Emotional Experience and Ergotherapeutic Support for Adolescents with TDAH at the Benoit Menni Mental Center of Douala

Ndangang Ketchogue Hilaire Martial[1], Akoa Marie Ange[2], Minoue Kuum Marc Germain[1*]

[1]Department of Psychology, Faculty of Letters and Social Sciences, University of Douala, P.O. Box 3132, Douala, Cameroon.

[2]Department of Special Education, Faculty of Sciences of Education, University of Yaounde, P.O. Box 812, Yaounde, Cameroon.

***Corresponding author**

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ABSTRACT

Empirical research has sought to link the risks of occupational therapy for adolescents with ADHD to emotional experiences. This study therefore aims to evaluate the different emotional styles involved in occupational therapy for adolescents with ADHD. The study involved 69 subjects. The purposive sampling method was used. The results obtained after correlation and regression analysis showed that impulsivity causes attention disorders in adolescents undergoing occupational therapy, particularly with emotional affectivity (r=0.141, P=0.005), emotional intensity (r=0.177, P=0.005) and emotional reactivity (r=0.178, P=0.005). In terms of content analysis, the results suggest the manifestation of symptoms of neurodevelopmental disorders in adolescents. These results differ from those of our predecessors in terms of the strength of the link between the different variables in the study.

Keywords: Emotional experience, ADHD, Occupational therapy, Adolescent, Douala.

INTRODUCTION

Attention Deficit Disorder with or without Hyperactivity (ADHD) is a neurodevelopmental disorder (APA, 2015). It is a major cause of disability of neurological origin in children and adults (Habib, 2011). This neurodevelopmental disorder is characterized by symptoms of inattention, disorganization and/or hyperactivity-impulsivity that interfere with the child's functioning or development (APA, 2015). Adolescents with ADHD experience a variety of problems throughout their development, including difficulties with emotional regulation that lead to risky behaviors. Nevertheless, these present and disabling difficulties for adolescents with this disorder; lead us to question the emotional experience in occupational therapy support for adolescents with ADHD at the Benoît Menni mental center of Douala.

Occupational therapy support enables better care for patients living with mental illness and disability. Its aim is to combat the effects of ADHD or mental handicap and to promote the maintenance or improvement of the patient's ability to act in domestic, social and professional activities. Its overall aim is to rehabilitate, re-educate and rehabilitate people living with mental disorders, making them useful through occupational therapy, so that they can develop the self-esteem and autonomy needed to take charge of their own lives. The aim of this therapy is self-fulfilment, vocational training, autonomy and integration into the family and society.

In general, this study examines the problem of expressing emotional experiences in occupational therapy for adolescents with ADHD at the Benoît Menni mental center of Douala.

METHODOLOGY

Sampling plan

This study was carried out at the Benoît Menni mental health center in Douala. The sample size was determined so as to obtain the most reliable data possible. This involved a compromise between the need for precision and the means available (budget, access to participants, field staff, resources, etc.). The resulting sample size was 69. The sampling method used for this study was purposive sampling. A pre-questionnaire was administered to identify study participants. We were able to retain 04 (the supervisors) for interviews and 65 adolescents displaying the various symptoms of ADHD in this study.

Data collection tools

We used several data collection tools

Interview guide

These interviews were centred around the following axes, previously established on the basis of the hypotheses and the research objective: emotional affectivity, emotional intensity, emotional reactivity.

Tests

We began each meeting with a clinical interview, and then suggested that the patient take the tests. The most appropriate order was Beck's depression scale for all patients, followed by the ado ADHD questionnaire, an ADHD assessment test developed by CADDRA.

