Selfperception of students with ADHD

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DOCTORAL DISSERTATION

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SAMOPOIMANJE UČENIKA S ADHD POREMEĆAJEM

DOKTORSKI RAD

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ABSTRACT

ADHD (Attention Deficit/Hyperactivity Disorder) is a developmental disorder characterized by a persistent pattern of inattention and/or hyperactivity/impulsivity, which is a disruptive factor in the daily functioning of an individual (APA 2013).

Research in the field of attention deficit hyperactivity disorder in Croatia is scarce, and the majority of studies examine how the disorder is perceived by parents, educators, and others.

Since there is limited research in the available literature on how children with ADHD experience and perceive the disorder from their own perspective, the goal of this doctoral dissertation is to provide insight into the self-concept of students with ADHD, i.e., into the lived experience of everyday life related to education, relationships with peers, and family.

In order to gather qualitative responses to the research question, "How do students with ADHD perceive their own disorder in the context of education?" a purposeful (deliberate) sample was selected (Creswell, Miller, 2000). This approach allows the researcher to derive more accurate findings and deeper understanding of the subject matter. Taking into account the sensitive population, the choice of research model depended on a child-centered approach. As the phenomenological research model is an alternative to traditional methods and research, it was chosen as a more appropriate choice, as it is safe and adapted to the child's developmental characteristics. The sample consists of 13 regular elementary school students, from 1st to 8th grade, in the area of the city of Zagreb. The criteria for the selection of research participants was the diagnosis of ADHD disorder. Semi-structured in-depth interviews and observations were implemented as data collection methods, and a phenomenological approach was used to interpret the data through a qualitative thematic analysis. These themes are used to illustrate the experiences of students with ADHD through categorizes: (1) self-relationship; (2) relationships with peers; (3) relationships with family; and (4) relationships with adults/teachers.

The inclination with this type of exploratory phenomenology study was to look into how students with ADHD view and respond to various life circumstances.

Keywords: ADHD disorder, self-concept, qualitative analysis

EXTENDED ABSTRACT

ADHD – Attention Deficit/Hyperactivity Disorder (deficit pažnje / hiperaktivni poremećaj) razvojni je poremećaj koji karakterizira trajni obrazac nepažnje i/ili hiperaktivnosti/impulzivnosti, a koji predstavlja ometajući faktor u svakodnevnom funkcioniranju pojedinca (APA 2013).

Istraživanja na području ADHD poremećaja u Hrvatskoj su rijetka, a većina ih u fokusu ima viđenje ADHD poremećaja od strane roditelja, nastavnika i vršnjaka. S obzirom na to da je u dostupnoj literaturi malo istraživanja koja se bave istraživanjem načina na koji sama djeca s ADHD poremećajem doživljavaju i percipiraju poremećaj iz vlastite perspektive, cilj je ove doktorske disertacije dati uvid u samopoimanje učenika s ADHD poremećajem, odnosno u doživljeno iskustvo svakodnevnog života vezanog uz školovanje, odnose s vršnjacima i s obitelji.

Polazeći od istraživačkog pitanja Kako učenici s ADHD poremećajem percipiraju vlastiti poremećaj u kontekstu obrazovanja?, za istraživanje je odabran svrhoviti (namjerni) uzorak (purposive / deliberate sampling) koji istraživaču omogućava prikupljanje kvalitativnih odgovora, što dovodi do boljih uvida i preciznijih rezultata istraživanja (Creswell, Miller 2000). Uzorak sačinjava 13 učenika redovne osnovne škole, od 1. do 8. razreda, na području grada Zagreba, a kriterij za izbor sudionika istraživanja bila je dijagnoza ADHD poremećaja.

Vodeći računa o osjetljivoj populaciji, izbor modela istraživanja ovisio je o pristupu usmjerenom na dijete. Kako je Fenomenološki model istraživanja alternativa tradicionalnim metodama i istraživanjima, odabran je kao najprimjereniji izbor, kao siguran i prilagođen djetetovim razvojnim osobinama. Kao tehnika dobivanja podataka koristili su se polustrukturirani dubinski intervju i opservacije, a podaci su obrađeni kvalitativnom tematskom analizom fenomenološkim pristupom. Iskustvo učenika s ADHD-om prikazano je temama: (1) Odnos prema sebi, (2) Odnos s vršnjacima, (3) Odnosi u obitelji, (4) Odnos s odraslima/učiteljima. Ovakvom eksploratornom fenomenološkom studijom tendiralo se istražiti načine na koje učenici s ADHD poremećajem percipiraju situacije u odgojno-obrazovnom procesu i kako se s njima nose.

Ključne riječi: ADHD poremećaj, samopoimanje, kvalitativna analiza

Prof. Dr.Sc Snježana Sekušak – Galešev

Snježana Sekušak-Galešev was born on March 9, 1957 in Zagreb, where she completed primary and secondary school. In 1981, she graduated psychology at University of Zagreb Faculty of Philosophy, with a subject „Evaluation of the intelligibility of pronunciation as one of the factors of the success of rehabilitation in hearing-impaired preschool children undergoing rehabilitation at the SUVAG center". From 1982 to 1986, she was employed as a psychologist at the Stančić Rehabilitation Center. From 1 October 1986 to 1 October 2022. She was employed at the University of Zagreb Faculty of Education and Rehabilitation

Sciences, where she is currently an external associate. In 1994, she defended her master's thesis on the topic "Communication and cognitive abilities in children and adolescents with moderate, severe and severe mental retardation" and obtained the scientific degree of master of social sciences in the scientific field of educational sciences, branch of speech therapy. She defended her doctoral dissertation entitled "Self-perception of children with special needs in conditions of educational integration" on 23 December 2008 at University of Zagreb Faculty of Education and Rehabilitation Sciences and obtained the academic degree of PhD in the field of social sciences, scientific field of educational sciences, branches special education. She was re-elected to the scientific-teaching title of associate professor in 2020.

She teaches at the undergraduate and graduate level of studies at the University of Zagreb Faculty of Education and Rehabilitation Sciences as an external associate and at universities in Slovenia and Bosnia and Herzegovina as a visiting professor.

Her scientific-research and professional work focus are: bio-psycho-social characteristics of children with developmental difficulties and persons with disabilities, psych diagnostic procedures for vulnerable groups, forms of support, mental health, social inclusion and inclusion in regular education systems (children's kindergartens, primary and secondary schools, higher education).

Until 2016, she was the headmaster of the Cabinet for Developmental Assessment and Support of the Center for Rehabilitation of the Faculty of Education and Rehabilitation Sciences, where she actively worked from its inception 1997 until the beginning of the current year. Year 2022/2023 she was the headmaster of the Department for Inclusive Education and Rehabilitation at the Faculty of Education and Rehabilitation Sciences, until 2014/2015 and vice-dean for science of the Faculty of Education and Rehabilitation Sciences in the mandate period 2015/2016. and 2016/2017. She held the function of dean of the Faculty from 2017/2018. up to approx. year 2020/2021.

In addition to scientific and teaching work, for a total of 41 years she has been intensively active in the professional field of counseling, psychological diagnostics and therapy for children with developmental risk and developmental difficulties and their parents, adolescents and adults, through the Rehabilitation Center of the Faculty of Education and Rehabilitation Sciences and cooperation with related experts. She received training in integrative gestalt psychotherapy, cognitive-behavioral psychotherapy, play therapy and the floor time method.

She dedicated a large part of professional activities to the education of the social community in order to include children with disabilities in regular forms of upbringing and education and to sensitize and accept people with various difficulties and disabilities in the social environment. She held numerous invited and public lectures in the field of education and social protection, for teachers, educators, professional associates and the wider social community through professional gatherings and educations organized by the Faculty of Education and Rehabilitation Sciences, government (AZOO, MHI) and local institutions and civil society association on the topic of the peculiarities of children/students/adults with disabilities.

She published a large number of scientific and professional papers, is the co-author of several manuals and a university textbooks, participated in a large number of scientific and professional projects, presenter at numerous scientific and professional international and domestic conferences/gatherings, was a member, and president of program and organizational committees of scientific and scientific-expert gatherings and a reviewer of scientific works and publications.

In 2016, she was awarded from Croatian Psychological Society "Marulić: Fiat Psychology" for a particularly valuable contribution to the development and promotion of Croatian applied psychology in 2016.

She is the recipient of the City of Zagreb Award in 2021 for the highest merits and achieved results in theoretical and practical work in promoting science and realizing the rights of children and youth with disabilities and adults with disabilities.

She performs the function of NEO (National eligibility officer) for Croatia for athletes with intellectual impairment – and is responsible person for checking conditions for athletes with intellectual disabilities in front of the Croatian Paralympic Committee. She is a member of the Board of Directors of EAMHID - European Association for Mental Health in Intellectual Disability, Coordination for students with disabilities from the Ombudsman for Persons with Disabilities, the National Council for the Development of Social Policy of the Republic of Croatia, the Board of Directors of HDMZIT - the Croatian Society for Mental Health of People with IT, the Croatian Psychological Society and the Croatian Psychological Chamber, as well as the professional bodies of the Ministry of Health and the Ministry of Health and Welfare.

Prof. PhD Kathryn Underwood

Prof. PhD Kathryn Underwood is a full professor at the Graduate School of Early Childhood Studies at Metropolitan University in Toronto. Using critical disability theory as a starting point, Dr. Underwood explores human rights and educational practice, with a particular emphasis on the rights of persons with disabilities. The focus of her research is the constructions of disability in education in the context of early childhood programs, with a special interest in the intersectional identities of all children with disabilities.

Prof. Underwood is the Project Director of the Inclusive System of Early Childhood Services. This collaborative partnership project, funded by the Social Sciences and Humanities Research Council (SSHRC) and Metropolitan University of Toronto, is being conducted in order for better understanding early childhood experiences of disability from diverse cultural, geographic and social perspectives.

As a postdoctoral student at the Faculty of Education, York University, and as a faculty member in the School of Early Childhood Studies, research projects include work on family-school relationships, special education policy, early childhood education and care policy, in Canada and abroad. She has participated in more than 20 research projects, funded by the government, non-profit sector and private foundations.

Prof. Underwood is the author/co-author of many scientific and professional papers published in scientific journals, monographs, manuals, project reports and other publications with international review.

She is the winner of many awards, including the Award for Scientific, Research and Creative Activity.

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Content

1. INTRODUCTION

Attention-Deficit/Hyperactivity Disorder (hereinafter referred to as ADHD) represents great challenge for today's medical public health practice.

In the past 30 years, research on ADHD problems has advanced; however, more comprehensive studies are required to identify the fundamental prevalence and risk factors that affect the disorder's genesis. The absence of a consistent and standardized protocol for case research has resulted in inconsistent statistical data in the literature, which has slowed down scientific understanding of this disorder and caused misinterpretations of results, differences in diagnosis and treatment decisions, and information on the manifestation of ADHD and comorbidity (Polanczyck et al., 2007; Abdelnour et al., 2022; Xu et al., 2018; Holland, 2018).

In today's schools, we often encounter students who, according to their needs, are addressed as children with behavioral disorders. They are often children who are of average population, not distinguishable from other students, and in some cases they have above-average intellectual abilities. The specificity of this population of students is that they have difficulties controlling their own behavior. Conflicts arise in the relationship with other students; they have difficulties in maintaining attention; they talk excessively and disrupt the teaching process; they get up from their seats; they disturb other children with their intrusions; and they fail to demonstrate their knowledge. This population of students are students with ADHD disorder (Sekušak-Galešev, 2004).

The three most typical signs of ADHD are hyperactivity, impulsivity, and inattention. When these symptoms are present, behavior interferes with social interactions, professional, and academic functioning (Hughes and Cooper, 2009). Additionally, the disorder has an impact on social acceptance, meaning that children with ADHD are not accepted based on their social status, education level, or both (Kocijan-Hercigonja, Buljan Flander, and Vučković, 2004; Carpenter et al.,, 2009; Mikami, Normand, 2015). However, some authors claim that impulsivity symptoms can cause a variety of conflicts in social relationships, including those with peers, families, and schools (Velki and Dudaš, 2016; Kouvava and Antonopoulou, 2020).

Students with ADHD experience severe delays in their psychosocial development and the formation of a positive self-image when they are in an environment that does not offer sufficient support. Students with ADHD are less likely to succeed academically or be socially included in such an environment (Vlah, Sekušak-Galešev, Skočić-Mihić, 2018).

From the foregoing, it is evident that people with ADHD struggle in social situations, but the disorder also has an impact on every facet of a person's functioning.

This dissertation seeks to highlight the necessity of comprehending both the environment surrounding the challenges faced by individuals with ADHD disorder and their requirements for self-regulation of certain behaviors, for the reasons previously mentioned.

2. ADHD – ATTENTION DEFICIT HYPERACTIVITY DISORDER

2.1. History

Despite the constant increase in information about the cause, pathophysiology, and effective treatments of the disorder, it is interesting to see that ADHD disorder existed even before the known and available literature and sources. Today's literature offers a whole range of evidence that ADHD disorder is not a "new age" disorder and that many authors cite different "beginnings" of ADHD disorder, connecting the described behaviors with today's classification of ADHD.

Barkley and Peters, for instance, claim that Melchior Adam Weikard originally described attention disorder in his 1775 book Der Philosophische Arzt (Doctor of Philosophy). They believe that Weikard should be given credit for being the first person to describe attention disorder in the medical literature. Weikard describes the disorder in the aforementioned book as one that can cause a person to become distracted in any manner, including by their own reflection in the mirror. This person will also put in extra effort to finish tasks, which will result in a high error rate and a generally disorganized person. Additionally, even though he doesn't explicitly mention it, he makes inferences and suggestions about the behavior's presence of impulsivity.

According to Weikard, behavioral issues arise from "fibers" that are either too soft or too agile. This can also result from a lack of strength required for prolonged concentration. He believed that the loss of nerve fiber ability was the result of a poor upbringing (Peters and Barkley, 2012). Unfortunately, the idea that poor upbringing is the root cause of ADHD problems has persisted to this day, and it is clear from observation that individuals still hold this belief.

In his book “An inquiry into the nature and development of mental derangement: comprising a simple description of attention deficit hyperactivity disorder (ADHD) (1789)”, Sir Alexander Crichton was another author cited in the literature that described a “disease” similar to the inattentive subtype of ADHD (Berrios, 2006). In his second book, "Attention and its Diseases," which is of particular interest for the current understanding of ADHD disorders, Crichton begins the second chapter with the definition of attention: "When any object of external sense, or of thought, occupies the mind in such a degree that a person does not receive a clear perception from any other one, he is said to attend it" (Crichton 1798, reprint p. 200). ("When any object of external sensation or thought occupies the mind to such an extent that the person does not get a clear perception of anything else, the mind feels as if it is occupied" (Chrichton according to Langge et al. 2010).

Furthermore, Thome and Jacobs describe behavior that is comparable to the present-day behaviors associated with ADHD disorder. This behavior was identified in children's story book called "Fidgety Phil" (1846) ("Fidgety Philip," Appendix 1) (Thome and Jacobs 2004, Taylor 2011). The book was authored by German doctor Heinrich Hoffmann, who in his clinical work often used various picture books and drawings that he designed himself in order to calm children during examination in the doctor's office. He created this story about a mischievous and careless boy whose actions have a great similarity with the behaviors characteristic of ADHD disorder. Dissatisfied with the children's books available at the time, he allegedly penned the tale of restless Filip as a gift for his 3-year-old son Carl Philippe (Taylor, 2011). Although it is assumed that Hoffmann's description of the symptomatology of ADHD was based on his experience working with children in psychiatry, it is not ruled out that the tale of the restless Filip is really a description of his own son, who suffered from a condition that is currently classified as ADHD. The way that "Fidgety Phil" narrates the tale now serves as an analogy for kids suffering from ADHD.

British doctor George Still, who in 1902 observed the conduct of a sample of twenty children and identified challenging forms of behavior in terms of aggressiveness and self-destructiveness, is one of the more well-known pioneers in the research of ADHD disorder. According to Barkley (2006), Still refers to the condition as a "defect of moral control" because it is neurological in nature and is outside the control of the individual. (Barkley, 2006).

There are still several connections between the behaviors that described Still and the present understanding of ADHD, even if the majority of them were based on his research. For instance, impulsivity, one of the most obvious signs of ADHD disorder, may be connected to delayed

reaction or reaction regardless of the consequences, whether they are related to the good of another person or good in connection to oneself (Barkley 2006).

Still underlined that, in contrast to the typical population of children in which "immoral" behavior was not found, difficult behaviors of children (or immorality, as he addressed actions) do not reflect a lack of intelligence. According to him, immoral behavior is defined as behavior that is "too advanced" for those with mental illnesses or disabilities. He saw that youngsters willfully broke the laws of appropriate behavior and legality, even though it was obvious that they understood and recognized these concepts. These children were too young to be labeled as criminals, and they were too intelligent to be classified as mentally challenged. Still considered this group of children to be unique and in need of a more in-depth comprehension of behavior. Still's research greatly contributed to the understanding of ADHD disorder (Rafalovich, 2004).

The authors Badia and Raga (2015) provide an intriguing cross-section of terminology used in medical research papers and textbooks in the 18th and 19th centuries to describe symptoms of inattention or hyperactivity that reflect the contemporary idea of attention deficit hyperactivity disorder. This demonstrates that records from the past in the fields of medicine, science, and non-science existed long before Still gave his lectures on what is now known as ADHD (Table 1).

Table 1. Terminology used in medical reports and textbooks in the 18th and 19th (Badia, Raga 2015).

Ref.	**Year**	**Terminology**
Melchior Adam Weikard	1775	Attention Deficit (“Mangel der Aufmerksamkeit” or “Attentio Volubilis”)
Alexander Crichton	1798	Disease of attention
Benjamin Rush	1812	A syndrome involving inability to focus attention
Charles West	1848	The nervous child
Heinrich Neumann	1859	Hypermetamorphosis
Désiré-Magloire Bourneville	1885	Mental instability

Ref.	Year	Terminology
Thomas Clifford Albutt	1892	Unstable nervous system
Thomas Smith Clouston	1899	Simple hyperexcitability
George F Still	1902	Abnormal defect of moral control

2.2. Definition, etiology, types of disorders and diagnostic criteria

Attention deficit hyperactivity disorder (ADHD) represents a complex, neurodevelopmental disorder that is heterogeneous and multifactorial and is characterized by symptoms of inattention, hyperactivity, and impulsivity that are persistent.

As a result of abnormalities in the brain's neurotransmitter metabolism, hyperactive behavior, difficulties focusing and paying attention, and secondary psychological issues that appear alongside distinct neurological symptoms, ADHD disorder is now recognized as a neurobiological disorder. The three main traits that define it are impulsivity, attention deficit disorder, and hyperkinesia (Badia, Raga 2015).

Another symptom associated with the diagnosis of ADHD disorder is hyper focus. Hyperfocus is a symptom that is also linked to the diagnosis of ADHD disorder. It is characterized by intense focus paired with enhanced task performance and a decreased awareness of irrelevant stimuli. It expresses a person's total concentration on a certain task, to the extent that they temporarily "turn off" or disregard everything else. Persons with ADHD disorder may experience hyperfocus in a different way than those without ADHD disorder (Azhinoff, Abu-Akel 2021; Mckendrick 2022; Grotewiel et al., 2023).

The DSM-V (2013/2014) and ICD-11 (2024) diagnostic tools are used as diagnostic criteria for the detection of ADHD disorders. A diagnosis should be made after a thorough evaluation of the patient, which includes a review of all relevant medical history and symptoms. According to DSM V (2013/2014), ADHD disorder is characterized as:

A. A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development characterized by (1) and/or (2)

1. Carelessness

Six (or more) of the following symptoms have lasted for at least 6 months to a degree that is inconsistent with developmental level and directly affects social and academic/occupational activities:

a) Often does not pay attention to details or makes reckless mistakes in school work, at work or during other activities (e.g. overlooks or misses details, work is incorrect)

b) Often has difficulty maintaining attention on tasks or play (e.g. has difficulty staying focused during a lecture, conversation or long reading)

c) Often does not seem to listen when spoken to directly (e.g. seems to have his mind elsewhere, even if there is no obvious distraction)

d) Often does not follow instructions to the end and fails to complete schoolwork, household chores, or duties at work (e.g., starts a task but quickly loses focus and easily gets sidetracked)

e) Often has difficulties with organizing tasks and activities (for example, difficulty in completing tasks in a row, difficulty in keeping accessories and property in order, messy, disorganized work, poor time allocation, fails to finish on time.)

f) Often avoids, dislikes or refuses to participate in tasks that require continuous mental effort (e.g. schoolwork or homework, preparing reports for older adolescents and adults, filling out forms, reviewing longer articles)

g) Often loses things needed for tasks or activities (e.g. school supplies, pencils, books, tools, wallets, keys, paper items, glasses, mobile phones

h) Attention is often easily distracted by irrelevant stimuli (in older adolescents and adults it may include unrelated thoughts)

i) Often forgets daily activities (e.g. doing household chores, performing various activities outside the home, and in older adolescents and adults returning calls, paying bills, attending scheduled meetings)

2. Hyperactivity and impulsivity:

Six (or more) of the following symptoms have lasted for at least 6 months to a degree that is inconsistent with developmental level and directly negatively affects social and academic/professional activities:

a) Often restless or taps hands or feet or fidgets in the chair.

b) Often gets up from chair in situations where is expected to remain seated (e.g. leaves seat in class, in the office or at another workplace or in other situations where one needs to remain seated)

c) Often runs or climbs in situations where it is inappropriate (in adolescents or adults it may be limited to a feeling of restlessness).

d) It is often not possible to play quietly or participate in leisure activities.

e) Often "in motion" and acts as if is "driven by the engine" (eg is incapacitated or

uncomfortable to be quiet for a long time, like in restaurants, at meetings, and others may perceive as restless or that it is difficult for them to keep up with).

f) Often talks excessively.

g) Often "drums" the answer before the question is completed (e.g. finishes the sentence of other people, can't wait turn in the conversation).

h) Often has difficulty waiting for turn (e.g. while waiting in line)

i) Often interrupts or interrupts others (e.g. interrupts a conversation, interferes in play or activities, may start using other people's things without asking or getting permission; for adolescents and adults: may interrupt others in what they are doing or take over what they are doing others do).

B. Few symptoms of inattention or hyperactivity-impulsivity existed before the age of 12 years.

C. Several symptoms of inattention or hyperactivity-impulsivity exist in two or more settings (e.g. at home, school, or work; with friends or relatives; in other activities).

D. There is clear evidence that the symptoms interfere with or reduce the quality of social, academic, or occupational functioning.

E. These symptoms do not occur exclusively during schizophrenia or another psychotic disorder and cannot be better explained by another mental disorder (e.g. mood disorder, anxiety disorder, dissociative disorder, personality disorder, psychoactive substance intoxication, or withdrawal). (DSM – V, Croatian version, p. 59. 2013. /2014.)

Speaking about the types of ADHD disorder, according to DSM - V (DSM V, Croatian version, 2013/2014, p. 59), we distinguish the following categories:

F90.2 Combined clinical picture:

If Criterion A1 (inattention) and Criterion A2 (hyperactivity-impulsivity) have been met during the last 6 months

F90.0 Clinical picture with predominant inattention:

If Criterion A1 (inattention) is met, but Criterion A2 (hyperactivity-impulsivity) is not met during the last 6 months.

F90.1 Clinical picture with predominant hyperactivity/impulsivity:

If Criterion A2 (hyperactivity-impulsivity) is met and Criterion A1 (inattention) is not met during the last 6 months.

Unlike the earlier edition (DSM-IV, 1994), the DSM-V revisions include changes to the diagnostic criteria of ADHD, a terminological change in the nosology of the ADHD subtype, and the addition of two ADHD modifiers. ADHD symptoms are unchanged from DSM-IV (1994), except for additional examples of how symptoms may manifest in adolescence and adulthood. According to DSM-IV, ADHD disorder belonged to the group of disorders that are usually first diagnosed in infancy, childhood or adolescence, while according to DSM-V it is classified as a neurodevelopmental disorder (Bartolac, 2015; Substance Abuse and Mental Health Services Administration 2016).

Also, the number of symptoms (from six to five) needed to diagnose the disorder in adolescence has been reduced. Criteria; the age of onset of symptoms was changed to the onset of symptoms before the age of 12 years (in the earlier version, the onset referred to the age before 7 years). Criteria; pervasiveness of the disorder, was changed from evidence of damage to evidence of symptoms in two or more environments (in the family, school...). Criteria; impairment, now refers to functional impairments that reduce the quality of social, academic or professional

functioning (instead of "clinically significant" difficulties). As for the criteria; excluding conditions, no longer includes autism spectrum disorder as an exclusive diagnosis.

Finally, modifiers were added so that the severity of the disorder (ie, mild, moderate, or severe) could be specified and that the disorder could be interpreted as "in partial remission" if full diagnostic criteria were not currently met (Epstein, Loren, 2013).

Another tool used in diagnosing ADHD disorder is the International Classification of Diseases; ICD-11, (2024). The ICD-11 version, unlike the previous version (ICD – 10, 1994), contains improved diagnostic details (includes more than 200 new allergen codes) and digital tools to support global health systems, providing greater diagnostic accuracy. According to the ICD-11 classification, for the diagnosis of ADHD disorder there must be a pattern (e.g. for at least 6 months) of symptoms of inattention and/or a combination of symptoms of hyperactivity and impulsivity that are outside the normal range, and the diagnosis requires a variation expected for age and level of intellectual development . Symptoms vary depending on the chronological age and severity of the disorder.

