerance to failure. Children may experience anxiety, uncertainty, agitation, and negative reactions, which in turn negatively affect the child's ability to self-control during interpersonal interactions with others.

Impaired social interaction often accompanies ADHD, which leads to the child's social adaptation. Hyperactive children strive to be in a group during play activities, but often enter into conflicts with peers, cannot concentrate and do not follow the rules of the game, and do not understand the nuances of interpersonal relationships. Since games with children with ADHD are often destructive, the environment does not accept them, which prevents and disrupts the hyperactive child's identification with peers.

It can be concluded that children with ADHD face difficulties in adapting to the educational organization in all areas of life: educational activities, personal development and interpersonal relationships. An analysis of psychological and pedagogical literature has shown that adaptation to school is considered by many researchers as an integral part of all social adaptation. Therefore, it can be assumed that children with ADHD may encounter difficulties in the process of socialization into society.

The characteristics of social adaptation of students with ADHD, determined during the theoretical analysis, served as the basis for forming the purpose of the experimental study: In order to study the characteristics of social adaptation of children with ADHD, a study was conducted with pupils of the Kashkadara regional branch of the Republican Center for Social Adaptation. The total number of study participants was 36 adolescents, of which 20 were children with mental retardation, 16 children with mental retardation and attention deficit hyperactivity disorder. To achieve the stated goal of the experimental study, systematic observation of children was organized and a survey was conducted among teachers. The children of the experimental sample were subjected to targeted, systematic observation at school (from 11-13 to 14-15 years). The indicators of

student adaptation proposed by A.L. were chosen as units of observation - criteria for the formation of qualifications, skills and personal qualities of students. Wenger, which made it possible to identify adaptation indicators at three levels.

Differentiation of levels of indicators	of adaptation of children ((according to A.L. Wenger)

Levels of adaptation	Indicators and criteria	
	Adequate understanding of school requirements	
	Positive attitude towards school	
High level	Full mastery of program material	
	Performing tasks without external control	
	Interest in independent activities;	
	Comfortable situation in the team	
	Going to school does not cause negative feelings	
Average level	erage level Perception of program material with its detailed and visual presentation	
	Performing tasks for organizing external control	
	Communicates with peers, but does not show initiative in communication	
Negative or indifferent attitude towards school		
	Decreased overall emotional background	
Low level	Mastering program material in parts	
	Requirement for constant monitoring of the performance of duties	
	Unfavorable status situation in the team	

4. Conclusion

During the analysis of the observation results, the following data were obtained: 28 schoolchildren aged 11-13 years had a low level of adaptation, 4 schoolchildren had an average level of adaptation, 2 schoolchildren had a high level of adaptation. During the observation process, depending on the presence of ADHD, a certain specificity was noted in the distribution of children according to adaptation levels. 8 students with mental retardation had a high level of adaptation, 7 had an average level, and 5 had a low level. The indicators for children with mental retardation combined with ADHD are slightly lower: 5 students have an average level of adaptation. In 11 children the level was low; children in this category did not have a high level of adaptation to school. When observing children aged 11-13 years in the experimental sample, the following results were obtained: a high level of adaptation was noted in 10 schoolchildren with mental retardation, an average level in 8 children, a low level in 1 child. The situation is even worse in children with mental retardation combined with ADHD: 4 children have an average level of adaptation, 12 have a low one; A high level of adaptation to the institution was not observed in children with ADHD even by the end of the school year. At the age of 14-15, mentally retarded children show significant positive dynamics in terms of social adaptation: 13 students received a high score, 7 children have an average level of adaptation, mentally retarded children have a low level of adaptation to the institution. There is no separate category observed in children of this age. In children with ADHD, such positive dynamics were not observed: 1 child achieved high levels, 5 children achieved an average level, 10 students with ADHD showed a low level of social adaptation in general and especially indicators of school adaptation. 1 child achieved high levels, 5 children achieved an average level, 10 students with ADHD showed a low level of social adaptation in general and especially indicators of school adaptation. The

identified specificity of adaptation indicators in children with ADHD is confirmed by the results obtained from the analysis of surveys of teachers. Teachers working with children in the experimental group note specific negative dynamics in the development of children with ADHD. Along with impulsiveness, by the age of 14-15, children exhibit negative qualities of personal development: anxiety, lack of self-confidence, conflict and aggressiveness.

Thus, the theoretical and empirical studies conducted show that the problems of social adaptation and personal development of adolescent children with ADHD are no less than the clinical aspects of this disorder. In this regard, it is important to emphasize the importance of not only providing medical care to children with ADHD, but also providing them with psychological and pedagogical assistance.

References

- Barkley, R.A. (2002). International consensus statement on ADHD. *Journal of the American Academy of Child and Adolescent Psychiatry*, 41(12), 1389.
- Bryazgunov, I.P. (2001). A Restless Child or Everything about Hyperactive Children. Moscow: Institute of Psychotherapy. (In Russian).
- Bryazgunov, I.P., EV, K. (2002). *Attention Deficit Hyperactivity Disorder in Children*. Moscow, Medpraktika Publ. (In Russian).
- Gavrilushkina, O.P., Golovchits, L.A. & Yegorova, M.A. (2001). Psychological aspects of special education and new correctional programs and technologies. *Psychological Science and Education*, 1, 79–88. (In Russian).
- Kasatikova, E.V., Bryazgunov, I.P. (2001). Characteristics of children with attention deficit disorder and hyperactivity disorder. *Pediatrics*, 2, 40–42. (In Russian).
- Kasatikova, E.V., Larionov, M.P. & Bash, L.V. (2003). The influence of differences in social risk factors on the development of attention deficit hyperactivity disorder in children. *Medical Scientific and Educational Journal*, 16, 61–64. (In Russian).
- Khaletskaya, O.V., Troshin V.M. (1998). Minimal brain dysfunction in childhood. *Journal of Neurology and Psychiatry*, 9, 17-23. (In Russian).
- Lyutova, E.K., Monina, G.B. (2000). *Training for Effective Interaction with Children (aggressive, hyperactive, anxious, autistic)*. Moscow: Genesis. (In Russian).
- Nikolskaya, I.M., Granovskaya, R.M. (2010). *Psychological Protection in Children*. Saint Petersburg: Rech (In Russian).
- Romanchuk, O.I. (2010). Attention Deficit Hyperactivity Disorder in Children. Moscow: Genesis, 2010. (In Russian).
- Sirotyuk, A.L. (2002). Attention Deficit Hyperactivity Disorder. Diagnostics, Correction and Practical Recommendations for Parents and Teachers. Moscow: TC Sfera, 128. (In Russian).
- Trufanova, G.K. (2014). The problem of interpersonal relations of children with attention deficit syndrome and hyperactivity. *Special Education*, 2, 50–56. (In Russian).
- Zavadenko, N.N. (2000). Diagnosis and differential diagnosis of attention deficit hyperactivity disorder in children. *School Psychologist*, 4, 2-6. (In Russian).
- Zavadenko, N.N. (2005). *Hyperactivity and Attention Deficit in Childhood*. Moscow: Academy. (In Russian).
- Zavodenko N.N., Petrukhin N.G., Manelis N.G. (1999). School maladjustment: Psychoneurological and neuropsychological study. *Psychology*, 4, 21–28. (In Russian).