SNAP-IV scale for Attention Deficit Hyperactivity Disorder (ADHD) Swanson, 1992; Swanson et al., 1983

The SNAP-IV scale includes DSM-IV criteria for Attention Deficit Hyperactivity Disorder (ADHD) for the following two subsets of symptoms: inattention (questions 1 to 9) and hyperactivity/impulsivity (questions 10 to 18). It also includes the DMS-IV criteria for Oppositional Defiant Disorder (questions 19 to 26), as children with ADHD often suffer from this disorder. It contains 26 questions and is a shortened version of the Swanson, Nolan and Pelham Questionnaire (SNAP) (Swanson, 1992; Swanson et al., 1983). Symptom severity is rated on a scale of 0 to 3. Responses are rated as follows: Never = 0; Sometimes = 1; Often = 2; Very often = 3. Scores in each of the three subsets (inattention, hyperactivity/impulsivity and oppositional defiant disorder) are calculated.

The Perth Emotional Reactivity Scale (PERS)

The Perth Emotional Reactivity Scale (PERS) is a 30-item self-report questionnaire designed to measure trait levels of emotional reactivity. In other words, measure the typical ease of activation, intensity and duration of a person's emotional responses, done separately for negative and positive emotions.

Larsen, RJ's Emotional Intensity Scale (1984).

The AIM is a 40-item questionnaire designed to measure the characteristic strength or weakness with which a person experiences an emotion. The scale is protected by copyright, but is free to be used without permission or charge by all professionals (researchers and practitioners), provided the authors of the scale are acknowledged.

Type of study and choice of statistic

The present study is intended to be correlational, since its aim is to explore possible relationships between distinct variables of a phenomenon (Wallen and Fraenkel, 2000; Legendre, 2005; Fortin, 2010), namely the emotional

experience and occupational therapy support of adolescents with ADHD. These are studies whose measures provide information on the association between variables. However, given the nature of our variables (categorical), we opted for Spearman's correlation test. As the latter is based on rank measures, we used it to assess the association between emotional experience and occupational therapy support for adolescents with ADHD.

RESULTS

Socio-demographic characteristics of the sample

This study involved a sample of 69 subjects, distributed according to age, sex and religious affiliation. These factors will be related to comparative optimism on the one hand, and intention to smoke on the other. In this section, we present variations in comparative optimism as a function of participants' socio-demographic characteristics (age, gender, religious affiliation, level of education, past behavior, frequency of past behavior and family environment).

Table 1: Correlations between attention disorder indicators and emotional intensity indicators

	RB	**SP**	**EF**	**RCC**	**EHM**	**PPC**	**HTE**
RB	0.561**						
SP	0.662**	0.521**					
EF	0.451**	0.544**	0.467**				
RCC	0.482**	0.438**	0.482**	0.386**			
EHM	**0.178****	0.087	0.125	0.042	0.100		
PPC	0.043	**0.129***	0.051	0.060	**0.164***	0.253**	
HTE	0.187**	0.089	**0.158***	**0.197****	0.082	0.227**	0.368**

Note. RB = Feeling Happy; SP = Feeling Pity; EF = Easy Enervement; RCC = Calm Consent Reaction; EHM: Being Happy or Unhappy; PPC = Rather Calm Person; HTE = Happy and Very Energetic; FI = Favorable to Impulsivity.

This matrix shows positive and weak correlations between certain indicators of attention disorders and certain indicators of emotional intensity. Specifically, it emerges that the greater the likelihood an adolescent feels that he or she, compared to a peer of the same age and sex, will experience happiness, the more unfavorable he or she will be to impulsivity during exchanges with peers ($r=.178$, $p<0.05$).

Table 2: Correlations between indicators of attention disorders and indicators of emotional reactivity

	THF	**TEF**	**SJPM**	**EPBTE**	**SHI**	**RICA**	**ENP**
PCP							
PAVC	0.561**						
PIP	0.662**	0.521**					
PH	0.451**	0.544**	0.467**				
PA	0.482**	0.438**	0.482**	0.386**			
AA	0.056	0.081	0.103	0.097	0.092		

MC	0.005	0.075	0.076	**0.145***	0.066	0.427**	
AF	0.025	0.**154***	0.027	**0.171****	0.090	0.374**	0.643**

Note. THF = Tandency to be Happy Very Easily; TEF = Tandency to be Annoyed Easily; SJPM= Sense of Joy for a Moment; EPBTE= Enervé Prendre Beaucoup de Temps pour s'En sortir; SBI: Sense of Intense Happiness; RICA= Ressentiment de l'Intensité de la Contradiction par rapport aux Autres; ENP= Emotion Neutre au Positif; RE= Emotional Reactivity.