ICD-11 combined the updated classification structure of the ICD index. Furthermore, it systematically redesigned additional information from ICD-10 and its derivatives along with other World Health Organization nomenclatures and terminologies (Gaebel, 2015, Saponia et. all, 2020; Gomez, Chen, Houghton, 2023). ICD-10 did not formally recognized ADHD disorder as such, but included diagnostic criteria for hyperkinetic disorder (HKP). To be diagnosed with HKP, a person must exhibit symptoms of both reduced attention and excessive activity, including impulsivity. Symptoms must also be present before age 6. As for DSM-V, symptoms must be found in two categories, and other conditions that could cause the same symptoms must be ruled out. The lack of recognition of ADHD in ICD-10 has been controversial over the years. Nowadays ICD-11 includes ADHD as a formal diagnostic category and it is very similar to that given in DSM-V. However, instead of requiring that some symptoms be present before the age from 12 years, ICD-11 gives a broader term 'from early to middle childhood'.

ICD-11 also accepts the various subtypes of ADHD found in DSM-V, but adds two more categories: 'other specific features' and 'unspecified features'.

According to ICD-11, the features of the clinical picture should be described using one of the following specifies, whereby symptom dominance refers to the presence of several symptoms of either inattention or hyperactivity-impulsivity, with little or no overlapping symptoms.

Inattention:

The presence of several symptoms of inattention that are persistent enough to have a direct negative impact on the individual's academic, professional, or social functioning. Symptoms refer to:

• difficulty maintaining attention on tasks that do not provide a high level of stimulation or reward or require constant mental effort; lack of attention to detail; making careless mistakes in school or work assignments; not completing tasks;

• easily distracted by extraneous stimuli or thoughts unrelated to the task; often do not seem to listen when spoken to directly; often appear daydreaming or their thoughts are elsewhere;

• loss of things; forgetfulness in daily activities; memory difficulties, difficulties in completing daily tasks or activities; difficulties in planning, managing and organizing school duties, tasks and other activities.

It is important to note that according to ICD-11; inattention may not be apparent when the person is engaged in activities that provide intense stimulation and frequent rewards.

Hyperactivity-impulsivity

The existence of several symptoms of hyperactivity-impulsivity that are persistent and strong enough that they have a direct negative impact on academic, professional or social functioning. They are usually most evident in structured situations that require self-control of behavior. Symptoms include:

• showing excessive motor activity; leave their seat when are expected to sit still; running around often; have difficulty sitting still without fidgeting (younger children); physical restlessness and feeling of discomfort due to silence or sitting still (adolescents and adults);

• have difficulties with quiet involvement in activities; they talk too much;

• Interrupting at school or making comments at work without being asked;

do not wait their turn in games or activities; interrupt or intrude on other people's conversations or games;

• tend to act without thinking or considering risks and consequences in response to immediate stimuli (e.g. engaging in behaviors with the potential for physical harm; impulsive decisions; reckless driving).

For the diagnosis of ADHD disorder, evidence of significant inattention and/or hyperactivity-impulsivity symptoms before age 12 is important, although some individuals first come to the clinical recognition later in adolescence or adulthood, often when demands exceed the individual's ability to compensate for limitations. This implies that:

• Manifestations of inattention and/or hyperactivity-impulsivity must be evident in multiple situations or environments (e.g. home, school, work, with friends or relatives), but are likely to vary according to the structure and demands of the environment.

• The symptoms cannot be better explained by another mental disorder (e.g. anxiety or fear, neurocognitive disorders such as delirium).

• The symptoms are not due to the effects of substances (e.g. cocaine) or drugs (e.g. bronchodilators, thyroid replacement drugs) on the central nervous system, including effects that are not due to nervous system disease (ICD-11, 2024).

According to ICD – 11 (2024) categories of ADHD disorders are:

6A05.0 Attention deficit hyperactivity disorder, predominantly inattentive type

• All diagnostic requirements for attention deficit hyperactivity disorder are met, a

symptoms of inattention predominate.

6A050.1 Attention deficit hyperactivity disorder, predominantly hyperactive impulsive type

• All diagnostic conditions for attention deficit and hyperactivity disorder are met, overcoming symptoms of hyperactivity-impulsivity.

6A050.2 Attention deficit hyperactivity disorder, combined type

• All diagnostic requirements for attention deficit hyperactivity disorder are met, symptoms of hyperactivity-impulsivity and inattention are clinically significant aspects of the current clinical picture, with neither being predominant.

6A050.Y Attention deficit hyperactivity disorder, other specific features

6A050.Z Unspecified Attention deficit hyperactivity disorder

Symptoms can be disruptive enough to significantly affect an individual's functioning, but they are not classified under the official criteria of ADHD disorder.

The following table lists the essential components of the DSM-V and ICD-11 diagnostic criteria so that a more thorough comparison of the two diagnostic instruments' similarities and differences can be made.

Table 2. Comparison ICD-11 and DSM-5 diagnostic criteria for attention-deficit/hyperactivity disorder (Gomez, Chen, Houghton, 2023). Retrieved from https://www.wjgnet.com/2220-3206/full/v13/i5/138.htm

	DSM-V	**ICD -11**
Name	ADHD	ADHD
Onset	Some symptoms present before 12 yr.	Some symptoms present before 12 yr.
Symptoms		
	9 IA symptoms	11 or 9 IA symptoms
	9 HY/IM symptoms	11 or 10 HY/IM symptoms
Presentation types/symptom criteria for children	(1) ADHD combined: At least 6 IA and 6 HY/IM symptoms; (2) ADHD predominantly inattentive: At least 6 IA symptoms; and (3) ADHD predominantly hyperactive/impulsive: At least 6 HY/IM symptoms	(1) ADHD combined: IA and HY/IM symptoms present with neither predominating; (2) ADHD predominantly inattentive: IA symptoms predominating; and (3) ADHD predominantly hyperactive/impulsive: HY/IM symptoms predominating
Presentation types/symptom criteria for persons aged ≥ 17	(1) ADHD combined: At least 5 IA and 5 HY/IM symptoms; (2) ADHD predominantly inattentive: at least 5 IA symptoms; and (3) ADHD predominantly hyperactive/impulsive: At least 5 HY/IM symptoms	
Settings	Present in at least 2 settings	Multiple settings–but symptoms may vary according to the structure and demands of the setting

Comparing the DSM-5 and ICD-11 criteria, it is observed that the ICD-11 classification lists 11 symptoms of inattention and 11 symptoms of hyperactivity/impulsivity, while the DSM-5 lists 9 symptoms of inattention and 9 symptoms of hyperactivity/impulsivity. Given the differences in diagnostic criteria, it is concluded that there is a lack of a standardized diagnostic threshold for the symptom domains of ADHD disorders. Scientists disagree about the diagnostic classifications of mental and behavioral diseases listed above. While functional impairment is required for DSM 5 in order to be used in scientific research, ICD-11 does not follow this rule. ICD-11 emphasizes the rejection of outdated concepts and the preservation of the most recent scientific information regarding the connections between disorders as guiding principles. It promotes improving and harmonizing the classifications of different diagnoses with the most recent findings in clinical practice research. The main goals of ICD-11 are clinical utility and worldwide applicability in non-specialized primary care settings.

The similarity between the two systems is the product of many years of negotiations. Both diagnostic systems take steps towards dimensional assessments of symptoms, with different practical operationalizations. Studies emphasize that ADHD is a heterogeneous disorder, in terms of multifactorial etiological risk factors, characterized by different symptoms, comorbid disorders, neuropsychological impairments, and long-term difficulties in functioning (Gilger, Pennington, and DeFries, 1992; Castelanos et al., 2006; Barkley, 2015).

The etiology of ADHD is a complex matter. According to some authors, it is a combination of hereditary and genetic factors (Sciberras, Mulraney, Silva et al. 2017), but also environmental factors that can influence the occurrence of the disorder (De Felice, Ricceri, Venerosi, Chiarotti, Calamandrei 2015). Existing research suggests that genetic variants, as well as prenatal and perinatal risk factors, are associated with the manifestation of ADHD symptoms (Luo, Weibman, Halperin, Li, 2019), but yet some authors believe that not all risk is genetic or prenatal/perinatal. Some studies conclude that despite the demonstration of an association between prenatal risk factors (e.g., prematurity, maternal smoking during pregnancy) and ADHD, there is still insufficient evidence to support a definite causal relationship (Sciberras, Mulraney, Silva et al. 2017).

While it is common in practice to attribute children's behavior to bad parenting, there is no proof in the research that this is the root cause of ADHD problems. Neither is watching too much television or playing video games all the time. The assumption is that the cause lies in the biological diversity of the development of the central nervous system (Barkley, 2015, according to Bartolac, 2021).

The previously mentioned criteria will be used to diagnose ADHD disorder; however, it is crucial to remember that a multidisciplinary team, consisting of professionals as well as parents, teachers, and educators, is essential for a correct diagnosis. This team's cooperation is also required for therapy, which involves treating and assisting a child with ADHD.

The majority of the time, parents and those working in the educational system—teachers and educators—are the first to identify difficulties in child behavior. Most frequently, it is seen that the child behaves differently from peers and that an evaluation by a specialist is needed. It is crucial to leave the diagnosis to the professionals since it frequently happens that the child's surroundings and the parents draw conclusions about the presence of ADHD based on the child's somewhat more playful behavior. In a controlled clinical setting, symptoms of the ADHD disorder may not be noticeable without including the family and school environments. Behavioral manifestations of the disorder differ in clinical practice. Early recognition of ADHD disorder might be aided by the participation of the child's immediate environment.

3. SELF-CONCEPT

In order to understand the processes responsible for manifesting and regulating behavior and emotions, it is important to understand the term "self-perception," that is, the totality of the experience and inner feeling of "self," "who we are," and what defines us.

This chapter will include broad concepts as well as essential aspects of the structure of self-concept, given that the topic of this doctoral dissertation is the self-concept of students with ADHD disorder.

3.1. Definition of self-concept

The way a person perceives himself is an eternal topic in the field of humanities and social sciences. According to the author Purkey, self-concept is defined "as a complete, complex, organized, and dynamic system of learned beliefs, attitudes, and opinions that each person holds to be true about himself and his existence" (Purkey, 1988, according to Sekušak-Galešev, 2008).

According to the Croatian encyclopedia, "self-concept, self-image, is the totality of experiences that an individual has about himself and his identity, the way he sees himself and what he sees himself as." Self-concept is the perception of one's own abilities, achievements, personality characteristics, and behavior, which forms an image of oneself. It includes information about physical attributes and attractiveness (physical self-concept), particular accomplishments (school self-concept), social roles, and societal acceptance. The assessment of these attributes,

which is reflected in self-esteem, is a part of one's self-concept. The experience of many facets of oneself and one's connection with oneself is referred to as one's self-concept; this notion is also known by terms such as self-efficacy, self-confidence, self-awareness, and self-observation. The "social mirror," or how one is perceived and handled by others in intricate social interactions, is crucial to the formation of one's self-concept. Interactions, which encompass the impact of one's perceptions of others' opinions of oneself" (Croatian encyclopedia, 2021). Self-concept is defined as a multidimensional "experience"—an assumption arising from the interaction of people with the environment during the process of social construction, along with the self-assessment of their skills, achievements, experience, and representation. Self-concept is not something we are born with but rather a process of gradual learning about who we are. The process of self-concept begins in childhood, develops throughout life, and is directly related to the influence of other people's opinions. Self-concept is a broader construct than self-esteem because it includes a set of characteristics (the way a person describes himself) (Sisto & Martinelli, 2004).

Who am I? And what makes me who I am? We can answer this question in several ways. We can declare ourselves as a "female/male person," "sister/brother," "mother/father," and we can also declare ourselves as a "talented singer," "educated person," or "good person," „faithful and loyal." All answers are completely correct. They originate from the inner sense of "self," "who we are," and what makes us unique—the sum of our experiences as individuals.

We can find various ideas related to self-concept in the literature of today. This is because terms like self-awareness, self-esteem, self-perception, self-concept, self-image, self-appraisal, self-consciousness, self-image, etc. are derived from the English language, even though authors occasionally use the same names for entirely different phenomena (Marinić, 2014).

3.2 Theories of self-conception

The first author who systematically began researching the concept of self was William James. The author in his book Principles of Psychology (1890) in the chapter "Self-awareness" talks about the **theory of self-concept** or self-perception (Sekušak-Galešev, 2008).

According to James, self-concept is an acquired, dynamic, unconscious, and organized psychological phenomenon. A person's self is the sum total of everything that an individual can call his own, not only his physical and mental abilities but also his material achievements (social/business status, ownership of real estate or material assets).

James (1890) divides the "self" into three elements:

That which constitutes the Self;

The constituent parts of Self can be divided into Material (what I own), Social (how others perceive me), Spiritual Self (our self-perceived abilities, attitudes, emotions, interests, values, motives) and Pure Ego.

The feelings and emotions that it arouses - Self-feelings;

For example: pride, conceit, vanity, self-respect, modesty, humility, shame, remorse, despair...

Actions that encourages self-reliance and self-preservation. (James, 1980)

In order to explain the "Self" in more detail, James states that it consists of an existential "I" (personal identity, personal self-perceptions) and an empirical "me," where "I" represents the one who knows how something feels, while "me" represents learned social behaviors and expectations. 'I' and “me” appear balanced; 'I' represents the self as a subject, while "me" represents the self as an object (Sekušak-Galešev, 2008; Marinić, 2014).

Self-concept research is crucial for comprehending not only how people build their own worlds but also their everyday experiences. Their focus is on the mediating and regulatory role of the "self" responsible for behaviors, the interpretation and organization of relevant actions and experiences, the motivational and stimulating role, and the possibility of adapting the "self" to changes in the social environment. These concepts aid in our understanding of the concept of self.

The **theory of symbolic interactionism** stands out when compared to the sociological theoretical underpinnings of the evolution of self-concept. This "interpretive" sociology holds that the relationship between the environment and the self is mediated by the notion of self, which is a symbolically formed system. The theory's primary creator, George Herbert Mead, asserts that the concept of self is essentially a social phenomenon that results from social experiences. In other words, an individual's conception of themselves is shaped by their perception of how others (society) perceive them. Mead's theory is widely acknowledged. Mead contends that human behavior is purposefully formed and goes beyond a straightforward response to a circumstance; that is, each person has the ability to be the object of his own actions (Afrić, 1988; Sekušak-Galešev, 2008; Marinić, 2014).

According to Mead, the Self is not innate, nor does it necessarily appear at the beginning of social interactions; it has the ability to be constructed and built upon during social processes.

Within Mead's theory, there are major activities through which the Self develops: language and play; forms of interaction that have in common because they are based on symbols shared by all participants in the communication process (Stryker, 2008).

It is essential to discuss Sullivan's **interpersonal theory**, which holds that society serves as a conduit for cultural values rather than culture having a direct impact on an individual. Sullivan highlights the significance of several developmental phases and holds that the capacity for close interpersonal relationships is essential to a person's ability to grow as a person. Like Mead, Sullivan thinks that "significant others" are those who shape a person's perception of themselves, but he also thinks that anxiety can obstruct fulfilling interpersonal interactions at any age. In his interpersonal theory (1953), Sullivan highlights the significance of intimacy as a social need in the context of interpersonal relationships. He particularly emphasizes the mother's role as a figure whose acceptance or lack of it impacts the child's development of features that contribute to making up their self-concept (Lacković-Grgin, 1994; Sekušak-Galesev, 2008; Feist et al., 2022). According to Feint et al. (2022), Sullivan perceives the mother in this context not so much as a biological parent but rather as the child's primary provider.

Three aspects of Self—good me, terrible me, and non-me—are shared by the author and serve as the foundation for early interactions. "Good me" refers to the early stage in which a child believes that he or she is "good" if the mother is loving and supportive, gives the child a sense of acceptance, and provides a pleasant experience. The "bad self" is categorized by experiences where behavior involving mothering is linked to higher levels of anxiety. The youngster feels that he is the "bad self" when his mother is rigid and rejecting him. The child's self-esteem is lowered when they are perceived adversely due to a lack of affection or limitations on their activities. A child with a "bad self" goes through an unwanted process that Sullivan refers to as malicious transformation. As a result of his perception that everyone is his enemy and that the only thing that brings him any joy is pointing out the negative aspects of other people, the child views the world as evil and rarely gets disappointed. "Not me" arises from isolated or distinct prohibited actions and activities that the child refuses and incorporates into the "not-me" component of the self-system. For example, the child will be "separated" from the aforementioned action or "area" if the mother prohibits activities like thumb sucking and genital exploration (Stryker, 2008; Lopez, 2012; Feist et al., 2022).

One of the key purposes of the self-system, according to Sullivan, is to provide pleasure. That means to diminish anxiety associated with experiences of dissatisfaction that come from interaction and socialization (Stryker, 2008; Lopez, 2012)

Behaviorism's supporters in the 1930s thought that psychological study did not need to focus on the theories of James and Mead, and the idea of self-concept was dismissed as unimportant at the time (Gergen 1984; cited in Marinić 2014). The field of self-concept research barely gained traction in the 1950s, and theories such as symbolic interactionism, psychoanalytic theory, and experimental psychology are considered to be the key to further exploration of self-concept (Marinić, 2014).

According to **psychoanalytic theory**, the study of self-concept is considered a holistic approach. The study of personality takes place through continuous observation, primarily focused on the individual and less on the surrounding conditions and differences between people. The most significant teachings within the framework of psychoanalytic theory are those of psychologist Erik Erikson (1964), who, by describing the eight stages of personality development, explained the identity crisis that every individual goes through from birth to death. By that, he gave a new perspective on psychoanalytic theory.
According to his theory, the successful completion of each stage results in a healthy personality and the acquisition of basic virtues, which can later be used to solve problems. Failure, on the other hand, after completing a certain phase, can result in a reduced ability to complete the next phase, which will result in a poor self-concept (Trebješanin, 2008; according to Kostić, 2017; Sekušak, 2008). Erikson, by extending Freud's theory to the entire life span of an individual, "introduced and developed the concept of identity" in psychology (Erikson, 2008 [1959], according to Žurić Jakovina, 2016; Sekušak-Galešev, 2008).

Table 3. Erikson's psychosocial stages (Mcleod, 2024) retrieved from https://www.simplypsychology.org/Erik-Erikson.html

STAGE	BASIC CONFLICT	VIRTUE	DESCRIPTION
Infancy 0-1 year	trust vs. mistrust	Hope	Trust (mistrust) that basic needs, such as nourishment and affection, will be met
Early childhood 1-3 years	autonomy vs. shame/ doubt	Will	Develop a sense of independence in many tasks
Play age 3-6 years	Initiative vs. Guilt	Purpose	Take initiative in some activities – may develop guilt when unsuccessful or when boundaries are overstepped
School age 7-11 years	Industry vs. Inferiority	Competence	Develop self – confidence in abilities when competent or sense of inferiority when not
Adolescence 12 -18 years	Identity vs. Confusion	Fidelity	Experiment with and develop identity and roles
Early adulthood 19-29 years	Intimacy vs. Isolation	Love	Establish intimacy and relationships with others
Middle age 30-64 years	Generativity vs. Stagnation	Care	Contribute to society and be part of a family
Old age 65 onward	Integrity vs. Despair	Wisdom	Asses and make sense of life and meaning of contributions

When talking about the phenomenological approach, humanistic (existential) and cognitive psychology certainly play the most significant role in contemporary self-concept research. One of the proponents of the concept of self, as well as the most prominent representative of **humanistic theory** and approach, Carl Rogers (1961), points out that the concept of self is a central source of energy. He believes that it is the notion of oneself that drives the organism towards fulfillment, realization of potential, preservation, and improvement (Rogers, 1961; according to Marinić 2014).

The fundamental way in which Rogers' approach varies from previous theoretical trajectories is that, rather than modeling and defining what is beneficial for an individual, he viewed the individual as a construct capable of discerning what is good for his own "self." Rogers contributed to revolutionary advances in the field of self-concept by highlighting human potential, believing that each person can improve their own skills and abilities, and that each person may be accountable for their own changes (Cherry, 2017).

The field of self-concept has seen even greater success with the contributions of cognitive psychology. The field of **cognitive psychology** focuses on the internal processes—both affective and cognitive—that are linked to an individual's directed action. According to Sekušak-Galešev (2008) and Aljinović (2020), it views the idea of self-concept as a structured conceptual system that aims to explain its genesis, resilience, and malleability as well as its relationship to and impact on personal behavior.

It is important to mention Cooley's "social mirror" theory, which describes how one's self-concept or social identity depends on how a person looks to others (Lacković - Grgin, according to Pastor, 2004; Marsh et. All 2006; Chandler and Munday, 2011).

Cooley's "social mirror" theory is worth mentioning. It explains how an individual's social identity or self-concept is based on how they appear to others (Lacković-Grgin, as per Pastor, 2004; Marsh et al., 2006; Chandler and Munday, 2011).

Cooley, a representative of symbolic interactionism, derived his theory from studies of early social development. The foundation of Cooley's theory is the notion that human social interaction directly shapes our mental capacities, particularly those related to self-imaging; in other words, our social interactions form who we grow out to be as individuals. This procedure is not considered a one-way internalization of the opinions of others. One actively attempts to influence how others view, evaluate, or feel about us, paying particular attention to how our engagement is reflected in our self-assurance. Cooley lists three crucial components of the social mirror theory:

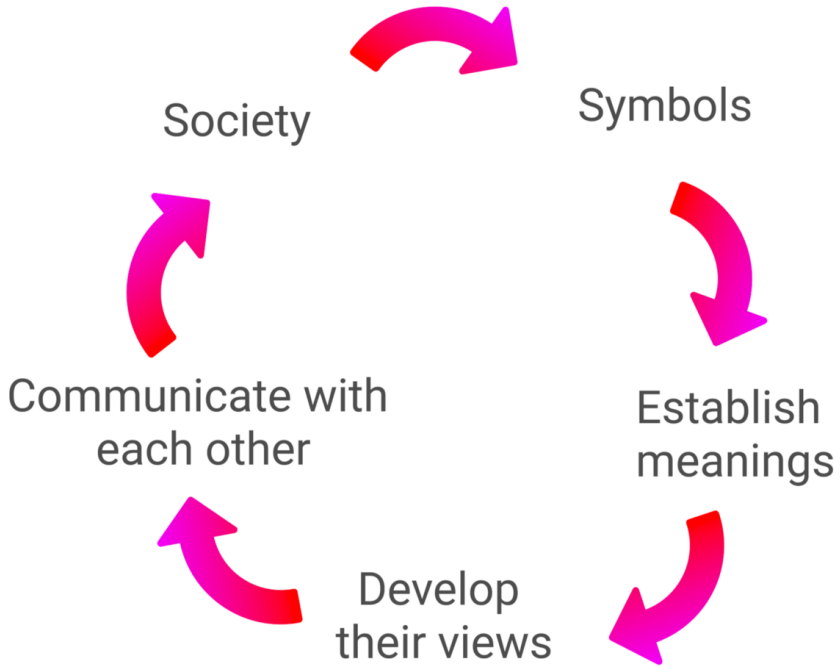
Perception of how we appear to others

Speculation regarding their assessment of our appearance

A feeling of honor or shame associated with those conclusions (Cooley, 1902; referring to Marsh et al., 2006; Chandler and Munday, 2011; Squirrel, 2019). One can never be certain of how other people perceive them. Based on how he sees and reveals himself to others, a person

forms assumptions about how other people might perceive him. Consider someone who says they are great at a sport, yet their performance indicates a lack of skill. In this case, the person is sure of his abilities and thinks others perceive him that way, even while others think he lacks talent. As such, our impression of the experiences that others have about us can be completely inaccurate. We have no idea how other people feel about us or how they perceive us. We rely on our presumptions about how other people think about us.

