

Emotional Deprivation And Its Relationship To Hyperactivity Among Primary School Pupils

Ashwak Saber Nasser

Al-Mustansiriya University/College of Basic Education
ashwag.edbs@uomustansiriyah.edu.iq

Article History: Received: 11 January 2021; Revised: 12 February 2021; Accepted: 27 March 2021; Published online: 4 June 2021

Abstract - The current research aimed to identify emotional deprivation and hyperactivity and the relationship between them among primary school pupils. The sample of the current research was limited to (100) male and female sixth-grade students selected in a random way. The researcher has prepared two tools, namely, the emotional deprivation scale, which consisted of (28) items and the hyperactivity scale and this consisted of (30) items. For these two scales, the researcher also extracted the psychometric characteristics of honesty, stability and discrimination of the items. After applying the scales, the results showed that there are statistically significant differences between the mean of the sample and the hypothetical mean and in favour of the sample mean on the emotional deprivation scale and the hyperactivity scale. There is also a significant relationship between emotional deprivation and hyperactivity.

Keywords: emotional deprivation, hyperactivity, pupils.

1. Introduction

1.1 Research problem

The upbringing of children in a family atmosphere characterized by emotional neglect has a negative effect on them, so they tend to be introverts and move away from others. Emotional deprivation is one of the most dangerous phenomena that stands in the face of society's progress and threatens its cohesion as an improper social upbringing. Also, this negative phenomenon leads to children to commit psychological self-harming, which hinders their growth and the dependence on them as productive elements in the future. Caring for children is indicative of the progress of society, because building a healthy individual contributes to creating a better society in the future. The exposure of children to emotional deprivation can lead to the tendency of these children to deviate or engage in violence in various forms as a result of their lack of the necessary care for them, or their sense of rejection and cruelty by the environment in which they live (Al-Shahwan, 2002, p. 98).

The emotional deprivation of children did not depend on the external environment, but rather on violence prevailed inside the family, which was previously the safe environment for them. Children have received various forms of abuse within the family, and have been subjected to many types of psychological and physical abuse, illegal exploitation and emotional deprivation (Al-Rasheed, 1985, p. 39).

Among the behavioural problems that emotional deprivation can cause is hyperactivity in children, as a hyperactive child is one who is more too active and unable to keep quiet and still for enough periods than others of the same chronological age. Most of this activity is of an unwanted type that has no goal. As a result, the child's level of achievement is usually less than the level of his/her peers by one or two years, despite /her natural intelligence (Hetherington & Ross, 1988, p. 377).

Nasser's study (2011), which was conducted on a sample of (400) students with their ages ranged between (14-17) years, indicated that insecure attachment with parents and friends in late adolescence can be considered an influential factor in the stress model in dealing with situations associated with emotional deprivation (Nasser, 2011, p. 1).

In addition, the reaction that hyperactive children show to some school requirements, such as: sitting for long periods, preoccupation with what seem to them as meaningless tasks, appears in the form of a desire for hyperactivity, which irritates the teacher in the classroom. The negative responses of primary school teachers towards these children reached 90% of their total responses to the children as a whole (Williams & Stith, 1980, p. 275). Here it should be noted that the good behaviour of these children (even when they are intelligent) does not eliminate the negative effects of their unusual activity, and the annoying behaviours accompanying them (Ross & Ross, 1976, p. 12).

The problem of the current research becomes clear by answering the following question: - What is the nature of the relationship between emotional deprivation and hyperactivity among primary school pupils?

1.2 Research importance

Paying attention to childhood and adolescence and caring for them is one of the fundamental issues that are of paramount importance to all families of the world. Childhood represents the nucleus of development and paying attention to it becomes a criterion by which the progress of any nation is measured. Caring for children and adolescents

and helping them to raise the level of their abilities according to scientific principles has also become one of the goals of education, as the child is exposed during the following stages of his/her life to multiple and different influences. This highlights the role of family upbringing in the events of the compatibility process among children. Williams & Stiith (1983) note that research on socialization revolved around two topics. The first concerns the effect of the socialization process on the behaviour of the individual while the second concerns the method or nature of the process itself, as the tiring methods of raising children from the family have a great impact on compatibility and mental health. (Dao, 1988, p. 63).

In view of the difficulty of finding urgent solutions to psychological phenomena such as emotional deprivation, the importance of the role of psychologists and specialists in this case emerges in response to the need to reduce the occurrence of abuse in society. This cannot be done without studying and understanding this phenomenon. Therefore, that specialists can: find ways to prevent it and also to treat it if it occurs. Naturally, the necessary preventive measures to confront this phenomenon, discover it and treat it in light of the extent of its spread in society is only done by studying this phenomenon. This is because it helps institutions of social and psychological services to develop and create a base of knowledge and skills necessary for specialists working in this field in relation to the dynamics of child abuse intervention and through training its personnel on the services to be provided (Star, 1987, p. 65).

