THE SELF-PERCEPTION OF ADOLESCENTS WITH LEARNING DIFFICULTIES

by

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DECLARATION

Student number: 3511-105-4

I hereby declare that: THE SELF-PERCEPTION OF ADOLESCENTS WITH LEARNING DIFFICULTIES is my own work and that all the resources that I have used or quoted have been indicated and acknowledged by means of complete references.

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ABSTRACT

Although previous research has been done on adolescents with learning difficulties or barriers to learning such as dyslexia and ADHD, no research has been done in South Africa on their self-perceptions of these difficulties. A phenomenological study was conducted through means of semi-structured, individual, face-to-face interviews. Self-perceptions that adolescents with dyslexia and ADHD form were explored. Self-perceptions are formed through comparisons with other learners and friends. Self-perceptions were left as an open-term in order to investigate the adolescents' own idiosyncratic interpretations of dyslexia and ADHD. From the interviews themes could be identified concerning their understanding of dyslexia and ADHD, feelings and cognitions associated with dyslexia and ADHD, the importance that significant others such as educators, parents and friends play, as well as the adolescents' way of coping with dyslexia and ADHD. Self-perceptions were both negative and positive and found to be influenced by factors such as age, type of support systems and sufficient coping strategies.

KEY TERMS

Learning difficulties, barriers to learning, ADHD, dyslexia, self-perception, adolescents, secondary learner, tertiary learner, learning disabilities.

OPSOMMING

Alhoewel vorige navorsing oor adolessente en hulle leerprobleme soos disleksie en ADHD gedoen is, is geen navorsing oor hulle self-persepsie oor hierdie probleem in Suid-Afrika geloods nie. ‘n Fenomenologiese studie is gedoen. By wyse van semi-gestruktureerde, individuele onderhoude is die self-persepsies van adolessente met disleksie of ADHD ondersoek. Self-persepsies word gevorm deur middel van vergelykings wat leerders met hulle portuur en vriende maak. Self-persepsie/s is as ’n oop term hanteer sodat die adolessente hulle eie unieke interpretasie van disleksie of ADHD daaraan kon heg. Vanuit die onderhoude is verskeie temas geïdentifiseer, onder andere die adolessente se begrip van disleksie en ADHD, gevoelens en gedagtes oor disleksie en ADHD, die belangrike rol wat ander persone soos onderwysers, ouers en vriende speel, sowel as die adolessent se hanteringstrategieë. Die adolessente se self-persepsies was beide negatief en positief en daar is bevind dat faktore soos ouderdom, ondersteuningsisteme en effektiewe hanteringstrategieë self-persepsie beïnvloed.

SLEUTELTERME

Leerprobleme, leerhindernisse, leergestremdheid, ADHD, disleksie, self-persepsie, adolessent, sekondêre skool leerder, tersiêre leerder.

IMPORTANT NOTICE

In this study, reference to the male gender (his / him / he), implies reference to **both** male and female. This was done to avoid wordiness and to simplify the reading of the content.

The terms “self-perception” and “self-perceptions” will be used interchangeably in this study and refers to the same entity. This was done because “self-perception/s” was left as an open term so that the research participants could give their own idiosyncratic interpretations of the concept.

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CHAPTER 1
INTRODUCTION, PROBLEM STATEMENT, CONCEPT CLARIFICATION AND RESEARCH PROGRAMME

1.1 INTRODUCTION

Dyslexia and Attention Deficit Hyperactivity Disorder (ADHD) are two of the most common learning difficulties diagnosed in children and adolescents. The main focus in the school system has been on the academic difficulties these learners experience, with little emphasis on the secondary emotional problems that occur. A few research studies have been done on the adolescent's own perception, i.e. self-perceptions, of his (see note in prelims) barrier to learning. For instance, his understanding of the learning difficulties and feelings associated with having these difficulties. Research studies show that learners experience a mixture of positive and negative self-perceptions about their learning difficulties such as dyslexia, hearing impairment, moderate learning difficulties and learning disabilities (Chapman, 1988 and Coleman, 1985 in Elbaum & Vaughn, 2003:229,235–236; Goodwin & Thomson, 2004:3–4; Jahode, Markova & Cattermole, 1988 and Wade & Moore, 1993 in Kelly & Norwich, 2004:412,421–422). In these research studies, more emphasis is placed on the negative influence of a learning disability on the self-concept of the adolescent.

Elbaum and Vaughn (2003:229) note that learners with learning difficulties usually have a low academic self-concept because academic, emotional and social failure early in their school career, influences their self-perceptions negatively. Learners with learning difficulties tend to have negative perceptions of their academic abilities or social skills, when comparing themselves to their peers. Elbaum and Vaughn's (2003:230) research is based on the influence of certain school factors (i.e. identification, school placement and school-based intervention) on the self-concept of learners with learning difficulties. Elbaum and Vaughn (2003:230) pose the following questions in their research study: "In which domains do students with learning disabilities have self-perceptions that differ from those of their peers without disabilities?" and "How do self-perceptions in specific domains relate to perceptions of general self-worth?". According to their findings, some learners with a low academic self-concept also demonstrated a lower self-perception, while other learners did not. The results do not shed light on the reason for these findings and Elbaum and Vaughn (2003:235) speculate that it might be because low self-evaluations on academic, social and physical levels lead to low self-worth rather than a low academic self-concept alone.

Kelly and Norwich (2004:411–412) examine how learners with moderate learning difficulties in both mainstream and special schools see themselves, i.e. their positive, negative and mixed self-perceptions. Kelly and Norwich (2004:412–413) also consider labels that are attached to these learners and how it affects their evaluation of themselves, whether their perceptions would differ because of different school placement, gender and age. They (Kelly & Norwich, 2004) thus purposed the relationship between self-perceptions and stigma. Their sample consists of boys and girls in both special and mainstream schools, between the ages of ten and fourteen. All of these children received special education.

Burden and Burdett (2005), study the emotional difficulties that boys experience because of dyslexia. They examine the boys' academic self-concept and how important a positive academic self-concept is for academic success. This study was done with 50 boys, aged between eleven and sixteen, attending an independent special school for learners with dyslexia in the UK. The research tools explore the learners' attitudes to learning and their sense of personal identity. The general levels of depression and "learned helplessness" revealed by these learners are low as opposed to the prevalence of positive feelings of self-efficacy, locus of control and commitment to effort as an essential learning strategy reported by these learners. Therefore, despite aspects of depression and learning difficulties, self-perceptions were predominantly positive. Burden and Burdett (2005) explore the consequences of such cognitive self-appraisal for successful learning outcomes in learners with dyslexia and speculate about the influence of specialist provision upon the positive self-image of the learners. The findings contradict previous studies on self-concept and dyslexia as it shows positive self-perceptions because of resilience, self-efficacy and internal locus of control owing to adequate support from families and specialised educational help. They state their intention to take their research further with learners in mainstream settings (Burden, 2004:1; Burden & Burdett, 2005:100–104; Palikara, 2006:202–203).

Regarding previous research on learners' experiences of ADHD, Steinberg and Siegfried (2004:19) claim that these learners are at risk of academic failure because they cannot live up to teachers' or parents' expectations. Furthermore, the learners experience social acceptance problems, addictions and health problems. Scanlon (2006:330) suggests that "many teens do react negatively to having ADHD, regardless of whether it is a new or ongoing condition", which causes feelings of frustration and, ultimatly, negative self-perceptions. They mainly form negative self-perceptions based on the negative connotations made with their abilities when compared to other learners who do not

demonstrate problems with memory, concentration and learning. How do these research findings compare to the self-perceptions of South African learners with dyslexia or ADHD?

1.2 ANALYSIS OF THE PROBLEM

In the analysis of the problem, attention will be given to the awareness of the problem followed by a preliminary literature study, and concluded with the statement of the problem.

1.2.1 Awareness of the problem

As an intern educational psychologist, I worked in a secondary school (Grade 8 to 12) setting as well as a private practice. I have had the privilege of working with many adolescents with learning difficulties while completing part of my internship at a secondary school. Most of the private practice's clients are adolescents with learning difficulties associated with dyslexia and ADHD in an inclusive school system. Apart from addressing academic problems owing to these learning difficulties in therapy and with interventions, secondary problems affecting the learners' emotional and social functioning were also attended to.

From my experience during these months as an intern educational psychologist, as well as previous years' experience as a psychometrist, it came to my attention that certain assumptions were made on how an adolescent experiences, understands and ultimately perceives, his learning difficulty. I worked mostly with Afrikaans-speaking adolescents either experiencing dyslexia, ADHD, or both. The awareness of the problem gave rise to the question: How does the Afrikaans-speaking adolescent, specifically with dyslexia or ADHD, perceive his learning difficulties?

The findings of this research study may shed some light on the experiences and self-perceptions of the adolescent with learning difficulties, particularly dyslexia and ADHD, in an inclusive system (secondary or tertiary), which will be helpful especially in Afrikaans educational settings. For the purpose of this research study the focus is not on the self-esteem as such, but more on the self-perceptions or self-evaluations that are formed concerning these learning difficulties. Self-perceptions may be different academically, socially, emotionally and relationally, but the effect that these perceptions have on the self-esteem is secondary and not the focus of this study.

1.2.2 Preliminary literature investigation

In my initial investigation of literature on dyslexia and ADHD, as well as the latest research on these subjects (see section 1.1), it became apparent that no study has been done in South Africa on the adolescent's perception of his learning difficulties (dyslexia and ADHD).

Most studies and written material on dyslexia are from the UK or USA (see Burden & Burdett, 2005; Elbaum & Vaughn, 2003; Hornsby, 1995; Jordan, 2002; Kelly & Norwich, 2004; Mortimore, 2003; Peer, 2001; Reid, 2003, 2004; Steinberg & Siegfried, 2004). Numerous organisations and institutions exist in the UK and USA and provide valuable information, support materials and strategies to families. Another example is Goodwin and Thomson's (2004) book, which offers vital information for learners with dyslexia on what the condition entails, what difficulties they might experience, how to identify these learning difficulties as well as strategies to cope with the difficulties. Some questions that I ask at this stage are: How aware are adolescents in South Africa of what dyslexia is? Do they experience the same apparent emotional turmoil as adolescents in the UK or USA?

Some of the research studies (Burden & Burdett, 2005:100; Elbaum & Vaughn, 2003:229–238) emphasise the effect that a learning difficulty has on a learner's self-concept, especially the academic self-concept. Little focus is on other facets of the learner's life and psyche which may be affected because of dyslexia and ADHD. Furthermore, the studies are done with adolescents aged between eleven and sixteen and limited research has been done on older adolescents.

Adolescence is a time of confusion because of the, sometimes, extreme physical, social, emotional and cognitive changes that take place during this phase of development (Cronin, 1997:121; Dacey & Margolis, 2006:191; Lerner, 2002:406–408; Rice & Dolgin, 2005:1). On a cognitive level, the source where perceptions originate, the adolescent is starting to think in a more abstract way. Adolescents are also trying to answer the questions: "Who am I?" and "Where do I fit in?". Answers to these questions are often based on self-evaluations or self-perceptions which are formed by evaluating themselves according to *inter alia* their abilities and appearance compared to other people, especially their peers (Elbaum & Vaughn, 2003:229).

When additional difficulties, i.e. dyslexia and ADHD, are in the equation, the transition from childhood to adulthood can be more problematic. The adolescents experience difficulties with

interpreting other's feelings, communication, organisation, time-management, processing information, reading, spelling, writing and attention span. Cronin (1997:123–124) states that a well-structured home environment and support system from the learner's early years, are essential to make this transition into adulthood as smooth as possible. Because learners with dyslexia are more prone to make mistakes or struggle academically and socially, which lead to less successful experiences, they might find it hard to develop a positive self-image. In other words, they might not feel good about themselves or their abilities. This evidently leads to negative self-evaluations or self-perceptions.

ADHD is not curable and remains even in adulthood, but manifest differently because of social and biological factors working in on the condition. The variable social and biological development that takes place in the adolescent years results in emotional changes which affects confidence and self-attributes. These changes might be abrupt and considerable (Scanlon, 2006: 329).

Carr (2006:421) maintains that ADHD is a serious problem owing to the secondary academic and social problems that develop because of inattention, over-activity and impulsivity. He further implies that attention problems lead to inadequate academic achievement, while impulsivity and associated aggression may cause problems in forming peer relationships and maintaining these. In addition, coping strategies the learner used as a child to self-regulate the behaviours may not work in the same way as an adolescent (Scanlon, 2006:330). Failure in all of these areas may ultimately develop into a low self-esteem and depression.

1.2.3 Research question

From the short literature study above, it is evident that there is a need to investigate the adolescent's self-perceptions of his learning difficulties (dyslexia and ADHD) in South Africa. Furthermore, more focus must be on the self-perceptions of adolescents in the late adolescent period, as previous research was limited to ages eleven to sixteen. The question underpinning this research focuses on the self-perceptions that adolescents harbour about their specific learning difficulties, specifically learners with dyslexia and ADHD. In addition, I wish to explore the possible difference or change that may occur in these self-perceptions as adolescents become older, if such information is provided by the research participants.

The research question that arises from the above information is thus: **What is the Afrikaans-speaking adolescent's (in late adolescent stage) self-perceptions of his learning difficulties (dyslexia and ADHD)?**

1.3 AIM OF THIS STUDY

The purpose of this study is to discover or understand what learning difficulties, such as dyslexia and ADHD, mean to the adolescent using semi-structured, individual, face-to-face interviewing, resulting in a phenomenological description of themes or patterns. This research study can provide insight into the unique experience of the adolescent with a learning difficulty regarding his condition as well as additional emotions (negative and positive), challenges, coping mechanisms and cognitive implications that experts and researches are not yet aware of.

The aim of this research study can further be defined by the following specific goals:

- To review previous studies and literature on the development of the adolescent with focus on the emotional, psychosocial and cognitive aspects, as it relates to self-perceptions.
- To determine the nature of self-perceptions according to the literature.
- To indicate the manifestations of dyslexia and ADHD as barriers to learning in the adolescent's life.
- To explore the feelings and thoughts generally associated with being a learner with dyslexia or ADHD.
- To collect first-hand information from adolescents on how they experience, comprehend and perceive their barriers to learning.
- To compare the research findings to previous information.

1.4 DEMARCATION OF THE RESEARCH

The research sample consists of six adolescents in the late adolescent stage, ages eighteen to 22. Furthermore, the adolescents consist of three girls and three boys. The research subjects are all diagnosed with either ADHD, or some degree of dyslexia, or both. The focus will be on Afrikaans-speaking adolescents with dyslexia and/or ADHD because of the prevalence of these disorders in the environments I have worked in, either as an intern educational psychologist or psychometrist. These learning difficulties are also quite common in the Afrikaans school environment.

1.5 RESEARCH METHOD

1.5.1 Literature study

A literature study will be conducted to describe the nature of self-perceptions, dyslexia and ADHD. This will also include theories on the development of the adolescent, the manifestation of dyslexia and ADHD, the causes of dyslexia and ADHD, as well as the adolescent's experiences with dyslexia and ADHD.

1.5.2 Empirical study

A qualitative approach will be chosen so that the data could speak for itself, and would not be constrained by a deductive methodology. From this qualitative research paradigm within a phenomenological research design, data will be collected by conducting semi-structured, individual, face-to-face interviews with the research participants. In the data analysis themes will be identified which will be compared with previous literature and findings from the literature study.

1.6 CONCEPT CLARIFICATION

In this section, concepts such as Afrikaans-speaking, adolescent, self-perceptions, learning difficulties/barriers to learning/learning disabilities, dyslexia and Attention Deficit Hyperactivity Disorder (ADHD) will be clarified.

1.6.1 Afrikaans-speaking

For the purpose of this research study, Afrikaans-speaking will refer to learners who are either Afrikaans mother tongue speakers or who have received Afrikaans education from Grade 1 to Grade 12.

1.6.2 Adolescent

Adolescence is the stage between childhood and adulthood. It is characterised by a growth spurt as well as physical, psychological (emotional and cognitive), social and spiritual changes. Adolescents become more abstract in their thinking which, in turn, influences their observation, perception and relation towards the environment (Dacey & Margolis, 2006:191; Rew, 2005:52; Rice & Dolgin, 2005:1).

In addition, Jessor and Jessor (in Rew 2005:53), concludes that, adolescence

> "is the time of acquisition of skills and interests, occupational, educational, and interpersonal, that will be relied on into old age; and it is, finally, the time of more lasting self-definition, the working out of a sense of identity that will serve to organize experience and guide behaviour through much of adulthood".

The timespan of adolescence is not the same for every person. In general, people regard the beginning of adolescence at when a child reaches puberty and is physically capable of reproducing. Most children reach puberty between ages eleven and thirteen. The end of adolescence is far less clear. Some claim adolescence ends when physical maturity is attained, while others believe it is when an adolescent reaches the age when he or she can vote, get married, drink alcohol or be drafted, leave school or find full-time employment. These criteria are not universally accepted as these guidelines vary in different countries and cultures (Larson & Wilson, 2004:299; Rice & Dolgin, 2005:1–2).

Adolescence has expanded since the 1970's, because adolescents have taken longer to complete their education, live independently, marry and start a career. In current times, these significant milestones are usually only met in one's late twenties or early thirties (Rice & Dolgin, 2005:5).

In addition, adolescence is commonly divided into three stages: early adolescence (ten to thirteen years old), middle adolescence (fourteen to seventeen years old) and late adolescence (eighteen to 22 years old) (Rew, 2005:3; Rice & Dolgin, 2005:2; Susman & Rogol, 2004:19–20). For the purpose of this research study, only adolescents in the late adolescence stage will be used in the research sample.

1.6.3 Self-perception

Self-perception is "an awareness of the characteristics that constitute one's self; self-knowledge" (Answers.com, 2006:1).

Harter (in Elbaum & Vaughn, 2003:230) identifies eight areas of self-perceptions: common cognitive ability, peer amiability, behavioural conduct, physical appearance, romantic appeal, intimate friendship, physical capability and occupational skill. Marsh (in Elbaum & Vaughn, 2003:230) expands general academic ability into reading, mathematics and general school competence.

The term "self-perception", will not be limited to these domains mentioned, but will be an open term as understood by the adolescents included in the research sample. Furthermore, because of the fact that self-perception will be left to the interpretation of the research participants, self-perception and self-perceptions will refer to the same entity or concept. The "self" in the concept self-perceptions emphasises the unique experience or understanding of the individuals used in the research.

1.6.4 Learning difficulties/barriers to learning/learning disabilities

According to a recent article by Lloyd, Keller and Hung (2007:159–160), learning disabilities (LD) is the term used in the USA during the 1960s and 1970s concerning special education laws. Specific Learning Disability (SpLD) emerged in order to provide legal support to those learners who required access to special education services. There were, however, concerns about the means of identifying these learners, ethical issues, comorbidities and separation from other disorders, such as ADHD, in using the term LD. The construct Learning Disabilities also developed in other countries and this encouraged Lloyd et al. (2007) to investigate whether the international understanding of LD is the same as in the USA. They invited scholars from different countries to write articles on their understanding of LD. The condition LD emerged from countries such as Botswana, South Korea, Guatemala, Israel, Norway, Portugal, Spain and Taiwan.

In the South African context, the term "barriers to learning" is used to replace terminology such as "learners with learning difficulties" and "learners with special education needs", which signify the "deficit" or "medical model". The medical model assumes that barriers to learning primarily exist within the learner. Thomson (1990:2) suggests that "barriers to learning can be either environmental or 'intrinsic' to the individual child's development". According to the *White Paper 6* (Department of Education, 2001:15), "barriers to learning exist primarily within the learning system. Accordingly, the White Paper adopts the use of the terminology 'barriers to learning and development'. It will retain the internationally acceptable terms of 'disability' and 'impairments' when referring specifically to those learners whose barriers to learning and development are rooted in organic/medical causes".

Thus, I acknowledge the scope of the definition of barriers to learning and LD. For the purpose of this research study, the term learning difficulties will refer to dyslexia and ADHD because dyslexia and ADHD are generally perceived as being differentiated or comorbit to LD (Lloyd et al., 2007:159–160). "Learning difficulties" is also a term that is recognisable to scholars around the

world as opposed to “barriers to learning”. Both the terms “barriers to learning” and “learning difficulties” are used in this study.

1.6.5 Dyslexia

According to some authors (Lyon, Shaywitz & Shaywitz, 2003:5; Mortimore, 2003:48), it is difficult to successfully define dyslexia as it is still unclear what the boundaries of dyslexia are. The term “dyslexia” is derived from a Greek word meaning “difficulty with words” (Hornsby, 1995:3; Nosek, 1995:3). Earlier definitions stated that dyslexia was “an impairment in the processing of written language” (Mortimore, 2003:48). The emphasis changed in the 1960s to a problem with literacy, in other words, reading and spelling. Research by Miles (in Mortimore, 2003:48), concludes that “difficulties with spelling and reading formed part of a wider disability involving distinguishing between, and naming, forms of symbolic material, such as graphemes or number systems”. Galaburda (in Mortimore, 2003:51) finds in his research that laterality and hemispheric asymmetry also played a role in dyslexia.

Although conflicting definitions (Jordan, 2002:35–36; Reid, 2003:2–3), based on the surprising difference between ability (intelligence quotient, known as IQ) and performance, are also used, IQ and use thereof to diagnose dyslexia, is controversial. The main problem with these definitions is that dyslexia is largely a reading difficulty and IQ tests cannot be used to measure reading ability.

For the purpose of this study the following definition of Reid (2004:17) is used to describe the concept of dyslexia:

> “Dyslexia is a processing difference experienced by people of all ages, often characterised by difficulties in literacy, it can affect other cognitive areas such as memory, speed of processing, time management, co-ordination and directional aspects. There may be visual and phonological difficulties and there is usually some discrepancy in performances in different areas of learning. It is important that the individual differences and learning styles are acknowledged since these will affect outcomes of learning and assessment. It is also important to consider the learning and work context as the nature of the difficulties associated with dyslexia may well be more pronounced in some learning situations.”

The above-mentioned definitions focus mainly on the apparent negative aspects of dyslexia. Mortimore (2003:49) states that the emphasis in literature is mostly on the weaknesses in phonological processing, short-term memory, visual deficits and/or automaticity. Learners with dyslexia display areas of strength regardless of the difficulties that they experience. Peer (2001:3) argues that some dyslexic learners have exceptional creative skills while others have good oral abilities and although some do not have great talent, all these learners have strengths.

