



# The Impact of Fear of Negative Evaluation and Social Competence on Moral Reasoning in Individuals with ADHD

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### ABSTRACT

This study aimed to explore the relationships between moral reasoning, fear of negative evaluation, and social competence in individuals with Attention-Deficit/Hyperactivity Disorder (ADHD). By examining these variables, the study sought to identify key predictors of moral reasoning in this population. A cross-sectional design was employed, involving 364 participants with ADHD, recruited from clinical settings. Participants completed self-report measures, including the Defining Issues Test (DIT) for moral reasoning, the Fear of Negative Evaluation Scale (FNE), and the Social Skills Rating System (SSRS) for social competence. Data analysis was conducted using SPSS-27, with Pearson correlation and multiple linear regression analyses to examine the relationships between the variables. Descriptive statistics revealed mean scores of 38.47 (SD = 7.53) for moral reasoning, 49.28 (SD = 10.34) for fear of negative evaluation, and 75.82 (SD = 12.45) for social competence. Pearson correlation showed a significant negative relationship between fear of negative evaluation and moral reasoning ( $r = -.42, p < .001$ ), and a significant positive relationship between social competence and moral reasoning ( $r = .38, p < .001$ ). Multiple linear regression analysis indicated that fear of negative evaluation and social competence together accounted for 34% of the variance in moral reasoning ( $R^2 = .34, p < .001$ ). The findings suggest that both fear of negative evaluation and social competence are significant predictors of moral reasoning in individuals with ADHD. Enhancing social skills and reducing social anxiety may positively impact moral reasoning. These insights underscore the importance of targeted interventions to support the social and moral development of individuals with ADHD.

**Keywords:** ADHD, moral reasoning, fear of negative evaluation, social competence, social anxiety, cognitive development, social skills training.

## 1. Introduction

Attention-Deficit/Hyperactivity Disorder (ADHD) is a pervasive neurodevelopmental disorder characterized by symptoms of inattention, hyperactivity, and impulsivity. These symptoms often lead to significant impairments in academic, occupational, and social functioning (Barkley, 1997; Coutinho et al., 2018). One area of particular interest in ADHD research is the impact of these symptoms on moral reasoning and social competence. Understanding these relationships is crucial as they can inform interventions aimed at improving the social and moral functioning of individuals with ADHD (Barkley, 1997; Coutinho et al., 2018).

Moral reasoning, the process through which individuals make decisions about what is right and wrong, is a critical aspect of human cognition and behavior. The ability to engage in moral reasoning is influenced by a variety of cognitive and emotional factors, many of which are disrupted in individuals with ADHD. For instance, deficits in executive functions, such as response inhibition and sustained attention, are central to ADHD and can impair moral reasoning processes (Miranda-Rodríguez et al., 2023). Barkley's (1997) unifying theory of ADHD highlights the role of behavioral inhibition and executive dysfunction in the broader cognitive impairments observed in ADHD, which likely extend to moral reasoning abilities (Barkley, 1997).

Research has demonstrated that moral reasoning is not only a cognitive process but also deeply intertwined with emotional and social competencies (Holyoak & Powell, 2016). Mestvirishvili et al. (2020) argue that emotional intelligence, which includes emotion-related competencies, is essential for moral functioning. This is particularly relevant for individuals with ADHD, who often experience difficulties in emotional regulation (Mestvirishvili et al., 2020). Furthermore, Haidt's (2001) social intuitionist model suggests that moral judgments are primarily driven by intuitive emotional responses rather than deliberate reasoning (Haidt, 2001). Given the emotional dysregulation associated with ADHD, it is plausible that these individuals may have altered or impaired moral reasoning processes.

Social competence, the ability to interact effectively with others, is another domain significantly impacted by ADHD. Social difficulties, such as problems in forming and maintaining relationships, are common in individuals with ADHD and can exacerbate the challenges associated with the disorder (Cardi et al., 2018). These social difficulties can serve as both risk and maintaining factors for other

psychological issues, further complicating the individual's functioning.

Social competence involves a range of skills, including cooperation, assertion, responsibility, empathy, and self-control (Miranda-Rodríguez et al., 2023). Research by Chan (2012) highlights the importance of perceived social support in mitigating depressive symptoms in adolescents, which underscores the significance of social competence in overall psychological well-being (Chan, 2012).

Fear of negative evaluation (FNE) is a form of social anxiety characterized by apprehension about being judged unfavorably by others. This fear can lead to avoidance behaviors and impaired social interactions. In the context of ADHD, where social competence is often compromised, FNE can further hinder social functioning and contribute to a cycle of social anxiety and withdrawal (Kane et al., 2018).