Cooley emphasizes the selective "application" of the social mirror; sometimes we think more about how others perceive us, while sometimes it doesn't matter to us at all. It will be more important to us how we are perceived by people we care about or who are important to us for some other reasons (friends, acquaintances, boss, teacher), than it will be important to us how we are perceived by, for example, a salesperson in a store. Social mirror theory can also be used to manipulate and control the assessment and response of others; an individual is able, based on observing others, to use this knowledge in creating and shaping the impressions that others have about us. In other words, if we want someone to perceive us as a successful person, we can achieve that the other person really perceives us that way. (Chandler and Munday, 2011; Squirrel, 2019)



Picture 1. Cooley's symbolic interactionism (Squirrel, 2019). Retrieved from https://www.simplypsychology.org/charles-cooleys-looking-glass-self.html

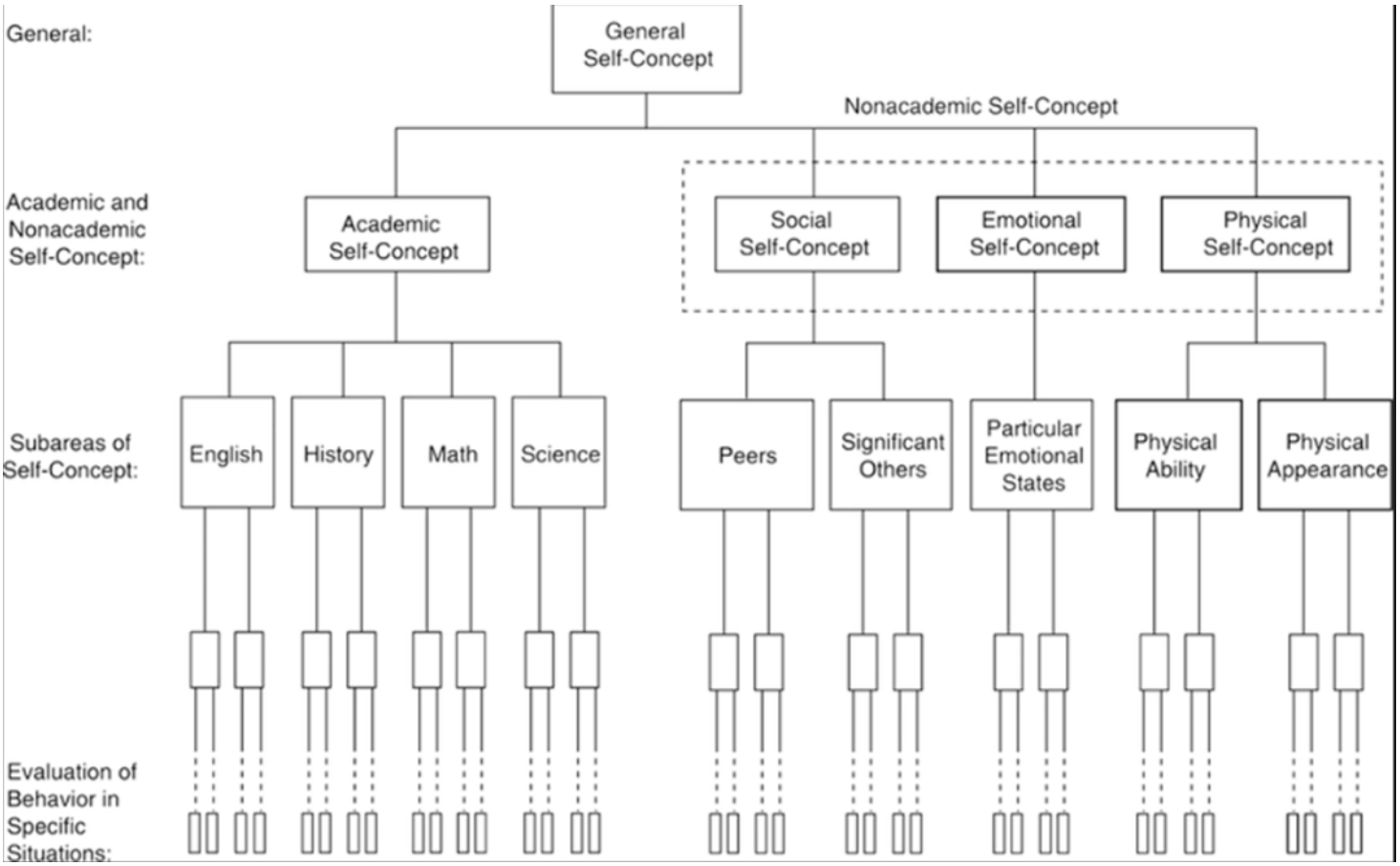
3.3 Structure of self-concept

Understanding the stages in the formation of one's self-image is crucial for understanding self-image. Since self-concept is regarded as an individual's perception of himself, some authors (e.g., Coopersmith, 1967; Rosenberg, 1979) thought of self-concept as a one-dimensional construct (Marsh et al., 2006; Boyle et al., 2008). However, more recent research and theories regarding self-concept have revealed that it is, in fact, a multidimensional construct (Shavelson et al., 1976, according to Elez, 2003; Pastor, 2004; Sekušak-Galešev, 2008).

According to Fidrmuc (2020), there are currently four ways to study the structure of self-concept: self-concept as a construct composed of several inverse facets; self-concept as a construct composed of several independent factors; and self-concept as a one-dimensional construct. (Marsh and Shavelson, 1985; Lacković-Grgin, 1994).

Guided by the assumption that individuals establish self-concept in relation to different areas, Shavelson (1976) identifies seven features that he finds important for the construct of self-concept. According to the author, self-concept can be described as "an organized, multiple, hierarchical, stable, developmental, evaluative, differentiable experience of an individual, in all its great diversity, where the experience represents data on which the individual bases his perceptions of himself." (Shavelson et al., 1976, pp. 411). Shavelson et al., guided by the theories of James and Cooly, created a model that presents self-concept as a multidimensional and hierarchically structured model. According to the model, perceptions are organized into multidimensional, hierarchical, categorical systems, with general self-concept at the highest level, divided into academic and non-academic self-concept at the lower level.

Non-academic self-concept is separated into three categories: physical (ability and appearance), social (relationships with peers and important others), and emotional. Academic self-concept is further subdivided into self-concepts in certain curriculum areas (math, science, etc.). Starting from the top (where there is a general perception of oneself as a person), towards the bottom (where the current behavior is), it can be visible how the hierarchy is diversit (Lacković Grgin, 1994; Vispoel, 1995; Filipović 2002; Elez, 2003; Marsh et al. 2006; Sekušak – Galesev 2008).



Picture 2. self-concept model, Shavelson et al. (1976). Retrieved from https://www.researchgate.net/figure/Shavelson-R-J-J-J-Hubner-G-C-Stanton-1976_fig1_264347174

This paradigm states that an individual's perception of his surroundings and his subjective interpretations of them constitute the basis of his or her self-concept. In addition, a person's perception is influenced by his or her own assessment of how important people perceive them, the behavior they attribute to themselves, and the favorable responses of their surroundings to their actions. Based on the assumption that academic domains of self-concept are associated with particular learning contents, this model of self-concept places specific concepts of self-concept under the general academic self-concept, which is conceptualized as a second-order factor (Vispoel, 1995; Elez, 2003; Sekušak-Galešev 2008; Marinić, 2014; Fidrmuc, 2020).

Certain experiences shape one's self-concept. Thus, the more closely one's self-concept is related to specific situations, the closer is the relationship between self-concept and behavior in the situation. Self-concept, in a way, represents a scheme by which an individual organizes and interprets information about himself.

According to the general principles of development, the process of developing one's self-concept involves first differentiating its facets and then moving on to a higher level of general self-concept through a parallel process of facet integration. Every developmental stage has a different meaning for the notion of self-concept; therefore, a person's self-concept will be higher in early, middle, and late childhood, decrease in the transition to adolescence, and then steady in adulthood (Rubić, 2013; Dozan, 2016; Jagarinac, 2022).

3.4. Self-respect and self-confidence

Although the terms self-concept and self-esteem are frequently used interchangeably in the literature, it is crucial to distinguish self-esteem from the broader notion of self-concept. Theoretical concepts such as self-esteem and self-concept aid in our understanding of how the mind functions.

According to Capelatto (2014), self-esteem is related to an individual's assessment of themselves, which might include approval or disapproval as well as their perception of their own abilities, significance, and value. This information is derived from Coopersmith (1967) and Gobbita & Guzzo (2002). In another way, self-concept is the overall notion we have about ourselves, yet self-esteem is a concept, i.e., a value assessment expressed through attitudes that an individual cherishes for himself. Self-esteem is an emotional component that reflects a subjective opinion, while self-concept is a cognitive component. In essence, self-esteem is an emotional reaction to our perception of ourselves, associated with implicit or emotional memory, whereas self-concept is associated with declarative memory, which is linked to a set of ideas we have come to connect with the concept of "I" (Leary 1999; Capelatto 2014; Fidrmuc 2020). In general, self-esteem is considered an evaluative aspect that reflects the measure of a person's love for himself and his belief in personal competence. It comes as a result of the relationship between expectations and the achieved success of an individual (Zeigler-Hill, 2013; Orth, Robins, 2014; Pastor, 2014). Self-esteem grows through life experiences and develops gradually. It begins to develop at an early age, when the individual is almost not even aware of it. People close to the individual, with whom he is in constant and close contact, as well as his environment and experiences he experiences, participate in its formation.

Parents are the primary source of impact on the development of self-esteem. A child gains self-confidence, productivity, and acceptance from parents who are loving, kind, and who give them positive and encouraging messages (You can do it!). A child who has their rights and opinions respected will feel competent and have a healthy self-image.

The self-image gets more complicated when one starts school. Children start to see not only their strengths and virtues but also their flaws. Often, teachers are ignorant of the significant influence they have on their students' lives and the development of their self-esteem. Teachers must exert influence on students and play the function of "implanting" value systems

Children with low self-esteem are too self-critical, have difficulty making friends, are distrustful and have difficulty accepting challenges. On the other hand, children with higher self-esteem make friends easily, are interested in new activities and accept challenges, and are creative and confident in their abilities. The development of high self-esteem during childhood will result in more successful coping with situations in later life, while low self-esteem can result in undesirable forms of behavior, depression, delinquency, etc. (Showers et al. 2004; Pastor 2014)

As previously mentioned, self-esteem is the measure of our value for ourselves, or our perception of ourselves. In addition to evaluating one's capacity for a given activity or task, self-confidence also refers to a belief that one is competent to think critically, acquire new skills, get over challenges in life, and make judgments. Similar to self-esteem, early life experiences help to develop self-confidence. Unpredictable events in life might cause one to lose or gain confidence in oneself (Divjak, 2008, cited in Barberić, 2017).

4. STUDENTS WITH ADHD DISORDER

Education can be defined as any experience that shapes one's thoughts, emotions, or behavior. It is a process of learning or acquiring knowledge, skills, values, beliefs, and habits. Storytelling, discussion, teaching, training, and directed inquiry are examples of quality learning methods. Any experience that has a formative effect on thinking, feelings, or action can be considered education (Žitinski, 2006; Pastuović, 2012).

The concept of education has existed since the prehistoric era, encompassing children's learning processes and the knowledge and abilities believed to be essential for the society of that era. Because of the historical circumstances and the absence of written communication, knowledge and talents were passed down orally from generation to generation. Formal education evolved steadily with the advancement of civilization (Vidulin-Orbanić, 2007; Bilać, 2020).

In the Republic of Croatia, a child's education starts in preschool when they are six months old and continues until they enter primary school. Children are included in full-day or half-day programs of upbringing and education. Primary education begins with enrollment in the first grade of primary school at the average age of six, and it is obligatory for children till fifteen

years of age. As for students with multiple developmental disabilities, primary school education lasts the longest until the age of 21. After finishing elementary school, children are enrolled in a secondary school program, after which, according to their own affinity and acquired knowledge, they decide on continuing their education (MZOS, 2017).

When starting school, students with ADHD can very quickly notice difficulties in following and mastering the teaching content. Students with ADHD often cannot sit still, and their restlessness disturbs the work of teachers and other students. That restlessness can be disturbing for themselves as well during school work. This most often results in the experience of failure, criticism, and sometimes even posible punishment for behavior, which makes the student unhappy and can cause a loss of his self-esteem (Kadum-Bošnjak, 2006; Wender and Tomb, 2017; Kita, Inoue, 2017).

Furthermore, compared to their classmates, children with ADHD have less close relationships and experience rejection more frequently (Sekušak-Galesev, 2004; Turnbull, Turnbull, Wehmeyer, and Shogren, 2020). It is clear from everything mentioned previously that students with ADHD occasionally find school to be unpleasant. They frequently experience unhappiness as a result of their inability to adjust their behavior to fit the demands and expectations from their friends, family, school, and numerous other people. The environment will have higher expectations as children get older. Children with ADHD develop an identity as the culprit due to a general dissatisfaction with their immediate surroundings, experiences of failing at school, and circumstances in which they tend to be extremely active. This image has an impact on their self-esteem (Sekušak-Galešev, 2004).

Both worldwide and in the Republic of Croatia, the idea of inclusion—both social and educational—is increasing acceptance. This idea, which is founded on fundamental human rights, requires everyone to have equal opportunity and to participate equally in social life. Real inclusion for people with disabilities and other marginalized social groups requires the social community to be aware of their needs and take an active role in providing them with services on a daily basis. In developed countries, it is imperative that we embrace the concept of inclusivity to encourage children's full participation in their communities (Underwood, 2008; 2023).

The right to quality education is one of the fundamental human rights. It is necessary to provide adequate conditions for the education of all children, giving them the opportunity to develop a positive self-image, self-esteem, and maximum potential.

4.1. Children with ADHD and peers

Peer interactions serve as a fundamental environment for abilities that are essential for good social functioning. Peer relationships are predicated on the idea that both partners are equal and that cooperation, dispute resolution, and proper responses to particular circumstances are acquired within these interactions. A child's social development is greatly influenced by their relationships with peers, since these interactions provide experiences that aid in the development of a range of behaviors consistent with social standards (Slavković, 2021).

Children and adolescents with ADHD are more likely to engage in inappropriate and impulsive behavior than peers in the average population (Mrug, Hoza, & Gerdes, 2001). Negative behaviors often occur during play and unstructured social interactions, leading to a decrease in acceptance and avoidance of children with ADHD by average peers. Difficulties in peer relationships are significant for the population of children with ADHD and may include peer stigmatization, neglect, and rejection. Children with ADHD disorder have fewer friends, a lower quality of friendship, and greater experiences of peer violence than children of the average population (Hoza, 2007, Žic-Ralić, 2013, Kouvava, and Antonopoulou, 2020).

The evidence indicates that peer relationships are challenging for 50% to 70% of children with ADHD, indicating social connection issues (Hoza, 2007; referencing Gardner, Gerdes, 2015; Turnbull, Turnbull, Wehmeyer, and Shogren, 2020). Compared to their peers in the general population, children with ADHD have distinct values, different patterns for processing social information, and different coping mechanisms for handling stressful situations. According to Slavković 2021, Hoza (2007) states that children with ADHD frequently do not recognize their own social behavior, which is reflected in their self-assessment that can often be deceiving.

Research on peer relationships conducted by Hoza, Mrug, and Gerdes (Hoza, Mrug, Gerdes 2005) showed that social difficulties are extremely common in children with ADHD. The results show that as many as 52% of children with ADHD disorder belonged to the category of those who were rejected by their peers, while only 1% of children with ADHD disorder belonged to the group of popular students. If those children who do not fall into any category (rejected/accepted) according to the author's opinion were excluded from the overall figure, the percentage of children who do not have peer relationships would amount to a high 80%. That finding is in accordance with the results of the research conducted by Pelham (Pelham et al.,, 1982), where 82% of children with ADHD faced rejection by their peers. The above findings were confirmed by recent research, which also proved that children diagnosed with ADHD have

a more pessimistic view of their social world and that they are more often rejected by their peers. (Grygiel, Humenny et al. 2018, Hogan, 2022). A study conducted by Becker, Mehari, and Langberg (2017) investigated the rate of peer victimization in young adolescents with attention deficit/hyperactivity disorder. They assessed the association between types of peer victimization (i.e., physical, relational, and reputational) and internalizing problems (i.e., anxiety, depression, and self-esteem). The research showed that more than half of the participants (57% of 131 respondents) experienced at least one victimizing behavior once in a week or more. That proves that young adolescents with ADHD often experience peer victimization (Becker, Mehari, Langberg, et al. 2017). Research conducted in Croatia also confirms the existence of peer violence towards students with ADHD in verbal, physical, and electronic form (Žic-Ralić, Šifner, 2014; Velki, Romstein, 2016).In the majority of studies, behavior is noted as the main reason of rejection of children with ADHD by peers of the average population (Barkley, 2015, Hoza 2015, according to Velka, Dudaš 2016). The most common behaviors reported by children of the average population are negative, disruptive behavior, dominance, aggressive verbal and physical behavior, inattention, rule breaking, learning difficulties and lack of social skills (Velki, 2012, McQuaide, Hoza, 2015).

Peer relationships issues during childhood and adolescence can have a lasting negative impact on children with ADHD. These issues can contribute to substance abuse, school dropout, academic difficulties, major personality disorders, difficulties with social functioning, and an increase in aggressive behavior, depression, and anxiety (Hoza, 2007; referred to in Gardner, Gerdes, 2015; Wender and Tomb, 2017; Flory et al., 2006; Turnbull, Turnbull, Wehmeyer, and Shogren, 2020).

4.2. Children with ADHD disorder and the family

The family is the first, closest, and most intimate social community, a community where the child learns to understand and accept himself, develop skills, learn ways of relating to others, and solve problems (Grenwald-Mayes, 2002; Ljubetić, 2012, according to Smilović 2017). In order for the child to have a positive family experience and normal development, it is important that the family is stimulating. Parents and other trusted family members are the best teachers for the child. Through play, joint activities, communication, and imitation of parents and family, a child learns and builds relationships and prepares for social life (Čudina Obradović, 2006., according to Brljaf, 2019). The presence of ADHD disorder in the family adversely affects the family system. In addition to being subjected to significantly higher parenting stress than parents of children in the average population (Theule, Wiener, Tannock, & Jenkins, 2013),

parents of children with ADHD experience higher levels of parenting stress than parents of children with other disabilities and illnesses (Gupta, 2007, Miranda, et al., 2015, according to Leitch et al., 2019), and are often faced with economic/financial problems, conflicts, and marital problems (Muñoz-Silva et al., 2017), which greatly affects the quality of life of the parents (Hartley et al., 2010; Laskar, Gupta, Kumar, Sharma, & Singh, 2010). Also, some parents feel that being the parent of a child with ADHD is an emotional burden (Corcoran et al., 2017, according to Ringer, 2020). In response to their feelings of helplessness and guilt, parents—particularly mothers—use more dysfunctional coping mechanisms for their children's problems, such as avoiding or denying the existence of the issue (Peter, Jacobs, 2008, cited in Fabijan, 2017). It is assumed that many parents are unaware of the challenges brought on by ADHD disorder and that, as a result of their ignorance and incomplete information, they minimize or reject the severity of the issue. This statement is supported by cross-sectional research data found in the literature, which shows that mothers of ADHD children seek out more assistance than mothers of children in the general population (Craig et al. 2020, Pawaskar et al. 2020). When a child or other family member has ADHD, it does not affect only individuals with the condition. It affects the entire family. Families of children with ADHD must deal with behavioral, developmental, and educational challenges that often require more time, logistics, and energy. Not surprisingly, these increased demands are often associated with greater stress on family functioning. There are families of children with ADHD who, with their high and unrealistic expectations of the child and by creating pressure on the child, face frustration, anger, and disappointment as a result of unfulfilled expectations. On the other hand, there are families that, with their low expectations and excessive protection of the child, cause a halt in the child's development of independence, abilities, and skills (Grenwald-Mayers, 2002).

Parents who are aware of the difficulties associated with ADHD will respect the child's needs and encourage the development of their self-confidence. Families that deny the existence of difficulties will often base education on punishments and negative emotions. Some studies show that families of children with ADHD disorder have lower self-confidence and less warmth and involvement in their relationship with their children, and that they use corporal punishment significantly more often. This suggests that children with ADHD are exposed to an increased risk of being abused by their parents (Alizedeh, Applequist, Coolidge, 2007, Ghanizadeh et al., 2014), especially if one of the parents also has symptoms of ADHD (Gul, Gurkam, 2018). Such an environment can cause the appearance of secondary symptoms in children with ADHD, such as oppositional or aggressive behavior (Harpin 2005; Velki 2012). Parents of an ADHD child must be more understanding and patient with their child than they would be with an average

child. Their child also has higher expectations and needs more participation from them. Finding a balance between the demands of the child and the requirements of the parents is often necessary to overcome these challenges. Discovering techniques for good parenting that benefit the child is crucial. That type of therapy aims to support the children and the family by teaching targeted behavioral skills for managing behavioral issues in a child diagnosed with ADHD. It's essential that parents develop the ability to focus, listen to their children's needs, and support the development of a positive image and positive self-esteem by providing them with support. In this way, the family ensures normal growth and development for their child with ADHDAs children with ADHD grow older, the impact of the ADHD disorder on them and their family's changes. Possible negative changes in the behavior of children with ADHD depend on the demands placed on them by their environment, families, and school and may result in secondary difficulties and a different clinical picture in later life (Johnston, Chronis-Tuscano 2015).

Data found when discussing the relationships between siblings of children with ADHD also show that these siblings' relationships are more conflicted than those between siblings of children in the general population (Mikami, Pfiffner, 2008; Peasgood et al. 2016). According to some research, children's wellbeing and the general quality of family life are negatively impacted by having an ADHD sibling (Harpin, 2005, cited in Peasgood et al. 2016). Furthermore, a qualitative study conducted by Kendall (1999) revealed that the influence on siblings results in feelings of victimization (from aggressive and annoying actions by a sibling with ADHD disorder), concern (expectations from parents to befriend and protect your brothers and sisters), anxiety, and sadness. Siblings describe constant problems in everyday family life as "chaotic, conflicted, and exhausting" (Kendall, 1999, according to Peasgood et al. 2016. According to Fletcher and Woolfe's (2008) research, the diagnosis of ADHD disorder has a negative impact not only on the child with the disorder but also on their siblings. However, the disorder's detrimental effects can be mitigated within the family through targeted intervention or "treatment" (Fletcher, Woolfe 2008, cited in Breining 2014).

Sibling relationships are important because they impact the number and quality of mutual friendships among children in the general population (Kuovava et al. 2020). This is especially true for children with ADHD. Furthermore, according to Kouvava and Antonopoulou (2018), they can serve as a foundation for establishing future close relationships (Conger, Cui, Bryant, & Elder, 2000). Social ties, empathy, and skills (such as handling emotions, resolving conflicts, etc.) are acquired through those relationships. Antonopoulou Kouvava (2018).

Siblings of children diagnosed with ADHD must be included in all aspects of therapy in order to provide the family with high-quality support.

4.3 Children with ADHD and teachers

As discussed in earlier chapters, ADHD disorder has a significant impact on all aspects of a child's life. The symptoms of ADHD disorder are in greater focus when the child is included in a structured form of schooling. When enrolling in school, children with ADHD often experience frustration. School often represents a negative experience, mainly because it has higher demands. It is commonly known that the debate in professional circles over the "over diagnosis" of ADHD disorder stems mostly from disparities in prevalence as determined by diagnostic criteria. Although official data on the prevalence of ADHD disorder in the Republic of Croatia are not available in the literature, research from 2015 (Sekušak et al., 2015; Bartolac, 2021) suggests that 0.95% of elementary school students had the disorder. However, according to certain national estimates, 7.2% of school-age children have been diagnosed with ADHD disorder (Thomas, 2015; Danielson, 2018). This disparity in the prevalence of ADHD disorders in the population of elementary school-age children suggests that either most countries still underrecognize and underdiagnose ADHD disorders, or that some subjects fall just short of meeting all diagnostic requirements for ADHD disorders (Sayal et al. 2018).

Teachers are typically the ones who initially notice problems with children in the classroom. This most commonly refers to the social, academic, and socioemotional aspects of how students function in a classroom setting. According to Skočić Mihić et al. (2021) and Sekušak Galešev et al. (2015), frequent behavioral deviations from average population students include a lower degree of self-regulation of behavior, concentration on task completion, motor restlessness, inattention and rashness, and lack of organization.

Understanding the issue of disorders is necessary to provide high-quality help in the educational setting. Unfortunately, teachers in the Republic of Croatia are still not experienced in ADHD issues (Radetić Pajić 2018, referring to Skočić Mihić and Sekušak-Galešev 2021).

Understanding the unique behaviors of students with ADHD disorders is crucial for teachers to be able to engage with them, adjust to their unique needs, and modify their own expectations proportionately for each student during the teaching process and in their relationships with each other. Students with ADHD generally feel less close to their teachers than their peers in the average population, but teachers also experience less emotional closeness, less cooperation, and more conflict in their relationships with students with ADHD than with students in the average

population. Rejection of students with ADHD by teachers is a risk factor not only for school failure, but also for exclusion and rejection by peers, which ultimately results in low self-esteem and loneliness of students with ADHD disorder (Platin, 2019).

Students with ADHD will be much more likely to reach their full potential, form a positive and healthy self-image, and have higher levels of self-esteem if a suitable stimulating learning environment is established, the educational program is implemented in the classroom in an individualized and differentiated manner, the student's progress is tracked, and the student is included in the group.

4.4. Self-perception of children with ADHD disorder

Children frequently express certain activities, physical traits, and descriptions of the things they own when discussing their early self-concept (Vasta, Haith, Miller 2005; Orth, Robins 2014). As one develops, so does their perspective of themselves; descriptions start to take into account things like feelings, affiliation with a group, and comparison to others. As a person enters adolescence and experiences changes related to their emotional and social growth, their self-concept also deepens. During this time, self-descriptions emphasized one's views, attitudes, and personality qualities. Adolescence is a time when identity development is prioritized, and as such, self-image has a crucial role in shaping subsequent actions and responses (Zeigler-Hill 2013; Orth, Robins 2014). Research indicates that between 50% and 75% of children with ADHD disorder who are diagnosed in childhood still experience symptoms during adolescence (Edbom et al., 2007, Montejano et al., 2011, according to Pawaskar et al., 2019). Historically, ADHD has been primarily thought of as a childhood disorder that people will "outgrow" as they mature (Baron, Pato, & Cyr, 2011, according to Pawaskar et al., 2019).

Low self-esteem is one of the long-term problems in children with ADHD. Over the past three decades, numerous studies have focused on assessing self-concept in children with ADHD and have shown the strong influence of self-concept on children's development and psychosocial adjustment. In children with ADHD, this is manifested in the occurrence of poorer academic performance, a greater number of negative social interactions and rejection by peers, poorer social skills, etc., which negatively affects the development of self-concept, self-confidence, and self-esteem in this population (Loe, Feldman, 2007; Scholtens S, 2013; Harpin et al., 2016). The most common factors that contribute to such negative self-image and low self-esteem are the before mentioned difficulties in social, academic, and psychological achievements, parental

intolerance, broken relationships, and negative life experiences (Bouden & Halayem, 2000; Kanay & Girli, 2008; Uçar et al., 2020).

