# THE EFFECTS OF CONTINUED STATE OF EMERGENCY ON FUNCTIONING OF CHILDREN: EMOTIONAL, SOCIAL, BEHAVIORAL AND EDUCATIONAL ACHIEVEMENTS OF CHILDREN WITH ADHD

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***Introduction -*** *In the Gaza Strip area – The area in which Israeli population live near the border of Israel-the Gaza Strip where the missiles and the explosive balloons have been fired on the Israeli population for 19 years – There is no family that hasn't experienced such experiences as a 'red color' alert (The alert name announcing the rocket has been fired) right in the middle of the climb on the playground slide, noise in the sky while riding a bike to the circle, or just when the child took out the dolls and began to play. After such experiences, the parents' ability to manufacture emotions and experiences of security and protection in their children's lives becomes complex and complicated, as well as their ability to encourage their children to go out to experience, experience, explore and develop their independence. This situation requires therapeutic intervention to help him give his children a system of protection, security and support for their development of independence. Such support can be found at the 'Hosen Center' – A therapeutic center for parents, children, families and the entire population that are victims of anxiety, trauma and PTSD (Shternberg and Cohen, 2020).*

*The experience which Israel has accumulated in the field of dealing with emergency and distress situations is highly impressive, especially as the emergency*

*state has effects both on the personal, group and communal-national areas (Eylon and Lahad, 2000). In our region – north and west of the Negev in Israel – we experience a continued state of trauma. Both, children and their parents face a life-threatening security reality which entails paying a significant emotional price.*

*Nutman-Schwartz (2009) claims since the year 2000 the residents of the west Negev region have been exposed to massive Qassam missiles attacks shot from the Gaza strip. As a result of these attacks, children and adults of Sderot and what is known as the 'Gaza envelope' settlements have been killed in their homes and on the streets, while leading their daily routine.*

*Nutman-Schwartz (2009) also showed a direct link between the intensity of the exposure to missile attacks and the intensity of the anxiety. Any child – who has been exposed once to a distressing event, the data indicates – is at risk to develop PTSD if exposed a second time. Exposure to such an event could evoke feelings of anxiety and anger, helplessness, sadness, stress as well as psychiatric disorders such as depression and PTSD. People in continued situations of stress can develop a perception that views the world as a hostile place. According to Nutman-Schwartz (2009), the correlation discovered between the intensity of the exposure to the intensity of the traumatic symptoms is that every additional round of fighting in the region expands the damage cycle among the children and teens exposed to the fighting. Therefore, it important to research the psychology of their security and behavior in the current extreme life-threatening daily reality.*

*According to Berger (2006), continued stress situations damage children and teens' cognitive abilities and affect their functioning in the educational system. The following typical cognitive responses can be seen: A lack of attentiveness, lack of concentration, difficulty to make decisions and problem solution.*

*Cuffe et al. (1994), believe that attention deficit and hyperactivity (ADHA) and post-traumatic stress disorder (PTSD) show a high level of additional*

*morbidity in children who suffered a trauma. Two assumptions can support and explain this connection: Children with ADHD are at a higher risk for trauma because of their impulsiveness, reckless behaviors, and parents who are genetically inclined to depreciation of impulse control.*

**Key words:** educational achievements, ADHD, anxiety, methodology.

**Purpose of the research**

To examine the effect of a continuing state of emergency on emotional, social, behavioral and educational functioning, given the presence of anxiety in children with ADHD.

**Literary review**

**1. What is ADHD (Attention Deficit Hyperactivity Disorder)?**

Barkley (1998), notes that ADHD (Attention Deficit/Hyperactivity Disorder), is a developmental defect in self-control. It is comprised of issues with attention-span, impulse control (impulsivity), and the level of activity (hyperactivity), but also comprised of many other elements. ADHD is a result of a combination of genetic factors.

This disorder tends to appear at a young age, and the first symptoms usually appear before the age of seven. It is prevalent mostly in boys (DuPaul and Stoner, 2003). The ADHD disorder manifests in two forms: Uncontrolled, impulsive behavior (called impulsive/hyperactive behavior) and attention problems, short memory span and a learning disability.

Children with ADHD have difficulties absorbing full information and identifying the main idea. There is a difficulty with planning processes and self-control, persistence, memory problems, impulse control which affects the behavior,

maintaining a list of priorities, foreseeing an outcome, socially adapting. All of these damage the educational functions. Some of the children also have specific learning disabilities most common of which are issues with reading, writing, mathematics and linguistics (Green and Chee, 2001).