In addition, scholars are not on one regarding how to classify the phenomenon of emotional deprivation whether as a private problem or as a general issue so that its theoretical concepts can be defined. This is to determine the nature of the appropriate intervention to deal with it because such phenomena are seen as related to family life and the relationships of its members with each other and their psychological conditions. This requires that, when it occurs, the intervention is directed to the family in order to achieve psychological and social balance in its construction (Dallos & Maclaughlin, 1993, p. 67).

Garbarino (1990) adds that if the phenomenon of children at risk of psychological and behavioural immaturity is to be studied, it should be studied in the context of the phenomenon of emotional deprivation among children. Moreover, if standards of care are to be developed to improve emotional and mental development, and improve self-identity, specialists and society in general must reach an integration of the social initiation of both as well as a scientific definition of the phenomenon. This is in order to be able to formulate a policy of care and intervention procedures that protect children from harming aspects of psychological development as a result of emotional deprivation. Therefore, the importance of the current study comes to explore the extent of the problem of emotional deprivation for children, and the extent of the seriousness of the damage it causes to their personality. The results of this study will certainly be useful in several aspects, including emphasizing the effects of emotional deprivation in the emergence of serious behavioural and emotional disorders, and in the rapid diagnosis of cases of emotional deprivation. This will help to protect children from its tragic consequences and alert school administrations to follow up on parents of students who abuse their children, and to clarify the danger of this to their children's present and future. It will also help to come up with ways for parents to address their children's problems. It was found that most mothers and fathers who abuse their children are completely ignorant of the proper ways to deal with their children's behavioural problems. The results of this study can contribute to the development of some proposals and solutions that can be used in psychological and family counselling to treat the problem of emotional deprivation for children. (Nasser, 2011, p. 11). We also have Al-Baaj's study (2019) which indicated that there is a significant positive correlation among intermediary school students between emotional deprivation and cognitive failure (Al-Baaj, 2019, pp. 333-358).

The children of the primary stage, whose ages range from (6-12) years, are characterized by activity and vitality (Rashid, 2002, p. 21). Hyperactivity is a widespread childhood disorder, and this term abbreviates a group of behaviours that represent difficulties for the child. The hyperactive child is more mobile and active, more distracted, more impulsive, and less obedient and compliant than the normal child, especially in situations that require inactivity, calmness and concentration of attention as well as obedience to systems and orders such as the class system (Buss, 1978, p. 184). Hyperactivity often appears in early childhood and continues into later childhood and may extend into adolescence (Clark-Stewart *et. al.*, 1983, p. 265). It has also been emphasized that while the hyperactive child may be provoked into a state of double activity, he/she is able to maintain a certain level of acceptable behaviour and this depends on the extent of acceptance and parental warmth that the child enjoys (Ross & Ross, 1976, p. 75).

The results of the study of the Educational and Psychological Research Centre at the University of Baghdad (1982) on the abnormal behavioural aspects of primary school students revealed that the feature of instability, poor concentration of attention within the classroom, and a large number of involuntary compulsive acts come at the forefront of the features revealed by the aforementioned study. It also revealed that the percentage of students whose scores fall within the range of abnormal traits amounted to 13.9% of the research sample. In addition, the characteristics of a hyperactive child affect not only his/her ability to learn, but also /her interaction with others and his/her acquisition of social behaviour (Durri, 1982, p. 182). As parents usually suffer from difficulties in bringing up the hyperactive child and adapting him/her according to family and community controls, his/her behaviour goes

often outside the expectations of adults. This child is also unable to pay enough attention to the hints and signals issued by the parents about what he/she should do (Wood, 1973, p. 143). This may occur at a time when parents prefer the child to be obedient, adjustable. Thus, when hyperactivity is combined with a weak ability to pay attention and focus, then the child is in a situation in which he/she moves from one activity to another, whether when performing a certain work or at play. This occurs in a rapid succession and in a way that his/her behaviour becomes unexpected, which raises the concern and discomfort of parents (Allman & Jaffe, 1978, p. 64). Hyperactivity is usually accompanied by emotional intensity, as the hyperactive child shows more intense feelings than the normal child and often has longer and more powerful outbursts of anger, which arouse the censure of those around him/her (Dunn *et al.*, 1979, p. 309). From the above, it can be said that the importance of this study manifests itself in the need to identify the nature of emotional deprivation to find a professional mechanism for preventive and curative intervention based on accumulated scientific experiences and accurate knowledge of the problems experienced by this group of children. What confirms the importance of the current study is its educational aspect, which will be achieved through the detection of children with hyperactivity in our schools and the development of proper educational treatment. This relieves parents and teachers of some burdens.