Children with ADHD often struggle with issues related to acceptance, school achievement, and peer connections, all of which have a significant impact on their self-concept. ADHD disorder patients struggle with adaptive functioning, which frequently shows up as challenging behaviors like aggression, rule-breaking, lack of independence, disinhibition of behavior, learning disabilities, poor impulse control, and low motivation (Biederman et al., 1996; Houck, 1999; Spaulding et al., 2021). They also have a higher chance of developing a variety of emotional and social issues, such as risky behavior and family issues (Houck, 1999; Velki and Dudaš, 2016; Kouvava and Antonopoulou, 2020). Additionally, studies reveal that children with ADHD score lower on self-concept than their peers who do not fit the diagnostic criteria. (According to Cueli et al. 2020; Biederman et al., 1996; Dumas et al., 1999; Graetz et al., 2005; Demaray & Elliot, 2001; Cappelato et al., 2014; Bussing et al., 2000). Positive self-concept is associated with improved academic performance, effective application of coping skills, secure and healthy social relationships, and dynamic movement through successive developmental stages. ADHD disorder is associated with a wide range of social, emotional, and cognitive consequences. Accumulation of negative experiences will affect various factors, such as the perception of an individual's ability and self-esteem, which may ultimately result in inadequate strategies for dealing with the problem (Houck, 1999; Kita, Inoue, 2017).

The research undertaken by the University of Zagreb's Faculty of Education and Rehabilitation, under the direction of Prof. Ljiljana Igrić, Ph.D., as part of the scientific project "Children with special needs in the interactive system of family-school peers," validates the above findings. Examining how individuals with developmental disabilities saw themselves in the context of regular education was the goal of the study. Students with disabilities in the sixth grade from 40 Zagreb elementary schools participated in the study. 172 sixth-grade children made up the sample (86 of whom had developmental problems and the remaining 86 were members of the general population). The study's findings also show that children with ADHD have a poorer sense of self-concept (self-image) than students without difficulties or even students with other difficulties (such as speech, reading, and writing, hearing impairments). (Sekušak-Galešev, 2008).

5. PROBLEM AND OBJECTIVE OF THE RESEARCH

5.1. Problem

Studies aimed at comprehending how children with ADHD perceive their diagnosis typically focus on how children feel about using medicine to treat their symptoms. For instance, McMenamy et al. (2005) reference an early perception study (Baxley, Turner, & Greewold, 1978) that studied attitudes toward taking medication in boys with ADHD between the ages of 6 and 16 and discovered that despite their dislike of taking medication, the boys wanted to continue their therapy. Additionally, Henker and Whalen (1980) discovered that children diagnosed with ADHD disorder provided consistent explanations for the condition's genesis and course of treatment; children who thought the disorder was primarily caused by physiological factors also expressed a belief that medication was the primary means of treating their symptoms. However, the study conducted by Mazzone et al. (2013) analyzed the characteristics of self-esteem in a sample of children and adolescents diagnosed with ADHD, with a special focus on the relationship between the severity of ADHD symptoms and treatment strategies. A total of 85 ADHD patients (44 unmedicated and 41 medicated) and 26 healthy control subjects were included in the study. The results of the research showed that respondents with ADHD had lower results in all domains of self-esteem compared to the control group. In other words, drug therapy may reduce the symptoms of ADHD, but it does not contribute to the development of a positive self-image or to the development of self-esteem.

A number of earlier studies have documented differences in children's understanding of physical condition in relation to age, while a few studies have shown how children accept disorder and perceive it as meaningful (Sigelman & Begley, 1987; according to Smith and Williams, 2004; Bowen, Fenton, & Rappaport, 1991; Henker & Whalen, 1980).

A study conducted by Bowen et al. (1991) showed that most school-age children claim that their ADHD was caused by genetics or other physiological causes (e.g., early childhood injury). Several children admitted that external factors, such as difficulty in school and an inability to concentrate on work, were potential factors in their symptoms. Few of them blamed themselves, stating that it was because they were too lazy.

Kaidar, Wiener, and Tannock (2003) found that children with ADHD were more likely than the general population to view their problem behavior as always present and impossible to control. Furthermore, Cohen and Thompson (1982, according to Ostrander, Crystal, and August; 2006)

found that children with ADHD believed that their hyperactivity was due to innate factors and that their symptoms could only be alleviated by hard work. Few of the children in the study, however, believed that their ADHD disorder was the result of learned behavior.

Insufficient data regarding children's understanding of the aetiology, manifestation, management, and quality of life associated with ADHD disorder suggests that additional research is necessary to have a more comprehensive understanding of the children's perspective on their own ADHD disorder. The majority of prior research has examined the interactions between children with ADHD and their families, teachers, and peers. Despite the abundance of research on the subject, most of it focuses on quantitative measures. It is evident from these studies that children with ADHD tend to have low levels of confidence and self-esteem (Bussing, Zima, Perwien, 2000; Kaidar, 2000; Barber et al., 2005; Bussing Metha, 2014; Harpin et al., 2016; Eisenberg, 2013; Colomer, 2020), as well as poorer relationships with their peers (Mikami, Normand, 2013; McQuaide, Hoza, 2015), teachers (Ewe, 2019; Zendarski et al. 2019), and family (Harpin, 2005; Souza, 2008; Anastopoulos et al. 2009).

It is significant to take into account that, while quantitative research has its place and results in trustworthy, objective data, it frequently simplifies and reorganizes complex issues into a small number of variables and provides less detail than qualitative data analysis. It is possible for participants' intended responses to be overlooked in quantitative research. While qualitative data analysis is based on classifying objects (participants) according to attributes and properties, quantitative data analysis is focused on classifying data based on computed values. Quantitative data pertains to quantities and numerical values, whereas qualitative data is descriptive in nature, referring to observable occurrences that allow us to interpret them based on the meanings that individuals assign to them. Quantitative data relates to quantities and numerical values, whereas qualitative data is descriptive in nature, describing observable phenomena that allow us to interpret them based on the meanings that individuals attribute to them. The goal of qualitative research analysis is to provide insight into "how" and "why" a particular behavior or event occurs in a given setting (Ezzy, D. 2002; McLeod, 2019). In other words, qualitative analysis is an interactive process where the subjects of the study teach the researcher about their lives, whereas quantitative analysis is based on facts and figures (Mcleod 2019).

Unfortunately, there are few qualitative studies that focus on the people with ADHD themselves or their perspective on the disorder. For a better understanding of the nature of the disorder, it is important to investigate the ways in which children with ADHD see themselves, what

happens in them when they encounter an obstacle, what are their thoughts, feelings, and desires, and how they feel when they face problems every day during their education.

Kendall and others carried out one of the first qualitative investigations of how children with ADHD disorder perceived their own lives (Kendall; Hatton; Beckett; Leo, 2003). The authors interviewed 39 children and adolescents with ADHD disorder for their sample, conducting qualitative research and qualitative analysis of the data collected. An in-depth, semi-structured interview was utilized to gather data. In addition, observation had been used as a method of gathering data while families interacted. In order to gain a more comprehensive understanding of the information gathered from the interviews, observations were documented separately as family portraits or sketches. These records documented the ways in which children and teenagers recognize and comprehend their own ADHD disorder within the framework of their daily lives. Depending on the child's age, level of interest in the interview, focus, and attentiveness, each interview lasted anywhere from fifteen to forty-five minutes.

The following categories and subcategories were identified using constant comparative analysis to produce conceptual categories and their characteristics from the collected data using the NUDIST program (a program for processing qualitative data)

The following categories and subcategories were determined:

• PROBLEMS (learning, thinking, behavior, feelings)

• MEANING AND IDENTITY (understanding ADHD disorder)

• MEDICINES (attitude towards medicines)

• MOTHERS (in the context of family climate)

• CAUSES (what do they think are the causes of ADHD)

• AGE/SEX

• RACE/ETHNICITY

The research showed the thoughts and feelings of individuals with ADHD in the previously mentioned categories. Respondents most often cited problems of slow comprehension, inability to concentrate, dissatisfaction, sadness, anger, and frustration. When asked about their relationship to their own identity, in most cases the respondents described themselves as "impossible" and "out of control," and they had two views on pharmacotherapy; while some

felt that the medication helped them concentrate, control their hyperactivity, and calmed them down in general, others stated that they did not feel "their own" when taking the medication.

According to respondents, mothers are the biggest supporters in the family, according to the majority of respondents when asked who helps them the most. Some responders are concerned about the mother's health because they think that being "impossible" has a negative impact on them. It's also noteworthy to observe that, in the event of the mother's absence, the female side of the family—grandmothers or aunts—are the next in line to support and care for them. Different viewpoints were gathered on the respondents' beliefs regarding the etiology of ADHD disorders. Some participants expressed reluctance to respond to the inquiry on the etiology of ADHD illnesses (16) or were unsure about the response (9); a total of 5 respondents stated that they were "simply born with it." Other reasons for ADHD disorders included alcohol consumption (2), genetics and inheritance (4), "accident at birth" (1), and drug usage during pregnancy (2).

Other reasons for ADHD disorder included alcohol consumption (2), genetics and inheritance (4), "accident at birth" (1), and drug usage during pregnancy (2). No visible differences were observed in the collected data, which would be based on gender, age, and financial condition of the family. Although the respondents were of different age groups and it is more likely that the more detailed answers were those of 17-year-olds than of children of a younger age, the analysis did not establish differences in categories. Regardless of the family's financial circumstances (some families were "better off" than others and could afford their children perhaps more in terms of education and help), no visible differences were found among the collected data in this area either. In conclusion, the results of this research prove that society's misconception that children diagnosed with ADHD are in fact just "ill-educated" and "naughty" is wrong. The research provides insight into the needs, thoughts, and expectations of children with ADHD and demonstrates that they are well aware of their diagnosis, how they handle difficulties in day-to-day functioning, and meeting social environment expectations (Kendall; Hatton; Beckett; Leo; 2003.).

Ringer (Riger 2019) provides an integrative synthesis of findings by addressing an overview and cross-section of qualitative research pertaining to the everyday experiences of children and adolescents with ADHD disorder. In the paper, he presents a cross-section of research in which he distinguishes four categories and cites sixteen published and unpublished qualitative studies on the subject. Experiences pertaining to one's physical and mental faculties: an inability to regulate, challenges encountered, and biological influences on these encounters; (2) conflicting

feelings regarding one's personal psychological requirements: the necessity to adjust to oneself and the need for approval as "my true self"; (3) conflicting feelings regarding interactions with other people: demands and expectations as an issue, feelings of not belonging and stigma, but also help from close others; and (4) experiences related to the formation of personal identity.

Table 3 summarizes the research that was completed, the authors of the study, its goal, the data collection techniques used, and the knowledge that was discovered throughout the study. The table also includes the research that was previously discussed. Proceeding with Table 3, Table 4 presents the classification of children's experiences and understanding of their ADHD condition, which was associated with the previously described studies.

Table 3. Review and cross-section of qualitative research related to the everyday experiences of children and adolescents with ADHD disorder (Ringer, 2019). Retrieved from https://www.tandfonline.com/doi/full/10.1080/1034912X.2019.1596226

AUTHORS/ LOCATION	**PURPOSE OF STUDY**	**DESING AND DATA ANALYSIS**	**SAMPLE CHARACTERISTICS**	**FINDINGS**
1. Bradley (2009.) UK	Perception of children with ADHD regarding medicament treatment	Semi structured interview and drawings. Grounded theory.	N= 5, boys 10 – 13 years. All using medicaments treatment	**The emotional side of ADHD: a child's expression of anger at ADHD.** - Lack of control over one's own behaviour. - Medicine as an external locus of control. **ADHD as a permanent condition in their biology.** - Self-identity: a mixture of elements that are related and not associated with ADHD.
2. Brady, (2014.), UK	To explore children's understanding and experiences of ADHD as well as their understanding of the condition	A combination of oral, written and artistic data Undefined method of analysis.	N= 7: 6 boys, 1 girl. 6 – 15 years. Different subcultures	Children of healthy mental health make decisions and accept responsibility.

AUTHORS/ LOCATION	PURPOSE OF STUDY	DESING AND DATA ANALYSIS	SAMPLE CHARACTERISTICS	FINDINGS
3. Frio, (1998.), Canada	To study the experiences of adolescents with a diagnosis of ADHD	Semi-structured interviews. Phenomenological hermeneutic analysis.	N = 6: 5 boys, 1 girl, 14–19 years. 4 elementary schools, 2 special schools. 3 with medicament treatment.	- Inability to control - They understand Differently - Rejection by teachers, teachers' expectations are unrealistic. - Teachers diminish the capabilities of research participants - Lack of a safe place to find love, security, acceptance and support
4. Gallichan and Curle (2008.), UK	To study the meaning and experience of ADHD from the perspective of young people with a focus on the social context.	Semi structured interview Grounded theory.	N = 12: 10 boys, 2 girls, 10–17 years. 5 elementary school without support, 7 with special support, 10 on medicament treatment	- Inability to fit in society - a sense of diversity - lack of control - negative feeling towards oneself in relation to others - searching for excuses for behaviours - ways of adjustment – medicines Adjustment helps them
5. Grant, (2009.), UK	To study the experience of children with ADHD disorder in the context of family life, and their perception of the support received	Semi-structured interviews. Interpretive phenomenological Analysis.	N = 8: 7 boys, 1 girl, 11–18 years. 6 takes medicaments	**Importance of belonging:** - Feeling like an outsider, he's always to blame - Understanding and acceptance from close people -Am I anything more than a child with ADHD? -Concern about the significance of ADHD on their identity. hyper me - crazy, angry, out of control -Need for medication -Positive aspect of ADHD disorder -I can't do it alone - the need for adults to monitor emotions and behavior -Calming - how to control emotions and behaviors -Searching for the meaning of the disorder -Family stories of life experience with ADHD -Adoption of a psychological framework

AUTHORS/ LOCATION	PURPOSE OF STUDY	DESING AND DATA ANALYSIS	SAMPLE CHARACTERISTICS	FINDINGS
6. Honkasilta, Vehmas, and Vehkakoski (2016.) Finska	Study the way young people explain their behavior related to ADHD	Semi-structured interviews. Analysis of language discourse.	N = 13: 11 boys, 3 girls. 11 – 16 years.	-Excuses: externalizing personal responsibility for ADHD-related behaviors. Behavior that is perceived as uncontrolled, the result of compulsive biological traits and situational factors -Fight against self-reflection and self-management Social stigma
7. Hallberg, Klingberg, Setsaa, and Moller (2010). Švedska i Norveška	Research on the way teenagers with ADHDconduct everyday life, diagnosis and treatment.	Semi-structured interview. Grounded theory.	N = 10: 5 boys, 5 girls, 13–18 years 9 takes medicaments	-Hiding parts of the personality from others, lack of sense of normalcy, -fear of others seeing them as different. - The desire to be like everyone else - They're hiding to take therapy - They're worried about the future
8. Kendall, Hatton, Beckett, and Leo (2003). USA	self-perception of children with ADHD disorder	Semi-structured interviews. Constant comparative analysis	N = 39: 26 boys, 13 girls, 6 - 17 years of different ethnic groups.	-Problems of behavior, learning, the problem of accepting rules, problems in social contacts.
9. Kendall (2016). UK	Investigate how children with ADHD perceive their disorder in the context of the school environment	Semi-structured interviews. Thematic content analysis.	N = 12: 7 boys, 5 girls. 10-15 years. All participants attend regular school. 10 has experience with taking therapy.	-The diagnosis is a positive relief -Medications help, but do not eliminate the symptoms completely -Lack of concentration -The teacher's understanding changed after the diagnosis was made - Shame when the teachers shouting at them

AUTHORS/ LOCATION	PURPOSE OF STUDY	DESING AND DATA ANALYSIS	SAMPLE CHARACTERISTICS	FINDINGS
10. Knipp (2006). USA	Examine a teenager's perception of adjusting to ADHD as an experience with family and friends.	Semi-structured interviews. Content analysis	N = 15: 10 boys, 5 girls. There is no exact age data, but all participants are teenagers. 12 takes therapy.	**Ambivalent feelings about taking medication:** -When I take my medication, I work better. -Medications are a hassle. **I-concept:** - I'm just an everyday teenager
11. Krueger and Kendall (2001). USA	Study adolescents' experiences of living with ADHD in the context of family, peer group, school, and the wider social environment	In-depth semi-structured interviews. Constant comparative analysis. Focusing on aspects of identity. Having a gender perspective.	N = 11: 8 boys, 3 girls, 13 - 19 years. 9 individualized programs, 2 regular programs	**ADHD describes yourself in terms of ADHD symptoms.** - They disrupted other people's expectations. -The boys based their answers on the immediate present -girls face accumulated negative experiences. -Boys maintain emotional stability, do not talk about having a problem or have caused problems. -The girls were sensitive to the negative reactions of others. -Lack of empathy, connection and reciprocity with others. . –lack of control
12. Levanon-Erez, Cohen, Bar-Ilan & Maeir. (2017). Israel	Study of the experience of ADHD in the context of academic (study of combined methods; the qualitative part is presented here)	Semi-structured interviews. Qualitative content analysis.	N = 10: 8 boys, 2 girls, 10–17 years. Everyone attends regular school, everyone takes therapy.	-They have a strong will to succeed in education **The following consider the failure in academic participation:** - rejections from others Problem self-clarification: -the lack of control over behavior and lack of energy is to blame for the failure in the academic sense.

AUTHORS/ LOCATION	PURPOSE OF STUDY	DESING AND DATA ANALYSIS	SAMPLE CHARACTERISTICS	FINDINGS
13. Leyland (2016). UK	Study the way children think and feel their diagnosis and how the diagnosis affects their relationship to themselves.	Semi-structured interviews. Interpretive phenomenological analysis.	N = 4: 3 boys, 1 girl, 7–11 years. Everyone has experience with taking therapy.	**Emotional instability** -Self-protection measures. -Emotion management and emotional arousal. The impact of social norms on an individual's experience. -Desire to interact with others and discipline. - I want to be a role model. -Self-assessment based on the way others perceive them. ADHD identity - defining themselves in terms of the symptoms of ADHD, unable to separate their own identity from the disorder.
14. Singh et al. (2010). UK	To study children's perception of stimulant drugs, the diagnostic process, and the experience of ADHD	Focus groups and individual interviews using semi-structured questions, games and vignettes. Systematic qualitative coding.	N = 16: 14 boys, 2 girls, 9–14 years. Everyone is taking therapy.	**-Medication is needed to manage everyday situations.** **Terms of identity:** -continuous feeling for themselves, regardless of whether or not they were taking medication. **Understanding the contextual aspects of ADHD. The context of ADHD in situations involving social codes** -Lack of control -Ability to decide on the future, but recognizing the limitations. -Experiences of stigma and harassment.

AUTHORS/ LOCATION	PURPOSE OF STUDY	DESING AND DATA ANALYSIS	SAMPLE CHARACTERISTICS	FINDINGS
15. Walker-Noack, Corkum, Elik, and Fearon (2013). Canada	It studies young people's perceptions of life experiences with ADHD, barriers to treatment and societal attitudes about ADHD	Focus groups. Open questions for discussion. Phenomenological analysis	N = 25: 15 boys, 10 girls, 10–21 years. 19 are taking medication.	**Advantages of ADHD:** - increased energy, school adjustments, excuses for behavior. **Difficulties due to ADHD: symptoms, difficulties at school and at home, do not like taking medication.** - help with ADHD symptoms -help at school and at home. - Positive and negative aspects of drugs. - Positive and negative aspects of behavioral interventions. **What other people know:** - stereotypes about ADHD - others should not treat us differently.
16. Wiener and Daniels (2016). Canada	To study the way adolescents with ADHD experience their life experience in the context of school and education.	Semi-structured interviews, grounded theory.	N = 12, 9 boys, 3 girls, 14 to 16 years. 8 are taking medication.	**Lack of performance:** -Inadequate and inconsistent learning skills. Need for support: -awareness of their educational needs. **Challenging social engagement:** - challenges in social relations, feelings of absence, cases of violence. **Importance of parental involvement:** -in terms of advocacy, encouragement and assistance in the educational process. **Increased autonomy requirements:** -gaining greater responsibility for learning, awareness of rights and needs.

Table 4. Categorization of children's experiences and understanding of their ADHD (Ringer 2019). Retrived from https://www.tandfonline.com/doi/full/10.1080/1034912X.2019.1596226

CATEGORY	SUBCATEGORY	CATEGORY CONTENT	STUDY	EXAMPLES FROM THE STUDY
Experiences related to one's own body and psychological characteristics	Lack of control	Lack of control: a feeling of powerlessness due to lack of control over one's own behavior, intentions, emotions, and attention	1, 3, 5, 6, 7, 12, 13, 15	"It's something I can't control, really. It's like…., Like it's hard ..." (Kendall et al., 2003, p. 120)
	Difficulties	Learning and cognition problems: difficulty understanding what they heard.	3, 6, 8, 9, 16, 12	"Yeah - I believe I have ADHD because I can say I'm a slower student and that's what I think it is." I have difficulty reading and reporting" (Kendall et al., 2003, p. 120).
	Biological determinants	Negative feelings of anger over these difficulties. A medical disorder in their body; biological diversity.	1, 4, 7, 9	"I think ADHD is what controls me ... like it's the monster I'm thinking of." (Gallichan & Curle, 2008, p. 353)
Ambivalent experiences related to one's own psychological needs	Customization	The need to adjust and control oneself, through treatment and coping strategies. It seeks to control thoughts, emotional reactions, and behavior.	2, 4, 5, 6, 7, 10, 13, 15	"I talked to my mom for 3, 4 hours about how, what happened, what I could do, what would happen if it continues [...] reality hits you and that's it, okay, I'll try to control myself , I will try to do the best I can, not to get into conflicts. '(Gallichan & Curle, 2008, p. 354) "Well, it definitely helps if I take it, I become capable of football ..." (Knipp, 2006, p. 122)" My mom said, I don't have to tell everyone…. But otherwise they would just think I was crazy. And they looked at me strangely, like a normal and strange child."(Grant, 2009., p. 50)
	Acceptance	Have a safe place. To be understood and accepted. Have a place to find love and comfort.	3, 4, 5, 9, 10, 12, 13, 15, 16	

CATEGORY	SUBCATEGORY	CATEGORY CONTENT	STUDY	EXAMPLES FROM THE STUDY
Ambivalent experiences related to others (school, family and peers)	demands and expectations from others are a problem	The expectations of others are unrealistic and difficult to meet, leading to a loss of control.	3, 4, 5, 9, 11	"It bothers me so much to complain - take your medicine, do it, don't do it. That's their problem, and they just need to leave me alone. Sometimes I just hit the wall, or my brother. Then I was depressed for the rest of the day. "(Krueger and Kendall, 2001, p. 66)
	The experience of stigmatization	Feeling they are different from others; target to blame for incidents. Experiences of stigma and bullying They consider him different from others. She wants to be like everyone else. He feels like an outsider, struggling to feel integrated.	4, 5, 14, 15, 16 4, 5, 6, 8	"They don't want to approach me "because I'm hyper" […] they don't realize… that I may have changed […] the first impression always remains." (Gallichan & Curle, 2008, p. 351)
	Lack of affiliation	Receiving help from a close person. It takes adaptation to the environment, encouragement, acceptance from others, flexibility and care for them, interaction with them and discipline.	4, 5, 6, 8, 9, 10, 13, 15, 16	'ADHD is when no one believes you when you tell the truth. Because everyone else will be against you for some reason. "(Grant, 2009, p. 46) "I feel like I'm getting, I don't know how to say it - like the chosen one in a crowd of others. Let's say if you wanted to draw a circle around everyone; they would draw a blue circle around the others and a red one around me." (Grant, 2009, p. 45)). "I feel supported by teachers who understand that I have my condition. They like to repeat things to me or I somehow like them to come, stand next to me or sit next to me and tell me what to do." '(Kendall, 2016, p. 30)

CATEGORY	SUBCATEGORY	CATEGORY CONTENT	STUDY	EXAMPLES FROM THE STUDY
Experiences related to the formation of self-identity	Challenges in self-identity formation	Negative view of yourself. My hyper self: like something crazy, bad and out of control. Negative emotions in relation to their cognitive difficulties.	1, 5, 7, 8, 11, 12, 13, 14	From a young age, I have had pretty negative thoughts about myself and ADHD, especially when people bother me about things when I'm naughty. I try to make things right, but I can't. I think he is the way I will always be. "(Krueger and Kendall, 2001, p. 65)
		Description of yourself in terms of ADHD symptoms. Ambivalent self-esteem in relation to ADHD symptoms.		"I just sat there and analyzed myself, like I did [...], but obviously everyone will be different from me, so you can never really say what's with me and what's not."
	Building a normative personal identity	Self-assessment and self-assessment based on the way others perceive them, Self-explanation for failure	4, 8, 10, 14	(Grant, 2009, p. 54)
		I am an everyday teenager, I have a sense of independence regardless of whether the medication is off or not.		"I am just the way I am." (Kendall et al., 2003, p. 123).

5.2. Aim of the research

It is clear from the cross-sectional comparison of data discussed above that children and adolescents with ADHD have trouble adjusting to social situations. According to all of the

previously mentioned research, children with ADHD issues lack confidence and self-esteem, which is particularly noticeable in the school setting where they frequently encounter rejection from peers, failure, and inadequate assistance.

In Croatia, there isn't any qualitative research that focuses only on how children with ADHD perceive themselves. The purpose of this study and PhD dissertation is to encourage additional research in this area, particularly the analysis of children with ADHD's self-concept. In addition, it usually motivates future research to increase the sample size of ADHD children to gain a deeper understanding of the needs, desires and expectations of young people with this disorder and to help them create effective support systems.