Chesner (2005) claims that children who suffer from ADHD and learning disabilities have negative thoughts about themselves and the world surrounding them. These negative self-thoughts evolve because of the constant friction with their surroundings and are a catalyst of a detrimental process causing emotional and behavioral problems.

Dupaul and Stoner (2003) note that epidemiological data shows, that 3%-7% of the children in the US can be diagnosed as having ADHD. Attention deficit disorder is a common phenomenon prevalent in 5%-10% of all the children in schools at the age of up to 12 years old. A considerable number of children, about 80%, continue to suffer from the disorder into their adolescence and adulthood. In fact, 7%-10% of the world population has attention deficit disorder (ADD). ADD does not pass with age; those born with it will have it for their entire life. Barkley (2001) believes that ADHD develops as a result of hyperactivity of a certain area of the brain, which is meant to supply behavioral inhibitions over time, self-organization skills, self-coordination and the ability to think ahead.

ADHD is a highly comorbid condition associated with a complex profile of socioemotional and behavioral difficulties, and there are a variety of conditions that have symptoms similar to ADHD. Co-occurring anxiety, depression, and externalizing disorders have been common in epidemiological samples of children with ADHD and disorders like posttraumatic stress disorder and sleep disturbances may present in ways that mimic ADHD (Barkley, 2006, as cited in Sean and Ash, 2014).

## 2. The difference between boys and girls with Attention Deficit Hyperactivity Disorder (ADHD)

DuPaul and Stoner (2003) say ADHD is the most common disorder among boys. The number of boys with ADHD is higher than the number of girls in a ratio of 1:6.

Green and Chee (2001), claim ADHD is mainly a problem in boys. The odds are that boys are more likely to be referred for treatment due to their disruptive behavior, as opposed to girls who suffer more quietly than the boys, are less disruptive and as a result are not referred to receive treatment but do in fact have difficulties in school.

Barkley (1998), says ADHD is three times more common with boys than girls. In mental health clinics specializing in the disorder, between 6-7 boys are referred over each girl referred. The referral is based on the aggressive behavior and lack of control showing in the boys, rather than in girls. “The obvious conclusion is that girls with ADHD are not diagnosed and are not treated for it” (Barkley, 1998, p. 78).

The test results showed that most of the symptoms examined showed no significant differences between boys and girls in spite of the fact that the teachers and parents reported more difficulties with defiant behavior, behavioral problems, social difficulties, anxiety, and depression with girls with ADHD in comparison to boys with ADHD. There is a large difference in anxiety with girls reporting on much higher levels than boys.

According to MacReady (1999), attention deficit disorder of girls is not always diagnosed. It is often undiagnosed because girls who have it do not display disruptive behavior which is the most prominent sign for ADD with boys. Other signs for ADD such as impulsivity, hyperactivity and lack of attention are similar with both genders.

Winther-Skogli et al. (2013) conducted research that examined if there are differences in ADHA various symptoms among boys and girls. They carried out various sub tests which examined the following symptoms: Thought, somatic complaints, anxious/depressed, anxiety problems, somatic problems, behavior/aggressive problems and social problems.

The tests' results showed that most of the symptoms examined had no significant differences between boys and girls in spite of the fact that the teachers and parents reported more difficulties with defiant behavior, behavioral problems, social difficulties, anxiety, and depression with girls with ADHD in comparison to boys with ADHD. There is a large difference in anxiety with girls reporting on much higher levels than boys.

ADHD girls and boys presented similar academic and behavioral profiles relatively limited gender differences in ADHD children. The results were incompatible to those indicating that ADHD girls may be more emotional or hysterical, more or less extreme in behavior, have more cognitive deficits, be less aggressive, and present with fewer conduct problems to teachers than ADHD boys (Barkley, 1981, as cited in Breen, 1989; deHaas and Young, 1984, as cited in Breen, 1989; Kashani et al., 1979, as cited in Breen, 1989).

## 3. What is anxiety?

"Many children who suffer from anxiety disorders have also been found to suffer from depression, attention deficit and behavioral disorders". "Anxiety is a major factor for normal functioning as well as a cause of neurosis" (After and Ori, 2010, p. 250).

