

Subjective Well Being Children with ADHD (A Review of the Literature)

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Abstract: Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder which comprises of inattention, hyperactivity and impulsivity. Children diagnosed with ADHD often experience academic, social and behavioral inconsistencies. These problems create a negative stigma and rejection on the environment for children with ADHD that can make them feel inferior and negative subjective wellbeing. The purpose of this literature review is to summarize the small set of relevant literature about subjective well-being in children living with ADHD. Literature search is based on several databases (ProQuest, Pubmed and google scholar) in the form of journal articles from 2008-2018 for ADHD children aged 5-12 years. In conclusion, it is known that children with ADHD feel inferior about their well-being.

Keywords: Subjective well-being, children, ADHD

INTRODUCTION

ADHD (Attention Deficit Hyperactivity Disorder) is one of the chronic and pervasive developmental disorders (Young and Myanthy Amarasinghe, 2010). ADHD also includes neurodevelopmental disorders which can occur in children, adolescents and even adults (Shaw et al., 2015). The main symptom and features of DSM V-based ADHD are intense, hyperactivity and impulsivity (APA, 2013; Danielson et al., 2018). ADHD can have adverse effects on the lives of children, families and the environment from childhood to adulthood if not given proper treatment from its inception (Harpin, 2005).

ADHD occurs due to several things that can be grouped into two major categories namely neurobiological and environmental factors. However, the exact cause of this ailment is still debated by scientists, with many arguing that the main triggers are neurobiological factors, while environmental factors are considered to affect neurobiological development (Hudziak et al., 2005; Thapar et al., 2006, 2012; Howe, 2010). Neurological factors in children with ADHD are generally influenced by a less optimal brain function that generally occurs in the frontal lobe, especially in the prefrontal cortex (Rubia, 2007; Lange et al., 2010; Shaw et al., 2015). Even research shows that children with ADHD appear to have decreased cortical and cerebral total volume in the four lobes, as well as reduced surface area and folds throughout the cerebral cortex (Wolosin et al., 2009). Environmental factors can have an impact on the functional development of a children's brain such as the frontal cortex which is still gradually developing during childhood (Noble, K, Norman F, 2005; Hughes et al., 2012; Noble et al., 2015). Despite the fact that environmental factors, isn't the main cause of ADHD, it can have an increased or further deteriorating symptom on children if continued (Johnston et al., 2002). From the above explanations, it is quite glaring that ADHD is the result of complex interactions between neurological-genetic-environmental factors.

ADHD in children can lead them into having behavioral problems in their daily lives. According to Biederman, (2005), some adverse effects associated with this ailment if not properly handled include academic and social dysfunction, skill deficit, academic failure, low prices self, low relations with peers, parents conflict, juvenile delinquency, smoking, violence, mood disorder, and psychosocial and psychological dysfunction. This was also expressed by (Harpin, 2005) with reference to Kewley G (1999) who explained that ADHD can result to the following in children: low self-esteem, learning problems, disturbance, poor social habits, criminal behaviors, low motivation. Disruptive behavior, violence, and delinquency are more apparent in boys with ADHD than girls.

Behavioral problems experienced by children living with as described above can have a negative impact on them and their environment so that they tend to be bullied and rejected by the surrounding environment. In addition, they are often stigmatized and discriminated by the community as naughty, ignorant or lazy kids, thereby, making them feel sad, and upset (Mrug et al., 2012; Mueller et al., 2012). This feeling of sadness, resentment, and self-blame shows that they are unhappy, and less satisfied with the life they experience. A child's feeling of well-being is based on the child's perception or evaluation of various life experiences referred to as subjective well-being. Ravens-sieberer et al., 2015, defined this type of prosperity in children is a global evaluation of their life with regards to positive things and effective responses felt in everyday life. Such as feeling of happiness,, fun activities, special needs and lots more.

The concept of subjective well-being was initially studied in adulthood. However, in recent years discussions have begun to develop about the concept of welfare in children and adolescents, including subjective well-being. According to Ben Arieh (Ben-Arieh, A., Casas Feran., Frones, Ivar., 2014) a pioneer in the study of child welfare, "children's voices are important and considered central in expressing their perceptions on how they feel, and what they want." This is because children's perceptions can differ from that of adults (parents or teachers) as found in various previous related studies.

Children's perceptions of what they think and feel in their lives, whether happy or not can be revealed. Sometimes their perception with parents or teachers results differently, but parents and teachers can perceive what they know (Ben-Arieh, A., Casas Feran., Frones, Ivar., 2014).

