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EMOTIONAL CONSCIOUSNESS AT CHILDREN WITH ADHD

Consciousness as a concept is analyzed for many years. Michelle Maiese (2011) supports the Essential Embodiment Thesis (EE) considering that the human consciousness is structured by embodiment. Consciousness is animate, enactive, and embodied through our perceptions and actions. The expression of emotions is given through the primitive bodily awareness of sensorimotor subjectivity. The emotional consciousness is described through the intrinsic structure of sensorimotor subjectivity, because the emotions are the fundamental expression of human subjectivity, conative affectivity, and intentionality.

The present essay analyzes the emotional consciousness through the Michelle Maiese approach, focusing on the intrinsic structures of sensorimotor subjectivity. In the first part of the essay we will debate the consciousness and emotional consciousness concepts, and in the last part we will focus on how can be defined the emotional consciousness at children with attention deficit/hyperactivity disorder (ADHD). Considering the theme of the present essay, we emphasize the novelty of the interdisciplinary approach between psychology, psychiatry and philosophy in analyzing the emotional consciousness of children with ADHD.

CONSCIOUSNESS AND EMOTIONAL CONSCIOUSNESS

Consciousness as a concept is analyzed for many years. Consciousness is a subjective experience in terms of self-consciousness or self-reflection, which help us to have an individual ability to know and analyze our thoughts about ourselves. Smith (2016) argues that in the classical view, consciousness represents the people, events, or the environment as phenomenon in conscious experiences of seeing, thinking or acting. The consciousness of what is surrounding us characteristically includes a form of self-consciousness, and an outward awareness. Both forms of awareness (outward an inward) construct our consciousness as a phenomenality. The author argues that the philosophy of consciousness is focused through an interpretative theory about the structure of consciousness. Zahavi (2005) argues that phenomenologists are nearly unanimous agree when it comes to the relation between consciousness and self-consciousness. Consciousness is considered a question of the mind directing its intentional aim upon its own states and operations.

Smith (2016) considers that the structure of consciousness could be analyzed through the cognitive phenomenology, which explains the lived experience of consciousness, and through the practice of phenomenology which analyze the theory of consciousness. Another interesting approach is defined by Gallagher (2005, as cited in Maiese, 2011) who argues that consciousness is structured by embodiment,

the body schema that is considered a system of habits, movement or motor program, which operated below the level of self-referential intentionality and does not show up explicitly in the contents of consciousness. The author distinguishes the body image by the body schema. He considers that the body image presents a set of perceptions, attitudes and beliefs regarding our own body, on the other hand the body schema represents a set of sensory-motor capacities that function without awareness or the necessity of perceptual monitoring. This means that the body schema allows subjects to move around in the world and forget about his or her body, being focus elsewhere. According to the author, none of the dynamic sensorimotor processes that constitute to the body schema are phenomenologically accessible. The body image involves explicit and reflective self-awareness, while the body schema involves implicit pre-reflective self-awareness

Consciousness should be understood as a living activity, as what we are doing with and through our living bodies and brains, rather than a something that has a locus somewhere deep inside us, in the brain or central nervous system alone (Maiese, 2011). Michelle Maiese supports the Essential Embodiment Thesis (EE) considering that the human consciousness is structured by embodiment. Consciousness is animate, enactive, and embodied through our perceptions and actions. Varela and Depraz (2005 as cited in Maiese, 2011) consider that objects, events or other triggers affect us, and their meaning and importance is felt. Their importance can have a positive, negative or a mixed valence. These values appear when our body is in relation with the world through a form of tension in a dynamic polarity taking several forms, such as: like-dislike, attraction-rejection, and pleasure-displeasure. The emotional consciousness is described through the intrinsic structure of sensorimotor subjectivity, because the emotions are the fundamental expression of human subjectivity, conative affectivity, and intentionality. The expression of emotions is given through the primitive bodily awareness of sensorimotor subjectivity. An extended definition of emotional consciousness it is presented in next paragraphs, after a short description of the intrinsic structure of sensorimotor subjectivity.

THE INTRINSIC STRUCTURES OF SENSORIMOTOR SUBJECTIVITY

Maiese (2011) considers that our embodiment defines the contours of sensorimotor subjectivity, and influences all other modes of consciousness. The author argues that the world is shown through our perceptions, actions, thoughts or memories as a result of our bodily structure. Thompson (2077 as cited in Maiese, 2011) defines the sensorimotor subjectivity as a bodily feeling regarding an implicit, tacit and pre-reflective experience. The pre-reflective state is defined as a non-observational awareness that allows the body to remain experientially transparent.