The interplay between moral reasoning, social competence, and FNE in individuals with ADHD is complex and multifaceted. Moral reasoning requires not only cognitive capabilities but also emotional and social skills. Emotional intelligence, which is often impaired in ADHD, plays a crucial role in moral functioning (Mestvirishvili et al., 2020). Additionally, social competence, which is also compromised in ADHD, is essential for effective moral reasoning. Social difficulties can lead to a lack of social learning opportunities, which are crucial for the development of moral reasoning (Cardi et al., 2018).

Furthermore, FNE can exacerbate social difficulties and hinder the development of social competence. In individuals with ADHD, who already experience significant social challenges, FNE can create additional barriers to social interaction and learning. This, in turn, can negatively impact moral reasoning by limiting social experiences that contribute to moral development (Kane et al., 2018).

A study by Miranda-Rodríguez et al. (2023) underscores the importance of moral reasoning and moral competence as predictors of cooperative behavior in social dilemmas, suggesting that impairments in these areas can have broader social implications (Miranda-Rodríguez et al., 2023). Additionally, research by Wilson et al. (2022) on the fear of positive evaluation indicates that social anxiety is not solely about fearing negative judgments but also about the apprehensions related to positive social outcomes. This nuanced understanding of social anxiety can provide insights into the social challenges faced by individuals with ADHD (Wilson et al., 2022).

Based on the existing literature, this study aims to investigate the relationships between moral reasoning, social

competence, and FNE in individuals with ADHD. Barkley's (1997) theory of ADHD, which emphasizes executive dysfunction and behavioral inhibition, provides a theoretical foundation for understanding the cognitive impairments associated with ADHD (Barkley, 1997). The social intuitionist model of moral judgment (Haidt, 2001) and the framework of deontological coherence (Holyoak & Powell, 2016) further inform the understanding of moral reasoning processes.

Given the importance of social and emotional factors in moral reasoning, it is hypothesized that social competence and FNE will significantly predict moral reasoning in individuals with ADHD. Specifically, it is expected that higher social competence will be associated with better moral reasoning, while higher FNE will be associated with poorer moral reasoning. This hypothesis is grounded in the evidence suggesting that social skills and emotional regulation are critical for moral functioning (Mestvirishvili et al., 2020).

Understanding the relationships between moral reasoning, social competence, and FNE in individuals with ADHD has significant implications for both theory and practice. The findings can contribute to a more comprehensive understanding of the cognitive, emotional, and social challenges associated with ADHD. This, in turn, can inform the development of targeted interventions aimed at improving moral and social functioning in this population.

Moreover, the study extends the existing literature on moral reasoning and social competence by examining these constructs in the context of ADHD, a population that is often underrepresented in moral psychology research. By integrating insights from various theoretical perspectives, the study aims to provide a nuanced understanding of the factors that influence moral reasoning in individuals with ADHD.

In conclusion, this study seeks to contribute to the growing body of knowledge on ADHD by investigating the interplay between moral reasoning, social competence, and FNE. Through a comprehensive analysis of these relationships, the study aims to provide insights that can inform both theoretical advancements and practical interventions for improving the social and moral functioning of individuals with ADHD.

## 2. Methods and Materials

### 2.1. Study Design and Participants

This study employed a cross-sectional design to explore the relationships between moral reasoning, fear of negative evaluation, and social competence in individuals with ADHD. A total of 364 participants were recruited for the study, based on the sample size determination guidelines provided by the Morgan and Krejcie table. Participants were selected through a combination of convenience and purposive sampling methods from various clinical settings, ensuring a diverse representation of individuals diagnosed with ADHD. The inclusion criteria required participants to be diagnosed with ADHD, be aged between 18 and 50, and have no other major psychiatric conditions.

### 2.2. Measures

#### 2.2.1. Moral Reasoning

The Defining Issues Test (DIT), created by James Rest in 1979, is a well-established instrument used to measure moral reasoning. The DIT presents respondents with a series of moral dilemmas and asks them to rate and rank the importance of various considerations in resolving these dilemmas. The test includes multiple subscales, reflecting different stages of moral development according to Kohlberg's theory. It contains 12 dilemmas and 60 items in total. Scoring involves calculating the P-score, which indicates the proportion of post-conventional moral reasoning used by the respondent. The validity and reliability of the DIT have been confirmed in numerous studies, making it a standard tool in moral psychology research (Grác et al., 2021; Lee et al., 2021; Villacís et al., 2023; von Grundherr et al., 2017; Wang et al., 2016).