The majority of the qualitative research done to date has focused on creating support networks for children in inclusive education, which also includes children with ADHD disorder (Igrić, Kobetić, Lisak, 2008; Mlinarević, Brust, Zlatarić, 2010; Vrkić, 2014; Čavar, 2017); parents' perceptions of ADHD disorder in their own kids (Baftiri, Osmančević Katkić, 2016; Fabijan, L., 2017); and the interactions between students with ADHD disorder and their peers (Puzić, Baranović, Doolan, 2011; Velki, Romstein, 2016).

A child's ability to make friends and function successfully in a peer group is considered an important indicator of social competence and represents a strong predictor of adjustment in later life. An elementary school child with ADHD very quickly begins to realize that he is different from his peers, which prevents him from developing the skills and maturity that would enable him to succeed in the school environment. As a result, children with ADHD often experience academic failure, rejection by peers, and, as a result, low self-esteem. The ways in which children diagnosed with ADHD experience themselves, how they interpret the symptoms, and what their needs are important to all professionals who support children with ADHD. Those close experiences represent a preliminary step in understanding the attitudes of children with ADHD. Because of these factors, the purpose of this study is to not only investigate how children with ADHD see their own requirements and problems within the framework of the educational system, but also to learn more about how they assess their own challenges. Additionally, it aims to acquire a deeper understanding of the reflections that students have regarding the following: the environment's preparedness to support them in their education; particular experiences of support; their level of satisfaction with the support they receive; and the expectations they have regarding the meanings of relationships and environmental support. Thus, by understanding the needs of children with ADHD, this research will be helpful in developing interventions for children with ADHD and in averting negative outcomes. These

are crucial because they give children with ADHD and young people in general the chance to grow into more capable adults. In addition, it examines how satisfied students are with the environment's ability to help them with their education, including not only their viewpoint and experiences but also the expectations and meanings they place on relationships and assistance.

5.3. Research questions

In accordance with the aim of the research, the following research questions are as follows:

1. What perception do children with ADHD have about themselves?
2. What meaning do children with ADHD attach to the experience of diversity in the school environment?
3. What meaning do children with ADHD attach to relationships with their peers at school, and what expectations do they have from these relationships?
4. What meaning do children with ADHD attach to family relationships, and what are the expectations of those relationships?
5. What meaning do children with ADHD attach to relationships with teachers, and what are the expectations of those relationships?
6. What procedures can make it easier for students with ADHD to cope and function at school?

6. RESEARCH METHODS

6.1. Participants

Gathering data is essential to research since it helps to clarify the theoretical framework. Because the choice of sample relies on the type, nature, and goal of the study, it is imperative that the researcher decide which sampling approach is appropriate for his research. Sampling is the process of selecting the final units that best represent the complete population using a methodologically defined approach.

Without the need for theories or a minimum number of participants, a sampling strategy is the intentional selection of individuals based on particular attributes that the person possesses. The researcher chooses what he intends to learn and looks for respondents who are willing and able to share their knowledge or experience on a particular subject.

A good sample must satisfy the key characteristics possessed by the population and depends on the number of elements to be selected, the probability that all elements can be selected, the

definition of whether individuals are selected independently or by groups, and whether the sample is designed in such a way as to represent relevant subgroups in the population (Palys, 2008).

A purposive sample is a sample that is selected based on the characteristics of the population and the goal of the study. Purposive sampling is different from convenience sampling and is also known as judgmental, selective, or subjective sampling. This sample is often used in qualitative research, and its main goal is to "produce" a sample that can be logically assumed to be representative of the population. (Zhi, 2014; Palys, 2008).

Some authors claim that the most popular sampling technique is the judgment sample, or purposeful sample, since it yields the best results when addressing the study topic (Marshal 1996). Respondents with specific or comparable characteristics were chosen for this study according to the characteristics of the intended sample.

Children in primary school, an ADHD diagnosis, consent to participate in the study, and a willingness to share personal anecdotes and experiences were the selection criteria for the participants. Thirteen children from first to eighth grade in regular elementary schools in the City of Zagreb who were diagnosed with ADHD agreed to take part in the study. Prior to the start of the research, consent for students' participation in the research was requested by the competent ministry, the director of the institution, parents of the students selected for the research, as well as the consent of the students themselves. Each student, after the purpose and course of the research were explained in understandable language, had the right to accept or refuse participation in the research. Also, it was made clear to each student that they could change their decision to participate in any part of the research.

Before the very beginning of the research, each participant was individually guaranteed anonymity and confidentiality of data. The conducted research in its phase of planning, implementation, and presentation of results follows the principles of the Code of Ethics of the Committee for Ethics in Science and Higher Education (Committee for Ethics in Science and Higher Education, 2006).

6.2. Data collection

One way to get knowledge and data through conversation is through an interview. Because of its many uses, the interview can be used in a variety of contexts, including the media, social, psychological, and educational ones. According to Mejovšek (2005, p. 163), its goal is to

"collect useful information that will improve knowledge about the problem, [...] the collection of extensive information that tries to penetrate below the surface of the problem." In other words, it aims to provide comprehensive information about the context of events, actions, and processes.

When a topic is examined quantitatively, it is possible to overlook the fact that a qualitative method like an interview often produces unexpected results and provides insight into the attitudes and ideas of the research subject (Mejovšek, 2005).

Selection, media, assessment, and research interviews are the four categories of interviews. Every kind makes use of various testing techniques. The research interview is the main subject of this study because it is a typical and deliberately constructed scenario that is initiated by the interviewer in order to collect data relevant to a research problem while keeping in mind the scientific tasks of describing, predicting, and explaining. The goal of the research interview is to gather certain information based on the study's goals (Stanić, 2015).

In a research interview, there are two ways of collecting data: a structured interview and a semi-structured interview. The **structured interview** contains pre-prepared questions, to which the research participant answers by choosing one of the predefined answers. In this type of interview, the research participant does not have the opportunity to clarify his answer, and there is a lack of spontaneity between the researcher and the research participant. This form of interview is most often used in data collection for statistical research, and the most common form is surveys and questionnaires (Jackson, 2001, according to Stanić, 2015).

A **semi-structured interview** is more flexible than a structured one, which follows pre-planned questions that don't stray from the format. Semi-structured interview questions are formulated to provide an opportunity for the interviewee to freely share his thoughts, feelings, and perspectives regarding the issue that has been put forth to him (Milas, 2005). Here, the protocol acts as a guide and the foundation for the interview; the interviewer is free to ask any questions in order to gain a deeper understanding of each respondent's personal experience (Halmi, 2005). A semi-structured interview does not use a set of strictly worded questions that are asked in the same words during each interview, so even though the interview questions are prepared in advance, they are in the form of talking points. This type of interview is suitable for research in the field of respondents' perceptions and opinions on complex and sometimes sensitive issues and enables a deeper and more precise examination in order to obtain as much information and clarification of answers as possible (Milas, 2005).

In addition to the mentioned types of interviews, the **in-depth interview method** is often used in empirical research. The purpose of the in-depth interview is to gain greater insight into people's thoughts, feelings, and behavior on important and key issues. This type of interview is most often unstructured, and it gives the examiner/interviewer freer access to the respondent and encourages the respondent to speak in more detail about the topic/object of the research (Boyce, Neale, 2006). In doing so, the respondent is given complete freedom of speech and expression. It is important that the respondent feels comfortable and relaxed in order to open up to the examiner more easily and to create a stimulating and friendly atmosphere in which the respondent will not hesitate to say whatever he wants. Before an in-depth interview, the interviewer must prepare well, i.e., write an interview guide in advance, so that during the conversation the topic that is the subject of the research is not deviated from (Kvale, 1996).

The author Kvale (1996) defined the criteria for quality, which are content related to experiences, opinions, meanings, and expectations of students with ADHD in regular school. These criteria were followed in order to collect the data for this research, taking into account the population of respondents, through a combination of semi-structured and in-depth interview and observation methods and are as follows:

a) The researcher should try to ask as few questions as possible and give the respondent as much time as is reasonable.
b) The depth of the participant's expertise, spontaneity, and their precise and perceptive remarks about the topic broaden the conversation.
c) Researchers categorize and order the participant responses based on the study's objectives and focus, taking into account the participant's comments and explanations.

Following the guidelines of the Code of Ethics for Research with Children (Council for Children of the Government of the Republic of Croatia, 2003), interviews covered the following areas in categories:

1. Self-perception (attitude toward self)
2. Peer relations
3. Family relations
4. Adults (teachers)

The questions that were asked in the semi-structured and in-depth interview related to the mentioned thematic units are as follows:

1. ATTITUDE TOWARD SELF

How would you describe yourself? What are your good qualities? What don't you like about yourself? What would you change about yourself? How do you think you are different?

2. RELATIONSHIPS WITH PEERS

Who is your best friend in class? What makes him special? Is there anyone in the class with whom you disagree, and why? What would you change in your relationship with your peers?

3. FAMILY RELATIONS

Who is your family? Who do you prefer to spend time with at home? Do you think your parents expect too much from you? What would you change in your relationship with your parents? What would you like your parents to know about you?

4. RELATIONS WITH ADULTS (teachers)

Who is your favorite teacher, and why? Is there a teacher you don't like, and why?
What would you change in your relationship with your teachers?
What would you like teachers to know about you?

Because the research was a crucial part of the study, it was necessary to prepare for it before conducting the interviews (Creswell, 1998). Good knowledge of the research topic was assumed, along with the ability to plan the interview's conduct, time, and location, draft consent forms and agreements with participants, and provide information about research participants (conversations with special education teachers, psychologists, and pedagogues who work in the schools where the research is conducted).

Taking into account the symptomatology of the ADHD disorder, the interviews were conducted within 10 days. The duration (intervals) of the interview depended on the student's mood and willingness to participate. The expected time of the interview was between 15 and 30 minutes per interview. Part of the interviews were conducted individually, according to the organizational capabilities of the institutions where the research was conducted, while at some interviews an expert associate in education—a rehabilitator of the institution—was present. The interviews were audio recorded and transcribed based on the sound recordings. In parallel with the interviews, the observation of the research participants was carried out in order to obtain a broader context of the answers given during the interviews. The data collection process included

communication with professional school staff and principals, as well as a presentation of the purpose and goal of the research.

Due to the General Data Protection Regulation (GDPR) (EU) 2016/679, the names of the participants were not used in the interpretation of the results, and all documentation related to the research was stored in the files of the participants in the home schools where the research was conducted.

Also, respecting the Code of Ethics in Research with Children (2003), as well as the Code of Ethics of the Committee for Ethics in Science and Higher Education (2006), the criteria for inclusion/exclusion in/from research included the following:

Criteria for inclusion in the research:

• Approval of the school principle for conducting research, based on the necessary documents (Appendix 2, 3)

• Signed consent of parents and students to participate in the research, after discussion and explanation of the purpose and goals of the research (Appendix 4).

• Cooperation of respondents (Appendix 5, 6)

Criteria for exclusion from the research

• Denying authorization to carry out research

• The respondent's resignation

• The responders' lack of cooperation

6.3. Data analysis

In this study, a qualitative approach and methodology were employed for data collection and processing. As per Koller Trbović and Žižak (2008), these approaches are appropriate when the objective is to gain a thorough understanding of the process or experience, when additional information is required to ascertain the specific characteristics of the observed phenomenon, or when the information is not numerical. Therefore, a deliberately selected relatively small number of information sources is taken as the source of information, and it includes the interpretation of less structured material.

Qualitative research is the most widespread in the social sciences because it is focused on the attitudes and thoughts, i.e., the experiences of individuals and groups (Halmi, 2013). To

interpret the experiences of people who are the object of observation and to shape meaning beyond personal experiences (Mason, 1996). Considering that qualitative research is more oriented towards narrative because it starts from direct experience and not from a pre-adopted theoretical position that needs to be confirmed or rejected, it enables a wider range of responses and requires better observation of participants (Patton, 2002).

According to Patton, the qualitative approach has several qualities in its research philosophy. These are:

1. Naturalistic approach: studying reality as it is
2. Inductive method: The key component of the procedure lies in the research question. It doesn't start with hypotheses. It accepts any type of data.
3. A holistic approach looks at the phenomenon as a whole, not just certain aspects.
4. Qualitative data: actual, truthful, and genuine attitudes and viewpoints of those participating in the research
5. Personal interaction and understanding of the issue: speaking with research participants directly
6. Dynamism: the use of dynamics in study
7. Orientation to specific cases: every case is different, exceptional, and deserving of a customized strategy.
8. Sensitivity to context: There are social, spatial, and temporal contexts in which the issue is perceived.
9. Empathic neutrality: Being objective is neither desired nor necessary. The researcher can incorporate personal experiences into the research by using a subjective method.
10. Flexibility: the capacity to alter course

The process of preparing the collected material for data processing in this research consisted of transcribing the interview and then paraphrasing the transcript with minimal linguistic editing.

Qualitative thematic analysis (Braun and Clarke, 2006) was used for data analysis in this research. As a type of thematic analysis, the thematic realistic method was applied, which talks about the experiences, meanings, experiences, and reality of the participants. Also, thematic analysis is theoretical (Braun and Clarke, 2006) that is, it assumes reasoning in the "top-down" direction; it starts from theoretical assumptions towards the data, which means that topics arise from the researcher's theoretical interest that determines the analytical framework. Depending on the level at which the themes will be recognized, latent thematic analysis (latent themes)

was used (Braun and Clarke, 2006). The latent level of topics would mean that we look for meaning beyond what people have told us, trying to understand why people think and speak in a certain way, that is, what their opinion and attitude represent, and what leads to it—the attitudes of society, culture, values, expectations in society, etc.

Thematic data analysis takes place in several stages:

Phase 1: Data collection - familiarization with the structure

Data collection can be done interactively—through personal data collection—or it takes place through acquaintance. Interactive data collection is a better choice because, through the process of data collection, the researcher creates initial thoughts related to a certain topic. In this phase, it is necessary to repeatedly read the collected data in an active way—looking for meaning and creating patterns, etc.

During this phase, it is preferable to take notes, which indicates a good preparation for the coding process itself. The data collected through the interview must be transcribed—that is, transferred into written form—so that the next phase of thematic analysis can begin. Data transcription is sometimes a tedious process, but data transcription allows the researcher to get to know the material more closely. Some researchers consider transcribing a "key phase" of qualitative methodology (Bird, 2005: 227), while some authors state that the transcription of data is actually a mechanism for creating meaning and not just the mechanical transfer of words to paper (Lapadat and Lindsay, 1999).

Phase 2: Coding

The second phase begins after the researcher has familiarized himself with the structure and content of the data and when interesting and essential parts for further processing of the obtained data have been taken from the data. This phase includes making the so-called initial codes. The codes refer to the most interesting data for the researcher, that is, to the "most basic segments or elements of raw data or information about a phenomenon, which can be evaluated in a meaningful way." (Boyatzis, 1998).

The coding process refers to the part of data analysis in which the data is organized and grouped into meaningful groups (Tuckett, 2005, according to Braun and Clarke, 2006).Phase 3: Determination of topics

When all the data is coded, the different codes need to be sorted into potential themes and compared with all the coded data within the identified themes. In other words, this phase is

about analyzing codes and considering combinations of different codes to create an overarching theme. This phase (which refocuses the analysis on a broader theme level), rather than codes, involves sorting the various codes into potential themes and comparing all relevant coded data extracts within the identified themes. Some initial codes can go further into the main themes, other codes can form sub-themes, and some codes can be completely discarded (Braun, Clarke, 2006).

Phase 4: Overview of topics

This phase begins after a number of topics have been determined.

During this phase, it will become apparent that some topics are not really topics (e.g., if there is insufficient data to support them or the data is too diverse), while other topics may merge into one another (e.g., two topics that are clearly separate; one of those topics can represent the subtopic of the other topic).

Other topics may need to be split into separate topics. It is important that the data within the topics are meaningfully connected, but also that the differences between the topics are recognizable.

The end of this phase marks the recognition of clear themes, how they fit together, as well as the overall connection of the themes with the data. (Braun and Clarke, 2006).

Phase 5: Defining and naming topics

Once the themes have been reviewed, they are further defined and refined to help with the analysis of the data inside the themes. This allows for the identification of the specific component of the data that each defined theme captures. Too many topics, such as difficult or diversified issues, should not be specified. Determining what is significant and interesting is crucial for defining a certain topic (Braun and Clarke, 2006).

It is necessary to conduct and write a detailed analysis for each individual topic. For every single issue, a thorough analysis must be performed and written. After determining the "story" that each theme conveys, it's critical to take into account how it fits into the larger "story" of the study and how it relates to the research question or questions and the data that was collected. It is essential to evaluate each topic separately, as well as how it relates to other topics and whether any subtopics could exist. It's critical to establish exactly what the topics are and aren't before the end of this phase.

Phase 6: Creating the report

Writing a thematic analysis report involves evaluating the data and presenting the findings in the form of a "story" about the data in order to convince the reader of the study's validity. It is crucial that the analysis (recordings, including data extracts) presents the "story" that the data illustrates—both within and between themes—in a clear, consistent, logical, unconfirmed, and engaging manner. The report needs to show how the study is relevant and offer enough proof of the themes found in the data.

7. INTERPRETATION OF RESEARCH FINDINGS

Based on a qualitative thematic analysis (Braun, Clarke, 2006), this chapter presents the research findings. For each mentioned thematic area, specific subtopics are shown and are described through the categories that belong to each specific topic.

The topics and subtopics presented in the tables answer the following questions:

6.4. Topic area: Relation to self

1. What perception do children with ADHD have about themselves?

7. What meaning do children with ADHD attach to the experience of diversity in school environment?

THEMATIC AREA: ATTITUDE TOWARDS SELF	
THEME	**SUBTHEME**
Perception of abilities Highlighting skills in an area Trait perception	Emphasizing positive traits Observation of negative traits Comparing with others
Feeling helpless The desire for change	Behavioral calming techniques There is no hope for change The presence of difficulty Bad behaviour Bad relationships with the environment Poor academic success
Diversity	Not noticing diversity Comparing with others

The questions from the interview were aimed at questioning the relationship with oneself, and they were asked after getting to know each other and creating a pleasant atmosphere. The questions from the interview, related to the thematic area of self-relation, were as follows: How would you describe yourself? What are your good qualities? What would

you change in your behavior? How are you different from your peers? From the responses of the research participants, it is evident that there is an awareness of shortcomings, but that they see many positive things in themselves, which they believe that others do not see in them.

6.5. Topic area: Relationship with peers

1. What meaning do children with ADHD attach to relationships with their peers at school and what expectations do they have from these relationships?

THEMATIC AREA: RELATIONSHIP WITH PEERS	
THEME	**SUBTHEME**
friendship experience	Understanding Similarity Common interests Support Comparison The experience of belonging
Peer relationships	No other friends Conflicts The habit of not having relationships with other peers
Expectations from peer relationships	No change More socializing Less conflict Understanding Support

When examining relationships with peers, through questions: Who is your best friend in class and why? What is the relationship with others in the class? Is there anyone in the class you don't get along with? What would you change in your relationship with your peers? There is a visible need to socialize with peers, but also a lack of quality, sincere and lasting friendships.

6.6. Topic area: family

1. What meaning do children with ADHD attach to family relationships and what are the expectations of those relationships?

THEMATIC AREA: FAMILY	
THEME	**SUBTHEME**
Family relationships	Excessive expectations from school obligations Lack of patience Distrust Anger
Expectations from family relationships	Patience Confidence Understanding Closeness

Inquiring about family dynamics via questions: Do you think your parents expect too much from you? What would you change in your relationship with your parents? It is clear that the participants want and require more patience from their parents, as well as greater understanding and trust. Since they view their family as a safe "zone," they would prefer it to be more accommodating to their demands.

6.7. Topic area: adults (teachers)

1. What meaning do children with ADHD attach to relationships with teachers, and what are the expectations of those relationships?
2. Are there any procedures that would help and make it easier for students with ADHD to cope and function at school?

THEMATIC AREA: ADULTS (TEACHERS)	
THEME	**SUBTHEME**
Experience a positive relationship with teachers	Positive attitude Understanding Support and help
Experience a negative relationship with teachers	Negative attitude Warnings Not understanding the needs Shame Injustice
Expectations from the school environment	Understanding Support Respect for needs Recognition of positive traits

For the area related to adults (teachers) through questions: Who is your favorite teacher, and why? Is there a teacher you don't like, and why? What would you like teachers to know about you? What would you change in your relationship with your teachers? There is visible frustration among the research participants. They are expecting support and help from adults, whom they think will understand their needs, but they often experience disappointment.

7. RESULTS AND DISCUSSION

When talking about interviews with children, they are perhaps the most difficult form of interview because children are unpredictable, sensitive, and sometimes dishonest in their answers. Children often have a tendency to give affirmative answers, which, in their opinion, will meet the expectations of the researcher (Stanić, 2015).

According to Paulhus' theory, socially desirable responding consists of two elements: self-deception (an individual's unconscious tendency to present himself in the best light) and impression management (a conscious distortion of self-presentation with the intention of leaving a positive impression on the environment) (Paulhus, 2002). It is evident that in this research, when giving answers, respondents tended to give overly positive descriptions of their own characteristics in line with social norms and standards.

Some of the studies show a definition of "self" that includes ideas, beliefs, and attitudes as well as one's competences in different domains (Houck et al., 2011), where the self-concept refers to the cognitive component of the self, together with the totality of the individual's cognitive image about oneself (Houck & Spegman, 1999). This includes descriptive self-awareness and represents the way an individual feels and describes himself (Barber, Grubbs & Cottrell, 2005).

Before the interviews, the students themselves were discussed in interviews with school personnel, which provided insight into how the pupils functioned as well as certain data about them (behavior, friendships, grades, etc.).
In order to prevent misinterpretation of the responses given during the interview, the researcher must be aware of any potential risks related to conducting interviews with children. Additionally, it is essential that the researcher listens to the child's ideas and remarks with consideration, interest, and neutrality (Ajduković, 2008).

To the question, *"How would you describe yourself?"* as expected, replies were mostly positive, even though it is known that some students had a poor self-image and that they frequently sought guidance from a school psychologist due to worries, anxiety, and conflicts. The majority of participants had a favorable self-image and thought they were good individuals who enjoyed helping others. The respondents first tended to show themselves in a way that was socially acceptable since they were trying to please the interviewer. The participants' awareness and understanding of certain undesirable traits became apparent in their statements as the interview went on, and they became more at ease during the discussion.

Considering the above, the answers to the question of feelings towards oneself were expected - in a positive tone, trying to present oneself in the best possible light. For example, if we compare the abovementioned with the students' statements, it is evident that although they initially spoke positively about themselves, they do not actually have such an opinion. This can best be read, by comparing the answers to the questions: *How would you describe yourself?* ...I am good, I help others, I love others, I think that sometimes I am really better than them" (2); "....Good, I like to help others, the elderly" (10); ...."I like to have fun, I'm nice" (12), and questions: *What would you change about yourself?* "...I wouldn't.... I don't know...(pause)...I honestly don't know...I can't change that much about myself...it's hard...I don't know...I don't know what I could change..."(2). ; "....Behavior, when I get mad I say ugly things" (10); "... I'm not very nice... I don't like my behavior... I don't like my attitude towards others, when someone makes me angry, I have very violent reactions... and I don't like that..."(12);

Furthermore, most students are aware of behavioral problems and would like to change certain behaviors; "...to talk less..." (4); "…to talk less and fool around less..." (7); "…to be able to calm down when someone annoys me..." (6); "...to talk less and be less rude..." (10); "...I'm not good at behavior, but I always try..." (4); "...I can't change that much about myself...it's hard..." (2); "...that I break into words, that I talk a lot...but I can't help myself..." (6). Some of the respondents are aware of their failure in completing school assignments, and consider themselves guilty because of that "...I don't study enough...I think, I study, but I forget everything on the test...something like that comes to me..." (8); "...I wish I had the strength to write a lot...and study enough..." (9); "I'm a bad student compared to others...you get used to it..." (11).

Regarding the study question, "*What perception do children with ADHD disorder have about themselves?"* The data analysis reveals that, despite the respondents' belief that they are generally kind individuals who are willing to assist, they typically highlight their flaws. It is thought that this is because their surroundings frequently highlight these undesirable characteristics and actions. The majority of respondents included excessive talking and difficulty controlling emotions under negative behaviors, both of which are well-known symptoms of ADHD disorder. These behaviors are viewed as bothersome, intentional, and undesirable since the surrounding community is underinformed about the difficulties in recognizing ADHD disorder. It is understandable that the respondents thought these acts presented impossible hurdles. The information gathered indicates a lack of self-confidence and

self-esteem, as well as a poorer grasp of oneself and one's diagnosis. This is supported by data on how children with ADHD feel and perceive their diagnosis when age, gender, and ethnicity are taken into account (Houck, Kendall, Miller, Morrell & Weibe 2011) and by earlier research on the self-concept of children with ADHD disorder (Barber, Grubbs & Cottrell 2005; Demaray & Elliot 2001; Graetz, Sawyer & Baghurst 2005).

In terms of the experience of diversity, the majority of responses were ambiguous, dismissing the idea of standing apart from peers yet also lacking a sense of community. It was evident from the kids' responses that some of them preferred to demonstrate equality with their peers above providing specific solutions. This is evident in answers like "… Probably...we are all different... (12)"; ... everyone has their own behavior". 11). "...I'm more talkative than others...I think I'm not the only one...there are others" (5); "... We are all different..." (6); "...probably...we are all different..." (10).

It is clear from the data mentioned above that students with ADHD are conscious of who they are and how they behave, and they want to be seen by their peers and the general public as being like everyone else. Given that they were presenting themselves to someone who is not a member of the school setting and with whom they are not in continuous contact, the demand to demonstrate "equality" was greater during the research. Respondents may construct and portray a different self-image in a talk with an impartial third party than they might in a classroom.