Anxiety disorders have a biological basis, environmental basis and a learning basis (Field, 2006). After and Ori (2010) state that some cognitive approaches emphasize the effect of automatic obstructive thoughts, and of beliefs

which might be a result of previous events but constitute a direct cause for anxiety in the present.

Hamiel (2011), notes that cognitive development is an important factor in the development of anxiety in children and adolescents. The explanation to this is the ability to conceptualize a given state which evokes anxiety due to an imminent threat. At a young age the threats are more concrete and physical in nature. With the increase in age, anxiety causing elements appear which are more difficult to conceptualize, such as social anxiety related to self-image issues, health anxiety and general anxiety. At an older age, the coping is related to the understanding that the negative element cannot always be changed.

Watson and Clark (1984) recognized a distinctive characteristic of human nature which they called *Negative Affectivity*. They claim that high levels of it indicate high sensitivity to negative events, specific objects, or threatening information.

Craske (1997) maintains that it is important to differentiate between normal anxiety typical of young ages and pathological anxiety. He adds that a high percentage of children (60%) reported that their fears considerably interfered with their daily activity. Nonetheless, some of the anxieties passed on their own after a short while. Therefore, the element of time is important in determining if this is indeed pathology. The level of anxiety also plays a role in the need for therapeutic intervention.

Colleen (2013) claims that an anxiety disorder is a form of a mental illness, causing people to feel discomfort and distress. He also notes that prolonged anxiety could disrupt our quality of life, and therefore it’s recommended to seek treatment. A combination of therapeutic and medicinal treatment could improve the patient's condition. Since anxiety disorders are many and differ from person to person, the treatment must be personalized for each patient.

## 4. The relationship between ADHD and anxiety

Anxiety disorders appearing as secondary morbidity is characterized by substantial uncontrollable, and mostly irrational worrying, manifested by a disproportional response to different events in a person's daily life.

Roberto (2010), says that 30%-40% of people with ADHD suffer from an anxiety disorder such as: Obsessive Compulsive Disorder (OCD); Generalized Anxiety Disorder (GAD) – an exaggerated worrying; Agoraphobia (an abnormal fear of being in crowds, public places, or open areas, sometimes accompanied by anxiety attacks); Panic attacks or other anxiety issues. Anxiety can exacerbate attention deficit disorders. It causes 'noise' in the brain, disrupting the ability to think coherently and organize. Under its effect it is difficult to reach an efficient and coordinated result. Anxiety, inseparably accompanying the ADD appears without any warning, sometimes with the person being unaware. People with a combination of ADHD and anxiety, are more vulnerable compared to those surrounding them. Sensitive to comments and reactions, they could interpret and attribute other people's responses to them in a negative light.

Fuller-Thomson and Rotman (2015) note that children with attention deficit disorder are more vulnerable to abuse. Children may express symptoms of hyperarousal, agitation, or disorganization in the home or classroom, which may manifest as hyperactivity or impulsivity. A child with decreased concentration, hypervigilance, low frustration tolerance, and decreased interest in activities may appear inattentive (Thomas, 1995). It is likely that children who have experienced a traumatic event or chronic long-term trauma may be subsequently diagnosed with another childhood disorder, such as Attention-Deficit Hyperactivity Disorder (ADHD).

Tartakovsky (2013), notes that the American association estimates that 50% and more of people with ADHA have the symptoms of anxiety. The symptoms of

attention deficit disorder can be very invasive, causing life to be a lot more stressful. Anxiety adds an additional element form the treatment of ADHD because of the need to strategize in order to treat both the symptoms of attention deficit disorder and the anxiety simultaneously. He says the existence of anxiety with ADHD could complicate the treatment since anxiety could paralyze the patients, leaving them 'stuck in their old ways'.

According to Croyle (2013), the experience of a traumatic event can lead to the manifestation of a variety of symptoms. For children in particular, symptoms of a traumatic event are likely to overlap with symptoms of numerous other psychiatric disorders, including Attention-Deficit Hyperactivity Disorder (ADHD). Symptoms of hyperactivity, inattention, and impulsivity, which are typically related to ADHD, can often occur in children who have been traumatized.

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In addition, anxious people tend not to try new things, since they are afraid it might not work as well as new strategies to help them accept their ADHD.

According to Zahavi-Asa (2011), 25% of children with ADHD show a number of symptoms of an anxiety disorder, in comparison to 5%-15% among the general child population. Among ADHA adults, there is a growing prevalence of anxiety disorders, or depression.