1.3 Research Objectives

The current research aims to:

- Identifying emotional deprivation among primary school students.
- Identifying hyperactivity among primary school students.
- Elucidating the nature of the relationship between emotional deprivation and hyperactivity.

1.4 Limits of the research

The current research is limited to sixth grade students in primary schools in the Baghdad Governorate affiliated to the Third Karkh Education Directorate for the academic year (2019-2020).

1.5 Defining terms

1.5.1 Emotional deprivation

Glasser (2002) defines it "it is intentional or unintended behaviour by parents or caregivers of a child or adolescent that is persistent and repetitive and does not require physical contact of the child or adolescent, and is represented by psychological neglect, contempt (negative adjective) for the child and negative interaction with him/her and failure to perceive or recognise its individuality and exploitation in anti-social behaviours" (Glasser, 2002, cited in Nasser, 2011, p. 14).

The researcher adopted Glasser's definition as a theoretical definition of research. As for the procedural definition, the researcher adopted the degree which the individual obtains on the emotional deprivation scale in this research.

1.5.2 Hyperactivity.

This is known by several definitions, including:

According to the Diagnostic Statistical Manual of Mental Disorders (DSM-IV) of the American Psychiatric Association (APA) (1994) hyperactivity can be defined as "a pattern of behaviour characterized by nervous movement or fidgeting with hands or feet or squirming in their seat with difficulty staying in a seat when asked, difficulty maintaining attention, impulsively answering questions before the question is completed, difficulty following instructions, and organizing tasks, moving from one unfinished activity to another, severe mood swings" (APA 1994, pp. 276-277).

The researcher adopted the definition of the American Society as the basis on which the scale was prepared. As for the procedural definition, the researcher adopted the degree that the respondent obtains on the hyperactivity scale prepared in the current research.

2. Theoretical framework and previous studies

2.1 Theories that explain emotional deprivation

2.1.1 Psychoanalytic Theory: Psychoanalytic theory makes essential contributions in linking child abuse to his/her psychological development and adaptation. You see that dealing with the child in different situations during his/her upbringing, from breastfeeding to teaching him/her to walk and controlling the output, for example, are all situations that require intensive care. However, this care varies in terms of its intensity or softness, which makes room for important experiences on the psychological development of the individual. In the oral stage, the healthy psychological development of the child depends on the extent of satiation the child achieves in it and the warmth of emotion that surrounds him/her from the primary caregiver. The child's trust in the primary caregiver also depends on the extent of the care and attention surrounding him/her at that early stage of his/her life. Freud believed that satisfying the

emotional and security needs of the child would help in the growth of his/her independent ego and develop healthy relationships, not dependent on the primary caregiver (Freud, 1958, pp. 115-116).

Also, the self-reincarnation that takes its course at this early stage of the child's life leads him/her to resort to neglect and emotional deprivation in the future. This explains the phenomenon of repeated abuse across generations, which is called the cycle of violence (Mikulincer & Florian, 2000, pp. 260-273).

The exposure of children to abuse and neglect during childhood is related to their suffering from a wide range of emotional, behavioural, social and cognitive difficulties in the later stages of their lives, i.e. in late childhood, adolescence and also during adulthood. Many studies indicate that fathers who have been subjected to sexual abuse in childhood, practice harsh methods in raising their children (Ruscio, 2001, pp. 369-371). Some longitudinal studies have indicated that mothers who were subjected to emotional abuse in their childhood find it difficult to satisfy the emotional needs of their children. For example, kindness and tenderness (Robin & Davis, 1997, pp. 397-399). Freud believes that all emotional relationships of affection, friendship and trust are linked from the generative point of sexual life or arise from sexual desires (Dalbiez, 1983, p. 218).

2.1.2 Glasser theory (2002)

This theory sees emotional deprivation as intentional or otherwise behaviour by parents or caregivers for the child that is persistent and repetitive and does not require physical contact of the child. This is represented by psychological neglect, contempt (negative adjective) for the child and negative interaction with/her, and failure in realizing or recognizing his/her individuality and exploitation in anti-social behaviours. Accordingly, Glasser classifies emotional deprivation into five basic categories that accommodate all behaviours embodied in this abuse based on the general definition adopted for emotional deprivation. These categories are:

1. Neglect and lack of emotional response to the child and ignoring his/her feelings, emotions and expressive behaviours. It generally refers to the insensitivity of parents and their constant preoccupation with their problems, difficulties and their own work, and thus the child misses his/her psychological presence when needed, in addition to the lack or lack of supervision and follow-up.
2. Placing negative characteristics or qualities on the child in addition to attaching hostile tendencies to him/her, distorting his/her reputation, ostracizing him/her, belittling him/her or degrading him/her, and believing that this child deserves such treatment. This leads to children growing up as victims of this category of emotional abuse by acknowledging the validity of the characteristics affixed to them and acting upon them at the same time.
3. Parents' failure to recognize and recognize the child's individuality, abilities, and unique psychological characteristics. This includes using the child to meet or fulfil the parents' psychological needs, and the inability to distinguish between the child's reality, the limits of his/her world, the privacy of this world, and the beliefs and desires of adults.
4. Failure to develop the child's social adjustment abilities and skills. This includes the child's acquisition of antisocial deviant behaviours (corrupting or encouraging behavioural deviation) and psychological neglect (failure to provide mental stimulation or opportunities for exploration and learning).
5. Emotional deprivation also includes isolating children, restricting their movement and motivation to explore, learn, and engage the child in criminal activities. The patterns of emotional deprivation of the child are not limited to direct abuse of him/her but also extend to include those around and close to him/her especially mothers. The child has many negative feelings the negative effects of which last for a long time in him/herself and his/her personality. Perhaps one of the most prominent of these patterns the child was exposed to are scenes of domestic violence. Some husbands beat their wives in front of his/her children. Although the child may not be subjected to direct beatings from the father, the sight of the mother being beaten in front of them creates panic and fear in some. It also instils cruelty and severity in the hearts of some children, which makes them do the same with their younger siblings, or with pets at home. This problem has become a threat to family stability (Justice, and Justice, 1990 , p. 57).

2.2 Theories that explain hyperactivity

2.2.1 Bettelheim's theory (1973)

Bettelheim argues that hyperactivity appears when a predisposition to Attention Deficit Hyperactivity Disorder (ADHD) combines with poor socialization from the parents. A child who has a predisposition to hyperactivity and

mood swings feels more stressed through the mother who becomes dismissive of her child and gets impatient easily and the child is unable to comply with the requirements of obedience to the mother. Therefore, the mother becomes more passive and rejecting, and the relationship between the mother and the child becomes a battleground. The degree of passivity and hostility of the mother directed towards her child with ADHD showed high levels of outward antisocial behaviour on the part of these children. The Fels Research Institute's longitudinal study of child development provides research evidence consistent with Bettelheim's hypothesis, where it was found that mothers of children with ADHD are hyperactive and critical of their children and relatively unloving even during the cradle stage. Moreover, it was found that ADHD resulting from emotional frustration quickly disappears with the demise of the surrounding factors such as psychological pressure and family balance disorder or factors leading to tension (Bettelheim, 1973, cited in Al-Khatib & Al-Hadidi, 1997, p. 78). It was also found that the parent-child relationship is a two-way relationship, as the behaviour of each is determined by the actions and reactions of the other. While the parents of hyperactive children give them more commands and negative interactions, we find that children are less docile and more negative in their interactions with their parents. There are two ways in which learning may interfere with hyperactivity, and these are: -

- A) Some undesirable behaviour of the child can be directly reinforced by drawing the attention of parents, peers and teachers, and tantrums allow the child to do what he/she wants.
- B) Hyperactivity may be modelled on the behaviour of parents and siblings (Al-Khatib & Al-Hadidi, 1997, p. 78).

2.2.2 Behavioural theory:

The behavioural theory is one of the theories that use the experimental method and have practical applications in the leadership and educational field. Inappropriate behaviour direction in treatment includes the following:

- Defining desirable and undesirable behaviour in an objective, observable manner.
- Measuring behaviour by means of observational procedures.
- The use of intervention methods based primarily on the laws of learning.
- Evaluation of the effectiveness of the program by observation.

The content of the behavioural theory is summed up by the phrase (behaviour is governed by its consequences), and this theory is concerned with the apparent inappropriate behaviour and designing the appropriate intervention program to work on changing and modifying the observed behaviour. Scientists have reached to the interpretation that hyperactivity disorder is nothing but habits that the child learns to reduce his/her degree of tension, anxiety and the intensity of his/her motivation and then form associations through conditional reflexes. However, those conditional associations occurred wrongly and satisfactorily and in the same way. Therefore, the therapist only has to extinguish this pathological conditioned reflex and teach the individual new conditioned reflexes and associations instead of those pathological associations (Yahya, 2000, pp. 39-40).

3. Methodology

3.1 The research community:

The current research community was defined as sixth grade students in the primary stage for the academic year (2019-2020). Their number reached (23,778) male and female students, with (14781) males, and (8997) females distributed over the three schools located in Al-Kharkh in Baghdad Governorate.

3.2 Research sample:

Upon determining the third district of Karkh as the research site, the researcher chose the primary schools randomly. A total of 50 male and female students were from each school were randomly selected. The total number of them reached (100) male and female students from the two schools of Al-Tafani and Al-Tasami.