In most cases, students with ADHD have difficulty maintaining social relationships during schooling and often do not have a sense of belonging. The attempt to present themselves as "equal" to other peers confirms the fact that children with ADHD want to have a sense of belonging and equality with other peers and that they attach great importance to it, which gives an answer to the research question: *What meaning do children with ADHD attach to the experience of diversity in the school environment?*

Students with ADHD find friends in other students who have similar tendencies or in those who provide support and avoid confrontation, regardless of whether the bond is mutual. Among them, they experience protection and welcome. The majority of students with ADHD in this research find a best friend who is also a student with difficulties, according to the information provided from the school's professional services.

Some of the answers to the question *"Why do you consider this particular student to be your best friend?"* show the aforementioned differences in the experience of friendship; "he helped me when they made fun of me, he helped me...when they beat me..." (2); "...he hangs out with

me...when I was in the 4th grade so....when I hurt my head he brought me a piece of paper..." (7); "...he is good at mathematics...nature science...We get along well....when I don't know the answer, he explains it to me" (13); "he doesn't insult me...he has his own attitude...he's not a good student...neither am I...but we understand each other, sometimes we can talk and that's it..." (4); "He is always by my side and I am by his side...he does not reveal secrets" (10); „we train together... We started hanging out in the 5th grade... when I arrived... so he invited me to training... so we started going to training together... we found that we understand each other... that we have the same interests... we know each other..“ (11).

As for the question *"Are there any peers with whom you disagree?"* most respondents denied the existence of conflicts with peers, that is, they tried to minimize the importance of the fact that they do not have a good relationship with other peers in the class, which can be seen, for example, from answers such as; "I get along well with others...I don't know how you should get along...I help them...they help me...I ignore the fact that someone doesn't want to play with me...(3); "No...I don't agree with everyone...but I'm not really that bad with anyone...there are fights here and there...but that's the way it is...Nothing really angers me...when someone says something ugly...some people cry...and I know that is that an insult and what now...you get used to it" (5); "Well...and...It’s the same...we also have good relations, we don't fight...Well...sometimes...but...not much...sometimes we argue...I'm good with everyone..."(8).

On the other hand, some students with ADHD clearly presented a picture of their relationship with other peers in the class in their answers; "Well, I hardly agree with anyone... I argue with others a lot." (10); "Those who think something is funny, but it's not, make me angry... they also insult simpletons... it's a sin... and they don't understand it... when we start talking about something, then when we deny each other... then one... that friend makes fun of me and pushes me, and I don't want to fight...". (4); "when they do something I don't like... we argue... We argue when, for example, someone laughs at me, so I get angry... well... there's basically no real reason... I get angry when someone lies... wishes someone bad... when they boast, insult..."(7); "I don't have other friends... I don't hang out with others... because I... (pause)... um... because of A...I only have...I don't hang out with others...He always beats me...(1).

When asked, *"What would you change in your relationship with your peers?”* students with ADHD, in most cases, deny the need to change their relationship with their peers. However, the results of the analysis show that there is a visible need to socialize with other peers, which can be seen, for example, from answers such as: "I would like to socialize with them more... If they were all better..." (2); "I wish we were all friends together... if we hung out equally..." (7); "I

would like to hang out with them a little more and for them to pay attention to their behavior and I to my own."(4)

When referring to the research question, "What meaning do children with ADHD attach to relationships with their peers at school, and what expectations do they have from these relationships?" The result shows that while children with ADHD have a very poor sense of acceptability from their classmates, they simultaneously have a need for understanding from their peers and a strong desire to develop relationships with them.

Several studies have shown that peer rejection of children with ADHD negatively affects the development of self-regulatory abilities in early childhood (Dodge et al., 2003; according to Stenseng, Belsky, Skalicka et al., 2016). Peer rejection—for those who are sensitive to it—can lead to harmful effects in children diagnosed with ADHD, which include poorer self-regulation, impaired development of social skills, and increased social rejection (Bukowski, Laursen, & Hoza, 2010; Leary, Kowalski, Smith, and Phillips, 2003, according to Stenseng, Belsky, Skalicka et al. 2016).

According to peer descriptions, children diagnosed with ADHD are often negative, possessive, aggressive, domineering, and confrontational (Mikami & Hinshaw, 2003; Mrug, Hoza, Pelham, Gnagy & Greiner, 2007; Semrud-Clikeman et al., 2010; Mikami, 2015). The self-perception of students with ADHD disorder has been the subject of some research to date (Leyland, Kendall, 2016), which has provided insight into the emotional experiences of the participants, including how they view relationships and communication with peers as well as their own diagnosis.
The participants' comments could be interpreted as indicating an internal conflict they have when feeling emotions, leading one to believe that they are more prone to temptation or act impulsively when faced with temptation. The amount of self-conscious emotions observed leads one to believe that the respondents go through a significant range of emotions on a daily basis. This is consistent with research by Ringer (Ringer 2019), which demonstrates that children with ADHD typically have two needs: they either need to be accepted for who they are or have an ambivalent attitude toward being accepted by their peers.
One of the factors that limits a positive relationship with peers is that a negative reputation develops quickly within peer groups and that, once it is established, it is difficult to get rid of. Such a bad reputation leads to discrimination and rejection, even if the behaviors that initially led to rejection are no longer present. In these cases, due to the nature of the disorder, children diagnosed with ADHD, with a lack of social skills and behavioral problems, find themselves on a "downward trajectory." Seen in this framework, it is easy to see how children with ADHD,

even after intensive intervention, cannot be any better than they were when they started the intervention. It cannot be expected that the intervention of an individual rejected child will stop the group process of peer rejection towards that child. It must be aimed at a group procedure (Stenseng, Betsy, Skalica et al., 2016).

When describing family relationships, research participants often mention negative relations. Most often, it is about verbal conflicts that often arise due to the failure to fulfill school obligations and achievements expected by parents or the impossibility of doing household chores within the given time frame. When asked the question *"What do your parents expect?"* the respondents most often answered that they expressed their parents' dissatisfaction with their success in school, which is also the reason for quarrels and discord in the family. „... He is most angry about his homework...“(2); „...they expect...If I, for example, get a test...they expect me to get a B or a C...“ (3); „....when I write badly at school... now they took my cell phone... Because of my behavior at school...“ (4); „....I think they expect too much....straight A’s, I mean, grades...“(5); „...Yes...when they make me tidy up...we argue pointlessly..“ (6); “... yes...when I don't write my homework, when I don't do something...I'm sad because I didn't do it and they're angry with me, and I do it...“(8); „...I don't fight...with my mom, because I love my mom very much, so I don't fight with her....except when I do something wrong....if I get bad grade...and so on....“ (10)

Since ADHD is not a physical impairment that can be seen, parents frequently reject the existence of an issue. Due to the denial of the child's difficulties, parents typically label their unmanaged, defiant, and difficult child at the first sign of symptoms typical of ADHD disorder. When the child exhibits behaviors related to school (such as tardiness or not delivering schoolwork), parents react by accusing the child of being lazy or not trying hard enough to complete assignments.

As previously discussed in the chapters, one of the key reasons why children with ADHD may find school surroundings to be unpleasant are the traits that define the disorder. Consequently, it is not unexpected that adolescents with ADHD feel that they are one to blame for their academic failure due to what the parents perceive to be inadequate effort, as demonstrated by the following responses: „…it's my fault that I don't study enough...they ask me to fulfill my duties and responsibilities...“ (6); „...but today I didn't do my homework...but I had to do math....that every day.... They give a lot of homework, but for 4 days I did everything from the textbook, and...two from the book and two from the sheet... „ (2); „....I would like them to know that sometimes I am good at school and that I try hard...“ (5);

To the question *"What would you change in your relationship with your parents?"*, most of the respondents emphasized that they would like more understanding from their parents, which is evident from answers such as: „...I would like him to listen to me a hundred times, to know what I'm talking about... you can't to explain to mom...she immediately says the story is over...it's boring...I feel stupid and miserable..." (2); „...They don't understand...they don't understand when I need some advice...they say: no, no, I can't do it now...„ (3); „...I would like them to know that sometimes I am good at school and that I try hard..." (5); „...and I expect that we listen to each other...that they respect me as I respect them....That they believe that sometimes I am right.." (7); „...would like them not to be quarrelsome...to listen to me...to hear what I have to say..." (12); „…sometimes they accuse me wrongly. They don't listen to me...so I get sad...because they don't believe me..." (13).

The answer to the research question *"What meaning do children with ADHD attach to relationships with their families and what are the expectations of those relationships?* is very complex.

Psychological research and clinical interventions show the existence of a two-way influence between the behavioral problems of a child with ADHD disorder and the parent-child relationship.

Parental stress arises as a reaction when the parent's perception of the demands that he has on his child with ADHD exceeds his capacity to deal with the problem. Parents often misinterpret their child's behavior and intentions and are often frustrated in their attempts to "correct their child's behavior." Such actions by parents towards a child with ADHD affect the relationship with the child, which can result in poor monitoring of children's activities and increase use of physical punishment and control instead of supportive parenting strategies (Deater-Deckard, 2004; Rogers, Wiener, Marton, & Tannock, 2009; Wirth et al., 2019). Also, behaviors associated with a diagnosis of ADHD in children interfere with the development of security and connectedness in parent-child relations (Clarke, Ungerer, Chahoud, Johnson, & Stiefel, 2002; Wylock et al., 2021). Parental stress on ADHD-related behaviors results in negative outcomes for children with ADHD, including worsening of the child's ADHD symptoms, reduced response to intervention, reduced quality of the parent-child relationship, and reduced parental psychological well-being (Johnston & Mash, 2001; Modesto-Lowe, Danforth, & Brooks, 2008; Wylock et al., 2021).

Barkley et al. (1991) carried out a study that adds to our understanding of family interactions. The study presents the findings of an eight-year follow-up involving 60 children from the general population and 100 ADHD children who were tracked from childhood to adolescence. The examined data, which included the respondent's behavioral issues, family disputes, and firsthand views of mother-child interactions, were gathered during the respondent's childhood and adolescence. The results showed that, in comparison to the control group of average peers, the subjects with an ADHD diagnosis continued to experience greater difficulties with behavior and learning. Additionally, the symptoms of ADHD were more noticeable, with higher levels of impulsivity and inattention. Although teenagers in both groups reported the same number and intensity of family conflicts, mothers of participants with ADHD reported higher levels of conflict than the typical conflicts between children and parents in the control group. Relationships between mothers and children with ADHD exhibited less positive relationships and more negative and controlling conduct, according to outcome observations of mother-adolescent interactions. The interaction patterns were substantially correlated with those of mother-child interactions seen eight years prior. Compared to moms of children in the control group, mothers of children with ADHD also reported higher levels of psychological suffering on a personal level. Additionally, the findings demonstrated that the interactions—that is, the mother's psychological stress and conflict in the home—are where the prevalence of ADHD problems is most evident. The findings of this study truly indicate that aggressive behavior and unfavorable parent-child interactions throughout childhood are closely linked to the onset and presence of ADHD problems in adolescence.

More recent research suggests that environmental factors—that is, negative interactions with the environment the respondents encountered as children—may also play a role in the difficulties that adolescents with ADHD disease face. (Brook, 2013; Stern, 2020; Krueger, Kendall, 2001). It is clear from the research participants' comments that they adore their families and are generally content with the relationships within them. When a child fails to meet their parents' expectations, whether they are related to domestic tasks or school obligations, the result is usually conflict in the form of arguments and fights. It is clear that parents have high expectations for their children with ADHD disorders, and when those goals are not met, the children feel as though they have failed to live up to the standards of their parents. This results in low self-confidence, low self-esteem, and feelings of incompetence.

People with ADHD disorder have an extremely developed sense of justice, and they often react violently and inappropriately to injustice (Bondu, Esser, 2015). It is evident from the respondents' answers that they reacted violently in certain situations, but only because their parents did not want to listen to them and hear their side. The respondents wanted to point out the fact that they really worked hard for something, but they failed to achieve certain expectations, and they encountered misunderstandings on the part of their parents.

Parents often do not understand or refuse to accept the difficulties arising from the ADHD disorder and unwittingly create a bad family climate. On the other hand, children with ADHD want to fulfill their parents's expectations but rarely succeed in doing so. The feeling of not meeting certain expectations creates discomfort in them, although in their answers they justify their parents, blaming themselves for a certain failure. This claim is supported by a qualitative study (Grant, 2009) in which the way the test participants face challenges in maintaining and accepting relationships, managing their feelings, understanding the nature of their difficulties, and developing a coherent personal identity is visible. From the results of this study, it is evident that often the support from the family did not exist or was insufficient, while the participants stated that they lacked practical, emotional, informative, and affirmative support in facing challenges while growing up.

For children suffering from ADHD disorder, the school years can be quite stressful. Students with ADHD frequently experience misconceptions from those in their immediate surroundings because of the nature of their difficulties. Children typically assume that they may turn to adults for support and assistance during their school years because they believe that adults will understand them. This is frequently not the case for students who have ADHD. Teachers frequently ignore ADHD as a challenge and instead characterize a student with the disorder as uneducated and impossible.

When asked *"Who is your favorite teacher and why?"* most students described as their favorite teacher the one who treats them with understanding and who is "good" to them. Therefore, the qualities of the lecturers and the subject they teach were not taken into account, but the fact that they were treated "well" from the side of teachers was in focus. This can be seen from the answers:

"...everything is easier for me there...I am the teacher's favorite..."(4)...". She has...a classmate...because she's like a mother...she knows how to talk to us when there's a problem..."(6) "...he is good to us…to me..." (7)…. "Because they are good and not..."(8), "...Yes...I love it when he praises me..."(10) "...Yes... Yes...because he understands me, loves

basketball...he understands what kind of person I am...he's a great professor...he questions me about things not related to school...he talks to me...I can trust him, he gives me advice..."(11); "Yes... To talk about everything with him... and about school... he is honest with me... he talks to me... I can confide in him..." (12).

On the other hand, to the question *"Is there a teacher you don't like and why? "* participants answered much faster, often without thinking. With the teachers they don't like, they associated the fact that these teachers often didn't have no patience. This can be seen from the answers; „...Yes... (Pause)...a lot....she admonishes me a lot... Sometimes I get angry, and sometimes I don't...sometimes I get angry, and then the teacher hates me..." (1); „...No, I don't like any of the teachers……I don't know...it's boring to listen to them. you're late (imitates the teacher, whining)... last week when the teacher was yelling...I burst into tears...and I thought I'd start yelling too, because I've had enough of her yelling...my ears are already hurting...so let her feel what's going on happens around us…and when she...imagine what it's like for her when we're 28...I believe her...but I don't want her to yell at me anymore...because it's stupid and boring..." (2); „....There is….Only when I do problems…. I don't know...I'm playing under the clock...I mean, I'm not playing...I'm humming, so they warn me..." (3); „....Some professors don't understand how you feel...They yell at me when I tell them that I didn't have time to write something....they start shouting...if I do something wrong...they immediately send me to special education teachers..." (4); „...Yes...he warns me a lot, so I'm ashamed…" (5); „.... Yes…when I talk...He misjudges...he blames without thinking. Everything has to be their way... they have a bad relationship... I would like them not to get angry right away..." (6); „... I am angry with the professors when they accuse me when I am not guilty, but I am also sad..." (7); „....Yes... Because they always make me angry... I say something, and the teacher interrupts me... I always turn out to be guilty. They often reprimand me...that's why...I don't know...but it bothers me...Because they get angry when it's not my fault... „ (11).

To the questions *"What would you like teachers to know about you?"* and *"What would you change in your relationship with teachers?"* the participants hesitated in their answers. Wanting not to admit the existence of a "problem," a frequent answer was that they would not change anything in the relationship (although they previously stated that certain teachers were admonishing them and falsely accusing them). The assumption is that they were not sure whether their answers would affect their relationship with the teachers or they did not want to create the impression that they had a "problem" in class. Thanks to the possibilities of an unstructured interview, the interviewees gave possible solutions for improving relations with

teachers in their answers; „...I tried to tell the teacher how I felt…. I tried...she wouldn't let me, I think she would then say to me (imitates the teacher) V...because you know how I feel...stop stop...maybe it would be different...and I'm afraid...as a student I'm afraid..." (1); ".. If I were to say something to them, I would be out of this school today... I would tell them that I should change, but that they should also change..." (4); „...Yes...if you are a teacher, you should be able to talk...not immediately call parents...you should know how to solve problems with children..." (5); „...I would like them to know that I also try my best in sports and in everything... target praise...I mean, he doesn't have to praise me...but if they know....sometimes it makes me angry..." (6); „...I don't know if they know that I tried... sometimes I say... but... I don't know... I try... I have instructions..." (8); „...Some don't pay attention to me...I would like to tell him...I would like to say what I am like...I would like to change the principles of work..." (11)
"...To lower the criteria, to be able to talk openly...to be able to come to the professor and tell what's bothering me...to help me...and I don't do that anymore, because when I tried, they didn't do anything... If everyone treated each other better to me and I would to them..." (12); "... I would like the teachers to know that I am good. To be praised....I'm warned...most often because I don't do a task...I feel threatened...scared...i would told them why i didn't make it on time ...but I'm shy… if they help me, then I will solve it..." (13).

Students with ADHD are more aware of their limitations than previously thought (Kimkeit, Graham, Lee, 2006). They provide useful information about their feelings and behavior. Compared to children in the typical population, children with ADHD self-report more disorganized, disruptive, and impulsive behaviors; worse self-perception; and poorer social and communication skills, but they report no less interest in school activities than children in the average population (Kimkeit, Graham, Lee, 2006).

Studies show that there is a need for teachers to be more informed about the impact ADHD can have on students, and teachers need to develop positive strategies to support these individuals in the classroom. Ideally, adequate training on support for the students with ADHD should begin as part of initial teacher training prior to entering the teaching profession (Kendall, 2016). Factors such as attitudes toward ADHD as well as the attitudes of students with ADHD to the challenges of the school environment need to be carefully considered before strategies are implemented in the classroom (Morre, Russell, Arnell, 2017).

Pisecco (2001) proved that a poor self-concept contributes to a destructive and antisocial form of behavior, especially in relation to academic competence, which is confirmed by the answers of the respondents in this research as well.

Answer to the research question: *"What meaning do children with ADHD attach to relationships with teachers, and what are the expectations of those relationships?"* is as expected—for students, school is the place where they spend most of their time during schooling. Just as the relationship with their peers is important to them, so is the relationship with other actors of the school. They perceive teachers as persons of authority, as someone who is there for them and who, together with their family, will prepare them for further life. However, in a way, they also perceive them as "friendly adults," so during their education they expect the teacher to be a person they can turn to for help and advice at school, who they can confide in, and who will not judge them for certain actions. They expect help and support, and above all, understanding and warmth.

To the research question; *"Are there any procedures that would help and make it easier for students with ADHD to cope and function in school?"* the answer is: There are. Students, although restrained, gave instructions on how they would like the teachers to treat them. Students with ADHD are often aware of why they are being warned but also aware of the fact that they sometimes cannot control their behavior, as is expected of them. The need of students with ADHD disorder for understanding and acceptance is the same as that of children of the average population, but due to the nature of the difficulty, they often do not encounter understanding. Teachers who work with students with ADHD should invest more effort in ways and procedures in teaching that they can adapt to the needs of students, as well as ways in which they can avoid the appearance of undesirable forms of behavior. In cooperation with the school's professional team, teachers can receive support and guidance in their work for successful work with students with ADHD.

Research shows that school-based interventions, contingency interventions, and self-regulation are associated with moderate to large improvements in academic performance, behavior, and functioning in students with ADHD (Pffifner, Dupaul, 2015).

Attitudes, expectations, and behavior of teachers toward children with ADHD can have a lasting impact on the academic self-efficacy and success of students with ADHD (Hepperlen et al. 2002).

Teachers often have misconceptions about ADHD disorder, which can lead to fewer teacher expectations and less support and help for children with ADHD. A lack of teacher support in primary school can affect further education (Legatto, 2011), as ADHD disorder does not only affect the academic success of elementary school children. For example, when examining the academic performance of students with ADHD, compared to other students, students with ADHD have lower average grades and report more problems, depressive symptoms, social problems, emotional instability, and substance use. Students with ADHD put more effort into studying compared to their peers (Blace, Gilbert, Anastopoulus 2009), which implies that the reason for this is the insufficient level of support for students during elementary school age, where lack of motivation and self-control are identified as the most common deficits in students with ADHD disorder (Sibley, Yeguez, 2018).

8. LIMITATIONS AND FURTHER RESEARCH

This study has a number of methodological strengths. Based on a discussion with the school professional and supporting documents from the schools where the research was conducted, the children who participated in the study were diagnosed with ADHD. Conversations with school specialists gave inside information on each participant's functioning as well as any possible emotional, social, or family concerns. The functioning of each participant as well as any potential emotional, social, or family issues were revealed through conversations with school professionals. Without these details, completing the research may have been difficult.

Given the small sample in this study, it is impossible to draw some general conclusions, but this research certainly provides the foundation for expanding the sample to a larger region and thus a larger number of participants. A limitation of this research was its reliance on student schedules and the conditions of the research itself. It was not possible to control the time in which the interview was going to be conducted, as well as the rooms in which the interviews would be held. Some of the research participants' statements may have been influenced by the unique characteristics of ADHD, whether it was reaction to the weather changes, the time of the interviews, or the surroundings (school noise, bell, etc.). Future data collection could strengthen the findings if the study is conducted over the summer or at a time when there are fewer exams and school-related obligations (finalizing grades, exams), and if the interview room is free of distracting elements (noisy surroundings, too many details), and is only used for interviews.

9. RECOMENDATIONS

Children with ADHD are exposed to correction, punishment, and teasing on a daily basis. Over time, this criticism "adds up" and results in low self-esteem and confidence in children with ADHD. Many children with ADHD lack the most important level of connection: an emotional connection to the people, places, and activities they love. Connection is a key factor in the growing up of a child because then the child feels included in the world around him. For a child with ADHD, a sense of connectedness provides stability and "direction." The core of connection is connection within the family. Of course, the connection does not go without some conflict. The way to create a connected family is to spend time together, talk, communicate, discuss, and argue. Should a parent's expectations of a child with ADHD differ from his or her expectations of a "typical" sibling? The answer is both yes and no.

In order to successfully raise a child with ADHD, it is necessary to understand the impact of the child's symptoms on the family as a whole. Children with ADHD exhibit a variety of behaviors that can disrupt family life. They often "don't hear" parental instructions, are disorganized, start projects they forget to finish, often interrupt conversations, demand attention at inappropriate times, and speak before thinking, speaking tactlessly or awkwardly.

Living with a child or teenager with ADHD can be frustrating, but the family can help the child overcome everyday challenges by channeling his energy into positive areas. The earlier and more consistently a family deals with their child's problems, the better chance children with ADHD have for success in life. Children with ADHD generally have deficits in executive function: the ability to think and plan ahead, organize, manage impulses, and complete tasks. This means that the family should take on the role of executive authority, providing additional guidance as the child gradually acquires executive skills of his own. Although the symptoms of ADHD are often frustrating, it is important to always remember that a child with a specific behavior is not doing it on purpose. Children with ADHD want to sit still; they want to decorate and organize their rooms; they want to do everything their parents tell them—but they don't know how. For a child with ADHD, the disorder itself is a source of frustration. It is important to always keep this in mind. Coping with the challenges of a child being diagnosed with ADHD can only be done with patience, compassion, and plenty of support. In order for parents to meet the challenges of raising a child with ADHD, it is necessary to master the combination of compassion and consistency. Living in a home that provides both love and structure is the best thing for a child or teenager with ADHD.

In order for children to be successful, they need to be told clearly and in an appropriate way what is expected of them. Expectations should be reasonable and achievable. That is, in order to follow the rules, a child must have the ability, resources, and knowledge necessary to successfully achieve the desired outcomes. Expectations can be conveyed to children through rules and daily routines that will serve as guidelines for behavior in various situations. Also, rules and routines will provide a sense of security and help create useful habits, thus encouraging self-confidence and independence. When developing rules and routines for children with ADHD, it is important that parents consider the child's difficulties. This will enable them to adjust expectations, rules, and routines accordingly, or to identify and implement strategies aimed at adapting to or supporting the child's challenges, thereby improving the child's ability to achieve success.

For example, children with ADHD may have difficulty remembering the rules and routines they are expected to follow. It is necessary to take steps that involve observing and monitoring the child's work, and in moments when he "gets stuck," remind him of the steps necessary to solve the problem, redirecting the child's focus back to the task. It is necessary to use strategies and explicit teaching principles, simple language, and practical teaching techniques, as well as giving extra time than usual, in order for a child with ADHD to achieve success.

Furthermore, providing visual tools that externalize expectations and support the child's nonverbal working memory also serves to guide the child's attention and focus. For example, a worksheet that shows the steps in completing a complex goal or a poster that describes each task that the child needs to complete, in what order and when, setting visual timers to help the child keep track of time by providing gentle instructions. It also helps to give praise and implement reward points or other incentives that help motivate and positively enforce behavior while maintaining consistency around expectations and achieving implementation. It is important to listen to the child with empathy if the child gets upset or angry. Listening with empathy helps the child feel heard and understood, helps him calm down, process his feelings, and think more clearly. Listening with empathy also opens up teachable moments and provides opportunities for collaborative problem solving and further skill development. It also helps if parents and teachers remain realistic and flexible. It also helps if parents and teachers remain realistic and flexible and if they can learn to accept the fact that sometimes things don't always go according to plan or that other mitigating circumstances can overcome pre-set expectations.