1.6.6 Attention Deficit Hyperactivity Disorder (ADHD)

ADHD can be defined as a neurochemical imbalance in some regions of the brain. There is a strong genetic factor involved, in other words, ADHD is clearly hereditary (Bester, 2006:28). The etiology of ADHD is discussed in Chapter 2. Barkley (2000:19) states that ADHD is a developmental disorder of self-control, which includes "problems with attention span, impulse control, and activity level".

Some of the clinical features of ADHD, according to Carr (2006:427), are short attention span, distractibility, poor time estimation, inadequate planning abilities, language delay, learning difficulties, memory deficits, low self-esteem, lack of conscience, poor self-regulation, lack of impulse control, excitability, low frustration tolerance, hyperactivity, low mood, delay in motor development, poor co-ordination, high level of risk-taking behaviour, underdeveloped adaptive behaviour, neurological soft signs, allergies, increased respiratory infections and otitis media, accident proneness and high rate of injury, immature physical size and bone growth, minor physical abnormalities and problematic relationships with parents, teachers and peers.

1.7 RESEARCH PROGRAMME

In **Chapter 1** background was given on the awareness of the research problem which give rise to the research question, the aim of the study and demarcation of the research. **Chapter 2** will reflect on the literature study of theories regarding adolescence, ADHD, dyslexia and self-perceptions. In **Chapter 3,** an overview will be given on the research methodology used in this study, with a focus on the qualitative method of semi-structured, individual, face-to-face interviewing. It will also provide information on the research goal, research method, research sample, interviewing, collection of data used and the analysis of the data. The research findings of the empirical study conducted will be discussed in **Chapter 4**. **Chapter 5** will entail a summary of the literature study, most important

findings of this research, conclusions, limitations and then also recommendations for further research.

1.8 SUMMARY

This chapter provided an overview of the awareness and identification of a need for research regarding an adolescent's perception of his barrier to learning in Afrikaans-speaking adolescents within the inclusive context. More specifically, the focus will be on adolescents with dyslexia and/or ADHD as a learning difficulty. Previous research studies performed in the UK and USA focused mainly on the early or middle adolescent years of learners in a special school setting. In the next chapter, theoretical information on the development of the adolescent, ADHD, dyslexia and self-perceptions will provide a foundation for the research that will be conducted in this study.

CHAPTER 2
THE ADOLESCENT'S SELF-PERCEPTIONS OF HIS LEARNING DIFFICULTIES

2.1 INTRODUCTION

Chapter 1 provides an outline of the awareness and identification of a need for research on the Afrikaans-speaking adolescent's self-perceptions of his learning difficulty, within the inclusive context. More specifically, the focus is on adolescents with dyslexia and/or ADHD as a learning difficulty in the late adolescent stage (ages eighteen to 22). Previous research studies done in the UK and USA focused mainly on learners in the early or middle adolescent years within a special school setting.

In this chapter, theoretical information regarding the development of the adolescent as well as hypotheses and theories on self-perceptions, ADHD and dyslexia are provided. The information that follows gives the basis for the research design and methods that will be used to gather the data.

2.2 ADOLESCENCE

This section will consist of a definition and scope of adolescence, developmental tasks in adolescence and the stages of adolescent development (namely physical, psychosocial, emotional and cognitive). The following discussion provides insight into the development of the adolescent and how these developmental changes affect his self-perceptions.

2.2.1 Definition and scope of adolescence

The word "adolescence" is derived from the Latin verb *adolescere* which means "to grow" or "to grow to maturity". Adolescence is the stage of development between childhood and adulthood. Change occurs slowly and unsurely, and the duration of this stage is not the same for every person (Fitzgerald, 2005:795; Rice & Dolgin, 2005:1; Singleton, 2007:140).

Adolescence is a period of physical, psychological, cognitive and social transformation (Dacey & Margolis, 2006:191; Scanlon, 2006:316; Singleton, 2007:140). Apart from biological changes during puberty, adolescents change more profoundly in the way that they think about themselves and their world. Abstract thinking influences their observations, perceptions and relation towards the environment (Dacey & Margolis, 2006:191). According to Rew (2005:52), adolescence is the

second decade of life and the period during which the developing person undergoes remarkable physical, psychological (emotional and cognitive), social and spiritual changes.

There is no clear, fixed age period for adolescence. However, for the purpose of this research study, the adolescents used in the research sample will be in the late adolescence stage (ages eighteen to 22).

2.2.2 Developmental tasks

As a human being develops from infant to adult, each life stage that he completes pertain certain developmental tasks or unique skills that must be mastered before moving on to the next, progressive life stage. An adolescent must face these developmental tasks in order to form his own identity. "A developmental task represents our culture's definition of 'normal' development at different points in the life span" (Perkins, n.d.:1).

The following are developmental tasks that need to be mastered during adolescence in order to become a responsible adult:

- Achieving new and more mature relations with others (in the same age group)
- Achieving a masculine or feminine social role or, i.e. gender identity
- Accepting one's physique, changing physical appearance and use one's body effectively
- Achieving emotional independence from parents and other adults
- Preparing for marriage and family life
- Preparing for an economic career
- Acquiring a set of values and an ethical system as a guide to behaviour, i.e. developing an ideology
- Verbalising and coping with objective self-critique
- Desiring and achieving socially responsible behaviour (Perkins, n.d.:1-4; Thies, 2006:64; Wolfaardt, 1998:31)

2.2.3 Stages of development of the adolescent

Even though moral influence might play a role in the formation of self-perceptions, according to previous research (Chapter 1) the development of self-perceptions is mostly a cognitive or emotional process that takes place as a person evaluates his abilities or appearance against his peers. Thus, for the purpose of this study, moral development is not discussed. A brief overview will be given on the other areas of development, i.e. physical and social, is given in so far as it influences the self-perceptions of the adolescent.

It must be noted that although the theories mentioned in the following sections provide the basis for theories on human development or developmental psychology, these viewpoints are constantly changing owing to current knowledge and a changing world. Travers (2006b:7) states that Piaget and Freud's theories are criticised for being too one-dimensional to explain the complexity of development. More current developmental theories, as illustrated by Lerner, "are not simply biologised, psychologised, or sociolised" (Travers, 2006b:7).

2.2.3.1 Physical development

Physical changes that take place during adolescence involve in a broad sense the process of sexual maturation and physical growth. Primary sexual characteristics develop including the ovaries in girls and testes in boys. In girls oestrogens stimulates the development of secondary sexual characteristics such as the development of the breasts, growth of pubic hair, distribution of fat on the body and the maintenance of the normal size and function of the uterus and vagina. In boys the male hormone testosterone causes the development of secondary sexual characteristics such as voice change, facial and body hair development and the development of the muscles and skeleton. Their circulatory and respiratory systems also change, resulting in increased strength and physical tolerance (Huebner, 2000:1; Rew, 2005:54; Rice & Dolgin, 2005:77–79; Shaffer, 2002:159–160; Singleton, 2007:140).

In general girls will mature earlier than boys. Adolescents form self-perceptions based on their physical appearance in comparison with that of their peers, as well as images portrayed by the media. These self-perceptions are either positive or negative. The adolescent stage is in itself already an uncertain time. It is during this stage that adolescents need to adjust to their changing bodies and form their own identities by interacting and comparing themselves with their peers. This occurs on a physical level as well. Adolescents compare their physical appearance to that of their peers, as well as the expectations of their peers. This determines whether they will be accepted and have a sense of self-worth. However, adolescents with ADHD might develop differently and manifest the following physical signs: immature physical size and bone growth, minor physical abnormalities and neurological soft signs (Carr, 2006:427). These differences in their physical appearance might result in negative self-perceptions as their body size and formation would most probably not measure up to the "normal" physical appearance of learners in their age group. These negative self-perceptions might culminate in a negative physical self-image.

2.2.3.2 Psychosocial and emotional development

Physical development and sexual maturation in the young adolescent are accompanied by profound changes in the psychological and social domains. Adolescents experience drastic changes in their bodies and their emotions. Social support provided, or lack thereof, by parents, teachers and peers can either facilitate or inhibit healthy development. Hormonal changes within the body can be responsible for excessive mood swings. Adolescents are also beginning to separate from their parents and move towards stronger relationships with their peers (Rew, 2005:63). This creates a deeper need for adolescents to feel that they are accepted by their peers and that they meet the standards when comparing themselves to others. Thus, they long for recognition from their friends.

Self-recognition, a basic form of self-knowledge, starts developing around the age of two years when children recognise their own reflection in a mirror. Self-recognition is linked to secure attachment. According to the developmental stages of Piaget, self-descriptions become more complex as the child gets older. Adolescents, who have entered the formal operational period, give complex, abstract or hypothetical self-descriptions. According to Erikson's theory of psychosocial development, the adolescent is faced with a personal dilemma of forming a group identity versus alienation. Erikson viewed these dilemmas or crises as a continuum of development with both negative and positive poles. If the dilemma or crisis is resolved in a sufficient manner, the individual will describe himself in a positive way and vice versa. Therefore, if the adolescent acquires group identity he would almost certainly use positive self-perceptions when comparing himself with friends, or form negative self-perceptions when the opposite (alienation) is true. The resolution of the dilemma is also dependent on the individual's social context (Carr, 2006:27–30; Lerner, 2002:422–423; Rew, 2005:63; Shaffer, 2002:43, 420; Thompson, 2006:77–78; Travers, 2006b:10).

Adolescents have the need to associate themselves with a peer group in order to satisfy their desire to be accepted and fulfil the need to belong. Joining such a group, however, must not lead to sacrificing their individuality, personal goals and aspirations. If young adolescents are not accepted by a peer group, they experience alienation. In the longer term, they might not be able to form adequate relationships and support systems essential for a healthy adult life. Owing to insufficient socialising skills on the part of learners with dyslexia or ADHD, they are more prone to feeling rejected by their peers and not having a sense of being part of a group where they are accepted for who they are (Carr, 2006:30; Giorcelli, 2004:3; Lerner, 2002:422; Shaffer, 2002:43; Travers, 2006b:10).

While in earlier adolescence, adolescents are concerned with group membership and affiliation, the major concern in late adolescence is an establishment of a clear sense of identity – a sense of "who I am". In order to establish this identity they will compare themselves with other adolescents concerning their abilities, characteristics and appearance, which will lead to certain self-perceptions (Carr, 2006:30; Giorcelli, 2004:3; Lerner, 2002:422; Shaffer, 2002:43; Travers, 2006b:10).

The process of identity formation involves observation and reflection, which occur simultaneously. As individuals experience this process, they become increasingly more differentiated from others and, at the same time, are able to include more in their own sense of self (Huebner, 2000:5). Personal identity is "the perception of the selfsameness and continuity of one's existence in time and space and the perception of the fact that others recognize one's sameness and continuity" (Rew, 2005:109). The common conception by professionals and in previous research is that adolescents with dyslexia or ADHD usually feel different, and that others do not acknowledge similarities between them and learners who do not manifest learning difficulties.

Erikson's conceptualisation of identity is along a continuum of identity synthesis and identity confusion. Identity synthesis represents the culmination of beliefs and ideals about the self which forms a coherent and consistent view of that self. Identity confusion, however, represents a lack of coherence and consistency in one's view of the self. This confusion ranges from uncertainty in making decisions to a lack of purpose in life (Lerner, 2002:423–424; Rew, 2005:109–110; Shaffer, 2002:440).

James Marcia extended our understanding of the crisis of adolescence by developing a theory of identity statuses (Rew, 2005:63). He found that adolescents could achieve one of the following identity statuses: identity diffusion, foreclosure, moratorium or a clear identity. With identity diffusion there is no real commitment to attaining personal, social, political or occupational beliefs or future goals. These adolescents tend to seek fun, struggle to adjust and have a low self-esteem. With foreclosure, the adolescent's parents or significant elders in the community make the adolescent's decisions concerning occupation, politics and religion for them. These adolescents are more obedient and susceptible to authoritarian values. In cases where a moratorium is reached, the adolescent experiments with a number of roles before settling on an identity. Some of these roles might be negative (delinquent) or non-conventional (school drop-out). However, moratorium is a prolonged stage of the decision-making process towards a stable

identity. Where adolescents achieve a clear identity following a successful moratorium, they develop a strong commitment to vocational, social, political and religious values and usually have good psychosocial adjustment in adulthood. Furthermore, they have high self-esteem, realistic goals and a stronger sense of identity is achieved following a moratorium of stress. When a sense of identity is achieved following a moratorium in which the adolescent explored many roles, he avoids the problems of being aimless. The adolescent can, in the case of identity diffusion, be aimless without real goals to aspire to or, with foreclosure, might feel trapped (Carr, 2006:30–31; Shaffer, 2002:440; Thies, 2006:192–193).

Because learners with dyslexia or ADHD tend to struggle academically, there is a greater possibility that they will not complete their schooling, fall into an aimless life, struggle to maintain an occupation or even fall into juvenile delinquency. The following social and emotional difficulties because of ADHD make it difficult to sustain successful friendships: poor self-regulation and lack of impulse control, excitability, low frustration tolerance and anger, low mood and conflictual relationships with parents, teachers and peers (Carr, 2006:427).

Adolescents with ADHD are primarily excitable and impulsive. Additional or associative emotions and behaviour are low self-esteem, anger because of low frustration tolerance, anti-social behaviour, sometimes struggling to interpret non-verbal or social cues correctly, excessive risk taking and under-developed adaptive behaviour associated with inattention. Comorbidities such as depression can also develop (Brown, 2003:2; Carr, 2006:426; Taylor, 2004c:33). Owing to the above-mentioned difficulties that adolescents with ADHD tend to experience, they most probably will experience identity confusion or be in a state of moratorium for longer because of impulsivity, disorganisation or indecision. Social and emotional difficulties usually have a long-term effect on an individual and takes extensive support and therapy to redeem. Thus, any emotional difficulties that adolescents experience because of ADHD will have an impact on their self and identity formation. When they compare themselves to their successful peers or friends who do not struggle academically, they might feel inadequate or unworthy which results in negative self-perceptions based on their failures as a learner.

2.2.3.3 Cognitive development

The word “cognition” means “the act of knowing or perceiving.” More specifically it is the ability to understand, think and perceive, and to utilise these abilities in solving the practical problems of everyday living (Rice & Dolgin, 2005:121).

Jean Piaget described cognitive structure as the mental and physical actions that underline intelligence. This cognitive structure is presented in skills or schemas that coincide with expected phases of development. Cognitive development occurs as the child acts on the environment and the environment acts on the child. Not only is the child's relation to his environment important in cognitive development, but heredity also plays a role (Carr, 2006:14; Rew, 2005:59). There are various processes through which these structures change, i.e. assimilation, accommodation and equilibration (Larson & Wilson, 2004:53; Lerner, 2002:381; Rew, 2005:59–60; Shaffer, 2002:50; Travers, 2006b:12).

Piaget divides cognitive development into four major stages:

1. The *sensori motor stage* – from birth to approximately two years
2. The *preoperational stage* – two to seven years.
3. The *concrete operational stage* – seven to approximately eleven or twelve years
4. The *formal operational stage* – eleven or twelve years onwards

(Carr, 2006:14–15; Rew, 2005:59; Rice & Dolgin, 2005:121; Shaffer, 2002:51; Travers, 2006a:115–117; Travers, 2006b:12).

The differences among these four stages primarily have to do with (1) what one can think about, (2) how flexible one's thinking is and (3) how much one can use correct logic (Rice & Dolgin, 2005:121).

During the formal operational stage adolescents move beyond concrete, actual experiences and begin to think in more logical, abstract terms. Formal thinking in the formal operational stage, according to Piaget, involves the following aspects:

- introspection (thinking about their thoughts)
- abstract thinking (going beyond the real to the possible)
- combinatorial thinking (being able to consider all important facts and ideas)
- logical reasoning (the ability to form correct conclusions using induction and deduction)
- hypothetical reasoning (formulating hypotheses and examining the evidence for these, considering numerous variables)

(Huebner, 2000:4; Kuhn & Franklin, 2006:955–956; Larson & Wilson, 2004:53; Lerner, 2002:381; Rew, 2005:59–60; Rice & Dolgin, 2005:128; Shaffer, 2002:52; Singleton, 2007:141)

Development of abstract and hypothetical thinking affects the way in which adolescents describe themselves. Advances in social-cognitive processes, including social comparison, perspective

taking and self-awareness, also contribute to the changing self-concept. Cognitive abilities to compare oneself to others emerge in middle childhood and increases in adolescence as the adolescent comes into contact with more complex and diverse individuals with whom to compare the self. According to Selman, as cited in Thies (2006), abstract thinking leads to a better understanding of another person's point of view or perception, i.e. perspective taking. Perspective taking enhances self-understanding because the adolescent can distance himself from his objective opinion and see himself as others would (Thies, 2006:192).

It can be concluded that through these cognitive changes the adolescent can form self-perceptions based on comparisons with other people. Even though perspective taking is supposed to be objective because one sees another's opinion, self-perceptions hold an emotional component and are therefore subjectively rooted in the adolescent's feelings, understandings and interpretations of the other person's opinion. Furthermore, with a condition such as dyslexia or ADHD, thought processes are somewhat impaired because of information processing difficulties, forgetfulness, sequencing problems, wandering attention, poor organisation, distractibility and, most importantly, literal or concrete-mindedness, which could presumably lead to problems in understanding their own thoughts or perceptions of others. These misinterpretations could result in distorted self-perceptions. However, is this conclusion logical or will the research reveal different information? Cognitive theories of information processing and critical thinking also relate to the specific difficulties that learners with dyslexia and ADHD might experience.

2.2.3.3.1 Information processing

Recent theories of cognitive development focus on information processing and the development of competence in such processing. Human beings are viewed as actively receiving, storing and retrieving information that is then used to inform behaviour. Information processing can be divided into logical, sequential steps, namely stimulus, selection, interpretation, memory, inference, thinking, reasoning and action (Munakata, 2006:426–428; Rew, 2005:60; Rice & Dolgin, 2005:142; Shaffer, 2002:53).

Concepts such as attention and memory are prominent in theories of information processing. Adolescents are characterised by the ability to pay closer attention to stimuli than younger children. This may be seen in increases in both selective attention (focusing on one stimulus and tuning out another) and divided attention (focusing on two stimuli simultaneously). Other changes that occur in adolescence are improvements in both short-term memory (the ability to remember for brief periods of time) and long-term memory (the ability to remember something

that occurred long ago). The ability to retrieve information stored over time is crucial to the adolescent in solving problems and making decisions. Adolescents are able to process information more rapidly and organise the information into a plan better than younger children. During adolescence there is also an increase in metacognition, i.e. the ability of the person to think about his own thinking (Carr, 2006:17; Rew, 2005:60; Shaffer, 2002:53–54).

Owing to the fact that attention, memory and concentration might be impaired or inadequate in adolescents with ADHD, they will commonly have problems with planning and organisation, learning, time estimation and foreseeing consequences of behaviour. This results in distractibility, language delay, poor academic performance, low self-esteem and a lack of conscience (Carr, 2006:427). Dyslexia is defined as a processing difference which also affects memory, processing speed and time management, among other things (Reid, 2004:17). Problems with cognition can therefore hamper an adolescent's overall functioning as an individual. This will most probably lead to negative self-perceptions or self-evaluations. But is this always the case? Will the adolescent with these learning difficulties always view these difficulties as negative or are there positive aspects that we are not yet aware of that the adolescent with dyslexia or ADHD can reveal?

2.2.3.3.2 Critical thinking

The development of critical thinking skills is another dimension of cognition that is highly important in understanding the adolescent's decision-making and subsequent behaviour. Theories of critical thinking originated from Bloom's theory of classified learning objectives that paralleled learning behaviours. These six levels in Bloom's taxonomy are: knowledge, comprehension, application, analysis, synthesis and evaluation. Critical thinking is assumed to occur in the analysis, synthesis and evaluation levels. Gagné also contributed to the earlier developments of critical thinking theories. The eight phases defined by Gagne, called events of learning, are: motivation, apprehension (attention, focus and concentration on the task), acquisition (assimilation of new information into cognitive associations), retention, recall, generalisation, performance and feedback (Rew, 2005:62).

Critical thinking skills are primarily learned through discovery rather than the memorisation of facts. These skills are perfected through both deductive reasoning (working from a hypothesis to generate logically necessary and testable inferences) and inductive reasoning (moving from specific observations to a hypothesis, which is verified by further observation), as well as during

opportunities to debate and interact with peers and mentors alike (Larson & Wilson, 2004:55; Rew, 2005:62).

Because of their critical thinking ability, adolescents will regularly evaluate their performance and behaviour against the feedback that they receive from significant other people. On an academic level for instance, adolescents discover their own academic competency based on the feedback that they receive from their teachers and probably also their parents. The same critical evaluation takes place concerning their emotional and social function and will most probably be based on feedback from their friends and peers because of the weight these individuals' opinions carry. Owing to the fact that learners with dyslexia or ADHD are more prone to struggle academically and experience problems with socialisation, they might be more critical on themselves when they do not measure up to others' expectations. Self-critique in a severe form might cause negative self-perceptions, generalisations that they will always fail and ultimately lead to a negative self-esteem.

2.3 SELF-PERCEPTIONS

Harter (see Carr, 2006:26; Elbaum & Vaughn, 2003:230; Harter, 2006:509; Shaffer, 2002:428) argues that the functions of self-knowledge, self-evaluation and self-regulation are the three main components of the self-system. Self-knowledge refers to all that the child knows about himself but particularly to autobiographical memory. It also includes insights about how the child functions in his social world. Self-evaluation involves the way in which the child evaluates himself against others as well as against himself at other developmental stages. Global self-evaluations have generally been referred to as self-esteem, self-worth or general self-concept. Self-regulation refers to the capacity to persist in independent, focused, goal-directed behaviour despite distractions posed by competing internal impulses or external stimuli. Harter (2006:509) uses the term self-concept primarily to evaluate characteristics like cognitive competence, social acceptance and physical appearance. We form self-perceptions based on evaluations or comparisons with other people, which again influences our global self-evaluations or self-concept.