3.3 The research tools

3.3.1 Paragraphs formulation: Paragraphs were formulated for each of the emotional deprivation scale and the hyperactivity scale, where the researcher extracted a set of clauses based on previous studies and measures. The emotional deprivation scale included (30) items, while the hyperactivity scale included (32) items.

3.3.2 Validity of the items:

The items of the emotional deprivation scale and the hyperactivity scale in their initial form (Appendices 1 and 2) were presented to a group of experts (10 experts in total) specialized in educational and psychological sciences. The purpose of this procedure is to judge the items of the scales, and determine the valid ones and the invalid ones. This is also in order to make the appropriate modification on the items and check the appropriateness of the answer alternatives for the scale items. A percentage of 80% or more was adopted on the item in order to be considered valid

Emotional Deprivation And Its Relationship To Hyperactivity Among Primary School Pupils

and to be retained in the scale. In light of the experts' opinions, all the paragraphs were retained as they obtained an agreement rate of more than 80% with a modification in some paragraphs of the scales. Thus, the scales in their initial form consisted of (30) emotional deprivation scale items, while the hyperactivity scale included (32) items.

3.3.3 Statistical analysis of the scale items:

The researcher used two methods to analyse the items. The first is calculating the discriminatory strength to verify its characteristic. A random sample of primary school students was selected. This sample consisted of (160) male and female students, which is not the main application sample. The grades obtained by the students were arranged in descending order, i.e. from the highest to the lowest degree. Then the upper and lower 27% of the scores were chosen to represent the two extreme groups. The two groups included (86) male and female students, equally divided by each group: (43) male and female students. The researcher then used *t-test* for two independent samples, in order to test the differences between the highest and lowest group for each paragraph of the scale. The T-value was considered an indicator to distinguish each item by comparing it with the tabular value. All items were significant at the level of significance (0.05) and the degree of freedom (84). The tabular value was (2.00) except for two items of the emotional deprivation scale and two items of the hyperactivity scale. Table (1) and Table (2) below explain this.

Table (1): T-values of the emotional deprivation scale items using the two extreme samples method

	Calculated T-value	Lower group 27%		Senior group 27%		Indication level		Calculated value	Lower group 27%		Senior group 27%		Indication level
		standard deviation	SMA	standard deviation	SMA				standard deviation	SMA	standard deviation	SMA	
1	1.018	0.25777	2.9302	0.15250	2.9767	Non-significant	16	4.576	0.50468	2.4651	0.32435	2.8837	Significant
2	5.279	0.50578	2.5116	0.21308	2.9535	Significant	17	3.717	0.50578	2.5116	0.35060	2.8605	Significant
3	0.651	0.32435	2.8837	0.33773	2.9302	Non-significant	18	6.226	0.45385	2.2791	0.37354	2.2.8372	Significant
4	5.104	0.50578	2.4884	0.25777	2.9302	Significant	19	3.822	0.50249	2.4419	0.39375	2.8140	Significant
5	4.178	0.29390	2.5349	0.50468	2.9070	Significant	20	4.294	0.48908	2.3721	0.41163	2.7907	Significant
6	3.737	0.50578	2.4884	0.41297	2.8605	Significant	21	5.076	0.67465	2.2093	0.39375	2.8140	Significant
7	2.058	0.73513	2.5349	0.50028	2.8140	Significant	22	4.519	0.65803	2.2558	0.41163	2.7907	Significant
8	2.460	0.49471	2.6047	0.37354	2.2.837 2	Significant	23	5.417	0.66222	2.1163	0.42746	2.7674	Significant
9	2.140	0.46589	2.5349	0.63053	2.7907	Significant	24	5.104	0.63925	2.1395	0.44148	2.7442	Significant
10	4.064	0.46589	2.3721	0.48908	2.7907	Significant	25	6.822	0.60999	2.0930	0.37354	2.2.8372	Significant
11	4.056	0.50578	2.4884	0.39093	2.8837	Significant	26	7.505	0.60999	2.0930	0.32435	2.8837	Significant
12	4.300	0.50468	2.4651	0.39093	2.8837	Significant	27	5.857	0.63577	2.0233	0.45385	2.7209	Significant
13	5.557	0.50578	2.4884	0.21308	2.9535	Significant	28	5.699	0.65465	2.0000	0.46470	2.6977	Significant
14	5.671	0.50249	2.4419	0.25777	2.9302	Significant	29	5.103	0.65296	2.0465	0.47414	2.6744	Significant
15	5.529	0.49917	2.4186	0.29390	2.9070	Significant	30	4.514	0.68846	2.0465	0.48908	2.6279	Significant

Table (2): T-values of hyperactivity scale items using the two extreme samples method