Maiese (2011) emphasizes that is important to make a distinction between a high-powered conception and a low-powered conception of consciousness, for a better understanding of sensorimotor subjectivity. The author names the differences between these two conceptions through body image and body schema. The body image explains the high-powered conception of consciousness. The sensorimotor subjectivity represents a matter of experiencing oneself as a "situated, forward-flowing, living organismic body of a suitable degree of neurobiological complexity" (Maiese, 2011, p. 21). Considering this, the subjective experience is linked with the whole living body and its egocentric spatio-temporal orientation. Maiese (2011) describes five intrinsic structures of sensory-motor subjectivity, namely: conative affectivity, egocentricity, spatiality, temporality, and intentionality. In next paragraphs we present a short description of each structure for a better understanding of the sensorimotor subjectivity.

1. *Conative affectivity* represents the subjective feeling, being the experiential aspect of consciousness. Maiese considers that conative affectivity is the desire-based affectivity expressed through the primitive bodily awareness. We develop different needs which provide different desired things. Our felt needs are strongly linked with the desired things. Maiese considers that if something impacts our body and we are feeling good, we start to desire it; and if something provokes our body and we are feeling bad, we start to avoid it. Considering this, all our perceptions, cognitive processes, and actions have a qualitative feel, and how we are feeling is linked with our felt needs and desires.

2. *Egocentricity* is part of the sensorimotor subjectivity and defines an inner source-point which helps us to express our own point-of view. This structure is presented by Maiese in relation to the subject-object status of the body. The author argues that ego is where the body is, and this reacts through an inner source to the outer world. The sensorimotor subjectivity is considered immanently reflexive, including a specific sense of self, a direct awareness of itself. This represents the egocentricity aspect of the sensorimotor subjectivity, the bodily sense of self.

3. *Spatiality* also represents an important feature in the sensorimotor subjectivity and means that the body defines a source of this spatiality. Our subjective experience is happened where the body is located. The body's proprioceptive capacities also give two different features of sensorimotor subjectivity, which make it orientable and balanceable. We are aware about our position, and implicitly aware of ourselves as facing left, facing right, right-side up, upside-down, or tipped sideways. Body schema, described in previous chapter, plays an important role in this feature of sensorimotor subjectivity. We are able to walk through space without bumping unto things, locate targets, or catch a ball with accuracy because of the information provided by body schema.

4. *Temporality* of our sensorimotor subjectivity describes that feature of our consciousness which helps us to perceive our states as occurring now or developed

in time. It helps us to be aware of the just-elapsed phase of experience, bodily consciousness right now, and an open and forward-looking horizon. Maiese (2011) argues the differences between retention and protention. Retention serves to provide sense of ownership for thoughts and actions, while protention gives a sense of where the thinking process or activity is going to be. When we analyze the temporality it is important to mention about the spontaneity, kinesthesia and motility as important aspects of consciousness.

5. *Intentionality* means that our actions, thoughts or movements are voluntare and directed to some target. Through the intention we are able to direct our consciousness at or toward objects, actions, locations, events or toward ourselves. Maiese summarizes the work of some researchers and argues that all intentionality necessarily involves: mental episodes (acts of states), mental topics or objects, and shared mental ways of representing those objects or contents. The author emphasizes that intentionality is a very basic level in awareness of one's body parts in relation to each other.

Maiese (2011) argues in this way that structure of sensorimotor subjectivity is necessarily conatively affective, egocentric, spatial, temporal, and intentional. The author considers that we should give a special attention to conatively affectivity, which is characterized in terms of desire-based and bodily feelings. It is important to conclude that each component of sensorimotor subjectivity structure is grounded in our neurobiological embodiment, and our lived body is situated in space and time, and interact with the world from its egocentric point of view.

THE EMOTIONAL CONSCIOUSNESS SEEN THROUGH THE INTRINSIC STRUCTURE OF SENSORIMOTOR SUBJECTIVITY

It is considered that the environment is a sensorimotor world of perception, action, and emotional significance (Maiese, 2011). Because of our movement and affectivity we engage in our experiences and actions. How we perceive the world and act depends on how we are experiencing the world in a bodily way. Our feelings such as the stress or the hungry constitute how we perceive the world and different possibilities for action.