According to the reflected appraisal theory (ChangingMinds, n.d.:1), self-perceptions are formed by internalising others' attitudes and communications. It suggests that we see ourselves as others see us, or as we think they see us, using a sort of psychological radar to pick up perceived reactions. A person's reading of others' opinions is conditioned by self-evaluation and is not necessarily accurate. Research also suggests that the extent to which this perception of external

appraisal shapes our judgement of ourselves, depends on how important the people giving it, are to us. The reactions of "significant others", people whose opinions make a difference to us, are particularly influential. Previous studies by Norwich and Jahoda (in Kelly & Norwich, 2004:412) indicate that adolescents with disabilities select and actively interpret the views of others in order to form their own self-perceptions.

Kelly and Norwich (2004) state that, in a series of English studies, Crabtree established that learners with mild learning disabilities (now referred to as learning difficulties or barriers to learning) were aware of their learning difficulties and that learners with mild learning difficulties in special schools had significantly higher self-concepts of general intellectual ability and mathematics than those in mainstream schools. Learners with mild learning difficulties in mainstream schools compared themselves to learners without learning difficulties. These findings are coherent with the social comparison theory, which supposes that comparisons with those of similar abilities will result in positive self-perceptions while comparisons with those of high abilities will lead to less positive self-perceptions (Kelly & Norwich, 2004:412). The social comparison theory (Festinger, 1954:117) suggests that there is a drive within individuals to look to outside images in order to evaluate their own opinions and abilities. These images may be references to physical reality or comparisons with other people. People look to images portrayed by others as obtainable and realistic and, subsequently, make comparisons among themselves, others and the idealised images (Kavussanu & Harnisch, 2000:230; Thies, 2006:192; Wikipedia: The Free Encyclopaedia, 2007:1).

Much of the research on the self assumes that there are different dimensions to self-perceptions (Harter and Marsch & Shavelson, in Kelly & Norwich, 2004:412). It also, especially from a psychological perspective, uses general constructs such as academic self-concept or self-perceptions, assuming that these constructs apply to all learners in similar ways. These constructs together with their constituent domains are used to design standard inventories. However, Kelly and Norwich, (2004:412–413), found that these standard inventories do not allow learners to express how they think and feel about themselves in their own idiosyncratic ways because of the inventories' linear nature. In this research study, self-perceptions are regarded as an open term. This enables the research participants to give their own interpretations of the concept, as they understand it, through their own experiences as someone with dyslexia or ADHD.

Regarding the emotional development of the adolescent, specifically their own identity, Carr (2006:27) states that, Harter, according to a person's self-esteem incorporates self-evaluative opinions and related emotions. Self-esteem tends to be high in pre-schoolers and during the pre-adolescent years. Around age twelve there is a drop in self-esteem and it then rises gradually in the course of adolescence. The drop in self-esteem might result from the child evaluating the physical changes that accompany the transition to adolescence negatively. It might also be a reflection of their increased capacity to imagine how others judge them – an ability that emerges during the formal operational period, which is previously explained by the social comparison theory and the changes in thought processes that makes this possible. Children not only make global self-evaluations, but also make evaluations or perceptions based on certain domains such as the family, school or peer group. These evaluations lead to domain-specific experiences of self-esteem such as parental self-esteem, social self-esteem or academic self-esteem (Carr, 2006:27). For the adolescent, how "one measures up to one's peers becomes the filter through which judgements about the self pass, thereby rendering perceptions of normative ability critical for self-esteem development" (Kavussanu & Harnisch, 2000:230).

Therefore, I acknowledge that the adolescent's self-perceptions that he forms about himself have an impact on the development of his self-esteem and, ultimately, his identity. The self-esteem might be influenced positively or negatively. I emphasise again that the construct 'self-perceptions' is left to the unique, personal interpretation of the adolescents themselves.

2.4 ADHD

The following section will discuss the literature study on ADHD. Specific emphasis will be placed on the diagnosis of ADHD, causes of ADHD, basic symptoms of ADHD, comorbidities, adolescence and ADHD, and the learners' experiences of ADHD.

2.4.1 The nature of ADHD

ADHD is:

> "the result of neurobiological differences in the anatomy, physiology, and chemistry of the parts of the brain associated with attention, impulsive control, and the executive functions. These neurobiological differences are usually inherited" (Rief, 2006:2; The Attention Deficit Disorder Association, n.d.:3–4).

According to Hutchins (2005:3), the essential nature of ADHD is how the brain controls thinking, learning and behaviour. It is a learning disability described as a behaviour disorder.

However, ADHD characteristics might not be problematic until an individual begins to struggle to meet life's expectations. The demands of the environment (school, home and workplace), therefore, determine when impairment results from having ADHD characteristics. As a result, "ADHD can present clinically at any age and in any life domain" (The Attention Deficit Disorder Association, n.d.:3–4).

ADHD not only has an impact on learning, behaviour and neurobehavioural functioning, but also on all facets of one's life (Peer, 2006b:71). Secondary difficulties include academic, occupational, familial, social, health and financial problems.

According to Barkley, and the International Consensus Statement, ADHD involves "a serious deficiency in a set of psychological abilities", which have been "linked through numerous studies using various scientific methods to several specific brain regions" and without a doubt "leads to impairments in major life activities" (Houghton, 2006:263–264). ADHD affects 3 to 5 per cent of children and 2 to 4 per cent of adults (Peer, 2006b:71; The Attention Deficit Disorder Association, n.d.:1).

2.4.2 Diagnosis of ADHD

ADHD is diagnosed when certain set criteria of the DSM IV TR are met (American Psychiatric Association, 2000). ICD 10 criteria also supply diagnostic criteria that are stricter than the DSM IV TR criteria. According to the ICD 10 criteria, the *actual* symptoms of inattention, over-activity and impulsivity must exist in two or more settings (e.g. school and home environment) in order to make a proper diagnosis. The DSM IV TR, however, requires only *impairment* in functioning in two or more settings to make an affirmative diagnosis (Carr, 2006:423–424; Scanlon, 2006:322–323; Taylor, 2001b:6–7) (See Addendum A: Table 1).

The individual must be evaluated holistically in order to make a successful diagnosis of ADHD. A holistic approach to diagnoses includes the influence that ADHD symptoms have on physical and mental functioning, personality and a learner's unique strengths and weaknesses. ADHD symptoms present across a wide spectrum from extremely mild to extremely severe. The appropriate diagnosis of ADHD can help clarify the presence of other physical, learning and emotional disorders or may be present in combination with any number of these (The Attention Deficit Disorder Association, n.d.:3).

The following three questions must be answered in order to make a clear-cut diagnosis of ADHD:

1. Is a sufficient number of ADHD symptoms, according to DSM IV TR criteria, present and causing impairment at the present time in the person's life?
2. Were some of these symptoms present before adolescence or adulthood?
3. Is there any alternative explanation for the presence of these ADHD-like symptoms?

(The Attention Deficit Disorder Association, n.d.:4).

It is important to note that other conditions have symptoms similar to ADHD and these have to be ruled out in order to make a correct diagnosis of ADHD. These conditions include: hypoglycaemia (low blood sugar, insufficient diet, thyroid disorders, pancreatic problems or adrenal gland abnormalities); allergies; hyper- or hypothyroidism (imbalance in metabolism); hearing or vision problems; mild to high lead levels; spinal problems; toxin exposures; carbon monoxide poisoning; seizure disorders (absence seizures); Turner's syndrome; sickle-cell anaemia; Fragile X syndrome; sleeping disorders; Post-traumatic Sub-clinical Seizure Disorder; high mercury levels; iron deficiency; Vitamin B deficiencies; Tourette's Syndrome; Sensory Integration Dysfunction; diabetes; heart disease; Bi-polar disorder; Central Auditory Processing Disorder (CAPD); worms; malnutrition; head injuries; too much sugar or caffeine in the diet; Foetal Alcohol Syndrome (FAS); sniffing materials; Beta-haemolytic Streptococcus (strep); giftedness; brain cysts; temporal lobe seizures; Klinefelter Syndrome; Porphyria; Candida Albicans Infestation (yeast infection) and intestinal parasites. Most of the metabolical or genetic conditions can be identified by means of a simple blood test (Maati Talk: focused on ADHD, 2007:1-7; Rief, 2006:8; Taylor, 2004b:22).

2.4.3 Causes of ADHD – aetiological theories

Brain damage does not cause ADHD and ADHD is not associated with intellectual disabilities. Neurological tests indicate that the electrical activity in the brain of an adolescent with ADHD resembles that of a younger person. Tests also show that motor co-ordination is often compromised in ADHD sufferers (Bester, 2006:32). According to previous research by Barkley, Bester, Carr, Egger, Faraone, Doyle, Levy and Hay, Mick and Biederman, Schachar and Ickowitch, Schachar and Tannock, and Taylor (see Bester, 2006, Carr, 2006 and Houghton, 2006), ADHD is caused by one or more of the following: genetic factors, family environmental factors, factors unique to the individual, dynamics of ADHD in the family, the effects of specific genes, structural brain abnormalities, neurotransmitter dysregulation, hypoarousal, allergy, environmental toxins and dietary factors. Furthermore, studies have also shown reduced

psychophysiological responsiveness to stimuli, and difficulties with filtering stimuli which leads to impulsivity, inattention or hyperactivity. (Attention Deficit Hyperactivity Association of South Africa, n.d.:1-25; Barkley, 1998:169; Barkley, 2000:66, 72; Bester, 2006:32, 67; Carr, 2006:430, 433–436; Goldstein, 2005:1; Houghton, 2006:264; Nigg, 2006:217–218, 262, 264–265, 278–279, 306, 434–435; Portwood, 2006:2; Rief, 2006:6; Scanlon, 2006:323-324; Taylor, 2004c:42–45; Van der Merwe, n.d.:2).

According to an article by Houghton (2006), there have been several advances by researchers such as Tannock, Barkley and Nigg, in recent years on the causes or theoretical accounts of ADHD. These include the Attentional Network Model, the Cognitive Energetic Model, the Biologically-based Energetic Deficiency Model, the Delay Aversion Theory (Band & Scheres, 2005:521; Houghton, 2006:265) and the Dual Pathway Modes. The Dual Pathway Modes accentuates the multi-factorial aetiology and multi-dimensional nature of ADHD, and views ADHD as an interrelated set of clinical conditions with multiple aetiologies rooted in a developmental causal model. Another model that impacted the theoretical basis of ADHD is the Executive Attention Model of ADHD (Houghton, 2006:265). Barkley and Wilding, as well as Rief, state that ADHD is a problem of executive functions (Band & Scheres, 2005:517–518; Barkley, 1998:233–235; Houghton, 2006:265; Rief, 2006:2–3; The Attention Deficit Disorder Association, n.d.:2).

There is growing consensus within the field that single-factor theories are probably unable to explain the complex and heterogeneous population of youngsters who qualify for a diagnosis of ADHD. It is possible that a variety of biological and psychosocial factors interact in complex ways to give rise to the syndrome and problems with a number of intrapsychic processes, particularly those involved in regulating both cognitive and motor response, under-pin symptomatology. The symptomatology is probably partially maintained and exacerbated by problematic relationships within the family, peer group and school (Band & Scheres, 2005:521; Carr, 2006:437).

2.4.4 Basic symptoms of ADHD

The three basic symptoms of ADHD are:

- attention deficit
- hyperactivity
- impulsivity (Barkley, 1998:57–62).

The three basic symptoms of ADHD do not all manifest in all three types of ADHD sufferers. About 85 per cent of ADHD sufferers are diagnosed as the "combined type" all three basic symptoms present in children. In adolescents and adults the hyperactivity component usually manifests as "talkativeness" (Bester, 2006:34).

The basic characteristics of ADHD, according to the DSM IV TR criteria, are given in Table 2.1

Table 2.1: Basic characteristics of ADHD

• carelessness • wandering attention • does not listen • does not complete tasks • poor organisation ability • avoids effort • loses things • distractibility • forgetfulness • sleeping problems • co-ordination problems (clumsy, poor balance, poor handwriting) • impatient	• fidgety behaviour • does not sit still • physically active • restlessness • on the go • talkative • answers quickly or impulsively • finds it difficult to wait turns • aggressive behaviour • irresponsibility • problems with short-term working memory	• interrupts others • literal or concrete-mindedness • rigidity in terms of routine • poor linguistic skills • over hastiness owing to poor auditory processing skills • underachievement • picky or greedy eating habits • allergies • self-centeredness • boundary problems • poor perseverance • temper tantrums

Sources: Bester, 2006:33–46; Carr, 2006:436–437; Giorcelli, 2004:4; Hutchins, 2005:16, 28–29; Peer, 2006b:74–75; Rief, 2006:5; The Attention Deficit Disorder Association, n.d.:2; Venter, 2007:2

2.4.5 Comorbidities

Coexisting conditions that have symptoms similar to ADHD and can develop with ADHD, must be also identified and addressed. These conditions include: depression, Bipolar disorder, anxiety disorders, chemical and behavioural addictions, Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD), learning disorders, psychotic disorders, pervasive developmental disorders (Autism, Asperger's syndrome, Pervasive Developmental Disorder-Not Otherwise Specified), Obsessive Compulsive Disorder (OCD), personality disorders, tic disorders, premenstrual syndrome (PMS), menopause, sleep disturbances, chromosomal anomalies and

congenital syndromes, brain trauma and dementia (Rief, 2006:6–7; Taylor, 2004b:22; The Attention Deficit Disorder Association, 2006:3).

2.4.6 Adolescence and ADHD

There is a common misconception that children outgrow ADHD as they mature into adolescents or young adults. All three subtypes of ADHD can remain from childhood to adolescence. Interestingly, hyperactivity does subside for a number of adolescents with the hyperactive-impulsive or combined subtypes, particularly in the later adolescent years. Thus, as the adolescent develops, the ADHD condition may transition to the predominantly inattentive subtype. Social and biological factors work in on the condition and change the manifestation from the childhood years. Thus, the ADHD from childhood might take on a new profile or even switch the dominant subtype and cases that existed but went unnoticed, now become apparent. The social and biological development that take place in the adolescent years result in affective domain changes in personal confidence and self-attributes, that may be sudden and significant. It is more common, however, for a case of ADHD in adolescence to have carried over from the childhood years. Thus, there will be some familiarity with the condition for the adolescent and his or her family. Depending on the behaviours that change, it might be that strategies that the individual used at an earlier age to self-regulate behaviours may not be as effective for new symptoms (Brown, 2005:117; Scanlon, 2006:329–330).

Attitude changes, decreased academic performance, and increased “clumsiness” are all indicators of possible ADHD (Scanlon, 2006:330). According to Tannock and Barkley (Barkley, 1998:200; Houghton, 2006:269), research on children and adolescents with ADHD revealed that these adolescents have fewer friends, lower self-esteem, poorer psychosocial adjustment, receive less years of schooling, achieve lower grades, fail more of their courses and are more often retained in a grade compared to adolescents without ADHD. When comparing themselves to their peers who do not struggle academically, they might perceive themselves as inadequate which results in negative self-perceptions. Many adolescents react negatively to having ADHD, regardless of whether they were diagnosed as a small child or only in adolescence (Scanlon, 2006:330).

During adolescence, problems with aggression, low self-concept, impaired peer relationships and poor school performance become prominent. There are bigger challenges in school, at home and in social relationships. They are also required to display better independence, as well as organisational and time management skills. This includes managing their school work, extra-

curricular activities, as well as homework compared to primary school where they still received a lot of assistance. Furthermore, adolescents must also learn to manage money and are more exposed to substances such as drugs and alcohol. These substances can be tempting to try because of the adolescent's often risk-taking or impulsive behaviour. The typical adolescent with ADHD has at least one extended period of depression. When ADHD is not treated properly through skills training and medication, conduct disorder can develop during the adolescent years (Brown, 2005:117–132; Taylor, 2001b:31–32).

According to Amen (2001), ADHD has a negative influence on the adolescent's social relationships or interactions with others. The behaviours or habits given in Table 2.2 may cause stress and conflict in the friendships and relationships of an adolescent with ADHD.

Table 2.2: Behaviours and habits causing conflict in relationships

Social isolation	They tend to isolate themselves from others because of past failures with friendships.
Teasing	They are often teased or might be the one teasing other children.
Fighting	Fighting, which is common with adolescents with ADHD may be because of impulsivity, low self-esteem or thrill-seeking behaviour.
Misperceptions	They form misperceptions which might lead to conflict.
Distractibility	Distraction causes lapses in concentration and insufficient communication between people.
Problems taking turns	This might cause problems with games because the adolescent with ADHD wants immediate satisfaction of their needs.
Speaking without thinking	Speaking without thinking because of impulsivity might put them in difficult or embarrassing situations.
Disorganisation and problems completing chores	Arguments, frustration and resentment might result because tasks are not finished.
Difficulty playing or being quiet	Difficulty staying quite when playing or working which can irritate and disturb others.
Sensitivity to noise and touch	This might lead to isolation from people or physical touch by others.
Excessive talking	Others might feel that they are not given a chance to have their

	say which might cause irritation, frustration and conflict.
Lack of emotional expression	They do not always give a lot of feedback concerning their experiences and feelings.
High risk taking	Peers might feel pressured in participating in activities that are dangerous. Others feel worried and anxious.
Easily frustrated, tantrums, moodiness and rage outbursts	Emotions are experienced like a roller coaster and others do not always know what to expect.
Low self-esteem	They find it difficult to accept compliments and believe positive characteristics about themselves, which has a negative impact on their relation with others.
Looking for trouble	Others claim that adolescents with ADHD are constantly looking for trouble.
Anxiety or restlessness	These behaviours might lead to addictive behaviours or habits.
Failure to see other's needs	They are self-centred and behave immature.
Failure to learn from the past	They tend to repeat previous arguments and do not learn from the past.
Procrastination	They leave everything to the last minute, which causes irritation and frustration for other people.

Source: Amen, 2001:189–193

2.4.7 How do learners experience ADHD?

Hutchins (2005:17) states that, in his experience, learners with ADHD commonly feel embarrassment and experience high levels of stress. These learners do not like it when teachers or parents expose their weaknesses because it creates humiliation. They feel that significant others need to provide more praise and reward their efforts rather than focusing on what they did wrong (Peer, 2006b:89).

A boy with dyslexia verbalised it as: "A good day is not having a bad day" (Goldstein, 2000b:1). It is clear that repetitive failure at school forms a learner's mindset about success and failure, and shapes his self-esteem. In addition, people tend to focus more on difficulties and what is wrong rather than focussing on their skills or what is good – a negative connotation to ADHD is made. Learners with ADHD tend to feel helpless because they feel that they are not in control of their lives or behaviour (Goldstein, 2000b:1).

Generally, learners with ADHD do not want to misbehave. Taylor, in his experience as a psychologist, found that if learners could choose, they would like to change. They make statements such as: "I'd wish for being able to stop acting up ... not be so bad ... stop bugging my sister ... control my temper better ... stop making my parents mad at me ... stop getting into trouble" (Taylor, 2001b:159–160).

Hyperactive learners are driven and they sometimes feel that their impulsive behaviour causes them to be out of control. They also experience confusion, frustration, uncertainty, failure, incompetence, helplessness, as well as the feeling that they are being victimised by other learners which, in turn, leads to anger towards others and themselves (Brown, 2005:117; Goldstein, 2006:1; Taylor, 2001b:159–166). Anger towards others then results in rejection by their peers, low self-esteem, low self-worth and a negative self-concept (Taylor, 2004a:157; Taylor, 2004d: 185).

The ability of a learner with learning difficulties or ADHD to cope with adversity, whether social, emotional or educational, is best predicted by the strength of his emotional ties, first to parents and second to educational settings (Goldstein, 2006:1).

2.5 DYSLEXIA

The following section will explore the definition of dyslexia, diagnosis of dyslexia, causes of dyslexia, the basic characteristics of dyslexia, adolescence and dyslexia, and how learners experience dyslexia.

2.5.1 Definition of dyslexia

Dyslexia is "a neurologically-based, often familial, disorder in learners who, despite conventional classroom experience, fail to attain the language skills of reading, writing and spelling commensurate with their intellectual abilities which predict anomalies in the development of adaptive functions having consequences across the life span" (Fawcett, 2006:5–6).

2.5.2 Diagnosis of dyslexia

The process of diagnosing dyslexia involves determining whether there is a gap between the learner's general learning or intellectual ability and his performance in an academic skill such as reading or spelling. For example, an individual who has normal abilities in areas like speaking

and learning from auditory sources but has difficulties in learning to read, might have a reading disability (Frequently asked questions, 2006:1).

2.5.3 Causes of dyslexia – aetiological theories

Some research studies claim that there is a neurological basis to dyslexia. It is stated that the brain structure and neural connections needed for processing information might develop differently in dyslexic children. According to statistics, 88 per cent of dyslexics have relatives with the same condition (Hornsby, 1995:164; Reid, 2004:9).

There is a difference in the brain composition of a dyslexic but it does not imply a deficit. The left hemisphere of the brain is generally described as the logical, verbal and controlling half that processes detail information such as print. More specific, these skills entail handwriting, language, reading, phonics, locating details and facts, talking and reciting, following directions, listening and auditory association. This means that the left hemisphere of the brain is important for decoding the tasks that are necessary for accurate reading. The skills necessary for accurate reading include skills such as discriminating different sounds in words i.e. *phonological skills* that are essential for identifying the cluster of letters which makes certain sounds. It is now widely accepted that learners with dyslexia have a weakness in phonological skills (Hornsby, 1995:164–175; Reid, 2004:9–11).

The right hemisphere of the brain is known as the non-verbal, practical, intuitive half. It processes information that incorporates more holistic stimuli including the processing of pictures and other types of visual information. More specific, mathematical computation, spatial awareness, shapes and patterns, colour sensitivity, singing and music, art expression, creativity, visualisation and feelings and emotions are processed by the right hemisphere of the brain. As a rule, it also deals with comprehension and some aesthetic aspects, such as art and music. Dyslexics usually have preference for right hemisphere processing (Hornsby, 1995:164–175; Reid, 2004:9–11).