	Calculated T-value	Lower group 27%		Senior group 27%		Indication level		Calculated value	Lower group 27%		Senior group 27%		Indication level
		standard deviation	SMA	standard deviation	SMA				standard deviation	SMA	standard deviation	SMA	
1	5.879	0.58117	2.2558	0.39093	2.8837	Significant	17	3.194	0.66389	2.1860	0.61811	2.6279	Significant
2	6.900	0.61090	2.2326	0.25777	2.9302	Significant	18	6.491	0.65211	2.1628	0.32435	2.8837	Significant
3	5.339	0.63838	2.2093	0.43261	2.2.8372	Significant	19	6.264	0.68362	2.0930	0.37354	2.2.8372	Significant
4	5.927	0.68765	2.1628	0.35060	2.8605	Significant	20	5.960	0.64785	2.0930	0.41163	2.7907	Significant
5	6.253	0.70984	2.1395	0.32435	2.8837	Significant	21	6.043	0.00111	2.0001	0.50468	2.4651	Significant
6	5.512	0.73060	2.1163	0.39375	2.8140	Significant	22	1.569	0.51446	2.2093	0.58308	2.3953	Significant
7	5.636	0.75005	2.0930	0.43261	2.2.8372	Significant	23	4.384	0.83062	1.9767	0.57253	2.6512	Significant
8	5.891	0.76828	2.0698	0.37354	2.2.8372	Significant	24	3.365	0.83062	1.9767	0.70200	2.5349	Significant
9	5.568	0.73060	2.1163	0.43261	2.2.8372	Significant	25	4.006	0.84384	1.9535	0.58686	2.5814	Significant
10	4.072	0.66389	2.1860	0.54883	2.7209	Significant	26	6.125	0.72222	1.9535	0.44148	2.7442	Significant
11	3.645	0.66389	2.1860	0.63751	2.6977	Significant	27	6.471	0.70984	1.8605	0.46470	2.6977	Significant
12	5.093	0.70984	2.1395	0.50028	2.8140	Significant	28	5.120	0.66389	1.8140	0.50468	2.4651	Significant
13	4.365	0.68765	2.1628	0.53865	2.7442	Significant	29	6.945	0.64871	1.7674	0.48908	2.6279	Significant
14	4.053	0.78539	2.0465	0.64442	2.6744	Significant	30	7.522	0.59062	1.7209	0.49471	2.6047	Significant
15th	3.549	0.81650	2.0000	0.69804	2.5814	Significant	31	1.335	0.84384	1.9535	0.35060	2.1395	Significant
16	4.021	0.81650	2.0000	0.61811	2.6279	Significant	32	7.197	0.35060	1.8605	0.50468	2.5349	Significant

B- The relationship of the item with the total score.

The discrimination coefficient for the items of the emotional deprivation and hyperactivity scale was extracted using the Pearson correlation equation between the individuals' scores on each item and their total scores on a scale and for (160) forms, which are the same forms that were analysed by the two extreme samples method. All correlation coefficients were significant when compared with the values of the tabular correlation coefficient, except for two items of the emotional deprivation scale and two items of the hyperactivity scale, and Table (3) and Table (4) illustrate this.

Table (3) Correlation coefficients between each item of the x scale emotional deprivation and the total score on it.

correlation coefficient		correlation coefficient		correlation coefficient		correlation coefficient		correlation coefficient	
0.09	1	0.80	7	0.85	13	0.87	19	0.77	25
0.78	2	0.94	8	0.96	14	0.85	20	0.79	26
0.11	3	0.52	9	0.82	15	0.76	21	0.66	27
0.77	4	0.87	10	0.79	16	0.78	22	0.78	28
0.75	5	0.80	11	0.85	17	0.97	23	0.84	29
0.84	6	0.86	12	0.86	18	0.66	24	0.89	30

Table (4): Correlation coefficients between each item of the hyperactivity scale and the overall score on it.

correlation coefficient		correlation coefficient		correlation coefficient		correlation coefficient	
0.46	1	0.32	9	0.30	17	0.35	25
0.44	2	0.35	10	0.41	18	0.43	26
0.39	3	0.34	11	0.33	19	0.50	27
0.42	4	0.42	12	0.50	20	0.32	28
0.44	5	0.45	13	0.42	21	0.38	29
0.45	6	0.41	14	0.12	22	0.40	30
0.38	7	0.32	15th	0.40	23	0.10	31
0.35	8	0.44	16	0.67	24	0.45	32

3.3.4 Correcting the scale:

The emotional deprivation scale in its final form consisted of (28) items, in front of each of them are three options: (always apply to me – apply to me often – never apply to me). When correcting, the weights (1,2,3) are taken for the paragraphs. The hyperactivity scale consisted of (30) items, in front of each of them there are three options: (always apply to me – apply to me often – never apply to me). When correcting, weights (1,2,3) are taken for the paragraphs.

