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ADHD and social disinhibition

Once again I shall post another little paper for my class on diagnosing mental disorders. This one is on ADHD, a highly controversial subject to be sure.

Attention-deficit/hyperactivity disorder (ADHD) is a disorder that typically appears during the individual's early childhood years and has an enormous impact on interpersonal and social functions (Hersen & Van Hasselt 2001). Approximately 2% to 4% of children will develop symptoms of ADHD, although some estimate that it can occur from 3% to 5% of children (Goldman, Genel, Bezman & Slanetz 1998). The primary symptoms of ADHD are hyperactivity, impulsivity and inattention. Although initially diagnosed in childhood and usually before age seven, individuals can continue to exhibit symptoms of ADHD well into adulthood. These primary symptoms can be greatly impacted by secondary symptoms of the disorder, which may include a low tolerance for frustration and emotional lability (Hersen & Van Hasselt 2001).

One secondary symptom that can impact the individual's behavior is social disinhibition, or the inability to control oneself and act appropriately in social situations (Hersen & Van Hasselt 2001). Social disinhibition affects all three major symptoms of hyperactivity, impulsivity and inattentiveness. Children with ADHD may have great difficulty cooperating with the wishes of teachers or other perceived authority figures because they disregard established rules (Butcher, Mineka & Hooley 2004). Children who are able to follow class rules may react negatively and look down upon those who seem unable to keep the rules. Children with ADHD have difficulty working on school projects in groups with other children because they may talk loudly or make inappropriate comments. Teachers may have to give extra attention to these children, which may stir jealousy in other students. The child with ADHD needs near-constant reminders to stay focused and to diminish impulsive behaviors.

Gaining and maintaining friendships is a particular problem for the child with ADHD (Wodrich 2000). These children miss the normal social cues and competencies that children without a mental disorder are able to develop. These children typically fail to get along with other children who are able to focus on quite and/or time-consuming activities. The child with ADHD may speak loudly and talk incessantly or out of turn, thereby dominating conversations. "Although social immaturity is not an inherent characteristic, because of these children's inability to concentrate on social cues, it becomes increasingly problematic. The sense of social isolation often makes these children try harder, which only serves to perpetuate the problem" (Moss & Dunlap 1995, p. 24).

References

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