According to John Stein (in Reid, 2004), the cells that control eye movements and visual acuity when the eyes are in motion, it seems, do not separate appropriately in dyslexic learners. This can affect reading accuracy and fluency and is called the Magnocellular Deficit Hypothesis. There is also the Phonological Deficit and Double Deficit Hypothesis which emphasises phonological processing and information processing problems. Additionally, according to the Cerebellar Deficit Theory by Fawcett and Nicolson (Fawcett, 2006), learners with dyslexia show

evidence of immaturity in the development of the cerebellum. The cerebellum has a number of important functions, but is usually associated with motor control, movement and balance. It also seems to link to other key processing elements such as processing speed, phonological awareness and visual processing. It has long been suspected that a family trait is associated with dyslexia and studies in the field of genetics have shown that this is certainly the case. Other underlying causes are problems with visual processing, auditory processing, short-term memory, speed of processing, otitis media and laterality difficulties (Fawcett, 2006:9–17; Nature Neuroscience Editorial, 2007:135; Peer, 2006a:4; Reid, 2004:11–13).

2.5.4 Basic characteristics of dyslexia

Dyslexia can be displayed on a continuum ranging from mild to severe and has unique characteristics for each person. The following are difficulties that people with dyslexia experience:

- information processing
- displaying knowledge and comprehending written work
- learning by means of auditory information
- memory
- organisation of information
- coordination
- reading
- spelling
- word retrieval

(Fawcett, 2006:38–39; Mortimore, 2004:7; Peer, 2001:3; Peer, 2006a:5–7; Reid, 2004:3–4).

Table 2.3 below is an outline of basic characteristics of dyslexia as experienced in the pre-school years, early school years and difficulties that seem to persist in the life span of the individual suffering from dyslexia.

Table 2.3: Continuum of characteristics of dyslexia

Pre-school years	**Early school years**	**Persistent difficulties**
Reading	**Reading**	**Reading**
May have difficulty remembering nursery rhymes	Difficulty recognising sounds or combinations of letters that make up sounds	Reading speed tends to be slow and hesitant

May confuse words that sound similar (homophones)	Getting the sounds and letters of words out of sequence	Reluctant to read for pleasure
Mix up the sequence of sounds	Substitution of words when reading aloud	Low self-esteem
	Continuing difficulty with rhyming and in particular remembering the sequence of the rhyme	Reluctant to read aloud
Coordination	**Coordination**	**Coordination**
Can appear clumsy	Can have difficulty in some subjects like physical education that require some coordination and often following instructions	General clumsiness
May have poor pencil grip	May have a difficulty with tying shoelaces and may appear dishevelled at times; bump into furniture, trip and fall more frequently than would be expected	Difficulty with eye-hand coordination
Can have difficulty with some fine motor tasks such as threading beads		Difficulty with some sporting activities
Can have difficulty in tying shoelaces		
Reaction time	**Reaction time**	**Reaction time**
May have a vacant expression when asked to do something because he needs time to understand and process the information	May take longer than expected to respond tasks	Will need extra time to complete tasks and for examinations
	May allow others to take the lead in some tasks	
Memory – short-term and	**Memory – short-term and**	**Memory – short-term and**

long-term	**long-term**	**long-term**
May have difficulty remembering some information such as age, address and names of friends and relatives	Will have difficulty remembering lists of information and dates including date of birth	May show signs of poor long-term memory; difficulty revising for examinations
May have difficulty remembering simple instructions	May have difficulty remembering homework May have difficulty remembering days of the week and days of any after-school clubs	May have difficulty remembering homework
		May have difficulty remembering timetable
Spelling	**Spelling**	**Spelling**
May have difficulty spelling own name	May make phonological (sound) errors in spelling	Difficulty remembering spelling rules
	Letters out of sequence	Difficulty with word endings
	Inconsistent use of some letters with similar sounds	Confusion or omission of vowels
	May spell a word correctly one day but not the next day	May need to rely heavily on computer spell-checker
Writing	**Writing**	**Writing**
Poor pencil grip	Writing can be slow and deliberate, lacking in any fluency speed	Inconsistent writing style
Difficulty with colouring drawings	Inconsistent use of capital and small letters	May have fatigue when writing for long periods of time
	May be reluctant to write	
	Sometimes unusual or awkward pencil grip	
	May not sit comfortably when writing	

Organisation	**Organisation**	**Organisation**
Will forget where they put things	It is likely that their school bag will be untidy	Inefficient organisational strategies when learning new material
	May lose things easily, including important items like homework notebook	Poor organisation of timetable, materials, equipment and items needed for learning
	May have difficulty in preparing in advance for subjects like physical education or art when they need to bring additional clothes or materials	
Speech and language	**Speech and language**	**Speech and language**
May be late in developing speech	Articulation can be quite poor	May speak in a jumbled disorganised manner
	Difficulty blending sounds into words	May speak in a hurried manner
	Can have a difficulty in remembering the names and words for some everyday items	May not be very clear in speech

Source: Reid, 2004:5–8

Dyslexics also find social skills difficult. Dyslexics themselves have admitted that they need to learn how to cope with taking responsibility for solving their own problems, organisation, and forgetfulness, misinterpretation of social cues, inattention, impulsivity and impatience (Nosek, 1995:136–139; Peer, 2006a:5).

Dyslexics are often good at/in:

- being resourceful
- work effort and determination when helped in study skills
- global "gestalt" thinking; logically applied, sometimes Mathematics
- computer studies

- technology/design/art skills/engineering
- being sensitive to others' feelings
- having a good imagination
- good games ability viz. "balance", 3D skills, often Rugby as opposed to Soccer
- science, especially experimental laboratory skills, but difficulties with note-taking and sequencing skills

(Nosek, 1995:136; Peer, 2001:3; Peer, 2006a:3; Thomson & Chinn, 2001:280)

2.5.5 Adolescence and dyslexia

There are many conflicting emotions in entering secondary school. The adolescent is expected to cope with his problems and take responsibility for his own progress. It is a new environment and the learners are not aware of the procedures and protocols which have a profound effect on the way life is organised. No one teaches it to them. They are expected to acquire these procedures and protocols as they go along, together with learning about the layout of the buildings, the large number of teachers, different subjects, and all these are essential to survival in a new context. This is hard work and a source of temporary anxiety, but not impossible or stressful – except for a dyslexic. Secondary school is mostly designed to work for the majority of learners who are not dyslexic. The dyslexic learner already has difficulties with aspects such as reading, spelling, writing and mathematics, but must now also struggle with place, relationships, social acceptance and participation. The dyslexic learner's self-image may be seriously affected within days of starting Grade 8. Dyslexics start to doubt their own abilities, form a low self-opinion and their motivation and perseverance declines (Galloway, 2006:7; Hales, 2001:232).

> "Adolescence encompasses the vital period when the individual matures from child into adult and everyone has many tasks to accomplish. We learn to sort out confusions, to distinguish truth from fiction and to cope with emotional development; all made much more difficult by being dyslexic. The development of increasing personal independence is balanced by requirements to internalize and utilize intellectual concepts and social skills. This is the foundation of values which lead to behaviour which is regarded as socially responsible and any child failing to grasp and manage these fully is at a great disadvantage. The presence of support may be the lifeline that maintains a dyslexic learner steadily through the trauma of adolescence set against the difficulties of dyslexia. The absence of support may do untold damage to individuals and their belief in themselves" (Hales, 2001:232).

The social interactionism and social constructionism theories are founded on the belief that learners act on the basis of meaning and understanding which they develop through interaction with other people (Burden, 2004:2). As explained in section 2.2, adolescents are at the stage in their lives where they specifically have the need to form an identity with a group versus becoming isolated. Thus, their perceptions about themselves, their abilities and learning difficulties will be formed according to their interactions with and feedback from significant others, in particular their peer group.

2.5.6 How do learners experience dyslexia?

Social and emotional factors play an important role in underachievement and learning difficulties. When the learner constantly experiences negativity, failure and pain, there is a shut-down of emotional systems (Galloway, 2006:8). “Emotion has the power to open or close pathways, doorways and windows to learning, reasoning and memory” (Vail, 2001: 203). According to Vail and Antonio Damasio (in Jordan, 2002), from known neuropsychological discoveries, as well as clinical experiences, emotion is the on/off switch for learning and the most powerful force that influences a person’s life (Jordan, 2002:238; Vail, 2001:206). Peer (2006c:15) adds that happy and relaxed learners learn more successfully than unhappy and stressed learners.

It is easy to ignore the emotional aspects of dyslexia. Often the learner’s main difficulty will relate more directly to learning and literacy and this can be the main area of concern. If a child, however, is failing in literacy and finds school work challenging, then it is likely that he or she will suffer emotionally. Some of the factors that undermine a child’s self-esteem are dealing with peer insensitivity and maintaining their self-esteem. They feel hurt or ashamed when they are called stupid, lazy, and uncooperative or are labelled as having behaviour difficulties. Furthermore, they experience feelings of humiliation, guilt, unworthiness and inadequacy. According to a research study by Galloway, some adolescents with learning difficulties claim that a person can only be popular when he is clever and others do not like a person when he is stupid (Galloway, 2006:13). Learners with dyslexia long to receive recognition and approval from their peers, to be accepted for who they are and not be evaluated as being lazy when they have put so much effort into doing their work (Hales, 2001:236; Jordan, 2002:238–239, 244, 249; Nosek, 1995:138–139; Peer, 2006d:20; Reid, 2004:132).

Learners can be very sensitive, particularly if they feel they are, in a way, different from others. The adolescent will constantly be reminded that he is different based on negative memories and

experiences during primary school where he struggled to perform academically as well as socially (Hales, 2001:233; Jordan, 2002:250–251). Learners with dyslexia usually have to visit psychologists and other specialists. For some children, this indicates that they are different and they may feel stigmatised or labelled as a result of this (Reid, 2004:132). Moreover, when they receive special concessions such as additional time, a spelling concession or amanuensis during assessments, they might feel that they are different from their peer group, which makes them uncomfortable.

Repetitive academic failure usually causes a decrease in self-confidence and self-esteem and increases feelings of guilt, disappointment, hopelessness and shame. Once children feel that they have failed, it is difficult to reverse these negative feelings and often they need to change their perceptions of themselves. These distorted self-perceptions ultimately results in a low self-image or negative self-concept. Counselling and support to bring about changes in their self-perceptions can be a lengthy process and ongoing support, praise and sensitive handling are necessary. Empathy, understanding and ongoing support are necessary to help the dyslexic learner to cope not only with academic and social demands, but also the personal and emotional challenges experienced. They need to receive praise and credit when they succeed. When these learners have supportive parents, adaptable teachers and affective, trusting peer relationships, and when the school holds realistic routines associated with the expectations, they will usually feel more positive about themselves and experience success (Burden, 2004:1; Galloway, 2006:7; Goldstein, 2000a:1; Hales, 2001:234–235; Jordan, 2002:244, 252, 255–256; Peer, 2006d:39; Reid, 2004:133).

According to Burden (2004:2–4), other factors that also play a role in the learners achieving success includes motivation, their attitude towards learning, sense of agency and their self-esteem. There is a stronger correlation between the academic self-concept and academic success than between scholastic success and intellectual ability. These learners must form a sense of self-efficiency rather than a feeling of helplessness. By having pride and a sense of belonging, learners with dyslexia can take responsibility for their future. Raskind and Goldberg (2007:12) state in their article that self-awareness, goal-setting, perseverance, pro-activity, presence and use of effective support systems, and emotional coping strategies are attributes of successful learners with learning difficulties.

As stated by Susan Hampshire: “One of the worst aspects of being dyslexic is the vicious circle caused by stress. As soon as I make a mistake I panic and because I panic I make more mistakes”

(Peer, 2001:6). Learners with dyslexia need to cope with chronic stress because they try to do their best but continue to disappoint the people close to them. They do not feel anxious about the education environment per se, but learners with dyslexia "expect to take part in what education systems do and find it distressing when they cannot meet the expectation of themselves and others" (Hales, 2001:237). They tend to experience academic and social failure, which cause high levels of anxiety. The severity of the dyslexia will also determine the level of stress that they experience. The more profound the difficulties associated with dyslexia, the more negative the impact on their self-confidence and self-esteem (Goldstein, 2000a:1; Hales, 2001:233–234; Jordan, 2002:256–259).

Some of the descriptions on how it feels to be dyslexic are about feelings of frustration, anxiety, misunderstanding and misery. Thoughts or statements such as: "I must be stupid; no-one understands me; my classmates laugh at me and I want recognition" are commonly heard. Simple things such as reading and writing can seem oddly difficult. Words simply won't go where the learner wants them. Organisation can be an issue too. Losing his way, trying to read aloud, struggling to keep up with work – these all contribute to a general sense of exhaustion and lack of confidence. This is about living in a world where most people are *not* dyslexic (Goodwin & Thomson, 2004:3; Miles, 1983:165; Peer, 2001:4, 6-7; Peer, 2006d:38).

As explained by a boy diagnosed with dyslexia:

Dyslexia is black and a rainbow.
It tastes like fear.
It sounds like a growl.
And it smells like problem.
It makes me feel weird but hopeful (Jordan, 2002:235)

Adolescents' response to their low self-esteem and confidence can range from depression, learned helplessness, poor self-worth, low opinion of self and own abilities, withdrawal through frustrations, attentional problems, being the class clown, to more serious behavioural difficulties (Burden, 2004:1; Galloway, 2006:7; Hales, 2001:232–237; Jordan 2002:252; Nosek, 1995:136; Thomson & Chinn, 2001:283).

There can also be a feeling of enormous energy when everything seems to come together and they realise they have understood a situation or problem in a wholly unique and remarkable way.

Tom West, in his book *In the Mind's Eye*, shows that many dyslexic thinkers have an unusual balance of skills which are often outstandingly creative (Goodwin & Thomson, 2004:3).

Here follows an example of a poem written by a dyslexic boy, which illustrates their creative ability:

I feel so helpless when I
ask for directions and realize
after one set of lights that I
won't remember them.
They said I wasn't
trying when I was!
I was made to feel lazy,
stupid, even worthless.
Finding out I was dyslexic
was a relief (Goodwin & Thomson, 2004:3)

According to research by Thomson and Chinn (2001:286–288), adolescents with dyslexia claim that the following aspects hinder them in the classroom:

- Teachers who go too fast and expect too much. The dyslexic learners are expected to produce the same amount of work as non-dyslexic learners in a given time. This is a problem because of their usual slow processing speed and slow reading speed.
- Teachers who do not stick to the point. Dyslexics normally have short-term memory and sequential memory problems, which makes it hard to follow too many instructions or information.
- Teachers who know that the learner is dyslexic but do not help them enough. The learners are being patronised, because some people, especially teachers do not believe in dyslexia.
- Too much copying off the board and/or dictating notes and rubbing work off the board too soon. Again, short-term memory, working speed and writing problems make it more difficult for the dyslexic learner and student to transcribe notes from the blackboard.
- Having test results read out loud, people who make fun of them or are sarcastic. Owing to the common notion that learners with dyslexia are more apt to fail at school, they receive low marks in tests more often than other learners and students. It has a negative effect on their self-esteem when these marks are read aloud in class.

- Confusing dyslexia with stupidity and a lack of understanding/empathy for dyslexia (from teachers and other students). These misconceptions might cause a negative self-esteem.
- Being made to read aloud in class. A dyslexic learner, in most cases, experiences reading problems. To read aloud in class, especially in front of their peers, will make them self-conscious of their inadequate reading skills and cause embarrassment.

2.6 SUMMARY

In this chapter, theories on the development of the adolescent were provided, with greater emphasis on cognitive and emotional development. Furthermore, concepts and theories concerning self-perceptions, dyslexia and ADHD were given. Additional information on how these difficulties manifest in the adolescent stage of development was also supplied. Some of the problems that these learners and students experience were discussed. In the next chapter, the research methodology, research design, data collection and analysis that was used in this research study is explained.

CHAPTER 3
RESEARCH DESIGN

3.1 INTRODUCTION

The research design, methods for data collection and analysis within the qualitative research design for this particular study will be discussed in this chapter. Ethical issues that had to be considered to conduct the research in a sound and professional manner, are stipulated. By means of the method and scientific processes described, information can be accumulated in order to answer the research question: "What is the Afrikaans-speaking adolescent's (in late adolescent stage) self-perceptions of his learning difficulties (dyslexia and ADHD)?"

3.2 RESEARCH PROBLEM, AIMS AND RATIONALE OF THE EMPIRICAL RESEARCH

The research problem articulates the need to explore and describe the self-perceptions that adolescents' form about their learning difficulties, in order to increase our understanding of their experiences of dyslexia and ADHD. The majority of studies done specifically indicate that dyslexia and ADHD have negative effects on all areas of the individual's functioning. There appears to be a lack of information on the experiences of adolescents, especially within the late adolescent period. This could indicate that certain assumptions have been made regarding adolescents' comprehension and experiences of coping with dyslexia and ADHD. There is, therefore, a need to gather "first-hand" information on the adolescent's self-perceptions of his learning difficulty.

The general aim of this research study is to establish what the self-perceptions of adolescents with learning difficulties are, and clarify their unique understandings, feelings, thoughts and experiences regarding it. The specific aims of this research study can be defined by answering the following questions:

- Who is the adolescent with a learning difficulty?
- What is the adolescent's comprehension of the learning difficulty (dyslexia and/or ADHD)?
- What does "perception" or "self-perceptions" mean to an adolescent?
- What are difficulties usually experienced by an adolescent (aged eighteen to 22) with dyslexia and/or ADHD, from the adolescent's point of view?
- What areas of an adolescent's functioning are affected by dyslexia and/or ADHD?
- What is the adolescent's unique experience of dyslexia and/or ADHD?

- What are the thoughts and feelings associated with having dyslexia and/or ADHD?
- Are the self-perceptions of the Afrikaans-speaking South African adolescent with dyslexia and/or ADHD similar to or different from adolescents in the UK or the USA?
- What coping mechanisms are used by the adolescent to deal with dyslexia and/or ADHD?
- How does the adolescent's life change because of dyslexia and/or ADHD?

3.3 RESEARCH SETTING, OUTLINE OF THE RESEARCH DESIGN AND THE METHOD (QUALITATIVE RESEARCH)

The research setting, research design and the use of qualitative research as the research method will be discussed in this section.

3.3.1 Research setting

This research study has been restricted to adolescents diagnosed with dyslexia, ADHD, or both, in the private practice or internship settings that I worked in. This was decided based on the practicality thereof and the knowledge that sound diagnoses of learning difficulties was made. Furthermore, because of previously established psychologist–client relationships between me and the research participants, it is perceived that the adolescents will be more open about their own experiences, feelings, thoughts and, ultimately, perceptions. The adolescents in this research study are all Afrikaans-speaking, to make the sample more uniform.

3.3.2 The research design

Qualitative research has its roots in psychology from the work of Wundt, German and American studies, like Thomas and Znaniecki, which emphasised the importance of sociology, biographical methods, case studies and descriptive methods. Qualitative research was criticised as being too "soft", open and descriptive, and more focus was placed on quantitative methods. In the 1960s (in America) and 1970s (in Germany), the relevance of qualitative research was discussed. This led to the revival of qualitative research in social sciences. The 1980s saw the birth of the narrative interview, symbolic interactionism, ethnomethodology, phenomenology, semiotics or feminism, and objective hermeneutics. Narratives replaced theories and qualitative research is currently characterised by post-experiment writing and linking qualitative research to democracy. Qualitative research is termed the "postmodern perspective" or the "interpretative approach" (Creswell, 1998:4; Flick, 2002:7–10).

The qualitative paradigm is used in this research study because qualitative data are usually in the form of text, written words, symbols or phrases, which describe people, actions and events in the social context (Flick, 2002:11; Neuman, 2006:457). “A qualitative study is exploratory ... and the researcher seeks to listen to informants and to build a picture based on their ideas” (Creswell, 1998:21). The main purpose of qualitative research is to understand a phenomenon from a fresh point of view that, above all, emphasises subjective meaning, perceptions and experience (Creswell, 1998:162; Whitely & Crawford, 2005:108). Thus, qualitative research makes room for the value and subjective meaning people place on their experiences. By means of qualitative research, certain concepts can be explored and understanding of the phenomena of dyslexia and ADHD, as experienced by the adolescent, can be created.

This study follows the phenomenological research design or theoretical framework of qualitative inquiry, established in the philosophy of Husserl. In a phenomenological study, the researcher explores or aims to describe the meaning of the lived experiences of individuals who share a common phenomenon, such as living with dyslexia and ADHD, through means of the individuals’ accounts and opinions. The focus is therefore on the subjectivity of those viewpoints and experiences. The individual is viewed as the expert on his own life and interpretations of that life, and helps others to comprehend those unique experiences. “Phenomenological analysis, aims to clarify the meaning of all phenomena. It does not explain nor discover causes, but it clarifies” (Giorgi, 2005:77). In other words, “the aim is to determine what an experience means for the persons who have had the experience and is able to provide a comprehensive description of it” (Liamputtong & Ezzy, 2005:19). The research is descriptive and by means of reduction, knowledge of the psychological essences or meanings of human experience can be obtained (Baylor, Yorkston & Eadie, 2005:398; Coolican, 2006:97; Creswell, 1998:3–4; Giorgi, 2005:75; Taylor, 2001a:658; Wertz, 2005:170, 175).

In order to attain insight into the experiences which result in certain self-perceptions, a semi-structured, individual, face-to-face, interview is conducted with each research participant in the natural setting of his own home. Through analysing the transcribed content, as well as my clinical observations (e.g. notes on body language), insightful and new inferences are made based on the themes and concepts that emerge.

3.3.3 The research method (qualitative research)

Qualitative research is exploratory and descriptive. Reality is subjective as understood by the research participants. The researcher further acknowledges that categories are formed based on the information gathered from the research subjects and not a priori by the researcher. Context-bound information is produced to form theories which explain the phenomena. There is interaction between the researcher and the research participants and the researcher acknowledges the *value-laden* or biased nature of the research by reporting his values and preconceptions (Creswell, 1998:5; Neuman, 2006:33–35; Orb, Eisenhauer & Wynaden, 2001:94).

Exploratory research is used to gain an understanding of the problem confronting this research study, i.e. adolescents' self-perceptions of their learning difficulties. Exploratory research can assist with the development of new ideas, alternative courses of action and gathering additional data about the research problem (Brink, 1999:97; Neuman, 2006:33).

3.4 DATA COLLECTION METHODS

Specific information about the sampling methods and the use of semi-structured, face-to-face, individual interviews, clinical or participant observations will be examined in this section.