3.3.5 The scales validity index:

Validity is one of the important characteristics that must be taken into account in constructing psychological scales. A valid scale is the one that actually measures what it claims to measure, or its paragraphs are supposed to measure that the best way to extract the face validity is to present the scale to a group of experts (arbitrators) to judge its validity in measuring the characteristic under study. This type of validity was achieved in the emotional deprivation scale and the hyperactivity scale, when the items of the two scales were presented to a group of experts for evaluation and to judge the validity of the items and options.

3.3.6 Scales stability indicator: Stability was extracted by re-testing method. To extract stability in this way, the researcher re-applied the scale on a sample of research respondents (50 in total), and the time interval between the first application and the second was ten days. Then, Pearson coefficient between the scores of individuals in the two was calculated. This was (0.87) for the emotional deprivation scale and (0.83) for the hyperactivity scale. It can be said that the current scales have a high degree of stability.

3.4 The final application:

After the researcher completed the preparation of the final form of the emotional deprivation scale and the hyperactivity scale (Appendix / 4 and 5), it was applied to the research sample, which amounted to (100) male and female students, where they were chosen randomly and distributed by type.

3.5 Statistical means

To process the data contained in the research, the researcher used the following statistical methods:

- Pearson correlation coefficient to find the stability of the scale used in the research and the relationship between the variables.
- A one-sample t-test to compare the achieved mean with the theoretical mean of the emotional deprivation and hyperactivity scale.
- T-test for two independent samples to reveal the discriminatory power of the research variables.

4. Results of this study

4.1 Presentation and discussion of the results

This section includes a presentation of the results of the current research according to its set of objectives. It also gives a discussion of the results in the light of the theoretical framework and previous studies in this research, and as follows:

a) Identifying emotional deprivation of primary school students

The arithmetic mean of the research sample on the emotional deprivation scale was (61.0300) and standard deviation (12,736), while the hypothetical mean was (56). After applying the t-test for one sample, it was found that the calculated t-value was (9.497), which is significant at the level (0.05), and a degree of freedom (99). This indicates that primary school students feel emotionally deprived, and Table (5) illustrates this.

Table (5): The t-test for the significance of the differences between the mean degrees of emotional deprivation and the hypothetical mean of the sample.

Sample Type	Number	Calculated T-Value	Hypothetical Mean	Standard Deviation	Arithmetic Mean	Tabular T-Value	Indication Level 0.05
Pupils	100	9,497	56	5.29619	61.0300	1.960	Significant

The result of the current research agrees with the results of the study of Nasser (2011) and the theory of Glasser (2002) in that parents fail to realise and recognise the individuality of the child, his/her abilities and unique psychological characteristics. This includes the use of the child to meet or achieve the psychological needs of parents and the inability to distinguish between the child's reality and the limits of /her world and the privacy of this world, the beliefs and desires of adults. There is also the failure to develop the child's social adjustment abilities and skills. This formula includes the child's acquisition of antisocial deviant behaviours (corruption or encouragement of behavioural deviation) and psychological neglect (failure to provide mental stimulation or opportunities for exploration and learning).

b) Identifying hyperactivity among primary school students.

The arithmetic mean of the research sample on the hyperactivity scale was (63.3100) and standard deviation (5.63305), while the hypothetical mean was (60). After applying the t-test for one sample, it was found that the calculated t-value was ((5.876), which is significant at the level (0.05) and the degree of freedom (99). This indicates that children of primary school students suffer from hyperactivity, and Table (6) illustrates this.

Table (6): the t-test for the significance of the differences between the mean scores for hyperactivity and the hypothetical mean of the sample.

Sample Type	Number	Calculated T-Value	Hypothetical Mean	Standard Deviation	Arithmetic Mean	Tabular T-Value	Indication Level 0.05
Pupils	100	5.876	60	5.29619	63.3100	1.960	Significant

According to the behavioural theory, hyperactivity disorder is nothing but habits that the child learns to reduce his/her degree of tension, anxiety, and the intensity of his/her motivation, and then form associations through conditional reflexes. However, those conditional associations occurred wrongly and pathologically, and in the same way, the therapist has only to control the child's reflex and teach the individual new conditioned reflexes and associations and normalise the place of those pathological associations.

c) Identify the nature of the relationship between emotional deprivation and excessive activity.

In order to identify the nature of the relationship between emotional deprivation and hyperactivity, the researcher used the Pearson correlation coefficient as a statistical method in the treatment. In this regard, it was found that there is a significant correlation between emotional deprivation and hyperactivity as the correlation coefficient reached (0.81).