Child wellbeing, when developed and optimized early, will have a positive impact on their present and future. Some studies suggest that subjective well-being can have an impact on health (Diener et al., 2017). A person who is happy will be more creative, socializable, live longer, have a strong immune system and able to work well so that its development is more optimal and healthier life (Eid and Larsen, 2008). People who are happy on average can show more desirable behavior, appear more productive and sociable and will be more beneficial to the community (Diener and Suh, 2000). Optimizing subjective well-being in children and adolescents can help prepare them in their adulthood to be more adaptable. Making children feel happy is not just making them feel good, but making them feel more satisfied with their lives that have a positive impact on their lives now and in the future (Park, 2004). But if the children's welfare less optimized, it will create a negative impact in various sections of their lives now and in the future.

Children who feel satisfied with their lives, will be encouraged to explore the world more with more opportunity to develop and prosper in the future (Park, 2004). Therefore, it is imperative to optimize subjective well-being in children, as it can contribute to a variety of positive things, minimize negativity such as psychological disorders in children. Besides being an important key as an indicator of a person's positive development, it is also an essential indicator in promoting and managing optimal mental health in children (Park, 2004). The positive impact of the child's subjective well-being applies to children in general, including children with developmental disorder or special needs disorders.

During this time discussion was more focused on the overall health or well-being of one's psychopathological side, develop treatment strategies and preventive programs. Well-being is considered to be only owned by someone who does not have a particular disease or illness or is interpreted as having a certain disease. But since the positive approach was developed in 1958 by one of the pioneers of positive psychology, Marie Jahoda, well-being or health was not only seen from the absence of certain diseases. Certain illnesses or disorders can cause a person to be sick. A person who experiences a particular illness can still feel positively satisfied, which can reduce the level of stress, depression, and anxiety due to the illness, so they can still feel psychologically well within themselves (Park, 2004). Along with the emergence of positive psychology, the idea came to "fight against pain" (Greenspoon and Saklofske, 2001). Currently, there is a discussion that prioritizes the strength and ability of children to optimize their wellbeing, including those who experience developmental deficits (Pollard and Lee, 2002).

Based on a positive psychology approach, Duckworth (Lee Duckworth, Steen and Seligman, 2005) also explains that everyone has the opportunity to optimize their potential to be happy so that their subjective well-being can be optimized clinically. Seligman, Parks and Steen, (2004) also emphasizes that the purpose of positive psychology is about how a person can feel happy by understanding and developing optimistic emotions and meaningful feelings as an effort to overcome pain or disorder experienced so that it will further develop subjective well-being in individuals. The same thing was expressed by Ravens-sieberer et al., (2015) that children who experience chronic disorders need to be optimized for their well-being, by feeling more positive and able to overcome their limitations despite experiencing pain or disorder to be more adaptable to their lives and feel happier and get meaning about his life. However, research examining subjective well-being in children with developmental disorders is still limited.

Positive feelings of wellbeing in children with developmental disorders including ADHD will make them to be enthusiastic to live their lives despite their limitations and will be more optimal in their

development. However, the problem lies in the well-being of ADHD children which tends to be low and under-cared for. Kids with special needs including ADHD usually have low subjective well-being to those who are general healthy (Peasgood et al., 2016; Barnes and Harrison, 2017).

In this literature review, the author explores several articles related to the subjective well-being of ADHD children. However, not many have studied this, so the author will describe some of the literature related to children's subjective wellbeing implicitly or explicitly.

METHOD

This research makes use of a literature review using journals, and review articles from several database sources such as Proquest, Google Scholar, and Pubmed from 2008-2018. Searching for articles uses several keywords, namely child, children, ADHD, subjective well being, well being, which is carried out manually. The language used in the article source is English. The article studied was related to ADHD children between the ages of 5-12 years. Studies related to ADHD in adults are not used in this study. Research uses various research instruments and methods so there are no restrictions.

RESULTS AND DISCUSSION

The results in this literature review will describe some of the literatures discussing the subjective well-being of children diagnosed with ADHD. Based on searches on several databases used, there are still limited articles discussing subjective well-being in ADHD children. Some literature reviews related to the study will be described in the following table 1.

Some of the articles above use several different designs and measurements, with some using cross-sectional design and experimental design, other made use of longitudinal studies. the samples used by ADHD children between the ages of 5-12 years with different sampling techniques such as purposive or convenient sampling are because they have special sample characteristics, with a limited number of respondents.