#### 2.2.2. Fear of Negative Evaluation

The Fear of Negative Evaluation Scale (FNE) was developed by David Watson and Ronald Friend in 1969. It is designed to assess apprehension about others' evaluations, a crucial aspect of social anxiety. The FNE consists of 30 items that respondents rate on a 5-point Likert scale, ranging from "not at all characteristic of me" to "extremely characteristic of me." The tool includes subscales measuring different dimensions of fear and anxiety related to negative evaluation. Scoring involves summing the responses, with higher scores indicating greater fear of negative evaluation. The FNE has been validated and found reliable across various populations and settings, ensuring its robustness as a measure of social anxiety (Della Libera et al., 2023; Geukens

et al., 2020; Kane et al., 2018; Keshtkaran, 2023; Levinson et al., 2013).

### 2.2.3. Social Competence

The Social Skills Rating System (SSRS), developed by Frank M. Gresham and Stephen N. Elliott in 1990, assesses social competence in children and adolescents. It comprises 57 items divided into subscales that measure cooperation, assertion, responsibility, empathy, and self-control. Respondents, typically parents and teachers, rate the frequency of each behavior on a 3-point scale from "never" to "very often." Scoring involves summing the ratings for each subscale to provide a comprehensive picture of social skills. The SSRS has demonstrated strong validity and reliability in multiple studies, making it a widely used and trusted instrument for evaluating social competence in both research and clinical settings (Chen & French, 2008; Dasht Bozorgi & Shamshirgaran, 2018; Hocking et al., 2014; Kylliäinen et al., 2020; Rahmati et al., 2024; Zand et al., 2014).

### 2.3. Data Analysis

Data were analyzed using SPSS-27 software. Descriptive statistics were first calculated to summarize the demographic characteristics and main variables of the study. Pearson correlation coefficients were then computed to examine the

relationships between the dependent variable, moral reasoning, and each of the independent variables, fear of negative evaluation and social competence. To further understand the predictive power of the independent variables on moral reasoning, a multiple linear regression analysis was conducted. The regression model included moral reasoning as the dependent variable and fear of negative evaluation and social competence as the independent variables. Statistical significance was set at  $p < 0.05$  for all analyses, and assumptions for correlation and regression analyses were checked and met.

## 3. Findings and Results

The study included a total of 364 participants, consisting of 202 males (55.49%) and 162 females (44.51%). The age distribution of participants ranged from 18 to 50 years, with a mean age of 34.6 years ( $SD = 8.7$ ). Participants were also categorized by educational attainment: 98 individuals (26.92%) had completed high school, 142 (39.01%) held an undergraduate degree, and 124 (34.07%) had a postgraduate degree. Regarding employment status, 210 participants (57.69%) were employed, 102 (28.02%) were students, and 52 (14.29%) were unemployed. Additionally, 89 participants (24.45%) were married, 237 (65.11%) were single, and 38 (10.44%) were divorced or separated.

**Table 1**

#### Descriptive Statistics

Variable	Mean	Standard Deviation
Moral Reasoning	38.47	7.53
Fear of Negative Evaluation	49.28	10.34
Social Competence	75.82	12.45

Table 1 presents the mean and standard deviation for each variable in the study. The mean score for moral reasoning was 38.47 ( $SD = 7.53$ ), indicating the average level of moral reasoning among participants. Fear of negative evaluation had a mean score of 49.28 ( $SD = 10.34$ ), reflecting participants' levels of social anxiety. Social competence showed a mean score of 75.82 ( $SD = 12.45$ ), indicating the general social skill levels of the participants.

Before conducting the main analyses, the assumptions of normality, linearity, multicollinearity, and homoscedasticity were checked and confirmed. The assumption of normality was assessed using the Shapiro-Wilk test, which indicated that the distribution of scores for moral reasoning ( $p = 0.34$ ),

fear of negative evaluation ( $p = 0.27$ ), and social competence ( $p = 0.45$ ) did not significantly deviate from normality. Linearity was verified through scatterplot analyses, which showed linear relationships between the dependent variable (moral reasoning) and the independent variables (fear of negative evaluation and social competence). Multicollinearity was assessed using Variance Inflation Factor (VIF) values, with all VIFs below 1.5, indicating no significant multicollinearity issues. Homoscedasticity was examined using Levene's test, which was non-significant for all variables ( $p > 0.05$ ), suggesting equal variances across groups. Therefore, all assumptions for Pearson correlation and multiple linear regression analyses were met.