As we presented in previous paragraphs, consciousness is animate, enactive, and embodied through our perceptions and actions. We remember that Varela and Depraz (2005 as cited in Maiese, 2011) consider that objects, events or other triggers affect us, and their meaning and importance is felt. Their importance can have a positive, negative or a mixed valence. These values appear when our body is in relation with the world through a form of tension in a dynamic polarity taking several forms, such as: like-dislike, attraction-rejection, and pleasure-displeasure.

Maiese (2011) considers that we should give a special attention to conative affectivity, which is characterized in terms of desire-based and bodily feelings. Our

organism's forward trajectory is conducted by desire and need. Considering this,, it is argued the fact that our basic emotions can be found in our biological structure. When we analyze the conative affectivity we focus on our self-regulation, and adaptivity. Thompson (2007, as cited in Maiese, 2011) defines adaptivity as a matter of being tolerant to change by actively monitoring perturbations and compensating for them. The adaptivity is a continuous change of the organism in relation with the world. This process goes to a subjective assessment of the world in terms of attraction or repulsion, making the environment from a neutral place to one that means something for us, for our organism.

The emotional consciousness is described through the intrinsic structure of sensorimotor subjectivity, because the emotions are the fundamental expression of human subjectivity, conative affectivity, and intentionality. The expression of emotions is given through the primitive bodily awareness of sensorimotor subjectivity. The body gives the frame through which the emotions can be expressed. Maiese (2011) considers that emotion is embodied in our motor system, in facial and motor changes as well as in readiness activation. Even so, it is hard to clearly identify the specific location of emotions in our body. The emotions are diffusely spread throughout the body and often are lived in and through one's body as a whole, or else are felt in relatively large regions (for example the stomach).

Maiese (2011) analyzes the emotional experiences through the O'Regan and his collaborators view who consider these experiences characteristics proprieties of sensory and perceptual experience. These characteristic proprieties of sensory and perceptual experience are ongoing, forcible presence, ineffable and subjective. The bodily movements provide sensory stimulation and generate how a stimulus interacts and affects our sensory apparatus. These interactions affect the way of how we experience the world emotionally. The sensory experience is our, each person has his or her own experience, and this define the subjectivity of the emotions.

The emotional consciousness manifests not only through the conative affectivity, but also through the other four intrinsic structures of sensorimotor subjectivity (Maiese, 2011). As we presented earlier, the conative affectivity is necessarily involved in the emotional consciousness because of the experiential states and the qualitative feelings. The emotional consciousness is egocentric because the emotional experience reveals how the subject is faring in the world; the experiences are ours and nobody else. Thirdly, the emotional consciousness is a spatial frame of reference, and the body is the source of spatiality. We experience our emotions where our body is located, and this has a uniquely location. Fourthly, the emotional consciousness is considered temporal, because our emotions are embedded in time in relation with the past time, the present, or the future time. Lastly, the emotional consciousness is necessarily intentional. The emotions are directed, even if there is not a clear object that triggers them. Some objects or evens grab our attention and

cultivate our actions, while others do not, and this means that our emotional consciousness is involved.

Maiese (2011) concludes her approach on the essential embodiment thesis considering the definition of the consciousness in general, the definition of emotional consciousness in particular, and also analyzing the primitive bodily awareness called sensorimotor subjectivity. Considering this theory, in the second part of the present paper we will present the emotional development of a specific category of children who are diagnosed with attention deficit/hyperactivity disorder (ADHD), starting with the definition of ADHD.

ATTENTION DEFICIT/HYPERACTIVITY DISORDER

It is known that achieving an adequate level of impulse control is one of the most important developmental tasks during childhood and adolescence (Rauch, Gold & Schmitt, 2012). Impulse control, among the various cognitive and personality traits, plays a central role when it comes to predict important school achievement or life outcomes in general. For teachers it is very important to develop this feature in students' personality. The problem appears when students cannot control themselves because they suffer from different disorders. One of these disorders could be Attention Deficit/Hyperactivity Disorder (ADHD). As we presented in previous subchapter, the characteristics of children and adolescents with ADHD are given by excessive motor activity, inattention and impulsivity. The clinical characteristics, basic concepts or the malfunctions' nomenclature for this diagnostic have changed over time, but most of them have the symptomatically frame as the contemporary literature show (hyperactivity, impulsivity and inattention).