From several articles contained in the table above it is known that subjective well-being in ADHD children tends to be low. These children feel less support and are negatively stigmatized by the teacher (Rogers and Tannock, 2013b), their peer (Mrug et al., 2012), parents (Chang et al., 2013; Tarver, Daley and Sayal, 2015) and from general environmental (Mueller et al., 2012) and this can make them feel sad with low subjective well being.

Low subjective well being children its mean how children make global evaluations of what they feel (Ravens-sieberer et al., 2015). Low subjective well being in children with ADHD from several study explain in details, that children with ADHD have low confidence, feel negative, unhappy and depressed (Chang et al., 2013; Tarver, Daley and Sayal, 2015), less satisfaction (Rogers and Tannock, 2013b; Barnes and Harrison, 2017), low self esteem and mental well being (Mueller et al., 2012), feel sad, scared and anxious (Mrug et al., 2012) with their lives that influence them to have behavioral problem (Mrug et al., 2012; Tarver, Daley and Sayal, 2015) and difficult to sleep thats influence their healt (Peasgood et al., 2016).

Table 1. List of literature reviews on Subjective Wellbeing in children diagnosed with ADHD

Reference	Design & Measurement	Sample	Result
Mrug et al. (2012)	<i>Longitudinal study</i> <i>The multimodal study of children with ADHD (MTA) selama 8 tahun</i> <i>Measured with stoichiometric assessment</i>	300 ADHD type combination children.	Peer rejection experienced by ADHD children can lead to the emergence of problems in relation (with peers, parents, teachers and the surrounding environment) and emotional problems (feeling sad, dissatisfied, and unhappy, feeling scared and anxious).
Mueller et al. (2012)	<i>Review Literature</i>	33 article	Identical stigmatization is given to children with ADHD by their environment which can affect their lives. This can create low self-esteem, self-confidence, life satisfaction and mental wellbeing in diagnosed ADHD children.
Peasgood et al. (2016)	<i>Cross-section, observational survey in 15 ADHD clinic in England & Scotland 2010-2012</i> <i>CHU-9D, EQ-5D-Youth, HRQoL instrument</i>	476 children with ADHD & 337 sibling	Children with ADHD tend to find it more difficult to sleep and feel less happy in their lives in general. This ailment can have adverse health effects in children.
Barnes and Harrison (2017)	<i>Understanding Society survey (USoc) matched to the National Pupil Database (NPD)</i> <i>Assess with children satisfaction with various aspects of their lives (their</i>	1600 total of children including 299 special needs kids.	Subjective well-being of children with special needs including those diagnosed with ADHD tends to be low. They feel unhappy and less satisfied with their lives, especially in school and in friendship.
Rogers & Tannock, (2013)	<i>CES (The Classroom Environment scale)</i> <i>The Strengths and Difficulties Questionnaire (SDQ)</i> <i>The Woodcock-Johnston-III Test of Achievement (WJ-III)</i>	33 ADHD children and 34 non ADHD children averaged 6-11 years 4 months. Stratified sampling.	ADHD children feel less supported with regards with getting supports in class, a little relationship with teacher, and feel their competence is lower than non-ADHD children. ADHD children feel satisfied if their needs are not met. This can have an impact on behavioral problems and the ability to read ADHD children.
Chang et al. (2013)	<i>Chinese version of the Kiddie epidemiologic version of the Schedule for Affective Disorders and Schizophrenia (K-SADS-E), The modified ADHD supplement of the K-SADS-E for adult ADHD diagnosis, (PBI), (SAICA), The Chinese Family APGAR, MPI</i>	296 children with ADHD and 229 non-ADHD children in Taiwan.	Children with ADHD receive less affection from their father, who are more overprotective and authoritative. Less interaction with fathers, have more behavioral problems at home and get a little family social support compared to non-ADHD children. This makes the father's relationship with the child less cordial, thereby, leaving the kids unhappy.
Tarver, Daley, dan Sayal (2015)	<i>Review article dari 1998-2013</i>		ADHD is the result of complex interactions between genetic and environmental factors. Parenting is an important factor in reducing behavioral problems in children. Parents who are depressed or have low confidence that is often experienced by parents with ADHD can have an impact on care and affect the low wellbeing of children and parents themselves.

CONCLUSIONS

The conclusion of this review literature is that subjective well-being in children diagnosed with ADHD is still low which can be influenced by the treatment of people around them (peers, parents, siblings, teachers). These people tend to stigmatize them. However, studies related to subjective well-being in children with ADHD are still limited and need to be studied more.

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