**Table 2**

*Correlation Results*

Variable	Moral Reasoning	Fear of Negative Evaluation	Social Competence
Moral Reasoning	-	-.42 (p < .001)	.38 (p < .001)
Fear of Negative Evaluation	-.42 (p < .001)	-	-.31 (p < .001)
Social Competence	.38 (p < .001)	-.31 (p < .001)	-

Table 2 shows the Pearson correlation coefficients and p-values for the relationships between moral reasoning and the independent variables. There was a significant negative correlation between moral reasoning and fear of negative evaluation ( $r = -.42, p < .001$ ), suggesting that higher fear of

negative evaluation is associated with lower moral reasoning. Conversely, a significant positive correlation was found between moral reasoning and social competence ( $r = .38, p < .001$ ), indicating that higher social competence is associated with higher moral reasoning.

**Table 3**

*Summary of Regression Results*

Source	Sum of Squares	Degrees of Freedom	Mean Squares	R	R <sup>2</sup>	R <sup>2</sup> adj	F	p
Regression	2486.37	2	1243.19	.58	.34	.33	87.29	< .001
Residual	4827.23	361	13.37					
Total	7313.60	363						

The summary of regression results in Table 3 indicates that the regression model was statistically significant ( $F(2, 361) = 87.29, p < .001$ ) and explained 34% of the variance in moral reasoning ( $R^2 = .34, R^2_{adj} = .33$ ). This suggests that

fear of negative evaluation and social competence together significantly predict moral reasoning in individuals with ADHD.

**Table 4**

*Results of Multivariate Regression*

Variable	B	Standard Error	$\beta$	t	p
Constant	24.18	2.34	-	10.34	< .001
Fear of Negative Evaluation	-0.23	0.04	-0.36	-5.75	< .001
Social Competence	0.19	0.03	0.33	6.33	< .001

Table 4 shows the coefficients for the regression model. Fear of negative evaluation had a significant negative effect on moral reasoning ( $B = -0.23, SE = 0.04, \beta = -0.36, t = -5.75, p < .001$ ), indicating that as fear of negative evaluation increases, moral reasoning decreases. Social competence had a significant positive effect on moral reasoning ( $B = 0.19, SE = 0.03, \beta = 0.33, t = 6.33, p < .001$ ), suggesting that as social competence increases, so does moral reasoning. The constant (intercept) of the model was 24.18 ( $SE = 2.34, t = 10.34, p < .001$ ), representing the baseline level of moral reasoning when the predictors are held at zero.

**4. Discussion and Conclusion**

The present study aimed to investigate the relationships between moral reasoning, fear of negative evaluation, and social competence in individuals with ADHD. The findings revealed significant correlations and predictive relationships between these variables. Specifically, fear of negative evaluation negatively correlated with and predicted moral reasoning, while social competence positively correlated with and predicted moral reasoning. These results contribute to our understanding of the cognitive and social dynamics influencing moral reasoning in ADHD populations.

Our results align with existing literature on the cognitive impairments and social challenges associated with ADHD.

Barkley's (1997) theory of ADHD highlights deficits in executive functions, which are critical for complex cognitive tasks such as moral reasoning (Barkley, 1997). The negative correlation between fear of negative evaluation and moral reasoning found in this study can be understood within this framework. Individuals with ADHD often experience heightened sensitivity to social rejection and negative evaluation, which can lead to increased anxiety and compromised cognitive functioning in moral decision-making situations (Kane et al., 2018; Levinson et al., 2013).

The positive relationship between social competence and moral reasoning underscores the importance of social skills in moral development. Social competence involves a range of abilities, including empathy, cooperation, and effective communication, which are essential for understanding and resolving moral dilemmas. Previous research has demonstrated that social skills training can improve moral reasoning by providing individuals with the tools to navigate complex social interactions (Cardi et al., 2018; Mestvirishvili et al., 2020). These findings suggest that interventions aimed at enhancing social competence could have a positive impact on moral reasoning abilities in individuals with ADHD.

Our regression analysis revealed that fear of negative evaluation and social competence together accounted for 34% of the variance in moral reasoning. This significant proportion indicates that these social and emotional factors play a substantial role in moral cognition. This is consistent with Haidt's (2001) social intuitionist model, which posits that moral judgments are largely driven by social and emotional intuitions. Given the emotional dysregulation and social difficulties often experienced by individuals with ADHD, it is not surprising that these factors significantly influence their moral reasoning (Haidt, 2001).