Hawthorne (2013) considers that the initial causes of ADHD and the mechanisms that sustain it are not yet understood. The author summarizes next clinical hypotheses: dopamine transmission is slower in ADHD; the norepinephrine or other neurotransmitters may not have a correct function; a variation or delay in brain development it is primary in ADHD; or another hypothesis is defined by the potential environmental triggers such as maternal smoking during pregnancy, pesticides, television viewing or lead as causes of ADHD symptoms. The contemporary literature supports the theory that ADHD does not heal, being a disease that lasts throughout a diagnosed person's life (Barkley, 2006). In this context, over 50% of children with ADHD exhibit behavioral symptoms also into adulthood (Chang, Davis & Gavin, 2009). The most visual behavioral symptoms of ADHD are reflected by motor hyperactivity and impulsivity.

Barkley (1997) defined ADHD as a pervasive neurodevelopmental disorder characterized by developmentally inappropriate levels of inattention and hyperactivity/impulsivity. The American Psychiatric Association (2000) defined ADHD as being a persistent and elevated level of inattention and/or hyperactivity-

impulsivity. The core symptoms of ADHD are: inattention, hyperactivity, and impulsivity. These symptoms contribute to impairment in a variety of areas, such as social functioning (Hoza et al., 2005) and academic achievement (Frazier, Youngstrom, Glutting & Watkins, 2007). Children with ADHD are highly sensitive on the environmental stimulations, their behavior being quickly disturbed. They have a poor capacity of self-regulation when they are bored or frustrated; when they must resist to different impulses or when they must reorganize their responses as a result of confrontation with new situations (Douglas, 1988, as cited in Crone, Jennings & van der Molen, 2003).

Early signs of possible ADHD (Fewell & Deutscher, 2002) are easily observed in school environment, namely: these students act before thinking, change activities frequently, have a short attention span, fail to focus and to follow directions, distract easily, and have difficulty staying on task. The student's difficulties with sustained attention, controlling impulses, and staying seated often result in academic problems, social skills deficits, and peer and adults conflicts, paving the road to behavior and emotional problems (Ohan, Cormier, Hepp, Visser, & Strain, 2008).

Department of Education (2005 as cited in DuPaul, 2007) presents that a large number of students with ADHD are receiving special education services, and are diagnosed with specific learning disabilities in a high percentage (41%) and speech-language impairments (15%). It is also noted that 65,8% have other health impairments, 20,6% emotional disturbance, mental retardation (20,2%). The management of emotional experiences represents an important determinant of functional social skills of children (Jones, 2002). In the last part of the present paper we present some features of emotional development of children with ADHD. Emotional consciousness of children with ADHD has specific characteristics which we would like to identify in our next analysis.

EMOTIONAL CONSCIOUSNESS AT CHILDREN WITH ADHD

As we mentioned in previous paragraphs, attention deficit/hyperactivity disorder (ADHD) is defined as a pervasive neurodevelopmental disorder characterized by developmentally inappropriate levels of inattention and hyperactivity/impulsivity. Rafalovich (2001) analyzed in his research the *encephalitis lethargica* as an illness appeared in history as a starting point in describing ADHD. *Encephalitis lethargica* became a centerpiece of medical research starting with 1920 and was defined as an often fatal illness characterized by hallucinations, fever, or tremendous sluggishness. Starting with 1925 were emphasized the residual effects of this illness, named behavior residuals of encephalitic. The effects were also physical and psychological. In 1980 was presented a list of encephalitis lethargica' symptoms, namely: *emotional instability, irritability*, lying, impaired memory and attention, tics, *depression* and many others. Many of these symptoms are consid-

ered in current literature as manifestation of ADHD. Considering the definition of ADHD and the Rafalovich' observations regarding the emotional symptoms, we should analyze the emotional consciousness of children with ADHD stating from these findings.

The entry into adolescence does not eliminate the difficulties faced by children with ADHD, moreover, can worsen. They reach their teens with low self-esteem and self-confidence. Their emotional immaturity, the delay in their general development and the social maladjustment predispose them to a difficult adaptation. A significant percentage of adults with ADHD are at risk of developing conduct disorder, antisocial personality, substance abuse, depression, anxiety disorder or even crime in severe cases (Ramsay & Rostain, 2007). The ADHD diagnosis and its early intervention, as in other disorders, make the recovery process and the rehabilitation easier. If the diagnosis is not established in childhood or adolescence, in adulthood it is much more difficult. Some researchers confirm that adults with ADHD who consult the clinical specialists accuse symptoms of depression, addiction or anxiety, making them much more complicated for an accurate identification of main disorder and comorbidities (Ramsay & Rostain, 2007).