This matrix shows positive and weak correlations between certain indicators of attention disorders and certain indicators of emotional reactivity. Specifically, it shows that the more likely an adolescent feels that he or she is more likely than a peer of the same age and sex to be Happy Very Easily, the less likely he or she is to be impulsive when interacting with peers ($r=0.154$, $p<0.05$).

DISCUSSION

The results of the empirical test l show that occupational therapy support for adolescents with ADHD at the Benoit Menni mental center in Douala is associated with psychological repercussions. It is a significant predictor of perception of emotional affectivity, emotional reactivity and emotional intensity in relation to attention disorders. These results corroborate the work of Sonuga-Barke et al. (1992), who propose a theory based on motivational style. The authors' motivational concept explains the three major 14 symptoms of ADHD (inattention, hyperactivity and impulsivity) in terms of a time aversion attributable to poor temporal perception. As a result, individuals with ADHD have difficulty persevering with time-consuming tasks that require sustained attention. In addition, they prefer tasks that are easy or provide an immediate reward, which characterizes impulsive symptoms. Another parallel study by Weinfurt et al. (1994) describes the strength with which individuals react emotionally to emotionally evocative stimuli. It reflects a predisposition to respond emotionally to emotional stimuli. These findings ultimately corroborate imaging studies, which highlight the differential activation of cortical and attitudinal areas responsible for attention, organization and movement control in an individual with ADHD (Castellanos and Tannock, 2002; Rubia et al., 2005; Shaw et al., 2007; Fliers et al., 2009). These deficit activations lead to a loss of executive function efficiency (Bélanger, 2009; Sergeant et al., 2002). According to these studies, the attentional deficits of individuals with ADHD are mainly due to a poor capacity for inhibition. This lack of inhibitory control can come from internal sources of distraction, such as extraneous thoughts, or from external sources (Barkley, 1997).

Suggestions for optimizing emotional and therapeutic outcomes in the city of Douala

Faced with growing demands for care from ADHD patients who are making themselves known in various hospital settings, medical science finds itself at an impasse due to the lack of a comprehensive or at least integrative approach to care that satisfies patients. It is not uncommon to see recurring requests for treatment or alternative treatments due to dissatisfaction. With all this in mind, here are some ideas to

explore or implement, for Community awareness: information campaigns in neighborhoods, schools, and places of worship to reduce stigma and provide information about ADHD.

- Training local teachers and health workers to recognize symptoms, refer patients, adapt teaching methods (reduce distractions, breaks, active methods), etc.
- Accessibility of care: reduce costs, offer service in disadvantaged neighborhoods, facilitate diagnosis (e.g., mobile clinics), or low-cost or group therapies.
- Cultural adaptations of interventions: take beliefs into account, involve the family, use therapeutic approaches compatible with local values.
- Psycho-emotional support: support groups, counseling, helping children or adults develop emotional regulation strategies.
- Targeted local research: collect data on Douala (and its neighborhoods) to understand which specific factors are most influential: socioeconomic status, language, religion, ethnic diversity, urban environment

- Collaboration between modern medicine and traditional practices; in a framework of respect but also safety, to integrate the resources available in the community, while avoiding treatments that are harmful or delay appropriate care.
- Mobile clinics / regular visits by professionals (psychologists psychiatrists) in rural areas.
- Improvement of educational infrastructure: adapted classrooms, equipment, reduction of distance, better conditions for children to attend (time, noise, interruptions).

CONCLUSION

In the final analysis, we have to say that: the results of this study show that occupational therapy support for adolescents with ADHD, and in particular difficulties in modulating ideas (inattention), gestures (fidgeting), behaviour (impulsivity) and emotions (emotional hyper-reactivity), is essential for the children and adolescents who suffer from it on a daily basis. Living day by day with a child or teenager with attention deficit hyperactivity disorder, and preparing for their future, means facing incessant, exhausting and often demoralizing challenges.

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