3.4.1 Sampling methods

Purposive or conventional sampling was used in this research study. Purposive sampling, as explained by Whitely and Crawford (2005:110), is a process whereby individuals with the required demographic or clinical characteristics are deliberately selected into the research, allowing the study to be grounded in a local context. As already mentioned, specific research participants, known to have the necessary characteristics, were approached to take part in this study (see section 3.3.1). For practical reasons these individuals were all former clients of mine, either during my work as a psychometrist or as an intern educational psychologist.

3.4.2 Semi-structured interviews

The data were collected by conducting semi-structured, face-to-face, individual interviews in the research participants' homes. The use of semi-structured interviews as opposed to structured interviews was preferred because it is gentler, less controlled, and more relaxed in structure and atmosphere (Taylor, 2001a:655; Whitely & Crawford, 2005:111). Furthermore, interviews were conducted individually to ensure that I could obtain the

research participant's own meanings and interpretations rather than being influenced by others' perceptions in a group interview setting.

The participant was firstly asked a non-threatening, open question about his experience and understanding: "What is your perception of dyslexia or ADHD?" Open-ended questions were, however, prepared and asked whenever the participants did not provide enough information, if I needed further elaboration and clarification or to deepen descriptions and draw out embedded meanings (see Addendum B for these questions). In a semi-structured interview, questions are prepared in advance but the interviewer is free to ask for clarification when information is unclear or ambiguous (Griffee, 2005:36; Neuman, 2006:304–305). Each interview lasted approximately 20–40 minutes. All the interviews were recorded and transcribed (see Addendum C). The "raw material" of the transcriptions was interpreted by summarising the information and identifying themes that emerged.

3.4.3 Clinical or participant observation

Clinical or participant observation involves the systematic description and analysis of behaviour and talk in real-world settings. A researcher records for example speech, interpersonal interaction, and behaviour. These are usually recorded as a collection of field notes that provide a basis for later analysis (Whitely & Crawford, 2005:110; Willig, 2001:195). My clinical observations (accurate watching and noting of phenomena as they occur in nature) and interpretations were recorded in field notes (Willig, 2001:195).

3.5 ETHICAL CONSIDERATIONS

As stated by Cambell (in Maguire, 2004:224), "professional ethics is conceived broadly as elements of human virtue, in all its complexity, as expressed through the nuances of attitudes, intentions, words, and actions of the professional". Ethics also provide the guidelines for proper behaviour and responsibility (Jennings, Sovereign, Bottorff, Pederson Mussell & Vye, 2005:32).

Psychologists in all countries of the world need to operate under the following norm systems: individual morality (my own values and conscience), public morality (societal rules), human rights (according to the country's constitution), the law (legislation), organisational rules and, ultimately, professional ethics (specific rules for psychologists) (Allan, 2007:1; Jennings et al., 2005:33). Professional ethics are the group of norms that reflect professional conventions about right and wrong conduct by psychologists (Allan, 2007:1). As an intern educational psychologist, I am bound by an ethical code to conduct

research in an ethical manner. The eight general ethical principles are: respect, autonomy, justice, beneficence, non-malfeasance, integrity, fidelity and responsibility. These principles serve as guidelines, but ethical conduct primarily rests with the researcher. I am thus morally and ethically compelled to produce scientifically sound information, as well as to protect those who participate in the research (Neuman, 2006:129; Orb et al., 2001:93). For the purpose of this research study, the following ethical considerations were continually considered: obtaining informed consent, protecting and restoring vulnerable research participants, violation of privacy, actions and competence of researchers, and publications.

3.5.1 Obtaining informed consent

To comply with the ethical considerations of this research study, participants were informed of the following: they would remain anonymous and they could withdraw from the research study at any point in time without being penalised for making this decision. The participants were also informed that pseudonyms would be used and there would be no reference to their real identities. These regulations were conveyed to the participants before the interviews started. The setting, purpose and scope of this research study, the type of questions that would be asked, as well as the participants' rights, anonymity and confidentiality were explained. Each participant confirmed that he understood the procedure, was free to ask questions for further clarification and felt comfortable in participating in the study. Lastly, they were also informed that the analysed data could possibly be published in a research journal and therefore, information, could not be kept confidential, but would not be linked to them. None of the research participants were forced to participate in the research study and consent was obtained in writing (see Addendum D) (Allan, 2007:5–6; Coolican, 2006:203; Liamputtong & Ezzy, 2005:42; Neuman, 2006:135–136; Richards & Schwartz, 2002:137).

3.5.2 Protecting vulnerable research participants and restoration of participants

One of the most concerning ethical aspects of this research study was protecting the potentially vulnerable participants. According to Neuman (2006:131), the researcher must "never cause unnecessary or irreversible harm, humiliate or degrade research subjects". During this research study, participants were assured that all information would be kept confidential as far as possible and conveyed under a pseudonym. The participants were sampled from a fairly large community, decreasing the likelihood that their identities would be discovered (Allan, 2007:7; Orb et al., 2001:95).

Research can cause distress because it seeks to give an understanding of individuals' actions and beliefs (Richards & Schwartz, 2002:136). Thus, the research participants were given a choice as to what information they want to reveal about themselves and the research subject. A certain degree of power relationship exists between a researcher and research participants. This may cause the research participants to feel obligated to participate in the research study and feel exploited by sharing their opinions (Liamputtong & Ezzy, 2005:43; Richards & Schwartz, 2002:136). "The desire to participate in a research study depends on a participant's willingness to share his experience" (Orb et al., 2001:93). To limit these "feelings" of duty as much as possible, the participants were not forced to participate in the research study and were reminded that they could withdraw from the study at any time if they felt uncomfortable or did not wish to be part of it any longer. It appeared as though the research participants did not feel threatened by the procedure during this research study. This might have been because they knew me as a therapist, which formed the basis for a research relationship that encourages disclosure and trust (Jennings et al., 2005:37). They were open in sharing their feelings, thoughts and self-perceptions. After each interview the participant was briefed on his experience and whether he needed any emotional recovery time.

3.5.3 Violations of privacy

The three underlying principles to consider, as stated by Neuman (2006:138–139), are privacy, anonymity and confidentiality. The research participants remain anonymous through the use of pseudonyms. By doing this, their identities are protected from disclosure and their privacy is not violated. The focus of this research study is on the personal experiences or self-perceptions of the research participants, which, if published in a research journal, can therefore not be kept confidential. However, by publishing the information under a pseudonym, the identity of the participant is protected. Any biographical information that might provide a link to the participant was excluded. Only information such as age and time of diagnosis (conveyed during interviews), were given. Information such as names of schools, tertiary institutions, date of birth and addresses were excluded.

3.5.4 Actions and competence of researchers

Virtue ethics focus on character traits, obligations and ideals. It entails competency, serving the common good and maintaining professional autonomy (Jennings et al., 2005:33). To ensure that the research study was conducted in a competent manner, I attended regular supervision sessions with my supervisor. These sessions enabled me to ensure that the

procedures used were correct and plausible for this research study. Furthermore, by reading about ethical principles of research and the responsibilities of the researcher, I improved my knowledge and skills as a researcher. A researcher must be open to the complexity and ambiguity of the research experience in order to grow as a professional. The researcher must also be aware of his or her own shortcomings as a researcher and stay humble by recognising the research participants as humans who are experts on their own experiences (Allan, 2007:8; Jennings et al., 2005:40–42). In order to improve my knowledge and expertise as a researcher, I read as much as possible on qualitative research, focusing specifically on research articles and previous research studies. I also attended a workshop on the ethical principles of psychology, presented by Alfred Allan (Allan, 2007), to ensure that my knowledge of ethics was up-to-date. By attending regular supervision sessions with my supervisor, the soundness of the research could be confirmed.

3.5.5 Publications

Psychologists have a responsibility to only publish well-founded results with conventional support. The methodology and results of a research study must also be made available to other researchers to enable them to verify and replicate the information in some way. When publishing my research findings, I must consider the possible social, moral or political influence of these findings on the public. Analysis of research data can be influenced by the researcher's personal perceptions, prior knowledge and/or previous literature. This consequently leads to the publication of findings that do not accurately reflect perceptions of the participants. Careful analysis of the data is therefore extremely important to ensure that no misrepresentations are published. Research participants must also have the opportunity to verify that the information is correct, prior to publication (Coolican, 2006:196–197; Richards & Schwartz, 2002:136, 138). The analysis of the data will be discussed in the next section.

3.6 THE ANALYSIS OF THE DATA

The first step in analysing this phenomenological study is the *epoche* (Lindhof, 1995:236; Wertz, 2005:175). In other words, prior to conducting the interviews with the research participants, I need to identify my own preconceptions, prejudices or personal conceptions about adolescents' perceptions about having dyslexia or ADHD. These preconceived ideas were written down prior to carrying out the research (see Addendum E).

The second step is *bracketing* which entails using reduction to define the meaning of the research topic according to the viewpoints of the research participants (Lindhof, 1995:236;

Wertz, 2005:175). Participants' experiences, as expressed during the interviews, were recorded and then transcribed by a third party. I verified the content of the transcripts by checking whether it was accurate and comparing the transcripts with my field notes and observations (Easton, McComish & Greenberg, 2000:707).

Giorgi (2005) states that there are four steps in data analysis of a phenomenological study: (1) reading the entire transcription in order to grasp the sense of the whole; (2) re-reading the transcription and distinguishing "meaning units" that relate to the phenomenon being investigated; (3) "reflecting on each and every meaning unit in order to discern what it reveals about the phenomenon under investigation or what research-relevant psychological insight can be gained from it" (Wertz, 2005:170); and (4) synthesising these reflections and inferences into a final report that explains the subjective meaning of the phenomena (Wertz, 2005:170).

The data were analysed by reading each interview's transcript several times and then intuiting and analysing the content. By means of coding, quotes which seem to contain similar content, were grouped together in categories and analysed further to identify themes. The codes and their definitions were not created a priori but, instead, were generated using the content of the interviews. Summaries of each interview were put together, before writing an interpretation of the codes emerging from them. A reduction approach was used in the analysis of the interviews into themes and a descriptive account of the information is given. The participants' own words were used, as quoted from their transcripts, to accurately illustrate the accounts of their self-perceptions. These were then compared to the studied literature as discussed in Chapter 2 thus providing a "situated description" or "individual phenomenal description". This was also combined with my personal observations and field notes (Taylor, 2001a:656; Wertz, 2005:172).

The trustworthiness or validity of qualitative data encompasses credibility, transferability, dependability and confirmability. The credibility or internal validation of the data was determined by giving each participant his transcript, to check and comment on the accuracy. Triangulation involves the use of different research methods as well as comparing similarities and differences regarding themes, which further improves the validity of dependability of the interpretations in this study (Griffee, 2005:36; Whitely & Crawford, 2005:109).Clinical or participant observation and individual interviews were the research methods used. Themes of the interviews were compared and similarities and differences concerning the research participants' experiences and self-perceptions were identified. Draft

interpretations of each transcript were given to an educational psychologist colleague for an informed, neutral, but critical evaluation of the content. This colleague has extensive experience with adolescents and is familiar with, dyslexia, ADHD and qualitative research. This evaluation was done for several reasons. Firstly, to determine if the interpretations are relevant to the data collected. Secondly, to establish the credibility of the data, i.e. do the interpretations make sense and could it be supported by evidence? Thirdly, to establish if there are different or additional interpretations based on the "raw data". These evaluations and feedback determined if the conclusions could be strengthened or if it needed to be re-evaluated by re-interviewing the research participants (Griffee, 2005:36–37; Taylor, 2001a:656). No re-interviewing was required.

3.7 SUMMARY

In this chapter an overview of the research methodology used for this research study was given. A more in-depth account of the analysis of the data collected and the research results obtained from that analysis will be given in the following chapter.

CHAPTER 4
DISCUSSION OF THE EMPIRICAL RESEARCH RESULTS

4.1 INTRODUCTION

In Chapter 3, an outline of the research design was given, and the methods of gathering research data and the research analysis was discussed. The research data are analysed in order to answer the research question: "**What are the Afrikaans-speaking adolescent's (in late adolescent stage) self-perceptions of his learning difficulties (dyxlexia and ADHD)?".** In this chapter, the data gathered during the empirical research are assimilated and the results presented systematically.

4.2 REDUCTION AND ORGANISATION OF DATA

I aimed to explore the self-perceptions of adolescents about their learning difficulties, focusing on dyslexia and ADHD by conducting qualitative research. The raw data were collected using semi-structured, face-to-face, individual, interviews. Each interview was then transcribed verbatim.

According to Giorgi (2005:77), "the goal of phenomenological analysis, more than anything else, is to clarify the meaning of all phenomena. It does not explain nor discover causes, but it clarifies". In phenomenological research, the identification of themes is used to give order or structure to data to be used in eidetic analysis later on. The data are organised in themes using participants' first-person language of their lived experiences as collected through the interviews (Wertz, 2005:172).

The analysis of the interviews lead to the identification of themes, categories and subcategories that could shed light on the self-perceptions of adolescents with dyslexia and ADHD. The inductive method was used to identify repetitive themes and statements made by the research participants during the interviews. The analysed data alone do not provide the answers. According to Creswell (1998:153), the researcher needs to interpret the data to be able to construct meaning. From these interpretations, themes and categories could be identified that answered the research question.

Quotes from the transcriptions are included in the discussion of the themes and categories. These quotes are included to illustrate the experiences, feelings and thoughts of the participants in their own words.

In Chapter 2, relevant research studies and information concerning the research problem were discussed. The themes and categories are verified with the literature to test the specific research questions and formulate meaningful interpretations.

4.3 DISCUSSION OF RESULTS

The interpretation of the raw data resulted in various themes, categories and subcategories. The data were categorised into five main themes and through further data reduction, these themes were divided into categories that pertained to the general theme. Additionally, specific subcategories were identified and could be related back to the literature study as well as compared to data from each interview.

4.3.1 Summary of identified themes

The themes that were identified during the data analysis of the interviews are summarised in Table 4.1 to 4.5. These themes are described in detail in section 4.3.2.

Table 4.1

THEME 1: THE ADOLESCENT'S PERCEPTION OF ADHD	
Category	**Subcategory**
1. Symptoms of ADHD	Symptoms that the adolescents are aware of relating to inattention, hyperactivity and impulsivity
2. Understanding ADHD	Personal understanding of ADHD, negative or positive self-perceptions Further questions about ADHD What significant others need to understand about ADHD

Table 4.2

THEME 2: IMPLICATIONS OF ADHD ON COGNITIVE (LEARNING), EMOTIONAL AND SOCIAL FUNCTIONING	
Category	**Subcategory**
1. Negative implications of having ADHD	Cognitive implications Emotional implications Social difficulties experienced because of ADHD
2. Reaction of educators towards adolescents with	Negative reactions Insensitive remarks and need for sense of dignity

ADHD	Positive reactions
3. Influence of parents on the adolescent with ADHD	Lack of support and understanding from their parents Support and understanding from their parents
4. Positive implications of having ADHD	
5. Influence of peer group reactions and relations	Support and understanding from their peers Lack of support and understanding from their peers
6. Schooling and support	Remedial therapy and neurofeedback-therapy Special schooling Medication
7. Time of diagnosis	Early diagnosis Late diagnosis

Table 4.3

THEME 3: THE ADOLESCENT'S PERCEPTION OF DYSLEXIA	
Category	**Subcategory**
1. Symptoms of dyslexia	Difficulties experienced concerning reading Difficulties experienced concerning spelling Difficulties experienced concerning memory Difficulties experienced concerning processing speed Difficulties experienced concerning writing
2. Comprehension of dyslexia	Personal understanding of dyslexia What significant others need to understand about dyslexia

Table 4.4

THEME 4: IMPLICATIONS OF DYSLEXIA ON COGNITIVE (LEARNING), EMOTIONAL AND SOCIAL FUNCTIONING	
Category	**Subcategory**
1. Negative implications of having dyslexia	Cognitive implications Emotional implications Social difficulties experienced because of dyslexia
2. Reaction of educators towards adolescents with dyslexia	Negative reactions and insensitive remarks Educators' support Suggestions from adolescents with dyslexia

3. Influence of parents on the adolescent with dyslexia	Lack of support and understanding Support and understanding
4. Abilities and strengths associated with dyslexia	
5. Influence of peer group reactions and relations	Lack of support and understanding Support and understanding
6. Schooling and support	Remedial therapy Special concessions
7. Time of diagnosis	Late diagnosis Early diagnosis

Table 4.5

THEME 5: CHANGES IN SELF-PERCEPTION	
Category	**Subcategory**
1. How do adolescents cope with dyslexia and ADHD?	Coping in general Coping due to a clear diagnosis of dyslexia, ADHD or both. Coping with learning demands Coping emotionally Coping socially and with peer group
2. Changes in self-perceptions	

4.3.2 Discussion of themes and categories

The research participants were as follows: Annelise – eighteen, Wouter – eighteen, Conrad – eighteen, Evangeline – nineteen, Chloe – twenty one and Daniel – 22 years old. The results of the empirical study will be discussed in the following section according to the themes, categories and subcategories stated in the previous section.

4.3.2.1 THEME 1: THE ADOLESCENT'S PERCEPTION OF ADHD

4.3.2.1.1 Category 1: Symptoms of ADHD

When adolescents were asked to give their perceptions of ADHD, some symptoms described were similar, while other described different experiences. In general, most of the research participants indicated symptoms relating to inattention or hyperactivity, as stated in the preliminary literature study (Barkley, 1998:57–62). *"Jy sukkel om te konsentreer, ... you don't pay like really enough attention, ... you think of other stuff instead thinking about the stuff you are supposed to think about, ... moeilik om jou aandag die heeltyd op een ding te fokus, ... aandagafleibaarheid, ... sê nou iemand praat en dis nie interessant nie dan is jou aandag weg, ... nie my aandag lank op iets kan fokus nie, ... my brein kan nie onderskei wat is belangrik en wat is nie belangrik nie, ... kan nie twee goeters gelyk doen nie, ... ek is baie hiperaktief, ek kan nie stilsit nie, ek moet die heeltyd besig wees met ietsie, ... ek het 'n tekort aan dopamien, ... vergeet maklik."* These statements correlate with the literature study on previous research, which states that ADHD is a condition caused by neurotransmitter dysregulation and difficulties with filtering stimuli, which leads to impulsivity and inattention or hyperactivity (Bester, 2006:33–46; Carr, 2006:436–437; Giorcelli, 2004:4; Hutchins, 2005:16,28–29; Peer, 2006b:74–75; Rief, 2006:5; Venter, 2007:2). According to the results, adolescents between the ages of eighteen and 22 are aware of what ADHD entails and can identify the symptoms they experience. According to the field notes from each interview, the following behaviours were also observed which correlates with the above: fidgeting, difficulty to keep track during conversation and inattention.

4.3.2.1.2 Category 2: Understanding ADHD

- **Negative self-perceptions**

Although the research participants could identify the symptoms in their lives, their personal understanding or self-perception of ADHD varied. Some participants' initial self-perception was negative, for example: *"maak die lewe 'n bietjie moeilik, anderste, ... jy sukkel meer, ... om te leer is moeilik, ... hulle sal jou baie keer uitsonder, ... ek kan dit doen, maar dit vat my langer, dit vat my meer konsentrasie, ... ek is dom, jy weet – dis wat ek gedink het."* Thus, when adolescents measured themselves against their peers, they viewed themselves as different and stupid because they struggle more with learning and it takes them longer to complete tasks. These self-perceptions are not necessarily true but, as the literature study indicated, we see ourselves as others see us, or as we think they do. A person's reading of others' opinions is conditioned by self-evaluation and may not necessarily be accurate (ChangingMinds, n.d.:1).

- **Positive self-perceptions**

Other adolescents reflected positive self-perceptions: "*en dan, na 'n rukkie, dan kom jy agter, ek is nie dom nie, ek leer net op 'n ander manier, ... ag, ek dink 'n persoon is 'n individual homself, so, as dit is hoe jy is, make the best of it, ... toe kom ek agter dis nie net ek wat so is nie, daar is baie mense wat ook so is, wat ook dieselfde probleem as ek het, maar hulle is net te bang om uit te kom of om 'n statement te maak dat hulle is ook ADHD."* According to the literature, there can be a feeling of relief when you realise you have understood a situation or problem in a unique and remarkable manner (Goodwin & Thomson, 2004:3). Furthermore, when the adolescents realised that they were not alone in their struggle, it was easier for them to accept that they have ADHD and they felt more positive about it. Through the process of identity formation and by means of observation and reflection from others, adolescents become increasingly more differentiated from other adolescents. However, they also perceive the selfsameness and continuity that exist between them (Rew, 2005:109). These realisations result in more positive self-perceptions.

- **Further questions adolescents had about ADHD**

Some of the questions that adolescents had concerning ADHD were: "... o*f daar 'n kitsmanier is om dit reg te kry? ... soos reboot jou system, ... waar kom dit vandaan? ... Hoekom het sekere mense dit en sekere mense dit nie?"* It seems that, even though the adolescents understood what ADHD was and could pinpoint the symptoms they experienced, they still had some questions and uncertainties about the condition. Furthermore, some still long for a way to be cured from ADHD even though research shows that all three subtypes of ADHD can remain from childhood to adulthood and is not curable (Brown, 2005:117; Scanlon, 2006:329–330). These questions indicate the necessity of providing more detailed information by therapists and medical practitioners when diagnosing learners with ADHD.

- **What significant others need to understand about ADHD**

When asked what they wished significant others knew or understood about ADHD, the participants had the following comments: "*ek is nie dom nie. Ek kan net sekere goed nie doen nie, of nie goed doen nie. Ek kan dit doen, maar ek kan dit nie goed doen nie, ... I didn't pick this, it picked me, ... hulle moet my net vat soos ek kom, ... dis nie 'n siekte nie, dis net 'n ding wat jy kry, dis rêrig nie 'n siekte nie, so mense moenie dink daai kind is siek nie. Dis nie freaky nie, dis net deel van hoe ek is. Hulle moet, as hulle my wil leer ken my sien as wat ek is, nie sien die ADHD wat ek het nie."* From previous research studies it is clear that learners with learning difficulties constantly feel that they are misunderstood and judged (Brown, 2005:117; Goldstein, 2006:1;

Taylor, 2001b:157–166, 185). It appears as though adolescents have the need to be regarded as normally functioning person who has difficulties with concentration and learning activities. They long for others to see the person behind the condition and not to perceive the condition as the person. ADHD is not their fault, but is a condition that needs to be acknowledged by others and coped with.