One theory assumes that since the same neurobiological systems which control the attention also control the mood, it is likely to believe that the

neurological causes for ADHD are the same causes of anxiety disorders or depression. Another theory assumes that anxiety disorders or depression are a result of dealing with the ADHD, especially if the attention difficulties are undiagnosed or have been untreated for many years, which in many cases may lead to a chronic feeling of failure, frustration, disappointment and emotional overload.

Anxiety may contribute to social problems of children with or without ADHD (Mikmi et al., 2011, as cited in Shea et al., 2014).

Stressful life events may therefore alter the brain's neurochemistry leading to the appearance of ADHD symptoms (Starcher, 2001, as cited in Croyle, 2013). While traumatic life events may exacerbate symptoms of ADHD in a child with a predisposition for this disorder, they may also lead a child to present a profile of ADHD-like symptoms as a primary result of the trauma, which could cause difficulties with differential diagnosis.

## 5. The correlation between prolonged exposure to threat and Anxiety

Common behavioral reactions and symptoms as a result of a traumatic event include a host of problems involving, sadness, anger, fears, numbness, feeling jumpy or jittery, change in appetite, moodiness or irritability, nightmares, difficulty sleeping, avoidance of situations that are reminders of the trauma, impairment of concentration, and guilt because of survival. It should be noted that those symptoms do not necessarily appear simultaneously. Intrusion symptoms such as fears and nightmares may develop early as an acute response among people being in a continuous state of anxiety, while the avoidance symptoms may develop later, or in response to only certain types of traumatic events (Thabet, Tawahina, Sarraj, & Vostanis, 2008, as cited in Kaushansky, 2012).

Aram (2008), says a time of war is always a stressful situation, during which people who experience it are not always equipped to cope. Children express their difficulties in direct, and indirect ways. The direct way is to complain about their fears, concerns, and ask questions. Their indirect way is to express their difficulties by behaving in a symptomatic manner which the parent can relate to the situation.

In Sagi's (2010) research, some surprising and somewhat alarming findings were discovered. In the study conducted among 140 Jewish youths from Beer-Sheva, and 90 Bedouin Arabs from Rahat, there were indications that the anxiety levels and anger levels did not diminish and even grew stronger about six months after what is known as the Gaza war ('Cast Lead operation' in Hebrew) in 2008.

The research was a continuation to a previous study conducted during the war. The continuation of the research six months after the war, showed relatively heightened levels of anxiety among youth in the region, which correlates to a state of war. In a post war state, one could expect a decrease of the anxiety level. The question remains, why the anger's levels and the anxiety's levels did not lessen? A considerable anxiety portion which children of Beer-Sheva and the region undergo stems from the lack of certainty about the future.

### Research questions

How does living under an ongoing security threat affect the lives of boys and girls in various areas of life such as: Emotional, social, academic, behavioral?

## The methodology

### Population and sampling

Parents of a daughter / son in the 7th or 8$^{th}$ grades age 13-14. Approximately 300 participants. The parents and their children were divided into four groups as follows:

a. Children who live in a war zone and are diagnosed with ADHD.

b. Children who live in a war zone and who are not diagnosed with ADHD.

c. Children who do not live in a war zone and are diagnosed with ADHD.

d. Children who do not live in a war zone and are diagnosed without ADHD.

**Summary**

In the State of Israel, the residents of the western Negev deal with **a life-threatening security reality** over the last 19 years which characterized by in emergencies and distress, a significant emotional price for the entire population.

I chose to research the youth with ADHD that I had known for 40 years in the framework of my work as a teacher, consultant and family therapist. These teens may be more **vulnerable** and suffer from significant stress and trauma symptoms in comparison to the populations of children and youth without attention and concentration problems based on the **characteristics of the complexity** characteristic of most, such as: Anxiety, discomfort, difficulty with selves-esteem, impulsivity, lack of organizing, hyperactivity, lack of attention, frustration, emotional hardship.

The findings collected so far indicate that children suffering from ADHD may use high levels of **emotional support** and a lot of attention in additional areas over time, due to their coping with **ongoing emergency stress** situations, in order to function in their upcoming graduates' lives.

On the base of ADHD children's characteristics and difficulties it is advisable to consider a further research regarding these ADHA children's functioning and their needs **during the Covid-19 and its consequences compared to children without ADHD. The researches should – In light of this extreme unique unstable situation and in light of the instability in their lives – study the family, economic, social, educational, personal and emotional aspects affecting these children.**

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