Due to pervasive and persistent symptoms, the *social difficulties* and problems are considered central for children with ADHD (Hinshaw et al., 1989). Their difficulties in maintaining the attention, in controlling their impulses or in staying sit lead to problems at school, at low social skills, conflicts with adults and peers, all of these paving the way to the behavioral and emotional problems (Ohan et al. , 2008). Armstrong (1999) considers that a few authorities working within the ADHD paradigm have written about the inner emotional worlds of children labeled with ADHD. He emphasizes that the literature as a whole is sadly lacking in a rich account of the personal emotion of these children. For a complete understanding of children with ADHD we also must have a sense of their inner emotional lives. This understanding is important for helping them to become successful in school and life.

The management of emotional experiences represents an important determinant of functional social skills of children (Jones, 2002). The socio-cognitive researches demonstrate the importance of self-attributions for an adaptive or maladaptive functioning of children with ADHD (Johnston & Leung, 2001). To explain this theory, the authors provide examples of using the medication in treating ADHD. There are concerns that in using medication, this therapy can lead to attribution of success and not the children with ADHD rehabilitation strength. If the attributional style is associated with external factors (for example "the therapist is most important, without him I cannot handle", "the medication is that one who is helping me" etc.), the risk is higher to develop the helplessness learned. Conversely, if the attributional style is associated with internal factors (for example "I have the power to control myself," "If I make the effort, I can concentrate" etc.), then it can devel-

op positive traits such as optimism or ambition. Boys diagnosed with ADHD and depressive symptoms often have a negative perception of themselves. In contrast, boys with ADHD without depressive symptoms tend to have a positive perception called "positive illusion" (embodied in overestimation of their skills) (Hoza et al., 2004). Because children with ADHD often face setbacks and failures in different areas, they are predicted in this way of thinking, characterized by positive illusion. Those boys with ADHD who also show aggression, tend to have a distorted perception of themselves in all social conjunctures and behavioral interactions. Considering these, it is needed to develop the emotional consciousness of children with ADHD, even if they are diagnosed with emotional disorder or not.

The adverse events and the hostile social situations, the negative emotions, or the internal conflicts or states developed by children with ADHD should not be overlooked or underestimated (Jones, 2002). The author believes that children's ability to control and adjust their affects is dependent by the caretakers' empathy and harmony. When the parents are not emotionally available or when their answers are repeatedly inconsistent, the child will most likely develop an emotional imbalance. Adult' emotional sensitivity is the major determinant of how children learn to manage stressful situations and how to relate to others. If the comorbid disorders have a high level of severity, the adjustment problems of children with ADHD are more common and more intense. If a child with ADHD is diagnosed also with anxiety disorder, the parent and child relationship becomes more difficult, because there were issues regarding the acquisition by the child autonomy and independence manifestation. Parents of children with ADHD and comorbid anxiety disorder have less developed parenting skills and are overprotective (Jarrett, 2013). The researches demonstrate that 30% -40% of children diagnosed with ADHD also meet the diagnostic criteria for the anxiety disorders (Tannok, 2009 as cited in Jarrett, 2013). Considering these, we can conclude that in our process of developing the emotional consciousness of children with ADHD we should analyze closely the environment where they are raising. We believe that the emotional consciousness of children with ADHD should receive much more attention from the researchers, having positive consequences in different domains (sociological, educational, and so on).

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ABSTRACT

Consciousness as a concept is analyzed for many years. In the first part of the essay debate the consciousness and emotional consciousness concepts, and in the last part we focus on how can be defined the emotional consciousness at children with attention deficit/hyperactivity disorder (ADHD). Michelle Maiese (2011) supports the Essential Embodiment Thesis (EE) considering that the human consciousness is structured by embodiment. The present essay analyzes the emotional consciousness

through the Michelle Maiese approach, focusing on the intrinsic structures of sensorimotor subjectivity. Considering the theme of the present essay, we emphasize the novelty of the interdisciplinary approach between psychology, psychiatry and philosophy in analyzing the emotional consciousness of children with ADHD. Attention deficit/hyperactivity disorder (ADHD) is defined as a pervasive neurodevelopmental disorder characterized by developmentally inappropriate levels of inattention and hyperactivity/impulsivity. The literature as a whole is sadly lacking in a rich account of the personal emotion of these children. For a complete understanding of children with ADHD we also must have a sense of their inner emotional lives. This understanding is important for helping them to become successful in school and life.

KEY CONCEPTS: embodiment, ADHD, emotional consciousness