5. Recommendations and Suggestions

5.1 Recommendations

- Directing and educating the family on not abusing children and following sound educational methods by parent-teacher councils.
- Allowing children to express their personal opinions, beliefs, and tendencies within the family.
- Creating an appropriate family environment for the upbringing of children and reducing the impact of inappropriate family environments that expose children to turmoil.
- Seeking to develop the performance of primary schools to try to deal with children properly and to research their psychological, educational and family problems in order to find solutions for them.

5.2 Suggestions

In light of the research results, the researcher suggests the following:

- 1 – Conducting a study on emotional deprivation from parental caregivers and its relationship to some variables such as low self-esteem, social withdrawal, and aggression.
- 2 – Conducting a study of the impact of emotional deprivation on the educational achievement of primary school students.
- 3- Conducting a comparative study of emotional deprivation in different societies in Baghdad or other Iraqi cities.

References

1. Al-Baaj, R. (2019). Emotional deprivation and its relationship to cognitive failure among middle school students. *Journal for Humanities and Social Sciences*, 8(4), pp.333-358.
2. Al-Khatib, J. and Al-Hadidi, M. (1997). *An Introduction to special education*. Kuwait: Al-Falah Library.
3. Al-Shahwan, N. (2002). Attachment patterns associated with emotional deprivation to children and their maladaptive manifestations. Master's. University of Jordan, College of Graduate Studies.
4. Allman, L., & Jaffe, D. (1978). *Abnormal psychology in the life cycle*. New York: Harper and Row.
5. Angilan, J. . (2021). Differentiated Instruction and Students' Literary Competence: An Experimental Study. *Middle Eastern Journal of Research in Education and Social Sciences*, 2(2), 110-125. <https://doi.org/10.47631/mejress.v2i2.230>
6. APA (1994). *DSM-IV: diagnostic and statistical manual of mental disorders (4th ed)*. Washington DC: American Psychiatric Association.
7. Buss, A., H. (1978). *Temperamental Theory and Personality Development*. New York: John Wiley & Sons.
8. Clarke-Stewart, A. and Koch, J. (1983). *Children*. New York: Wiley.
9. Dalbiez, R. (1983). *La methode psychanalytique et la doctrine freudienne*. London: Longman.
10. Dallos, R. and McLaughlin, E. (1993). *Social problems and the family*. London: Sage.
11. Dao, D. (1988). *Confronting Child Abuse: Research for Effective Program Design*. New York: Free Press.
12. Dunn, W., Katzev, A., Bragdon, N., Ambron, S., & Brodzinsky, D. (1979). *Instructor's manual for Ambron/Brodzinsky Lifespan human development*. New York: Holt, Rinehart and Winston.
13. Durri, H., E. (1982). *Psychiatry*. Kuwait: Dar Al-Qalam.
14. Freud, S. (1958). *Psychopathology of everyday life*. New York: Modern Library.
15. Garbarino, J. (1990). The human ecology of early risk. In S. J. Meisels & J. P. Shonkoff (Eds.), *Handbook of early childhood intervention* (pp. 78–96). Cambridge University Press.
16. Hetherington, E., Miller, M. and Ross, D. (1988). *Child psychology*. Hoboken, NJ: Wiley.
17. Justice, B. and Justice, R. (1990). *The abusing family*. New York: Plenum Press.
18. Mikulincer, M. and Florian, V. (2000). Exploring individual differences in reactions to mortality salience: Does attachment style regulate terror management mechanisms?. *Journal of Personality and Social Psychology*, 79(2), pp.260-273.
19. Nasser, M. (2011). Attachment to parents and friends in the late stage and its relationship to emotional state, self-esteem and dealing with loss, threat, challenge and emotional deprivation..
20. Rashid, A. (2002). *The psychology of childhood*. Amman: Dar Wael for Publishing and Distribution.
21. Robin, O. and Davis, K. (1997). Women's experience of giving receiving emotional abuse. *Journal of Interpersonal Violence*, 12, pp.355-397.
22. Ross, D. and Ross, S. (1976). *Hyperactivity Research: theory and practice*. New York: Wiley.
23. Ruscio, A. (2001). Predicting the child-rearing practices of mothers sexually abused in childhood. *Child Abuse & Neglect*, 25(3), pp.369-387.
24. Star, B. (1987). Domestic Violence. In: T. Mizrahi, ed., *Encyclopaedia of Social Work.*, 14th ed. Oxford: Oxford University Press, pp.463-476.
25. Williams, J. and Stith, M. (1980). *Childhood Behaviour and Development*. London: Collier Macmillan Publishers.
26. Wood, M. (1973). *The development of personality and behaviour in children*. London: Harrap.
27. Yahya, K. (2000). *Behavioural and Emotional Disorders*. Beirut: Dar Al-Fikr.