4.3.2.2 THEME 2: IMPLICATIONS OF ADHD ON COGNITIVE (LEARNING), EMOTIONAL AND SOCIAL FUNCTIONING

4.3.2.2.1 Category 1: Negative implications of having ADHD

- **Cognitive implications**

Some of the cognitive implications of ADHD on the adolescent's life, were described as follows: "*sukkel om te verstaan, ... kan jy eers na die vyfde of vierde keer dit verstaan wat eintlik aangaan, ... ek het nie verstaan wat aangegaan het met my lewe nie, ... ek was altyd die delayed action een, ... jy moet soveel harder leer, konsentreer, dink, ... voel soos asof jy kan nie normaal funksioneer nie."* The Information Processing theory of cognitive development states that there is an increase in memory, metacognition, selective and divided attention and processing speed during adolescence. Adolescents with ADHD will have significant problems with these functions which makes learning so much harder (Carr, 2006:17; Rew, 2005:60; Shaffer, 2002:53–54). The research participants confirmed having difficulties through their comments.

- **Emotional implications**

With regard to the emotional impact of having ADHD and the comparison that they made between their abilities and that of other learners, the adolescents made the following comments: *"moedeloos en jy kry niks reg nie, ... het my partykeer gepla dat ek nie so slim is soos ander mense nie."* As confirmed by the literature study, adolescents with ADHD have lower self-esteem and poorer psychosocial adjustment. When comparing themselves to their peers who do not struggle with academics, they might perceive themselves as inadequate (Barkley, 1998:200; Houghton, 2006:269; Scanlon, 2006:330). The negative emotions of adolescents with ADHD are usually associated with their learning difficulties and their perceptions that they cannot measure up to their peers who appear clever. These comparisons lead to negative self-perceptions.

- **Social difficulties experienced because of ADHD**

One research participant, who struggled to make friends because of ADHD, stated the following: "*in die laerskool het ek baie min friends gehad."* As demonstrated in the literature study,

adolescents with ADHD have fewer friends and poorer psychosocial adjustment (Barkley, 1998:200).

These conclusions correlate with the data gathered during this study. The experiences of South African adolescents with ADHD are similar to that of adolescents in the UK and USA. Self-perceptions concerning cognitive, emotional and social challenges are predominantly negative.

4.3.2.2.2 Category 2: Reaction of educators towards adolescents with ADHD

- **Negative reactions**

The majority of information obtained from the research participants regarding their experiences with educators was negative: "*hulle het 'n baie kort humeur gehad, ... hulle het nie verstaan wat aangaan nie, ... hulle weet nie wat is fout nie, hulle verstaan nie hoekom nie, ... hulle kan nie verstaan hoekom kan jy nie net bybly nie."* Educators sometimes posed questions that lead to embarrasment such as: *"Hoekom kan jy nie net soos daai kind werk nie? Hoekom werk jy so stadig? Hoekom kyk jy by die venster uit?"* The research participants felt that they were misunderstood. In addition, educators were constantly comparing their performance to that of learners without ADHD. This is an unfair comparison to make. Literature maintains that the better the support from educators, the better learners feel about themselves (Goldstein, 2006:1; Hutchins, 2005:17; Peer, 2006b:89). Research done by Crabtree (in Kelly & Norwich, 2004:412) found that learners with learning difficulties in mainstream schools compared themselves to learners without learning difficulties. Comparisons with those of high abilities will lead to less positive self-perceptions. Educators' reactions towards adolescents with ADHD, therefore, have a significant impact on the way in which these learners will perceive themselves. Not understanding the difficulties that learners experience and unfairly comparing their academic performance to that of a learner without ADHD, will culminate in negative self-perceptions. Additional training for educators, especially those in the mainstream setting, on ADHD and how to accommodate learners is essential.

- **Insensitive remarks and need for a sense of dignity**

Some educators made insensitive remarks in front of the adolescents' peers: *"O ja, jy het ADHD".* These public displays lead to feelings such as the following: *"ek sal klein voel, ek dink hierdie juffrou is besig om my af te breek."* Relating to insensitivity on the part of the educator, Evangeline stated the following: *"ek dink net nie hulle moet dit voor ander kinders doen nie, want ek dink nie enigiemand wil dit hê hulle moet weet, o ja, ek het ADHD nie."* Peer and Hutchins claim that adolescents from the UK and USA dislike it when educators expose their

weakness because it creates humiliation. The adolescents long for more recognition and praise from educators for their efforts instead of pointing out their limitations (Hutchins, 2005:17; Peer, 2006b:89). Goldstein (2006:1) went on to say that negative feedback from educators lead to negative self-perceptions. In reaction to the above-mentioned insensitive remarks, the research participants indicated that they just wanted the following courtesy: *"Ander mense moet jou nie hanteer asof jy 'n retard is (nie) en jy is nou hierdie dom outjie nie. Hulle moet jou nog steeds hanteer soos 'n mens, normaal ... dis net nie lekker om te weet, of dat almal vir jou sê of jou hanteer soos 'n kind ... oordat jy ADHD het sal jy nou dalk nie weet hoe om dit te doen nie ... dis nie lekker nie ... moet nog steeds verduidelik, maar nie asof ... 'n klein seuntjie of dogtertjie is nie."* From this it is clear that adolescents want to be treated with dignity and not be embarrassed because of educators' insensitivities and ignorance (Peer, 2006b:89).

- **Positive reactions**

Some educators, however, were sensitive to their needs, as Evangeline stated: *"ag, party van hulle het my normaal hanteer, wat ek verkies het, in 'n manier, maar ander het jou so nou en dan gevra: Kom jy reg, is daar iets wat ek jou moet verduidelik? Maar hulle het jou eenkant gevat, dis fine as hulle jou eenkant vat."* Annelise, who had schooling in a special education setting as well, said: "*juffrouens het almal verstaan."* To emphasise, it is imperative that educators, especially in the mainstream educational setting, receive further training in learning difficulties, ADHD as well as the difficulties associated with it. This will lead to better treatment, understanding and accommodation by educators, which can result in positive experiences and self-perceptions by the adolescent with ADHD.

4.3.2.2.3 Category 3: Influence of parents on the adolescent with ADHD

- **Lack of support and understanding from parents**

The participants gave differing opinions regarding the support they receive at home and the impact that it has on their lives. Some stated clearly the negative impact on their sense of self-worth because their parents do not understand and do not provide the support they need: "*my ma-hulle het dit baie moeilik gemaak. Hulle het nie eintlik verstaan wat aangaan nie, hulle het gedink ek moet maar soos ander mense wees, ... hou op lui wees."* One participant, Wouter (eighteen), indicated that he longed to be treated like an adult by his parents: *"... soos 'n grootmens, soos wat jy enige ander mens hanteer wat jy nou sou ken ... ek is nie meer klein nie, ek verstaan ook, dis net dat ek sekere ander goed nie kan doen nie, of nie vinnig kan doen nie."* Ultimately, the support from parents is crucial in assisting the adolescent with the adversity he faces and also to view himself and his abilities in a positive light (Goldstein, 2006:1).

- **Support and understanding from parents**

In contrast to some adolescents' negative experiences with their parents, others experienced encouragement and guidance: "*toe het my ma dit (ADHD) eers vir my verduidelik ... en toe is dit soos, O, OK. So, dis hoekom ek party dinge nie reg of so doen nie, ... my ma het altyd vir my gesê: probeer weer, probeer weer."* Being diagnosed with ADHD also changed Evangeline's parents' view: *"ag, my pa het baie verstaan. Ek dink hy het ook agtergekom dis nie my skuld nie, ek doen dit nie on purpose nie. Ek dink my ma was baie bly dat sy weet, dis nie net ek wat lui was nie."* When adolescents receive support from their parents, they have an additional way to cope with ADHD. They can also accept their condition easier and feel encouraged to persevere in their learning efforts. Constant positive feedback, understanding and support from parents result in positive self-perceptions.

4.3.2.2.4 Category 4: Positive implications of having ADHD

Even though I had the preconception that certain adolescents will also see the positive aspects of having ADHD, the data collected indicated that this was not the case: "*Is daar positiewe goed? ... daar is nie eintlik 'n positiewe aspek daaraan nie."* Previous research studies also indicate that adolescents usually feel negative about ADHD (Scanlon, 2006:330).

4.3.2.2.5 Category 5: Influence of peer group reactions and relations

- **Lack of support and understanding from their peers**

Adolescence is the stage of life in which the peer group has the most influence on the way the adolescent perceives himself. Studies by Norwich and Jahoda (in Kelly & Norwich, 2004:412), revealed that adolescents with disabilities actively interpret and select from the views of others in order to form their own self-perceptions. This implies a deeper need for adolescents to feel that they are accepted by their peers and that they meet the standards when comparing themselves to others. Thus, they long for recognition from their friends. The reactions that the research participants usually received from their peers were negative and. they generally felt that they were misunderstood, unaccepted, rejected, judged and made fun of: "*kinders hou daarvan om jou te mok, ... they make fun of you, ... jy word altyd anders hanteer, ... net plain weg baie mislik en sal jou lewe kan moeilik maak, ... kinders wat jou judge, ... mense verstaan nie, ... dit is baie moeilik om sosiaal te wees met die mense, omdat hulle nie weet wat is wat nie, en wat my slegte punte gesien het, sou soos snaakse goed vir my gesê het ... o, jy is dom, ... verwerping, a lot, ... dit is asof jy 'n outcast is."* Amen (2001:189–191), found that adolescents with ADHD are commonly the victims of bullying from their peers (see Table 2.2). Experiences of rejection lead to negative self-perceptions and feelings such as: "*kwaad en hartseer, ... dis nie lekker nie, ... ek*

het eers nie geweet hoe om dit te hanteer nie ... jy voel anders, jy voel nie soos die ander mense nie, ... jy voel dom ... ja, ek is dom, ... baie teruggetrokke geword." These results are similar to information given by Brown (2005:117), Goldstein (2006:1) and Taylor (2001b:159–166), who state that adolescents with ADHD feel frustrated and angry when they perceive that they are being victimised by other learners. These negative reactions and remarks by peers result in negative self-perceptions and the development of a negative self-esteem.

- **Support and understanding from their peers**

Evangeline had pleasant experiences with her peers and felt that she was understood, accepted and treated as equal. She said the following: "*sou jou jammer gekry en net heel eenvoudig jou normaal hanteer het, ... my vriende het nog altyd by my gestaan, veral my een vriendin. Toe sy uitgevind het, toe sê sy vir my: sien, daar is niks fout met jou nie, ... party sou jou seker jammer gekry het en vir jou kom simpatie gee het, jy is nog steeds Evangeline, niks het rêrig verander nie ... die mense my leer ken het vir wie ek is ... ek het my friends ... wat vir my lief is."* Thus, with support and acceptance from peers, adolescents with ADHD will accept themselves for who they are and form positive self-perceptions.

4.3.2.2.6 Category 6: Schooling and support

- **Remedial therapy and neurofeedback-therapy**

Remedial therapy, schooling and medication are important in helping adolescents to cope with ADHD. These also have an impact on their self-worth and self-perceptions, for example, remedial therapy and neurofeedback-therapy were essential in the way both Evangeline and Wouter coped with ADHD: "*want as jy eers weet jy het dit, dan kan jy gehelp word en jy wil gehelp word, jou punte gaan op, jy voel beter, jy is sommer positief oor alles."* Wouter did not like using medication and preferred neurofeedback-therapy: "*dis nie vir my lekker om pille te gedrink het nie ... neurofeedback-terapie help my baie. Nou kan ek dink oor 'n ding, dit deurvoer. Dit help jou rêrig baie. Jy kan baie vinniger, kan jy in 'n gesprek kan jy agterkom wat aangaan, en meer ... jy kan meer praat met mense oor sekere goeters. Dis baie meer vloeiend."* Remedial therapy and specified therapies to help the learner with his learning and concentration difficulties are essential. Adolescents are better able to cope with the cognitive or learning demands which, in turn, have an influence emotionally and socially (Amen, 2001:266–267; Barkley, 2000:256–260; Bester, 2006:117–118, 144–145; Brown, 2005:291–292). With the necessary therapeutic support these learners are able to perform on a more similar level to that of their peers, which increases their self-worth and lead to positive self-perceptions.

- **Special schooling**

Annalise had been in a special school and she found that the educators were more understanding: "*juffrouens het almal verstaan."* She went to a mainstream school later in her secondary years where she found the following: "*'n ander skool toe waar daar 40 kinders in die klas is en jy is die enigste een met aandagafleibaarheid en niemand weet dit nie, en die juffrou ook nie, en hulle hou net aan en aan en hulle kan nie verstaan hoekom kan jy nie net bybly nie. En dan sal hulle jou baie keer uitsonder."* In her Grade 10 year, she started with homeschooling and states that: "*Homeschooling ... dis net beter. Dat ek my eie ding kan doen, die juffrou sê nie vir my wat om te doen nie. En ek verstaan myself, so ek weet wat is wat."* From previous research studies, it was evident that learners with learning difficulties in special schools had significantly higher self-concepts or self-perceptions of their general intellectual ability than those learners with mild learning difficulties in mainstream schools. This is because they made comparisons with learners who had similar learning difficulties, as opposed to learners in mainstream settings (Kelly & Norwich, 2004:412). Owing to the fact that there is better comprehension regarding ADHD by the teaching personnel and peers in a special school setting, peer groups are more tolerant and accepting (Barkley, 2000:258; Bester, 2006:122–123). The discrepancies between learners' achievements are less because of the similarity in learning difficulties, resulting in more positive self-perceptions. In contrast, when a mainstream school is not considerate towards learners with ADHD, these learners will feel excluded and rejected which lead to negative self-perceptions.

- **Medication**

Several adolescents uses Ritalin and had the following to say: "*Ritalin ... kalmeer, ... dan werk dit langer, ... met my Ritalin help dit."* Medication is an important aspect that assists the learner to cope with cognitive, emotional and social demands (Amen, 2001:233–234; Barkley, 2000:277–278; Bester, 2006:124–126; Brown, 2005:247–251). Thus, the importance of pharmacological interventions must not be overlooked in helping learners to deal and cope with ADHD.

4.3.2.2.7 Category 7: Time of diagnosis

- **Early diagnosis**

The participants all agreed that it was helpful to have been diagnosed with ADHD: "*seker maar beter dat jy maar weet wat is fout."* Interestingly, adolescents who were diagnosed earlier in their lives seemed to cope better with the difficulties that they experienced, especially if the diagnosis was made during the pre-school and foundation phases (Grade 0–3). Daniel, who was diagnosed

in pre-shool, stated: *"ek het seker net baie vroeg daaraan voorgestel. Dit was nooit eintlik vir my 'n probleem eintlik nie. Ek kyk nooit neer daarop of iets nie."*

- **Late diagnosis**

Evangeline, who was diagnosed only in Grade 10, made the following suggestion: "*want ek was vir my 'n bietjie laat gediagnoseer, hulle moet dit net vinniger kan opspoor by kinders, soos by Graad 1, sodat hulle dit nie te laat kry nie ... vir my is dit omdat ek dit té laat uitgevind het, nou sit ek bietjie met slegte vakke."* According to research by Scanlon (2006:330), many adolescents react negatively to having ADHD, regardless of when they were diagnosed. The above research results disagree with this finding. Earlier diagnosis definitely has a positive effect on learners, because they are able to learn how to cope with ADHD earlier in their lives. Furthermore, certain support systems and measures can be put into place early in their lives, they learn how to study in a manner that suite them and it is less of a financial burden to the family when earlier screening results in immediate intervention strategies. Earlier identification of ADHD is important and was even suggested by one of the participants.

4.3.2.3 THEME 3: THE ADOLESCENT'S PERCEPTION OF DYSLEXIA

4.3.2.3.1 Category 1: Symptoms of dyslexia

Academic difficulties experienced because of dyslexia relate predominantly to problems with reading, spelling, long- and short-term memory, processing speed, organisation and writing, word retreival (Fawcett, 2006:38–39; Mortimore, 2004:7; Peer, 2001:3; Peer, 2006a:5–7; Reid, 2004:3–4). During the interviews I observed and noted in the field notes that the participants frequently found it difficult to express themselves verbally. They regularly used incorrect words or made word order mistakes. At times, it was necessary to assist them in finding the correct word because they struggled to express themselves. The research participants stated that they experience the following difficulties because of dyslexia: *"spellingprobleme, ... jy kan niks skryf of iets doen nie, ... nie voor in die klas ... opstaan en ... lees, ... stillees is nie my ding nie, hardoplees ook nie, ... lees stadig, ... iemand lees 'n hele bladsy in so 'n paar minute en ek sit nog by die eerste paragraaf, ... bietjie moeiliker om goed te onthou, ... nie 'n toets klaar te kry nie, ... ruil letters om, ... sukkel om die woorde te erken, ... dis die skryf wat dit vir my baie moeilik maak, ... leerprobleem, ... ek skryf nie vinnig nie."*

4.3.2.3.2 Category 2: Comprehension of dyslexia

- **Personal understanding of dyslexia**

Chloe was uncertain of what dyslexia was: "*Wat is disleksie? Ek dink julle het vir my vertel maar ek het vergeet."* Although the research participants could identify the symptoms in their lives, their personal understanding or self-perception of dyslexia differed. Some participants' initial self-perception was negative, for example: *"ek het net altyd gesit, gehoor dit gaan nie so maklik wees as vir iemand anders nie, ... dis baie meer harde werk en as jy nou gaan leer moet jy op jou eie meer hard werk as jou vriende, ... dis baie moeiliker rêrig."* It seems that, even though Chloe could express the difficulties she experienced because of dyslexia, she was still doubtful of the meaning of the term dyslexia. Better feedback sessions and explanations are needed when therapists diagnose adolescents with dyslexia. Adolescents mostly feel negative about having dyslexia (Goodwin & Thomson, 2004:3; Hales, 2001:233–234; Jordan, 2002:235; Miles, 1983:165).

- **What significant others need to understand about dyslexia**

When asked what they wished significant others understood about dyslexia, the participants made the following comments : *"ek weet ek is slim, maar dis té vinnig ... ek's net op 'n laer vlak as die ander, ... hulle weet nie altyd hoe dit voel om in jou skoene te wees nie, ... ek is maar net 'n normale kind, ... hulle moet my net probeer help, as ek vra, ... ek kan goeters self doen, ... hulle moet nie net 'n ou te vinnig judge as hy iets te stadig doen nie, ... hulle moet net iemand aanvaar en verstaan, ... jy moet net verstaan dat hy miskien 'n probleem agter die probleem het, ... hulle nie iemand te vinnig moet judge om te sê die ou kan niks doen of nêrens kan kom nie, ... dat hulle hom net moet aanvaar soos hy is."* Some of the feelings associated with dyslexia are: frustration, anxiety and misunderstanding. According to previous literature, thoughts or statements such as "I must be stupid", "no-one understands me", "my classmates laugh at me" and "I want recognition" are commonly heard (Goodwin & Thomson, 2004:3; Miles, 1983:165; Peer, 2001:4, 6–7; Peer, 2006d:38). The common conceptions by professionals and previous research students are that adolescents with dyslexia usually feel different and that others do not acknowledge similarities between them and learners who do not manifest learning difficulties. Confusing dyslexia with stupidity as well as a lack of understanding of or empathy for dyslexia (from educators and other learners) might cause a negative self-esteem (Thomson & Chinn, 2001:286–288). Adolescents from the UK and USA experience similar feelings compared to adolescents from South Africa. Others tend to judge them too quickly as being stupid, even though they know that they are intelligent. They long for acceptance and empathy.

4.3.2.4 THEME 4: IMPLICATIONS OF DYSLEXIA ON COGNITIVE (LEARNING), EMOTIONAL AND SOCIAL FUNCTIONING

4.3.2.4.1 Category 1: Negative implications of having dyslexia

- **Cognitive implications**

Some of the cognitive implications of dyslexia on the participants' were: *"ek was altyd die dom een in die klas, ... ek probeer maar ek verstaan niks wat daar aangaan nie, ... hoekom kan ek nie soos ander kinders wees nie? ... hoekom moet ek altyd sukkel? ... ek het gedink ek is dom, ... jy is gefrustreerd, omdat jy nie klaar kry nie, omdat jy altyd alles stadiger doen ... nie bybly nie, ... meestal mense het net gedink mens is dom omdat jy stadiger lees ... langer vat om te leer, nie so vinnig vat soos ander mense die goed kan verstaan nie, ... hoekom kry hy volpunte en jy sit en dink, no way ... altyd sukkel, ek sukkel met lees, skryf, spel, ... hy lees sy boek in 'n dag of twee, ek sal 'n boek miskien in 'n maand lees."* These adolescents are constantly struggling with reading, processing speed, writing, spelling and keeping up with the work pace in class (Thomson & Chinn 2001:286–288). They compare their achievements to those of their class mates who find these tasks easier. It is apparent that adolescents with dyslexia question why they perform poorer than their peers (Goldstein, 2000a:1; Hales, 2001:233–234; Jordan, 2002:256–259). These kinds of evaluations of their cognitive skills result in negative self-perceptions.

- **Emotional implications**

Comments concerning the emotional impact as well as the comparison they make between their and other learners' abilities, are as follows: *"hoekom gebeur dit met my? ... jy vergelyk jouself altyd met die A+ studente en dan voel jy meer hoekom kan ek dit nie doen nie? ... jy voel so bedruk, jy voel jy bestaan net, ... jy kry nooit waar jy wil gaan nie, al probeer jy hoe hard, ... frustrasie en frustrasie, ... panic, ... baie negatief, hartseer en goeters en gedog hoekom het ek dit nou gekry?... meer skuldig laat voel want jy moet leer, maar eintlik wil jy nie."* Peer (2001:6) states that adolescents with dyslexia deal with a lot of stress and when they start to panic they make more mistakes. Learners with dyslexia are hurt or ashamed when they are called stupid or lazy and experience feelings of humiliation, guilt, unworthiness and inadequacy. According to a research study by Galloway, some adolescents with learning difficulties claim that you can only be popular when you are clever and others do not like you when you are stupid (Galloway, 2006:13). Learners with dyslexia long to receive recognition and approval from their peers, to be accepted for who they are, and not to be evaluated as being lazy when they have put so much effort into doing their work (Hales, 2001:236; Jordan, 2002:238–239, 244, 249; Nosek, 1995:138–139; Peer, 2006d:20; Reid, 2004:132). Negative emotions such as frustration, panic, despondency, guilt, sadness and negativity, experienced by participants in this study correlate to

that of previous research studies. This leads to negative self-perceptions, which result in feelings of inadequacy and the development of a low self-esteem.