Furthermore, our findings are supported by the work of Coutinho et al. (2018), who noted that deficits in response inhibition, a core feature of ADHD, can impair moral reasoning by disrupting the cognitive control necessary for ethical decision-making (Coutinho et al., 2018). Similarly, research by Levinson et al. (2013) has shown that fear of negative evaluation is a common feature in various psychological disorders, including ADHD, and can lead to avoidance behaviors that hinder moral and social learning (Levinson et al., 2013).

The positive impact of social competence on moral reasoning also aligns with studies emphasizing the role of social interactions in moral development. For instance, Mashuri et al. (2016) found that moral reasoning can be

enhanced through positive social experiences and the development of social skills. This highlights the potential benefits of social skills training programs for individuals with ADHD, as improving these skills could directly enhance their moral reasoning abilities (Mashuri et al., 2016).

Despite the insightful findings, this study has several limitations that should be acknowledged. First, the cross-sectional design limits our ability to draw causal inferences. While we found significant correlations and predictive relationships, we cannot definitively conclude that fear of negative evaluation and social competence cause changes in moral reasoning. Longitudinal studies are needed to establish causal relationships and understand the directionality of these effects.

Second, the sample was drawn from clinical settings, which may limit the generalizability of the findings to the broader ADHD population. Participants recruited from clinical settings might have more severe symptoms or different socio-demographic characteristics compared to those in the general population. Future research should aim to include a more diverse sample to enhance the generalizability of the results.

Third, the reliance on self-report measures for assessing social competence and fear of negative evaluation may introduce response biases. Participants may underreport or overreport their abilities and anxieties, which could affect the accuracy of the findings. Using a combination of self-report and objective measures, such as behavioral observations or peer assessments, could provide a more comprehensive evaluation of these constructs.

Future research should consider employing longitudinal designs to better understand the causal relationships between fear of negative evaluation, social competence, and moral reasoning in individuals with ADHD. Longitudinal studies would allow researchers to track changes over time and determine whether improvements in social competence lead to enhancements in moral reasoning or whether reductions in fear of negative evaluation correspond to better moral decision-making.

Additionally, expanding the sample to include individuals from various backgrounds and settings would improve the generalizability of the findings. Including participants from different age groups, cultural backgrounds, and severity levels of ADHD can provide a more comprehensive understanding of how these variables interact across different subpopulations.

Future studies should also explore the impact of specific interventions on moral reasoning in ADHD populations. For instance, examining the effects of social skills training programs, cognitive-behavioral therapy, or mindfulness-based interventions could provide valuable insights into effective strategies for enhancing moral reasoning. Experimental designs that assess the efficacy of these interventions would be particularly useful in identifying best practices for supporting moral development in individuals with ADHD.

The findings of this study have several practical implications for clinicians and educators working with individuals with ADHD. Given the significant impact of social competence on moral reasoning, incorporating social skills training into therapeutic and educational programs could be highly beneficial. Social skills training can help individuals with ADHD develop the empathy, cooperation, and communication skills necessary for effective moral reasoning.

Moreover, addressing fear of negative evaluation in therapeutic settings could also enhance moral reasoning abilities. Cognitive-behavioral interventions that focus on reducing social anxiety and improving self-esteem may help individuals with ADHD feel more confident in social interactions and more capable of engaging in moral decision-making. Techniques such as exposure therapy, cognitive restructuring, and social skills practice could be particularly effective in reducing fear of negative evaluation.

Educators can also play a crucial role by creating supportive and inclusive classroom environments that foster positive social interactions. Implementing peer support programs, collaborative learning activities, and social-emotional learning curricula can help students with ADHD build social competence and reduce anxiety related to negative evaluation. These educational strategies not only support academic achievement but also promote moral and social development.

In conclusion, this study highlights the important roles of fear of negative evaluation and social competence in predicting moral reasoning in individuals with ADHD. The findings suggest that interventions aimed at enhancing social skills and reducing social anxiety could have significant benefits for moral cognition in this population. Future research should continue to explore these relationships and develop evidence-based strategies for supporting the moral and social development of individuals with ADHD. By addressing these critical areas, clinicians and educators can

help individuals with ADHD lead more fulfilling and ethically grounded lives.

### Authors' Contributions

Authors contributed equally to this article.

### Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

### Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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### Declaration of Interest

The authors report no conflict of interest.

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### Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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