When it comes to the support system for students with ADHD within the school environment, there are a number of recommendations and research that deal with this issue, but most often from the perspective of teachers. Perhaps the most striking omission of such research is that it mostly examines only teacher factors that may have a significant impact on the learning outcomes of students with ADHD. For this reason, the understanding of ADHD disorders within the educational system is incomplete. If the problem were approached in a way that includes the theory of good adaptation of the system and a model for observing interactions between students with ADHD and their teachers, it would represent a more predictive model from which the expected outcomes of support can be assumed. There are two issues that have been insufficiently considered when developing support systems: teacher compatibility (i.e., the match between teacher characteristics and commonly recommended behavior management practices) and teacher-student compatibility (i.e., the match between teacher characteristics and student characteristics). In other words, if the teacher is a warm person who is ready to provide

support but implements it in the wrong way, the results will be absent. The same is the case when there is intolerance between teachers and students; regardless of the level of support, success will be absent.

When creating a support system within the school environment, it is necessary to keep in mind contextual factors (i.e., ethnicity, gender) in determining recommendations for teachers. Also, the teacher's perception of symptoms and impairment and the impact of symptoms on academic performance is also important. Furthermore, the reliability and validity of the measures that will be used to implement the support, the organization of the school, and the level at which school intervention plans are in accordance with recommended practice are also important. It is important to consider the factors carefully, such as, for example, the attitude of the environment towards the ADHD disorder, before strategies are set within the school system.

10. CONCLUSION

Children with ADHD exhibit chronic behavioral difficulties that adversely affect their academic and social functioning. These difficulties not only impair student success but also present significant challenges to teachers, parents, school psychologists, and all other professionals who work with this population. Although there is extensive research literature related to the ADHD disorder, it is mostly helpful in understanding the symptomatology of the disorder. The topic related to support systems for students with ADHD disorder within the school environment is very little represented, where the support system does not only refer to the school system but also to school-parent-student cooperation.

A child with ADHD has to work harder than most children in the average population, and that's why he should be praised for his effort. They need and crave positive remarks from those around them—specific praise for exactly what they did right. Although many children with ADHD exhibit behaviors that bring negative consequences, their actions are not premeditated and are not done with the intention of annoying others. Children who are often rejected or reprimanded will conclude that there is something wrong with them. They will not understand what caused such negative reactions. This is an opportunity for the environment to help interpret such specific situations for the child. Talking about examples helps the child understand the perspective of the other person who was bothered by the behavior.

As can be seen in the results of this research, children with ADHD expectedly have a worse self-image, do not have much peer interaction, and have conflicts within the family. They consider as friends only those who treat them well (although in some cases this good relationship can only show benefit to the other participant). They often find friends among children with the same or similar problems, or with those whom no one wants to hang out with.

They value and respect the warmth and understanding of their teachers and try to correct undesirable behavior towards these teachers.

Families are often criticized, mostly in relation to academic success and the school environment. The explanation for this is the fact that nowadays parents are most concerned about the future of their children and consider that success at school is the only measure of their child's competitiveness on the future labor market. They believe that if a child is successful in school, it is “proof “that they do not have a "problem" or a difficulty.

The internal struggle that many children with ADHD face can damage their self-esteem and self-confidence, making it difficult to take appropriate steps in friendships and relationships, education, and in the future, careers and the workplace. In childhood, children with ADHD learn, develop experiences, and observe, and the impact of experiencing ADHD disorders in childhood is what is important for their later life. Creating opportunities for success helps with motivation and self-esteem and creates positive attitudes that can influence the success of children with ADHD in any aspect of life.

The purpose of this research was to gain insight into the thoughts and experiences of children with ADHD in primary schools in Croatia, where the results showed that there is still an insufficiently developed awareness of the disorder itself, as well as a lack of a strategy and support system for the successful inclusion of students with ADHD.

In order to gain an even broader insight into the issues related to the support system for children with ADHD, it is necessary to conduct a study that would include a larger number of respondents, and in this way present a clearer picture, taking into account different regions, as well as the diversity of the organization of schools and the population of children who is educated in a certain geographical area. It is to be expected that in smaller areas the results will be somewhat more favorable, taking into account that in smaller towns the number of children in a class is smaller than in larger cities, the fact that life in rural areas is somewhat different, family ties are expected larger ones in smaller areas, etc.

The development of strategies that are applicable globally and that include more detailed instructions for teachers, parents, and colleagues on how to support students with ADHD is required in order to create more effective support systems for children with ADHD. These strategies should also take into account the needs expressed by students with ADHD. Involving children with ADHD in the creation of routines and rules, as well as making sure that each rule is clear and positive, can boost motivation and collaboration in children with ADHD and eventually help them achieve their performance and objectives.

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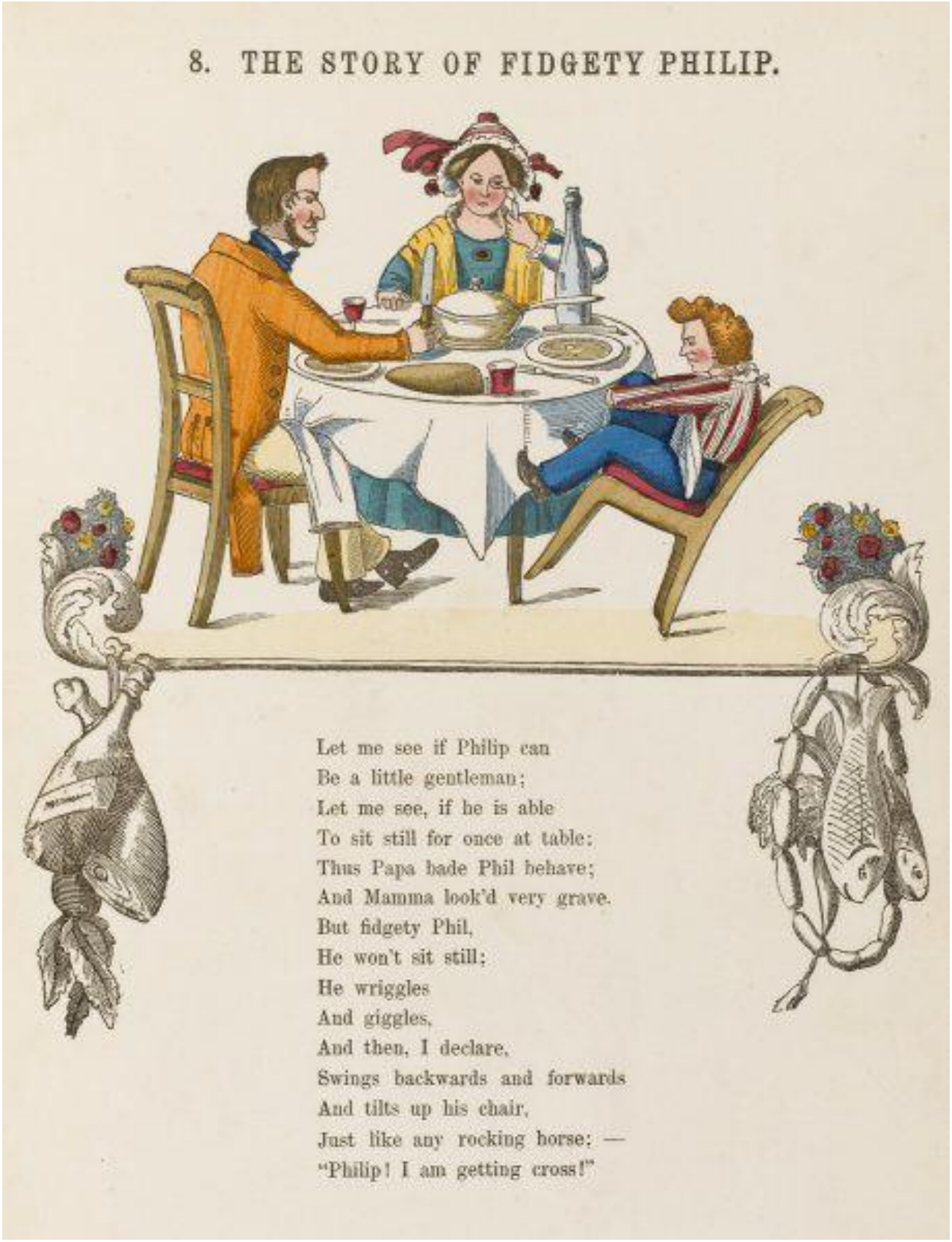
12. APPENDIXES

APPENDIX 1.



8. THE STORY OF FIDGETY PHILIP.

Let me see if Philip can
Be a little gentleman;
Let me see, if he is able
To sit still for once at table:
Thus Papa bade Phil behave;
And Mamma look'd very grave.
But fidgety Phil,
He won't sit still;
He wriggles
And giggles,
And then, I declare,
Swings backwards and forwards
And tilts up his chair,
Just like any rocking horse; —
"Philip! I am getting cross!"

APPENDIX 2.

Certificate of the Faculty of Education and Rehabilitation Sciences, University of Zagreb on the status of a Doctoral Student

UNIVERSITY OF ZAGREB FACULTY OF EDUCATION AND REHABILITATION SCIENCES·

Klasa: 602-04/2018-48/70

Ur.Br: 251-74/2018-07/01

Zagreb, 15. november 2018.

Pursuant to Article 159 of the General Administrative Procedure Act (Official Gazette 47/2009), the following

Confimation

Confirming that Davorka Dragojevic, born on August 28, 1978 in Zagreb, Republic of Croatia, is a student of the postgraduate university study (doctoral study) 'Prevention Science and Disability Studies', study program Disability Studies, at the Faculty of Education and Rehabilitation Sciences, University of Zagreb in the academic year 2018/2019

This certificate is issued at the request appointed for the purpose of proving the status of a doctoral student with the obligation to submit a doctoral thesis (dissertation) for evaluation by the end of calendar 2021, and for the purposes of conducting research in schools and for other purposes cannot be used.

Prodekanica za znanost:

Prof.dr.sc. Sandra Badaric Joncic

APENDIX 3.

Request to conduct research

Davorka Dragojevic
Predovečka 9
10000 Zagreb
To the principals of primary schools in the City of Zagreb
Subject Title: Request for cooperation in conducting research for the purpose of preparing a Doctoral Dissertation

I hereby send a request for approval of the implementation of research in which the students of your school would participate. The research is conducted for the purposes of preparing the Doctoral Dissertation of Davorka Dragojević, a student of the Doctoral Study "Prevention Science and the Study of Disability" at the Faculty of Education and Rehabilitation Sciences, University of Zagreb. The topic of the Doctoral Dissertation is "Self-perception of students with ADHD disorder", and will be developed under the mentorship of Prof. Dr. Sc. Snježana Sekušak - Galešev from the Faculty of Education and Rehabilitation Sciences University of Zagreb and Prof. Kathryn Underwood of the School of Early Childhood Studies, Toronto Metropolitan University, Canada.
Research need a participation of students from 1st to 8th grade with a diagnosis of ADHD disorder. In-depth interviews will be used for data collection purposes, and qualitative data analysis aims to gain a deeper insight into personal experiences and understandings of situations seen by students with ADHD during primary education. I believe that the results of this research will influence the perception of children with ADHD in their environment, as well as identifying and providing the necessary level of support to students with ADHD.
In accordance with the Code of Ethics for Research with Children, the data obtained in this research will be strictly confidential and protected. Pursuant to the Personal Data Protection Act (GDPR), the researcher will not receive personal data.

Thank you for your kindness.
With respect,
Davorka Dragojevic, prof. reh.

APENDIX 4.

Consent form for parents

Dear parents!

For the needs of the Doctoral dissertation of student Davorka Dragojević, student of the Doctoral study "Prevention Science and the Study of Disability", at the Faculty of Education and Rehabilitation, University of Zagreb, a research on "Self-perception of students with ADHD disorder". The aim of this research is to gain a deeper insight into the experiences and understandings of situations through the experience of students with ADHD disorder, in which they encounter during their primary education.

In accordance with the Code of Ethics for Research with Children, the data obtained in this research will be strictly confidential and protected. According to the Personal Data Protection Act (GDPR), the researcher will not receive personal data of you or your children, but if you decide to consent to participate, consents will be kept in the student file, and the survey will be conducted anonymously (students will be assigned codes).

Your children will be explained in more detail the purpose of the survey, in an appropriate way, and will also be asked for their consent to participate in the research.

The activities envisaged by the research plan were approved by the Faculty Council of the Faculty of Education and Rehabilitation Sciences, University of Zagreb. If you have any questions, you can contact doctoral student Davorka Dragojević, at ddragojevic4@gmail.com, 0915262463 or mentor Prof. Dr. Snježana Sekušak Galešev at the Faculty of Education and Rehabilitation.

Thank you for cooperation,

Best regards,

Davorka Dragojević, prof

APENDIX 5.

CONSENT

I agree that my child _____

(surname and name, class)

participates in the research, in compliance with the Code of Ethics for research with children and with the protection of data confidentiality

_____

(parent's signature)

_____(place and date)

APENDIX 6.

Consent form for students

CONSENT

to conduct research with students

Please consent to participate in the research for the needs of the Doctoral dissertation of the student Davorka Dragojević, on the topic "Self-perception of students with ADHD disorder"

"By signing, I express my consent to participate in the research and confirm that I am informed about the purpose of the research, that my participation in the research is voluntary, that I have the right to withdraw at any time, and that researchers are obliged to adhere to the Code of Ethics confidentiality data".

_____

(signature)

_____**(place and date)**

APENDIX 7. IMPLEMENTATION OF QUALITATIVE ANALYSIS

Topic area: relation to self.

1. What perception do children with ADHD have about themselves?

2. What meaning do children with ADHD attach to the experience of diversity in the school environment?

	Interview questions: *How would you describe yourself? What are your good qualities?*	**CODE**	**SUBTHEME**	**THEME**
1.	I would described myself as good… I think I am good… just think so… but sometimes I'm naughty… today I am naughty.	Good Sometimes bad	Emphasizing goodness as a quality Recognizing disobedience as a bad trait	Perception of desirable traits Perception of undesirable traits
2.	I am 10 years old…now I will be 11… I am good… I like to play games the most… I drum…. I help others, I love others …I give to them stuff, I share… I comfort them and there is much more …… I know… I think sometimes I'm really better than them… but they're not… they can't change… they're selfish… here's how today… he embarrassed me… he told me that I can't do something…	Plays games and drums Good Helps others Thinks he is better than others who are selfish He gets embarrassed when someone is telling him he can't do something	Playing digital games and playing a musical instrument Emphasizing helping others and kindness as qualities Recognizing qualities in relation to others	Perception of abilities and strengths Perception of desirable traits Comparison with others

	Interview questions: *How would you describe yourself? What are your good qualities?*	**CODE**	**SUBTHEME**	**THEME**
3.	I have green glasses, I have long… not frizzy… scattered hair… messy…mmm…I wear, when I'm at school, I wear blue running shoes and everything… eee… Aaa… when I play football well I defend, when I do math for people like me… because I have a lot of friends who are like me… with dyslexia and dysgraphia… i… versus them, I do math fast, fast and I am good at math… What do I like about myself? ... mmmm… .that I know math	The description of self; looks messy and the clothes look worn out Good at football Good at math	Emphasizing skills in sports Emphasis on mathematical skills	Perception of physical appearance Perception of abilities and strengths
4.	I do not know…. A… (pause)… my good qualities…a…decent… not too decent… here and there… a… think about the qualities…amm…I am always ready to help if needed, I like to clean up, I like to help the elderly …	Decent Ready to help	Emphasizing polite behavior and helping others	Perception of desirable traits
5.	Eee… I'm restless in class… I like to help others, I lend stuff to whoever needs it… sometimes I listen, sometimes I don't listen… I can be good when I want to and that's it… I was good at water polo, but I stopped training… we moved away se, so it was too far away… I'm good… if let's say I have excess money, I go to the bakery and buy bagel for a friend…. I do not know…stuff like that	Restless in class He likes to help others He can be good when he wants to Good at sports	Observing the undesirable trait of restlessness in the classroom Emphasizing helping others and kindness as qualities Emphasizing skills in sports	Perception of desirable traits Perception of undesirable traits Perception of abilities and strengths

	Interview questions: *How would you describe yourself? What are your good qualities?*	**CODE**	**SUBTHEME**	**THEME**
6.	I'm chatty… em…so… I don't know…nothing special. In sports. Football…….…That I'm ready to help someone even if I don't need… em) (pause)… I don't know…	Good at sports Ready to help	Emphasizing skills in sports Emphasis on helping others	Perception of desirable traits Perception of abilities and strengths
7.	I like to meet people… I'm a sports guy… aaaaa…that… I'm happy… I like to hang out… I don't like learning...	likes to meet people Happy likes to hang out	Meeting new people and hanging out Serenity as a trait	Perception of abilities and strengths
8.	I'm good… I like to help others..I'm a little naughty… sometimes I don't do my duties… I like to help others… I'm good… I'm not the best, but… I'm a good friend, I know how to hang out, I help others… I'm good			Perception of desirable traits Perception of undesirable traits Perception of abilities and strengths
9.	I like to play tablet at home… mmm… yes… I don't really know… I like being cute at home…being fast… and so on	He likes to play tablets Cute Fast	Playing digital games Sympathy / charm as a trait Speed as a skill	Perception of desirable traits Perception of abilities and strengths

	Interview questions: *How would you describe yourself? What are your good qualities?*	**CODE**	**SUBTHEME**	**THEME**
10.	Good ... sometimes naughty… funny… I like to talk a lot…. I don't know…. I like to help other people …"older people"	Good Sometimes naughty He likes to talk a lot He likes to help others	Emphasizing helping others and kindness as qualities Recognizing disobedience and talkativeness	Perception of undesirable traits Perception of desirable traits
11.	Ah… eh… a little harder… not to be too strict with myself…. it doesn't work… I try to make friends with people and leave the best possible impression… so… hmmm… ha-ha… ah… just… and I don't know… When I have problems… I try to solve them little by little... so I solve them e.g. basketball – coach is strict he is pushing me, so from 10 attempts I succeed… I learn … I like to hang out with people, I don't like to fight and be rude… if someone is good to me, then I am good to him…	He wants to make the best impression He likes to hang out	The importance of how others perceive it Conviviality Entertaining	Perception of desirable traits Perception of abilities and strengths
12.	I like sports, I play basketball… I don't like going to school… I like to have fun... I'm hyperactive… I do stupid things sometimes… Nothing really… The only thing I'm glad about is my hair …… I don't know if I have them (good features)	He likes to have fun He is hyperactive Sometimes he does stupid things	Recognition of hyperactivity	Perception of undesirable traits
13.	Hm… that I'm good… sometimes strict, sometimes angry, sometimes I'm shy…cheerful… Hm… hmm… good qualities… hm… when I'm good I am good… and bad when I'm bad	Good Sometimes strict Shy Happy	Kindness and cheerfulness as a quality Recognizing shyness, good and bad behaviors	Perception of undesirable traits

	Interview question: *What would you change in your behavior?*	**CODE**	**SUBTHEME**	**THEME**
1.	I just love to play and that's it… I hate doing homework because I'm bored… Only drawing calms me… and playing calms me	Drawing and playing calms him down	Behavioral calming techniques	Feeling helpless
2.	I wouldn't talk about it… I don't know) (pause)… I honestly don't know… I can't change myself… its hard… I don't know… I don't know what I could change.	thinks he can't change much about himself	There is no hope for change	Feeling helpless
3.	I don't want to have dyslexia… that I can read faster… and I can't read… Everyone is as he is	wish there was no dyslexia	The presence of difficulty	The desire for change
4.	I was adopted. They left me in the maternity ward… and they keep asking me about it… I am different because they were born by their mothers, and I was born by another mother… so they know how to insult me… From my class...I just go… I hear whispers… a lot of people gossip about me… and some other students… I am not best…. in behavior… but I always try…	Wish that he hadn't been adopted bothered by insults. doesn't like to be gossiped about would change behavior	Bad behavior Bad relationships with the environment	The desire for change Feeling helpless
5.	That I talk… I talk too much…	Talks to much	Bad relationships with the environment	The desire for change

	Interview question: *What would you change in your behavior?*	**CODE**	**SUBTHEME**	**THEME**
6.	So for behavior… to be able to calm down when someone annoys me… sometimes I quarrel… I talk a lot… I interrupt… but I can't help myself…	Talks too much. It's hard to calm down when provoked	Bad relationships with the environment	The desire for change
7.	I would change to talk less and do less stupid things.	He talks too much and fools around	Bad behavior	The desire for change
8.	… Nothing… I don't know… sometimes I don't listen to my parents ... I don't fulfill my obligations and all that's … there's something else for sure, but I can't remember… .With me… I think it's bad. Sometimes I don't have the best attitude towards friends… sometimes…it's bad… There's an argument…someone hits me…often…. so… I get back at him…so we're not on good terms… Not that I'm really unsuccessful… but I don't get good grades… I don't learn enough … I mean, I learn enough, but on the test I forget everything…	would like to have a better relationship with others would like not to get into conflicts Although he tries not to achieve results	Bad behavior Bad relationships with the environment Poor academic success	Feeling helpless The desire for change
9.	Hm… that I have a lot of strength to learn…. That I have enough strength to write…	He would like to have more strength to learn	Poor academic success	The desire for change

	Interview question: *What would you change in your behavior?*	**CODE**	**SUBTHEME**	**THEME**
10.	…A lot of things…to talk less, to be less rude… I don't like because… I don't like that I talk every time in class… I can't stop	Talks to much rude	bad behavior	The desire for change
11.	That I can….to be like… to put it… the way… not to exaggerate things… behavior… I am… such a bad student, compared to others… everything is going well for them…you get used to bad grades…When someone annoys me, when I get a bad grade I go crazy, I come home, I say something I don't think… words fly by themselves and I say ugly things…	bad student can talk ugly when provoked doesn't like his behavior	Poor academic success Bad behavior Bad relationships with the environment	The desire for change Feeling helpless
12.	I'm not very nice…. I don't like my behavior… I don't like the way I treat others, when someone makes me angry, then I have very violent reactions… and I don't like that…	doesn't like behavior doesn't think to be very nice has violent reactions	Bad behavior Bad relationships with the environment	The desire for change Feeling helpless
13.	Don't know….	Doesn't know		

	Interview question: *How are you different from the other students in the class?*	**CODE**	**SUBTHEME**	**THEME**
1.	I don't know that….	Don't know	No knowledge of differences	
2.	A lot more…..by things… that I always forgive a friend who annoys me… the whole three years and he can't… he should give up….. he annoyed me and I forgave him… how can I put up with that?	considered different	Comparing with others	Diversity
3.	Yes…Yes, I am the only student who has difficulties in my class….but I am still the same as everyone else…I mean the way… by solving things….	Same as the others	Comparing with others	Diversity
4.	I am not… I am not …… I am the same as them…I am their tribe.	Same as the others	Comparing with others	Diversity
5.	I'm more talkative than others - I mean, I'm not the only one - there are others	I'm not the only one, there are others	Comparing with others	Diversity
6.	Not really… we are all different…	All are different	Comparing with others	Diversity
7.	No, we are all the same…	All are the same	Same as others	Diversity
8.	No…. cause everyone has their own behavior	Everyone has their own behavior	Comparing with others	Diversity
9.	Well…..yes….	Different than others	Comparing with others	Diversity
10	I don't think I'm…from some I am…	Different from some	Comparing with others	Diversity
11.	Different… I think… so I'm not different… some are like me… like to hang out… and some are, not good....they like to pretend to be important… I don't like to pretend to be important…	Some are like me	Comparing with others	Diversity
12.	Different… I think… so I'm not different… some are like me… like to hang out… and some are, not good....they like to pretend to be important… I don't like to pretend to be important…	Some are like me	Comparing with others	Diversity
13.	Yes… by my glasses… by clothes… hm…	It differs in physical appearance	Recognizing diversity	Diversity

Topic area: relationship with peers

1. What meaning do children with ADHD attach to relationships with their peers at school and what expectations do they have from these relationships?