- **Social difficulties experienced because of dyslexia**

Chloe struggled to make friends because of dyslexia and she stated: *"ek het gesukkel om vriende te maak ... jy voel uit en voel of ek niks werd is nie."* Learners with dyslexia are more prone to struggle with socialisation because of misinterpretation of social cues (Nosek, 1995:136–139; Peer, 2006:5). Wouter claimed that his learning difficulties had an impact on the amount of time that he had to socialise: *"jy het minder tyd vir jou vriende, jy het minder tyd vir jouself. Jy moet al jou tyd omtrent spandeer aan die werk en skoolwerk ... het my meer anti-sosiaal gemaak, in 'n manier, of om te weet jy moet harder leer."* Socialisation is paramount during adolescence. By participating in socialising activities, adolescents develop a group identity. When a learner does not have sufficient time to interact with friends or to make friends, it would certainly have a negative impact on his self-perceptions and self-esteem. Such a learner might even feel isolated (Carr, 2006:27–30; Giorcelli, 2004:3; Lerner, 2002:422–423; Rew, 2005:63; Shaffer, 2002:43, 420; Thompson, 2006:77–78; Travers, 2006b:10).

4.3.2.4.2 Category 2: Reaction of educators towards adolescents with dyslexia

- **Negative reactions and insensitive remarks**

Adolescents can be very sensitive, particularly if they feel they are, in a way, different from others (Hales, 2001:233; Jordan, 2002:250–251). When educators know that these learners are dyslexic but do not help enough, or if educators do not recognise dyslexia, adolescents feel patronised. Short-term memory, working speed and writing problems make it difficult for them to transcribe notes and copy from the black board. Educators do not understand this and, dictate information too fast or erase the work too soon. Adolescents with dyslexia dislike being called lazy when they have put so much effort into doing their work (Thomson & Chinn, 2001:286–288). The participants in this research study, similarly, had negative things to say about their experiences with educators: *"hulle moet meer geduld hê met jou, en meer rustiger wees, want as hulle net panic, dan panic jy ook en dan kom jy nêrens nie, ... (hulle moet) meer positief wees, ... (hulle moet) verstaan dat ons sukkel 'n bietjie, so hulle moet meer tyd vir ons gee, ... meestal mense dink net jy's dom en jy kan niks doen nie (en) hulle raak meestal geïrriteerd as mens heeltyd vrae vra, ... partykeer dink hulle mens vra dom vrae, ... (wat nie lekker is nie, is) om vir my te sê ek sit aan, ... ek het hard probeer om (die werk) oor te skryf nie, want ek kan, maar (dit neem my) twee keer langer om 'n ding te skryf dan kom die onderwyser en sê jy moet harder leer hoor."* In general, the participants felt that educators, especially in the mainstream setting, did

not understand the condition or how to deal with the learner with dyslexia in the classroom: *"sê hulle jy moet net leer, moet leer, maar dis nie altyd so maklik is nie, ... hulle dryf jou so ... hulle druk jou."* Some educators even made insensitive remarks in front of the participants' peers: "*jy's stupid ... dis erger as dit van die juffrou af kom, meneer ook (want dit maak my) baie seer en kwaad."* Research suggests that the extent, to which these perceptions of external appraisal shape our judgement of ourselves, depends on the importance to us of the people providing it. The reactions of "significant others" are particularly influential. They are people whose opinions make a difference to us, such as our educators (ChangingMinds, n.d.:1). It is thus important that educators are sensitive to the adolescent's feelings because of the significant influence on their self-perceptions and self-esteem.

- **Educators' support**

The participants admitted that they need the educators' support and cannot perform adequately in school without it (Burden, 2004:1; Galloway, 2006:7; Goldstein, 2000a:1; Hales, 2001:234–235; Jordan, 2002:244, 252, 255–256; Peer, 2006d:39; Reid, 2004:133): "*dis moeilik sonder help, ons het met al die onderwysers gereël dat hulle my nie voor in die klas moet laat opstaan en lees nie, ... sonder hulle hulp kan ek nêrens kom nie, ... as hulle nie doen wat hulle sê hulle sal nie, kan ek nie doen wat ek sê ek kan doen nie, dan begin dit my frustreer."* It is important that educators realise the important role they play in helping a learner cope with his dyslexia and that they must follow through on their promises to help.

- **Suggestions from adolescents with dyslexia**

The participants in this research study made suggestions on how educators can better accommodate them in the class, especially in the mainstream educational setting: *"hulle moet iets (in)stel dat as iemand stadiger leer dat hulle hom nie byvoorbeeld uitskop nie, dat hulle ... op 'n ander manier miskien vir hom iets verduidelik, ... aanpassings maak."* Educators work too fast and expect too much. Adolescents with dyslexia are expected to produce the same amount of work as non-dyslexic learners in a given time. This presents a problem because of their slow processing speed and slow reading speed (Thomson & Chinn, 2001:286–288). Adaptations include the accommodation of the dyslexic's learning style in the educators' teaching methods as well as special concessions during assessments.

4.3.2.4.3 Category 3: Influence of parents on the adolescent with dyslexia

- **Lack of support and understanding**

The participants gave varying opinions of the support that they received from their parents and the impact that it had on their lives. Some stated a definite negative impact on their sense of self-worth because their parents did not understand and did not provide the support they needed. Absence of support may impact learners negatively because they do not believe in themselves or their abilities (Burden, 2004:2; Hales, 2001:232). Chloe stated: *"my ouers het nie geweet wat aangaan met my lewe nie, wat hulle heeltyd gedoen het, net gesê ek leer nie en het heeltyd op my gegil."*

- **Support and understanding**

In contrast to Chloe's experience, Daniel said the following: *"my ma-hulle het nog altyd verstaan. My ma is baie ondersteunend en goeters. Sy verstaan waaroor dit gaan. Ek is baie gelukkig eintlik daaroor. Dat ek nie iemand gehad het wat nie ... wat begrip het oor die goeters en alles verstaan. Sy het my altyd bygestaan, ... my ouers het dit baie makliker gemaak. Want as ek by die huis kom en ek voel down en as ek met hulle praat en hulle sê: 'Dis nie die ergste nie'."* Conrad had similar support and explained: *"my ma-hulle het my ondersteun."* According to Hales (2001:232), good support systems can help the dyslexic learner cope with not only the changes because of adolescence but also the additional challenges due to dyslexia. Insufficient support may cause negative self-perceptions and lead to a negative self-esteem. Again, it is clear from the data collected that the importance of sufficient support from the parents cannot be overemphasised. Support from parents leads to a positive outlook on life, positive self-perceptions and a positive self-esteem.

4.2.3.4.4 Category 4: Abilities and strengths associated with dyslexia

The adolescents agreed that they had better practical and artistic abilities in relation to other learners: "*artistic wees, ... fashion en drama, om mense te entertain, ... om te teken, ... ek is beter met praktiese goed, ... baie meer kreatief, ... deur 'n prentjie is dit vir my baie makliker om te verstaan as wat ek woorde sien, ... dislektiese mense kan baie meer kreatief dink ... hulle dink op 'n wyer (wyse) as die normale mens, ... ek is baie tegnies, ... ratte, elektronika, ... as dit kom by iets soos bou dan sal ek dit baie maklik bymekaar kan sit en sulke goed ... dan sal ek die patroon baie maklik kry, ... kreatiewe skryfwerk soos poems, gedigte."* These strengths and abilities are similar to the skills of adolescents with dyslexia in the UK and USA (Nosek, 1995:136; Peer, 2001:3; Peer, 2006a:3; Thomson & Chinn, 2001:280). Dyslexics also understand a situation or problem in a unique and remarkable way and are more creative (Goodwin & Thomson, 2004:3).

Daniel even went as far as to state that dyslexia: "*is nie negatief nie. Ek weet nie hoekom moet dit negatief wees nie. Miskien is jy gebless (op)'n manier dink ek partykeer."*

4.2.3.4.5 Category 5: Influence of peer group reactions and relations

- **Lack of support and understanding**

The research participants had similar experiences with their peers that did not understand them: *"dit is vir my partykeer moeilik as een van my vriende nie verstaan nie van waar af kom ek nie, ... ouens in die klas wat dink hulle is snaaks en maak opmerkings ... soos jy dom, hoekom verstaan jy nie die ding nie, dis dan so straight forward? ... dan maak dit my baie negatief, ... dan dink hulle jy's net stupid, ... mense om my het gemaak of ek dom is, en dit was nie vir my lekker nie, ... dit maak my kwaad, half aggressief, ... dis verkeerd ... om iemand te judge oor iets wat hy het en hoekom kan hy nie lekker lees nie."* Peer insensitivity can undermine a learner's self-esteem. Dyslexics feel unworthy, inadequate and judged. Learners with dyslexia are more prone to feeling rejected by their peers and not enjoy the sense of group identity and belonging (Carr, 2006:30; Giorcelli, 2004:3; Lerner, 2002:422; Shaffer, 2002:43; Travers, 2006b:10).

- **Support and understanding**

Because adolescents value the opinions of their peers, it means a lot to them when they experience that their friends believe in them. Through pride and a sense of belonging, learners with dyslexia can take responsibility for their future (Burden, 2004:2–4). Therefore, having supportive friends is very important for the adolescent with dyslexia. Daniel, for example, had a good support system through his friends: *"op skool was dit OK en jy was equal ... my goeie vriende verstaan altyd. Sê nou ek sê ek sukkel om te verstaan, sal hulle my eerder help as wat hulle my sê: Jissie maar jy is dom. Baie mense sal party keer dink jy sal iets nie maak nie, dan sal jou goeie vriendekring sê jy sukkel miskien net. En dan sal jy dit regkry. Dit motiveer jou ook op 'n manier."* Usually when learners have trusting peer relationships they will feel more positive about themselves, which will lead to positive self-perceptions and the experience of success (Burden, 2004:1; Galloway, 2006:7; Goldstein, 2000a:1; Hales, 2001:234–235; Jordan, 2002:244, 252, 255–256; Peer, 2006d:39; Reid, 2004:133).

4.2.3.4.6 Category 6: Schooling and support

- **Remedial therapy**

Remedial therapy is important for the adolescents in coping with their dyslexia (Torgesen, 2001:186–192). Their academic achievement also has an impact on their self-worth and self-perception (Galloway, 2006:13). Evangeline said the following about the remedial help she

received: "*want as jy eers weet jy het dit, dan kan jy gehelp word en jy wil gehelp word, jou punte gaan op, jy voel beter, jy is sommer positief oor alles."*

- **Special concessions**

Special concessions such as amanuensis (assessments completed orally and with the help of a scribe) rule out the problem of reading and play an important role in coping with academic demands (Ashton, 2001:245–246; Department of Education, 2002:6–8,14–17; Department of Education, 2007:1–14; Peer, 2001:7–10; Thomson & Chinn, 2001:282–284). Additional time also helps the learners to plan and complete assignments because of their inadequate organisation skills and time management abilities: *"mondelinge eksamens, ... amanuensis, ... dis vir my 'n voordeel, ... ek sê vir hulle wat om te skryf, dan hoef ek dit nie te spel nie, ... ek kry meer tyd om my toetse te skryf en dit help, ... dit het my rêrig baie gehelp, ... die feit dat daar iemand anders vir jou moet skryf, vat al daai stres weg en dan onthou jy die goeters en jy kan dit uitredeneer met jouself en jy hoef nie te gaan neerskryf en hoop dis reg nie."* Because of the inclusive education system in South Africa, these concessions must be applied in all education settings (mainstream and special) (Department of Education, 2001). However, according to the responses of the research participants, the ethos of special schools were more accommodating in providing these concessions: "*Nuwe Hoop het dit makliker gemaak, want ons het boeke gekry en ons moes dit invul, dan is dit nie soos 'n hele ding wat jy die vraag en antwoord moet soek nie, jy soek net 'n woord of sinne, ... alles was baie stadiger en dit het my baie gehelp, ... 'n assistant in die klas wat heeltyd vir my geskryf het, ... alles, en dit was vir my baie maklik."* I assumed that adolescents would see themselves as different when they receive special concessions. According to the data collected during this research study, in special schools or mainstream settings where the ethos of the school is inclusion and acceptance of all learners, the adolescents did not feel different from their peers. Special concessions were found helpful in coping with the academics and stress associated with their scholastic work.

4.2.3.4.7 Category 7: Time of diagnosis

- **Late diagnosis**

Chloe was only diagnosed in her Grade 12 year. She repeated grades 6, 8 and 10. She said the following about her diagnosis: *"dit was vir my baie moeilik voorheen voordat ek met jou kom gepraat het. Hoekom vind ek dit nou eers uit? Hoekom het ek dit nie lankal uitgevind nie? Dan sou ek beter gedoen het in my skoolwerk en nie moes herhaal nie."* According to a poem written by a UK learner, the diagnosis of dyslexia was also to his advantage: "Finding out I was dyslexic

was a relief" (Goodwin & Thomson, 2004:3). To have a sound diagnosis of dyslexia is empowering to a learner. It provides him with the knowledge to understand himself better.

- **Early diagnosis**

Both Conrad and Daniel have known that they were dyslexic from an early age. They claim that their early diagnosis made it easier for them to cope with having dyslexia: *"ek dink ons het dit baie vroeg uitgevind, gelukkig ... ek was in Graad 0, ... ek was baie klein, ek was nog altyd dislekties ... ek het eintlik nooit omgegee nie ... ek leef maar net aan."* Research by Johnson, Peer and Lee (2001:232) also states that it is possible to identify learners with dyslexia, early in their pre-school years. Identifying these learners before they start formal schooling ensures that appropriate remediation can be followed sooner, which leads to less difficulties in the primary and secondary years.

4.2.3.5 THEME 5: CHANGES IN SELF-PERCEPTION

4.2.3.5.1 Category 1: How do adolescents cope with dyslexia and ADHD?

- **Coping in general**

Daniel: *"jy aanvaar dit maar soos wat dit is. Ek het eintlik nooit omgegee nie. Ek is nie die tipe persoon wat sal dink, hoor hier maar ek is dislekties en jammer vir my nie en ek moet nou myself daaroor gaan treur en sê ek het dit nie. Ek leef maar net aan. Ek leef saam met dit. Want dit help nie mens kry mens self jammer nie. Ek weet ek het dit en ek leef maar saam met dit. Ek kan nie teen dit baklei of iets nie. Dis soos live with it. Dis wat ek op die oomblik dink. Ek het dit en ek leef saam met dit."*

Conrad: *"Ek het maar dit altyd aanvaar, ek het dit nooit regtig moeilik aanvaar nie, want ek kan niks daaraan doen nie. Ek het nie veel van 'n keuse nie."*

Wouter: "*Om op die Internet in te gaan en die watsenaam te gaan, die simptome en sulke tipe goed gaan naslaan en so aan ... agtergekom Einstein is ook actually ADHD gewees. Dit was cool, dit was baie nice. Hy was slim en so wat actually êrens gekom het in die lewe wat ADHD is. Dit was vir my baie lekker om te weet ... meer vir myself moet sê, OK, nou moet jy gaan sit en iets doen vir jouself."*

Accepting that one has dyslexia seems to be the first step coping with it. Doing further research and equiping themselves with information; realising that there are other people who are also dyslexic or have ADHD makes the adolescent feel normal and acceptable. These realisations will

lead to more positive self-perceptions when comparing themselves to other learners without these conditions.

- **Coping due to clear diagnosis of dyslexia, ADHD, or both**

Chloe: *"ek het meer geduld met myself gehad, het nie so uitge-"freak" en uitgestres nie."*

Annelise: *"dis nie omdat jy mal is in jou kop nie ... dis omdat ek aandagafleibaar is."*

Conrad: *"ek het net 'n ander woord geleer. Ek weet wat dit is. Ek weet nou net nie wat noem jy dit".*

Evangeline: *"toe ek gediagnoseer was, toe het dit vir my baie makliker geword om te sien waar is my probleme en waar sit my foute ... toe ek eers uitgevind het ek het ADHD, en ek het hulp gekry, en al sulke goeters, toe ... ek wou werk, ek wou iets doen, want ek het geweet daar is nie rêrig iets fout met my nie, ek is nie dom nie, dis net ek moet op 'n sekere manier leer anders sal ek dit nie kan doen nie."*

Wouter: *"maar toe hulle dit eers vir my verduidelik wat dit is en dat daar hulp is, soos dat jy gehelp kan word daarmee, toe is dit vir my meer aanvaarbaar."*

For most of the older adolescents in this study, the diagnosis of dyslexia or ADHD had a positive effect on their perceptions of their learning difficulties. This contrasts with Scanlon's findings that most adolescents with ADHD feel negative, regardless of whether they were diagnosed as a small child or only as an adolescent (Scanlon, 2006:330). Regarding dyslexia, discovering that he has a specific learning difficulty such as dyslexia, will help a learner to identify his areas of difficulties and provides an opportunity for a psychologist or therapist to explain these difficulties (Kirk, McLoughlin & Reid, 2001:296). Thus, after being told what dyslexia entailed, the research participants felt that they could accept their condition and deal with the difficulties because they knew what their challenges would be. Diagnosis provides the means to acceptance, intervention and support and is not a tool for a learner to be labelled.

- **Coping with the learning demands**

Annelise found it easier to cope with ADHD: *"Jy weet nou net hoe om dit te hanteer. Jy fokus jouself, jy moet vir jou brein sê OK, nou moet ek konsentreer." However,* she still struggles to

cope with the demands that dyslexia places on her life: *"... daar is nie hantering daarvoor nie. Dis net nie fun nie."*

Chloe: *"het naderhand geweet hoe moet ek nou leer ... tyd gee om dit te herhaal."*

Evangeline: *"eerder doen as ek dit skryf, want dan vat ek dit vinniger in ... ander mense vinniger kan leer as hulle dit lees, moet ek dit eerder doen as ek dit skryf, want dan vat ek dit vinniger in ...medikasie het ook gehelp."*

Daniel: "*Ek het partykeer miskien gesukkel en gedink: Ag shit ek het dit. Maar, dan dink mens dis OK. Geskrewe werk ... dis sleg, maar ek moet dit maar doen. Daar is altyd 'n slegte ding wat mens maar moet doen om op die ou einde die vrugte te pluk. Nooit is alles lekker nie ... as ek iets doen wat ek wil doen ... daar gaan altyd leerwerk wees, maar ek gaan iets hê wat ek doen wat vir myself lekker is."*

Conrad taught himself strategies on how not to confuse the b and d and to spell words correctly: *"been = b en dam = d, ek het nou 'n rympie. Ek spel woorde uit ... hoe dit klink."*

Wouter: *"As ek goed wil deurkom moet ek rêrigwaar 'n paar weke voor die tyd begin leer."*

It is wonderful to see that most adolescents have learned to adapt to their learning difficulties. They taught themselves coping strategies on how to deal with their learning demands. These findings correlate with a dyslexic learner's ability to be creative, resourceful and determined (Nosek, 1995:136; Peer, 2001:3; Peer, 2006a:3; Thomson & Chinn, 2001:280). Furthermore, by understanding what dyslexia or ADHD is, they know what the difficulties that they will experience are and can learn ways of dealing with them, for example, by remedial therapy or psychological therapy (Reid, 2004:132).

- **Coping emotionally**

Daniel: *"waar ek nou swot ... ons verstaan almal mekaar. Daar is een ou daar wat ek weet dislekties is. En hy het net gesê: "Ja, you just live with it." Jy kan nie net op 'n bondeltjie gaan sit en huil nie en myself gaan jammer kry nie, anderste gaan ek niks kan doen verder nie."* Daniel clearly knows who he is as a person and has already formed his own identity. The establishment of a clear sense of identity is of the utmost concern in late adolescence (Carr, 2006:30; Giorcelli, 2004:3; Lerner, 2002:422; Shaffer, 2002:43; Travers, 2006b:10). Personal

identity is "the perception of the selfsameness and continuity of one's existence in time and space and the perception of the fact that others recognize one's sameness and continuity" (Rew, 2005:109). Daniel appears to have accepted the sameness between himself and other people (with or without dyslexia). He accepts himself and, through other people's examples, he is further able to accept and live with his condition.

- **Coping socially and with peer group**

Wouter: *"ek het meer uitgevind dat my vriende, of meer van my vriende met dit gediagnoseer word. Dit het vir my meer gemaklik gevoel om saam met hulle te wees."* Adolescents seem to cope better when they feel that they are not that different from others and not alone in the challenges they face (Hales, 2001:233; Jordan, 2002:250–251; Rew, 2005:109).

Evangeline: "*jy kom ook agter wie is jou ware friends".* According to the research, use of effective support systems and emotional coping strategies are attributes of successful learners with learning difficulties (Raskind & Goldberg, 2007:12). By surrounding themselves with friends who understand and support them, they are able to cope with their condition.

4.2.3.5.2 Category 2: Changes in self-perceptions

From the previous category, which gave an outline of coping mechanisms used, the research participants gave descriptions about their changes in self-perception partly because of those coping mechanisms. Annelise still feels negative about her self with regards to dyslexia. Chloe, who is older than Annelise, said the following: *"ek is nou meer rustiger met myself ... ek verstaan meer myself ... dat, ek is so 'n bietjie verskillend, so ek kan nie 'n 80 kry of 'n A+ in alles wat ek doen nie. In 'n sekere rigting kan ek 'n A+ kry omdat ek baie goed daarin is, maar in die deel waar ek toets en goed moet doen, kan ek 'n D kry of 'n C. Nou dat ek weet, konsentreer ek meer op die goed wat ek kan doen ... omdat ek weet ek sal 'n topstudent daar uitkom."* Similarly, Daniel stated the following: *"baie rustiger ... want die mense verstaan jou meer en as jy 'n passie het vir iets, sal mens meer doen vir iets, as wat jy net iets doen wat jy geforseer word."* Evangeline felt more positive about herself now as a person who has finished her schooling: *"ek is baie meer positief oor myself. Ek sien nie myself so laag nie en al sulke goeters. Ek is net verskriklik positief en ek smile meer, en al sulke goeters. Ek dink net ek sien meer uit na alles wat kan gebeur en wat gaan gebeur ... so word mens groot."* Older adolescents seem to cope better with ADHD and feel more positive about their condition and themselves. Additionally, being able to do something that is within their abilities or strengths and that they are passionate about, result in positive self-perceptions (Burden, 2004:2–4; Goodwin &

Thomson, 2004:3). The older adolescents are also in a position that enables them to pursue their passions and strengths in life. Furthermore, when a learner has established a firm sense of identity and know which career path he wants to follow, he appears to have a positive outlook on life. When adolescents achieve a clear identity they develop a strong commitment to vocational, social, political and religious values and usually have good psychosocial adjustment in adulthood (Carr, 2006:30–31; Shaffer, 2002:440; Thies, 2006:192–193). These adolescents are also able to master the developmental tasks necessary to become a responsible and sufficient adult. These developmental tasks included preparing for an economic career by acquiring a qualification within their unique talents and achieving emotional independence from parents and other adults (Perkins, n.d.:1–4; Thies, 2006:64).