	Interview question: *Who is your best friend in your class and why?*	**CODE**	**SUBTHEME**	**THEME**
1.	Because I want to tell him something all the time in the cantina, so today I moved a chair to have a snack with him and then all the time I sang to him that he is the best and that everyone will help him and give him gold and everything…. He is good for me	Thinks his friend is the best.	Understanding Good relationship	experience of friendship
2.	Yes, I have…because we spy on our sympathies, we play, we play games…. when they made fun of me, he helped me… when they beat me…he helps	Friend helped him when they beat him have common interests	Support Common interests	experience of friendship
3.	I don't play with guys at all.so… they don't want to play with me… mostly, I don't play with them… either…. I can't or they don't want to… or they play games… mostly…. I play mostly with girls, I have best friend. She gave me instructions for the weekend and now I know it much better than I knew before. Now I know how to do that part at least 100% faster	Doesn't play with boys. best friend helps him with his studies	Comparison Support	experience of friendship

	Interview question: *Who is your best friend in your class and why?*	**CODE**	**SUBTHEME**	**THEME**
4.	I have…He is special because he doesn't insult me…he has his own attitude… he's not a good student… neither am I really...but we understand each other, sometimes we know how to talk and that's it. I confide in him, but he always confides in me….mm… sometimes…today on the test he helped me. He told me one thing… I need to get an A… to get overall grade B. If he hadn't said that one word to me, he wouldn't have gotten an A …	A friend doesn't insult him. They confide in each other. A bad student like him They understand each other	Good relationship The experience of belonging Understanding Support	experience of friendship
5.	I have…It is just as chatty as I ….is similar to me… we are kidding… we have similar tricks	similar to a student	Similarity	experience of friendship
6.	I have… B…. We have known each other for a long time… since football, when we played together… 5, 6. Years… I was not in the same school as him… I came to 2nd grade in the second semester… and… I came to him in school because he is closer and I got to be in his class… I knew him best and… Well he is also ready to help… he is not kidding if someone is embarrassed… he will not laugh…. When I first came, he helped me get to know everyone	does not insult others helped him meet other students They share the same interests (sports)	Support Similar interests	experience of friendship
7.	I have …… well…doesn't tease me…doesn't reveal secrets… hangs out with me… when I was in 4th grade…when I broke my head he brought me papers towels…	Don't mock him. Hang out with him.	Good relationship	experience of friendship

	Interview question: *Who is your best friend in your class and why?*	**CODE**	**SUBTHEME**	**THEME**
8.	I have… we hang out at school and sometimes outside when we do some homework… I don't know… because… because he's funny… I like hanging out with him since 3rd grade… am… we don't fight… we have good relationships…	good relationship with a friend. They don't fight.	Dobar odnos	experience of friendship
9.	No …… Because he has a lot of children	doesn't have a best friend because there is a lot of kids	No friends	experience of friendship
10.	I have…He is always with me and I am with him…..he does not reveal secrets	Is always with him Does not reveal secrets	Good relationship Support	experience of friendship
11.	I have…at school and we train together… We started hanging out in 5th grade… when I came…so he invited me to training… so we started going to training together… we realized that we understand each other… that we have the same interests… we know each other… e.g. when he is nervous I know that it is better to leave him alone because otherwise he starts to swear and so on…	They share the same interests (sports) They understand each other	Same interests Understanding	experience of friendship

	Interview question: *Who is your best friend in your class and why?*	**CODE**	**SUBTHEME**	**THEME**
12.	Yes …… Because when someone attacks me he always stands by my side, defends me… I can talk to him about everything… when we quarrel we are not in a quarrel for a long time… the one who made a mistake apologize… we hang out outside of school and at school ... just now when we were in Vukovar (field class) I had bruised ribs… because I hit the table… I couldn't really walk… so he helped me go to the professor and so on….	Defends him He helped him in some situations	Support	experience of friendship
13.	I have… he is good at borderline, math… nature… We get along well… when I don't know the answer he explains to me	They get along well. Friend help him to learn.	Good relationship Support	experience of friendship

	Interview questions: *What is the relationship with the others in the class?* *Is there anyone in the class you disagree with?*	**CODE**	**SUBTHEME**	**THEME**
1.	I don't have Other friends…I don't hang out with others… because I… (pause)… .hm…. because of A… I only have… I don't hang out with others… He always beats me… and I just like to mess with him… he can only make me angry when someone won't let me play with me …everyone carries toys and they don't give me… and I get very angry	No other friends. Get into conflicts.	No other friends Conflicts lack of relationships with other peers	Peer relationships
2.	… There are some… who are not dear to me… D. (name of classmate) is just one… that's right… sometimes it's cool, sometimes it's not. I don't argue with others very often…I don't know…I would like to hang out with them more… I should change myself… I would change my behavior…but I'm not the only one	Some students are not dear to him.	Lack of peer relationships	Peer relationships
3.	I get along well with others… I don't know how I should get along… I help them… they help me… I ignore the fact that someone doesn't want to play with me… it doesn't matter… no one in kindergarten wanted to play with me… I was alone… I was different from others… in everything… for example… they had fun while my aunt told stories, while I had more fun… I don't know… build something...play… run around… I was mostly smarter than others in in every way…..when I think a little better…	They don't want to hang out. Used to not hanging out with others.	Lack of peer relationships	Peer relationships

	Interview questions: *What is the relationship with the others in the class?* *Is there anyone in the class you disagree with?*	**CODE**	**SUBTHEME**	**THEME**
4.	There is… because I don't like his behavior… he laughs at something that isn't funny at all… he grins and teases others… I know how to get into conflicts with him… and then I move away from him and I don't care. I am angered by those who think that something is funny, but it is not… insult and vulgar… it is a sin… and they do not understand it… when we start talking about something, then when we argue… then one… that friend teases and pushes me, and I don't want to fight…I would like to hang out with them a little more and for them to pay a little attention to their behavior and I to my own.	Get into conflicts	conflicts	Peer relationships
5.	No… I don't agree with everyone… but I'm not so bad with someone… there are quarrels here and there…but it's like that… Nothing makes me very angry… when someone says something ugly… some cry… and I know that it's an insult and what… you get used to it…	used to not hanging out with others	Lack of peer relationships	Peer relationships
6.	A couple in class when they do something I don't like… we quarrel… but we immediately reconcile We argue when, for example, someone laughs at me, so I get angry… huh ... there is essentially no real reason… It makes me angry when someone lies… when someone is bad… when they are arrogant, insulting…	Conflict bothers	Conflicts Lack of peer relationships	Peer relationships

	Interview questions: *What is the relationship with the others in the class?* *Is there anyone in the class you disagree with?*	**CODE**	**SUBTHEME**	**THEME**
7.	Well yes… Well we don't hang out too much… they tease me… and others in the class… well…we quarrel… because of provocation… they keep repeating a word…	Get into conflicts. Don't hang out with others	Conflicts Lack of peer relationships	Peer relationships
8.	Well… a… the same… we also have good relationships we don't fight… Well…sometimes… but… not much… sometimes we argue… I'm good with everyone… No… I mean, some know (good qualities), but I wouldn't want to others to know … because it's not something too special… I wouldn't want them to know	Sometimes gets into conflicts Don't want for others to know his good qualities	Conflicts Insecure	Peer relationships
9.	There are…some are fighting me, so I have to defend myself with blows… They attack …… so sometimes my friends hit me.	Get into conflicts.	Conflicts Lack of peer relationships	Peer relationships
10.	Well, I almost don't agree with anyone… I argue with others a lot.	Get into conflicts.	Conflicts Lack of peer relationships	Peer relationships
11.	There are some who are…..who when you see them, you think they are good people, and when you get to know them better, you see that he is ... bad, for example, when we talk or something, and I say or do something wrong … He immediately tells it to everyone, so they laugh at me… so… I got into a conflict once, and then he didn't forgive me anymore… I get into a conflict if they insult me in front of me.	Get into conflicts.	Conflicts Lack of peer relationships	Peer relationships

	Interview questions: *What is the relationship with the others in the class?* *Is there anyone in the class you disagree with?*	**CODE**	**SUBTHEME**	**THEME**
12.	I have nothing against anyone…It bothers me the most, when I react violently and aggressively… when someone insult my family	Get into conflicts.	Conflicts Lack of peer relationships	Peer relationships
13.	Mmmm… yes… Because it annoys me too much… it doesn't suit me...Sometimes I argue because they don't want to help me… So I approach them to tell me the answer because I want to know the answer.	Get into conflicts.	Conflicts Lack of peer relationships	Peer relationships

	Interview question: *What would you change in relation to your peers?*	**CODE**	**SUBTHEME**	**THEME**
1.	To hang out more….	Socializing	More socializing	Expectations from peer relationships
2.	I don't know… I would like to hang out with them more… If they were all better….	Socializing	More socializing Less conflict	Expectations from peer relationships
3.	Nothing	Wouldn't change a thing	No change	Expectations from peer relationships
4.	That I hang out with them a little more and that they pay a little attention to their behavior and I to mine.	Socializing	More socializing Less conflict	Expectations from peer relationships

	Interview question:	**CODE**	**SUBTHEME**	**THEME**

	What would you change in relation to your peers?			
5.	Absolutely nothing….	Wouldn't change a thing	No change	Expectations from peer relationships
6.	… Nothing… maybe we shouldn't argue over some nonsense…	Less conflicts	Less conflict	Expectations from peer relationships
7.	Yes… I wish we were all friends together… to hang out equally… when they tell me I'm stupid… so I would tell them to look at my grades	Socializing	More socializing Understanding	Expectations from peer relationships
8.	Nothing	Wouldn't change a thing	No change	Expectations from peer relationships
9.	Nothing	Wouldn't change a thing	No change	Expectations from peer relationships
10.	Let's not argue ... let's be more united…	Less arguments Socializing	More socializing Understanding	Expectations from peer relationships
11.	So I would… If I were…if I was more like them… not like them… I would like them to be more like me…	More understanding	Understanding	Expectations from peer relationships
12.	Not to offend my family	Less conflict	Understanding	Expectations from peer relationships
13.	I would ask them to help me	Support	Understanding	Expectations from peer relationships

Topic area: family

1. What meaning do children with ADHD attach to family relationships and what are the expectations of those relationships?

	Interview question: *Do you think your parents expect too much from you?*	**CODE**	**SUBTHEME**	**THEME**
1.	They are angry…. I am sad… because when I cry, it means that I am angry with my mom	They are angry	Anger	Family relationships
2.	A lot more than you think…. Because I do nonsense… or hogwash, as I say… they are most angry because of my homework … today I didn't do homework… 'I had to do math…every day…. They give a lot of homework, but I did everything from the textbook, I worked for 4 days…they don't understand me….	They are angry about school They have no understanding They have no patience	Misunderstanding Lack of patience	Family relationships
3.	Expect too much…most often when it comes to a younger brother… and dad is not really at home… sometimes they shout at me for no reason…I am not very good at school…. And so…	They have no understanding shouting They are angry about school	Misunderstanding Lack of patience Anger over school obligations	Family relationships
4.	When I do something stupid… when I write badly at school… now they took my cell phone… Because of my behavior at school… I talk too much… they are rightly angry… it's good that they take my cell phone… it's better for me, I'm on it too much...	They are angry about school	Anger over school obligations	Family relationships
5.	I think they expect too much…, I mean, grades….	They are angry about school	Anger over school obligations	Family relationships

	Interview question: *Do you think your parents expect too much from you?*	**CODE**	**SUBTHEME**	**THEME**

6.	… When they make me clean… we quarrel …… when I'm angry, I often get it out of me… I can't keep it… and then they say… how could you say that… so they get angry about it… it's my fault I don't learn enough… they ask me to perform my duties and obligations… that it will be easier for me…	He's angry about school Arguments	Anger over school obligations Conflicts	Family relationships
7.	When I argue with my brother and sister… When I tell how I had an argument at school, so they don't want to listen to me… they say to solve it with the class teacher…it makes me angry…	They are angry about school They have no patience	Anger over school obligations Lack of patience	Family relationships
8.	So yes… when I don't write homework, when I don't do something….	They are angry about school	Anger over school obligations	Family relationships
9.	Yeees… When I do something bad, when I don't do my homework… everything	They have no patience They are angry about school	Anger over school obligations Lack of patience	Family relationships
10.	I don't argue… with my mom, because I love my mom very much, so I don't argue with her…. Unless I do something wrong. If I get bad grade… and so on. They don't expect too much	They are angry about school	Anger over school obligations	Family relationships
11.	Yes… about school… I have a lot to learn… and I have trainings...They punish me, they don't punish me because of grades… of course… they are a little angry… but they don't yell at me...sometimes they exaggerate things	They are angry about school They have no patience	Anger over school obligations Lack of patience	Family relationships

	Interview question: *Do you think your parents expect too much from you?*	**CODE**	**SUBTHEME**	**THEME**
12.	They get angry every now and then … Because I'm not the best… I argue with my mom because she hears what she wants to hear… for example she says I said something I didn't… ... expect good grades…	They are angry about school They have no patience	Anger over school obligations Lack of patience	Family relationships
13.	They put me in punishment when I'm naughty… at school…Since I get angry, I don't do anything and sometimes they accuse me wrongly.	They are angry about school They have no patience	Anger over school obligations Lack of patience	Family relationships

	Interview question: *What would you change in your relationship with your parents?*	**CODE**	**SUBTHEME**	**THEME**
2.	… .I would like them to listen to me a hundred times, to know what I'm talking about… you can't explain to mom… she immediately tells that the talk is over- finished story… it's boring… I feel stupid and miserable…	The desire to be heard Bad feeling	The need for understanding	Expectations from family relationships
3.	I would like… to shout less …… they expect the way I should get …… they don't understand when I need some advice… they say: no, no, I can't now…	The desire to be heard Less quarrels Desire for advice	The need for understanding	Expectations from family relationships
5.	… .I would like to know that I used to be good at school and that I try… and that I ate breakfast at school…	The desire to be heard	The need for understanding	Expectations from family relationships
	Interview question: *What would you change in your relationship with your parents?*	**CODE**	**SUBTHEME**	**THEME**

7.	And I expect us to listen to each other… to be respected as I respect them… To believe that sometimes I am right… (gives an example when he walked the dog and no one believed him that he really walked the dog)	The desire to be heard trust	The need for understanding	Expectations from family relationships
8.	… When I tell how I quarreled at school, so they don't want to listen to me… they say to solve it with the class teacher… it makes me angry…	The desire to be heard	The need for understanding	Expectations from family relationships
10.	… .With mom I wouldn't change anything… and with dad I would see him more	Spend more time with father	The need for intimacy	Expectations from family relationships
11.	It suits me how they behave now… would not change anything	Wouldn't change a thing	No change	Expectations from family relationships
12.	… I would like them not to be angry and not to quarrel with me… to listen to me… to hear what I have to say…	The desire to be heard	The need for understanding	Expectations from family relationships
13.	… Sometimes they accuse me wrong. They don't listen to me… so I get sad…because they don't believe me…. But now it's over… and now I'm doing everything…	The desire to be heard trust	The need for understanding	Expectations from family relationships

Topic area: adults (teachers)

1. What meaning do children with ADHD attach to relationships with teachers, and what are the expectations of those relationships?

2. Are there any procedures that would help and make it easier for students with ADHD to cope and function at school?

	Interview questions *Who is your favorite teacher and why?*	**CODE**	**SUBTHEME**	**THEME**
1.	P.E is not the best for me, because sometimes we are in a big hall and sometimes in a small one. Croatian language course is awful for me, because I don't like to write.	doesn't like Croatian language course and P.E	Aversion to some school subjects	Experience of school
2.	No, I don't like any teacher	There is no favorite teacher doesn't like any teacher	Negative attitude towards teachers	Experience of teachers
3.	Yes… I don't know	He has a favorite teacher, he doesn't know why he is his favorite	A positive attitude towards favorite teacher	Experience of teachers
4.	Mathematics… it's easier there… I'm the professor favorite student…	has a favorite teacher favorite	A positive attitude towards your favorite teacher	Experience of teachers
5.	Yes, biology teacher….	has a favorite teacher	A positive attitude towards your favorite teacher	Experience of teachers
6.	There is a… class teacher… because she is like a mom to us… she knows how to talk to us when there is a problem… she is always in a good mood… she has good ideas… she is funny	has a favorite teacher She talks to them, solves problems and is always in a good mood	A positive attitude towards your favorite teacher Understanding by the teacher	Experience of teachers

	Interview questions *Who is your favorite teacher and why?*	**CODE**	**SUBTHEME**	**THEME**
7.	Yes…Because he explains well je he is good to us..me	has a favorite teacher he is good to him	A positive attitude towards your favorite teacher Understanding by the teacher	Experience of teachers
8.	I think I have… I have some… Because they are good and they don't push us so hard… Sometimes we joke with them in class…	He has a favorite teacher	A positive attitude towards your favorite teacher Understanding by the teacher	Experience of teachers
9.	Yes… I love when he praises me	He has a favorite teacher	A positive attitude towards your favorite teacher Understanding by the teacher	Experience of teachers
10.	I have… He, for example… understands me…..he knows what situation I am in (?) He helps me… about the test… explain to me… it's a little difficult for me, he knows I can't… so he explain to me	He has a favorite teacher	A positive attitude towards your favorite teacher Understanding by the teacher	Experience of teachers
11.	Yes… Yes… because he understands me, he loves basketball… .understands what kind of man I am… .he is a great teacher… he asks me about things that are not related to school… he talks to me… I can confide in him, he gives me advice…	He has a favorite teacher	A positive attitude towards your favorite teacher Understanding by the teacher Trust	Experience of teachers

	Interview questions *Who is your favorite teacher and why?*	**CODE**	**SUBTHEME**	**THEME**
12.	Yes… To talk to him about everything… and about school ...he is honest with me… he talks to me… I can trust him.	He has a favorite teacher	A positive attitude towards your favorite teacher Understanding by the teacher Trust	Experience of teachers
13.	Yes… from the professional service (school psychologist)… Because he is my friend… he is great… we agree… because we see each other…a lot…	He has a favorite teacher	A positive attitude towards your favorite teacher Understanding by the teacher Trust	Experience of teachers

	Interview question: *Is there a teacher that you don't like?*	**CODE**	**SUBTHEME**	**THEME**
1.	Yes… (Pause)… don't like her...she always warns me… Sometimes I get angry and sometimes no… sometimes I get angry, and then the teacher hates me… sometimes when I was angry at the teacher, she wanted to cheer me up… .TWICE TIME… That it bothers me, because when V. (name of peer) told me that the teacher would be more and more strict… so I was afraid because of that… I was very worried	The teacher constantly warns him	Fealing ashamed	Experience of an negative relationship with teachers
2.	No, I don't like any teacher …… I don't know… it's boring to listen to them ….They always warn me about my behavior … and I really wish I was home… and then when I'm late then they tell me V - you're late (imitates the teacher by tone)… and mom is constantly upset when I'm late… and I sleep soundly… it's not fair… And when teachers get angry, I think how I could threaten them, how I could ruin the school…because it's just that stupid… last week when the teacher was yelling… I cried… and I thought I would start yelling too, because I'm tired of her yelling… my ears already hurt… so let her feel a little bit what's going on around us..and when … And imagine how she is with us 28… I believe her… but I don't want her to yell at me anymore… because it's stupid and boring…and others…. I feel embarrassed in front of my sympathy… when she shouts like that, I get angry… but she shouts so much that I am scared of her… so one day, when she does it to me again, … I will start yell at her	feels embarrassed when they constantly warn him and shout at him	Negative attitude Shame Misunderstanding Shame for the warning Not understanding the needs Feeling of injustice	Experience of an negative relationship with teachers
	Interview question:	**CODE**	**SUBTHEME**	**THEME**

	Is there a teacher that you don't like?			
3.	There is… Only when I do problems…. I don't know ….I goof around under the lessons… I sing, so they warn me….when I am warned I realize that I don't have to do it, so I try not to do it anymore…. When he warns me, it feels a little bad….	feels bad when he is warned	Misunderstanding Shame No trust	Experience of an negative relationship with teachers
4.	Some professors don't understand how i feel… They yell at me when I tell them I didn't get to write something… they start yelling… if I do something wrong… they send me to special education teacher immediately… I'm embarrassed when everyone looks at me and the professor yells at you… would you be embarrassed? I'll tell you how I feel about geography… here… the professor says something and I usually sit there (back row corner bench) and then the others start throwing papers at me… and then I fight back…so when teacher see… I say they started…and then she trusts them more than me…	Teachers don't understand how feelings embarrassed when warned Teacher doesn't trust him	Shame Distrust	Experience of an negative relationship with teachers
5.	Yes… they constantly warn me, so I'm ashamed	embarrassed when warned	Shame	Experience of an negative relationship with teachers
6.	Yes …… because of talking he constantly warns me. That bothers me	embarrassed when warned	Shame	Experience of an negative relationship with teachers
7.	Yes….when I talk… He misjudges… blames without thinking. Everything has to be their way… they have a bad relationship… I would like them not to get angry right away…	Teachers don't understand how feelings embarrassed when warned	Shame	Experience of an negative relationship with teachers
	Interview question: *Is there a teacher that you don't like?*	**CODE**	**SUBTHEME**	**THEME**

8.	So yes… but not much… they warn me when I do something stupid… I don't know… I do… I usually do some nonsense… I'm goofing around… I throw my bag on the floor, then they warn me… I'm angry at the professor when they accuse me when I'm not guilty, but I'm also sad …	Teachers don't understand how feelings embarrassed when warned Teacher doesn't trust him	Shame Distrust	Experience of an negative relationship with teachers
9.	Yes … .they warn me … .When I fight with someone… everything like that…… And something else but I wouldn't talk about it…	embarrassed when warned	Shame	Experience of an negative relationship with teachers
10.	Yes…. they warn me sometimes, when I talk…. When I talk in class with a friend ….when I do something and it is not in the task… I draw… It calms me… when I draw….	They warn it bothers because they don't understand that some behaviors are calming	Shame Misunderstanding	Experience of an negative relationship with teachers
11.	Yes… they warn me.…Most when I throw paper in the bin… because of banal things… sometimes they blame me when I'm not guilty…. Yes… they say that I am a brat	They are falsely accusing him They insult	Shame Misunderstanding	Experience of an negative relationship with teachers
12.	There are a lot of them …… Because they have changed… they have a different relationship… they don't warn me much… but when they warn and when I'm not guilty, it bothers me…. They warn me the most for talking.	Teachers don't understand how feelings embarrassed when warned	Shame Misunderstanding	Experience of an negative relationship with teachers
13.	Yes…..Because they always make me angry ….I say something and the teacher interrupts me… I always turn out to be guilty. They often warn me… because… I don't know… but it bothers me… Because they get angry when I'm not guilty.	Teachers don't understand his feelings doesn't trust him embarrassed when warned	Shame Misunderstanding	Experience of an negative relationship with teachers

	Interview questions: *What would you like teachers to know about you?*	**CODE**	**SUBTHEME**	**THEME**

	What would you change in your relationship with teachers?			
1.	If she only praised me… she did for two slips of paper… a long time ago… she praised me and gave me a smile face… and wrote bravo… the teacher wrote bravo to me on two slips of paper and gave me stickers	likes to be praised	Desire for praise	Expectations from the school environment
2.	I tried to tell the teacher how I felt…. I tried… she didn't listen to me…. I think if she did, she would tell me (imitates the teacher) V… do you know how I feel… stop stop...don't want to hear….maybe it would be different … but I'm afraid… as a student I'm afraid	Tried to express feelings, did not find understanding	The need for understanding	Expectations from the school environment
3.	… Then I'm fine, because the teacher praised me… I wouldn't tell them anything	likes to be praised	Desire for praise	Expectations from the school environment
4.	If I told them something, I would be out of this school today… I would tell them that I should change too, but that they should change as well	afraid that can't share feelings, would love to change relationships	The need for understanding	Expectations from the school environment
5.	… if you are a teacher you should know how to talk… not call student parents right away… you should know how to solve problems with children…	expects teachers to have more understanding for the problems	The need for support The need for Respect for student needs	Expectations from the school environment
6.	Nothing different then us… to respect…. us, this… answering for grade by agreement… I would like them to know that I also try hard in sports and in everything…to praise me… I mean, he doesn't have to praise me… but to know…sometimes it makes me angry…	would like teachers to know how to put in the effort, to praise, to respect	The need that teachers recognize positive traits	Expectations from the school environment

	Interview questions: *What would you like teachers to know about you?* *What would you change in your relationship with teachers?*	**CODE**	**SUBTHEME**	**THEME**
7.	… .I would like them to not get angry right away…	would like them to be less angry with him	The need for understanding	Expectations from the school environment
8.	I don't know if they know that I tried…sometimes I say… but… I don't know… I try… I have instructions… now I got C… so it's my success…	would like them to know that he put in the effort	Desire for praise	Expectations from the school environment
9.	When I do something bad, then they are not good to me… if not, then they are	Aware of the diversity of relationships in relation to behavior	The need for understanding	Expectations from the school environment
10.	They have to behave better… to be stricter… they have to be angry… I have to figure out that I can't do that… it calms me down when I draw… I think some might even listen to me if tell them…	would like them to be stricter would like them to know that some behaviors calm him down	The need for understanding	Expectations from the school environment
11.	Some don't pay attention to me e.g. I would like to tell him… I would like to say what I am… I would like to change the principles of work….	would like teachers to know what kind of person he is	The need for understanding	Expectations from the school environment
12.	To lower the criteria, to be able to speak openly… that I can come to the professor to tell what is bothering me… to help me… and I don't do that anymore, because when I tried they didn't do anything… If everyone treated me better and I would be better towards them	More understanding, support and help. better relationship with teachers	The need for understanding	Expectations from the school environment

	Interview questions: What would you like teachers to know about you? What would you change in your relationship with teachers?	**CODE**	**SUBTHEME**	**THEME**
13.	I wish teachers knew I was good. To praise me…They mention me… mostly because when I don't do the task… I feel threatened… scared… I would tell them - I didn't manage… but I'm shy. Let them help me and then I will solve….	Would like teachers to know what kind of person he is, to praise him. To understand the needs, to help solve tasks	The need for understanding	Expectations from the school environment

Biography of the author

Davorka Dragojević was born in 1978 in Zagreb. After finishing high school, she enrolled in the Faculty of Educational Rehabilitation Sciences at the University of Zagreb. During her senior year, in order to prepare her graduation thesis, she enrolled in an in an internship program in the USA at an institution for the rehabilitation of people with disabilities, supported by dolphins, in order to collect the data necessary for the preparation of her graduation thesis. She graduated in 2007 by defending her thesis entitled "Rehabilitation with Dolphins" under the mentorship of Prof. Dr. Sc. Lelie Kiš-Glavaš.

The first formal employment was in the “IDEM” NGO Association, as the coordinator of the project of mobile expert teams and teaching assistants, under the leadership of Prof. Ljiljana Igrić, Ph.D. After completing the project, she was employed in a regular elementary school as a professional associate rehabilitator. For the next 3 years, she worked as a professional exchange assistant in three elementary schools in the Zagreb area.

In the spring of 2013, she was employed at COO Vinko Bek, first as an educator and then as a teacher in school for blind and partially sighted children. In 2016, she moved to the position of educational rehabilitator in integration, where she works until today.
Research interests are focused on inclusive education of children with ADHD, children with visual problems, and persons with disabilities in general.

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