4.4 SUMMARY

Through means of an inductive method, the data were reduced into the following themes: (i) The adolescent's perception of ADHD; (ii) Implications of ADHD on cognitive (learning), emotional and social functioning; (iii) The adolescent's perception of dyslexia; (iv) Implications of dyslexia on cognitive (learning), emotional and social functioning; and (v) Changes in self-perception. The results were indicated by means of quotations from the individual interviews and correlated or verified by references to relevant literature. In the following chapter, the results of the literature study as well as the empirical study are summarised in short. In conclusion, further suggestions for future research and limitations of this study will be given.

CHAPTER 5
SUMMARY, RECOMMENDATIONS AND CONCLUSIONS

5.1 INTRODUCTION

This study was undertaken to discover the adolescent's self-perceptions of his learning difficulties through his own descriptions. The focus of this research study was specifically on adolescents between the ages of 18 and twenty two who have been diagnosed with dyslexia, ADHD or both. Chapter 4 described the empirical study. Chapter 5 contains a summary of the literature study as well as the empirical study, and the conclusions drawn from the empirical study. Limitations of the study will be discussed and recommendations will be made.

5.2 SUMMARY OF THE LITERATURE STUDY

The literature study forms an integral part of the research process. The research results of other studies serve as a summary of what is already known about a subject. The preliminary literature study places the current research study into context and demonstrates the relevance thereof.

The concept **adolescence** was described first (see section 2.2) which defined the definition and scope of adolescence. Adolescence refers to the second decade of life where certain physical, cognitive, emotional and social changes take place (see section 2.2.1). For the purpose of this study only research subjects in the late adolescent stage (ages 18 to twenty two) were used.

An adolescent needs to master certain developmental stages in order to form his own identity and to become a mature human being (see section 2.2.2).

The physical changes that take place during adolescence have an impact on the way that they feel about themselves and whether they will be accepted by their peers. Owing to the fact that learners with ADHD have differences in physical appearance, they might feel that they do not measure up to the "normal" physical appearance of learners in their age group. These negative self-perceptions may produce a negative physical self-image (see section 2.2.3.1).

As for emotional development, adolescents have a stronger need to associate themselves with a peer group than, for instance, with their parents. They long to feel accepted and to form a sense of group identity. If young adolescents are not accepted by a peer group they will experience alienation. Owing to insufficient socialising skills on the part of learners with dyslexia and ADHD, these adolescents are more prone to feel rejected by their peers. Furthermore, during late

adolescence, the adolescent needs to form a clear sense of identity. Identity formation involves perceptions that one is in some ways unique and in other ways the same. Adolescents with dyslexia and/or ADHD are more prone to feel isolated or different. If the adolescent does not form a clear sense of identity, identity confusion is inevitable. Because adolescents with dyslexia or ADHD tend to struggle academically (owing to school failure and cognitive challenges) and emotionally, they will most probably experience identity confusion. Any emotional difficulties which adolescents experience because of dyslexia and ADHD will have an impact on their self and identity formation. If they then compare themselves to their peers or friends who do not struggle scholastically, they might feel inadequate or unworthy which results in negative self-perceptions based on their failures as a learner (see section 2.2.3.2).

In the formal operational stage of cognitive development, adolescents start to think more critically, hypothetically and logically. These changes in thought also change the manner in which the adolescents describe themselves. They become aware of other people's points of view and perceptions. They also start comparing themselves to others which results in either negative or positive self-perceptions. During adolescence the learners' memory, attention and organisation skills improve. However, adolescents with dyslexia and ADHD find these skills difficult (see section 2.2.3.3).

The second concept described in the preliminary literature study was **self-perceptions**. Self-knowledge refers to all that the adolescent knows about himself and how he functions in his social world. Self-evaluation involves the way in which the adolescent judges himself in relation to others and to himself at other developmental stages. Global self-evaluations have been generally referred to as self-esteem, self-worth or general self-concept. Self-perceptions are formed by internalising others' attitudes and communications. This suggests that we see ourselves as others see us, or as we think they do. "Significant others" especially have a very strong influence on how we perceive or judge ourselves because of the weight their opinions carry with us. When adolescents with dyslexia or ADHD compare themselves to other learners without these learning difficulties, they are inclined to form negative self-perceptions. On the other hand, when they compare themselves to learners with similar learning difficulties, their self-perceptions are positive. Self-perceptions influence the adolescent's self-esteem. For the purpose of this study, "self-perceptions" was used as an open term as interpreted by the research participants themselves (see section 2.3).

The concept **ADHD** was described next. In this section, the emphasis was on the definition of ADHD, how a sound diagnosis is made, the main etiological theories, basic symptoms and characteristics of ADHD, and comorbit disorders commonly associated with ADHD. Specific focus was placed on how ADHD manifest in the adolescent stage and learners' unique experiences of ADHD. ADHD cannot be cured and can manifest from childhood into adulthood. Adolescents with ADHD usually have fewer friends, lower self-esteem, poorer psychosocial adjustment, receive less years of schooling, achieve lower grades, fail more of their courses, and are more often retained in grade compared to adolescents without ADHD. These experiences will most definitely lead to negative self-perceptions. The amount of support they receive from significant others will determine the manner in which they cope with ADHD (see section 2.4).

In the last section of the literature study, the focus was on the concept **dyslexia**. More specifically, the definition, diagnosis, etiological theories and basic characteristics of dyslexia, adolescence and dyslexia, and how learners experience dyslexia, were described. Problems with memory, reading, spelling, written work, organisation, word retrieval and coordination lead to difficulties with academic work as well as socialisation. Adolescents with dyslexia have strengths such as artistic ability, practical skills, designing and computer skills. Other people tend not to understand their condition and label them as lazy or stupid. Because of their sensitivity to these remarks, adolescents with dyslexia constantly feel frustrated, guilty, stressed, humiliated, inadequate and unworthy. They long for recognition and understanding from their peers and educators. Negative feedback from peers and educators lead to negative self-perceptions and a negative self-esteem. Adolescents with dyslexia can feel on top of the world when they realise they can understand problems in a unique and creative way (see section 2.5).

5.3 SUMMARY OF THE EMPIRICAL RESEARCH

The raw data from the individual interviews with the adolescents were analysed and certain themes and categories were identified. These units of analysis was verified and supported by previous literature. A discussion of the five themes will follow.

5.3.1 Theme 1: The adolescent's perception of ADHD

The adolescents in this research study can identify the symptoms they experience because of ADHD, especially with regards to inattention, hyperactivity and impulsivity. Some of them have negative self-perceptions relating to ADHD, mostly because they feel that they struggle with school work, are different from other learners and must therefore be stupid. Others feel more positive because they realise that other learners also have ADHD, they are not alone in this battle

and must make the best of their situation. However, they still have some questions about ADHD. A very important discovery through this study is the adolescent's need for significant others to understand them, understand ADHD, and not judge them or their condition (see section 4.3.2 theme 1).

5.3.2 Theme 2: Implications of ADHD on cognitive (learning), emotional and social functioning

Adolescents with ADHD have difficulties with learning activities because of problems with concentration, memory and processing speed. Emotionally, they feel that they cannot perform as well as their peers, which leads to self-doubt, despondency and, ultimately, low self-esteem. These comparisons are usually made with learners who do not have learning difficulties. Adolescents with ADHD also struggle to make friends. With regard to educators, adolescents tend to find them insensitive to their needs, particularly in the mainstream educational settings. Educators are inclined to make negative remarks which embarrass the learners. These negative interactions with educators result in negative self-perceptions. However, educators in special school settings, as well as a few exceptions in the mainstream setting, are supportive of and understanding towards adolescents with ADHD. Adolescents with learning difficulties long to be treated as normal. Support from parents results in positive self-perceptions and lack of support lead to negative self-perceptions. In the same way, adolescents feel positive about themselves when they have understanding and support from their peers. They feel frustrated and angry when they experience the opposite. Adolescents usually feel negatively about having ADHD and they cannot indicate positive aspects. Specialised education, remedial therapy and medication help the adolescent with ADHD feel that they are on a similar playing field as their peers. Earlier diagnosis compared to later diagnosis, has a more positive effect on the adolescents' coping and living with ADHD (see section 4.3.2 theme 2).

5.3.3 Theme 3: The adolescent's perception of dyslexia

Adolescents with dyslexia can give an account of the difficulties they experience because of symptoms of dyslexia regarding memory, organisation, processing speed, reading, spelling and writing. One adolescent is still uncertain about what dyslexia is. The adolescents conclude that dyslexia primarily means that all learning is more difficult. They further wish that significant others realise that they are bright learners, not stupid and that assistance from others are extremely important. It causes frustration and anxiety when they struggle and others do not understand them. They do not want to be judged, but long for acceptance (see section 4.3.2 theme 3).

5.3.4 Theme 4: Implications of dyslexia on cognitive (learning), emotional and social functioning

Learning tasks are difficult and the adolescents feel less worthy when comparing themselves to their peers. Frustration, panic, anxiety, negativity and sadness are some of the additional feelings that adolescents with dyslexia experience when they consider that they cannot match their peers' academic performance. These comparisons to learners without learning difficulties lead to negative self-perceptions and a low self-esteem. Some adolescents have difficulty with socialisation because they feel that they do not belong or that additional input in school work leaves little time to interact with friends. Educators, in general, do not understand these learners or dyslexia. They feel patronised when educators know of their condition but do nothing or little to accommodate them in class. Educators do not realise the important role they play in helping these adolescents during their school career. Support and understanding from parents have a profound impact on the adolescents' self-perceptions and self-esteem. When the adolescents are at a stage in their lives where they can identify their strengths, for example artistic ability, they feel more positive about themselves. Support and understanding from peers also, lead to positive self-perceptions. Remedial therapy and special concessions result in less stress and a sense that they can perform according to their true ability. Adolescents who were diagnosed earlier in their lives may feel more positive about themselves than those diagnosed only in their secondary school years (see section 4.3.2 theme 4).

4.3.5 Theme 5: Changes in self-perception

Certain adolescents cope better with their dyslexia and ADHD than others. It seems as though acceptance of their difficulties is the first step. Collecting information about dyslexia and ADHD is another way of coping with it. Being diagnosed also helped the adolescents to cope with dyslexia or ADHD because, for the first time, they were able to understand what was going on. Also, through learning specific strategies on how to deal with learning demands, as well as getting therapeutic support, assisted them to cope better. Knowing who their true friends are and taking their support to heart, places more emphasis on their self-worth than the feedback they received from friends who do not understand. Furthermore, by accepting themselves and focusing on their strengths rather than their shortcomings, they can lead happy lives. These realisations and changes in their lives all lead to changes in self-perceptions, from negative to positive (see section 4.3.2 theme 5).

5.4 CONCLUSIONS

The purpose of this study was to explore the self-perceptions of adolescents with barriers to learning or learning difficulties, with specific focus on dyslexia and ADHD. Conclusions that can be derived from this study are as follows:

- Adolescents in the late adolescent stage usually have negative self-perceptions about dyslexia and ADHD.
- Older adolescents have learned to cope better with dyslexia and ADHD and have formed positive self-perceptions about dyslexia and ADHD because they realise who their real friends are and can pursue a future by focusing on their strengths rather than their shortcomings.
- The support and assistance that adolescents receive, especially from their parents, educators and peers, play a significant role in how they perceive their learning difficulties. Lack of support usually leads to negative self-perceptions while sufficient support results in positive self-perceptions.
- Special schools and educators in these settings are more tolerant and understanding towards learners with dyslexia and ADHD.
- Adolescents in the mainstream educational setting predominantly feel that they are misunderstood and judged by their educators and peers.
- The earlier a child is diagnosed, the better they are able to come to terms with the challenges they will face because of dyslexia or ADHD. Parents and families can also put the necessary support systems in place and the financial implications are less than when diagnosed only later in their lives.
- A multidimensional intervention programme, e.g. medication, remedial therapy and special concessions, assist these learners in functioning more optimal academically, socially and emotionally.
- Focusing on the strengths of the adolescent with learning difficulties, rather than his weaknesses, results in positive self-perceptions about dyslexia and ADHD.
- Education for parents and educators, as well as an awareness of dyslexia and ADHD (symptoms, emotional, cognitive and social implication) and how to accommodate these learners are essential in helping them cope with the adversity they face.

In this research study, I was able to provide answers to my initial research question and fulfil the aims of this study by discovering and explaining the unique manner in which adolescents experience dyslexia and ADHD. By identifying common themes and categories from the interviews, I could establish that the adolescents in South Africa who participated in this study,

have negative as well as positive emotions associated with dyslexia and ADHD. Adolescents usually feel positive about their condition when they have sufficient support systems (parents, educators and peers) and feel that they are understood, which leads to positive self-perceptions. Negative self-perceptions are formed when these learners feel that others judged them, do not understand or do not provide adequate support. Older adolescents seem to be better equipped to cope with the challenges they face because of dyslexia and ADHD. This was because they are able to pursue a career that is in line with their strengths. Adolescents in South Africa have similar experiences and perceptions than those of adolescents in the UK and USA. This is verified by previous literature and research studies abroad. The information collected from the research participants emphasises the greater need for education and training of educators, parents and even peers on dyslexia and ADHD.

5.5 LIMITATIONS OF THE STUDY

The following are limitations in this particular research study:

- The semi-structured, open-question interview approach made an informal style and a wide-ranging exploration of ideas possible. By using this method, I could be sensitive to the needs and responses of the research participants. However, the reliability and validity of the data could not be verified by other data sources or through repeated interviewing over time. However, internal validity was aimed for by asking participants to check their transcripts and a psychologist colleague to verify the codes and categories identified. No second or follow-up interview was needed.
- This was a small-scale research study limited to a specific geographical setting, which means that it cannot be used as representative of the total population and, for example, rural settings. Therefore, generalised conclusions based on this study must not be made.
- The research in this study was limited to Afrikaans-speaking learners, therefore the results cannot be generalised to adolescents with dyslexia and ADHD from to all South African cultural or language groups.
- The information gathered was limited owing to the limited scope of the dissertation to only adolescents. Interviews with close friends, educators and parents could have provided additional information on the social, emotional and academic impact of dyslexia and ADHD on the adolescents.
- The findings of this research study are limited to adolescents with learning difficulties associated with dyslexia and ADHD. Therefore it cannot be generalised to other learning difficulties such as pervasive developmental disorder, autism, epilepsy and dyscalculia.

5.6 IMPLICATIONS AND RECOMMENDATIONS

Recommendations for further research, and implications for the education system and assessment policies based on the research findings of this study are the following:

- Earlier screening for possible learning difficulties is important. Through this pro-active method learners can be identified earlier, for example in pre-school, and relevant preventative, therapeutic and support strategies put into place to assist the learner with possible cognitive, emotional and social difficulties that he might experience. Better education on and awareness of dyslexia and ADHD as soon as pre-school years are essential to educate educators to be able to identify these learners early and prepare the parents as well as the learners for the road ahead.
- Further research on the self-perceptions of adolescents with learning difficulties other than dyslexia and ADHD can be useful.
- In-service training of all educators should receive top priority. It needs to focus on how educators can develop: an awareness and understanding of dyslexia and ADHD, knowledge about the nature of learning difficulties (dyslexia and ADHD), recognition of the wide variety of characteristics of the adolescent, knowledge about the far reaching implication of the adolescent with dyslexia and ADHD, and strategies on how to offer support to these learners.
- The development of workshops to facilitate personal and professional growth of regular mainstream educators could be researched. In-service training needs to bring about a mind shift and the acquisition of new skills.
- Early identification of dyslexia and a range of school-based interventions can alleviate the problems of many learners with dyslexia and ADHD.
- The adverse motivational and socio-emotional consequences of dyslexia and ADHD on the development of the individual child's self-esteem must not be overlooked.
- The wider and more systematic identification and dissemination of effective practice in the education of dyslexic and ADHD learners is commended.
- The assessment of the individual learner's relative strengths and weaknesses in both inter- and intra-individual differences is recommended.
- No single discipline has a "freehold" on the advancement of understanding and alleviating the challenges presented in the education of learners with dyslexia and ADHD. A multi-disciplinary approach to identifying and treating dyslexia and ADHD is essential to help significant others understand these learning difficulties and provide sufficient support. Furthermore, the correct intervention strategies and concessions can be put into place so that these learners can better cope with these difficulties.

- Further research on the perceptions of parents with children with dyslexia and ADHD to determine the impact that it has on their children and families is another important aspect for future research on dyslexia and ADHD.
- Similar research on younger children can reveal similar experiences or differences in self-perceptions regarding dyslexia and ADHD.
- Further research on the perceptions of friends of learners with dyslexia and ADHD to determine the impact that it has on their friendships can shed some light on additional social implications.
- It is important to provide in-depth parental guidance to parents with children with dyslexia and ADHD because of the significance of their support and understanding for these learners to cope effectively.

5.7 SUMMARY

It was a privilege to be able to do this study and to explore the "inner lives" of adolescents with dyslexia and ADHD. As an educational psychologist, I am obligated to provide justice and to ensure the wellbeing of learners with learning and emotional challenges. By conducting this research study, I trust that I was able to shed some light on areas that still needs transformation within our educational settings. By providing sufficient education and further adaptations to the manner of assessments and educational styles, we can create an environment in which these learners can learn and feel as equals. In order to implement these transformations, a collaborative effort is necessary between educational psychologists, other multi-disciplinary therapists, parents, educators and learners.

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Addendum A

Table 1 Diagnostic criteria for attention and hyperactivity syndromes in DSM IV TR, ICD 10 and ASEBA

DSM IV TR Attention deficit hyperactivity disorder	ICD 10 Hyperkinetic disorders	ASEBA ATTENTION PROBLEMS SYNDROME
A. Either 1 or 2. 1. Six or more of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level: **Inattention** a. Often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities b. Often has difficulty sustaining attention in tasks or play activities c. Often does not seem to listen when spoken to directly d. Often does not follow through on instructions and fails to finish schoolwork, chores or work duties e. Often has difficulty organizing tasks and activities f. Often avoids or dislikes tasks that require sustained mental effort g. Often loses things necessary for tasks or activities h. Is often easily distracted by extraneous stimuli i. Is often forgetful in daily activities 2. Six or more of the following symptoms of **hyperactivity-impulsivity** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:	The cardinal features are impaired attention and over-activity. Both are necessary for the diagnosis and should be evident in **more than one situation** (e.g. home or school) **Impaired attention** is manifested by prematurely breaking off from tasks and leaving activities unfinished. The children change frequently from one activity to another, seemingly losing interest in one task because they become diverted to another. These deficits in persistence and attention should be diagnosed only if they are excessive for the child's age and IQ **Over-activity** implies excessive restlessness, especially in situations requiring relative calm. It may, depending on the situation, involve the child running and jumping around, getting up from a seat when he or she was supposed to remain seated, excessive talkativeness and noisiness, or fidgeting and wriggling. The standard for judgement should be that the activity is excessive in the context of what is expected in the situation and by comparison with other children of the same age and IQ. This behavioural feature is most evident in structured, organized situations that require a high degree of behavioural self-control	**FOR 1.5- to 5-YEAR OLDS** **Inattention** Inattentive (T) Can't concentrate (P&T) Difficulty with directions (T) Fails to carry out tasks (T) **Over-activity** Can't sit still (P&T) Fidgets (T) Quickly shifts from one activity to another (P&T) Wanders away (P&T) Clumsy (P&T) **FOR 6- to 8-YEAR OLDS** **Inattention** Inattentive (P&T&C) Can't concentrate (P&T&C) Confused (P&T&C) Day-dreams (P&T&C) Stares blankly (P&T) Difficulty following directions in school (T) Fails to carry out tasks in school (T) Fails to finish tasks (P&T&C) Difficulty learning (T) Poor school work (P&T&C) Messy school work (T) Underachieving (T) **Over-activity** Can't sit still (P&T&C) Fidgets (T) Talks too much (T&C) Brags (T&C) Shows off (T&C) Whining (C) Makes odd noises (T) Apathetic in school (T) Irresponsible in school (T) Acts too young (P&T&C) **Impulsivity** Impulsive (P&T C)

Hyperactivity a. Often fidgets with hands or feet or squirms in seat b. Often leaves seat in classroom or in other situations in which remaining seated is expected c. Often runs about or climbs excessively in situations in which it is inappropriate d. Often has difficulty playing or engaging in leisure activities quietly e. Is often on the go or acts as if driven by a motor f. Often talks excessively **Impulsivity** g. Often blurts out answer before questions have been completed h. Often has difficulty awaiting turn i. Often interrupts or intrudes on others (e.g. butts into conversations or games) **Inattention** j. Often loses things necessary for tasks or activities (e.g. toys, assignments, pencils, books or tools) k. Often shifts from one uncompleted activity to another l. Often has difficulty playing quietly m. Often talks excessively n. Often interrupts or intrudes on others (e.g. butts into conversations or games) o. Often does not seem to listen when spoken to directly p. Often loses things necessary for tasks or activities (e.g. toys, assignments, pencils, books or tools) q. Often engages in physically dangerous activities without considering possible consequences (not for the purpose of seeking novel sensations) B. Some of these symptoms were present before the age of 7 years C. Some impairment from the symptoms is present in **two or more settings** (e.g. home and school) D. Clinically significant impairment in social, academic or occupational functioning E. Not due to another disorder Specify: *Combined type if inattention and over-activity-impulsivity are present* *Inattentive type if over-activity is absent* *Hyperactive-impulsive type if inattentiveness is absent*	Tic characteristic behaviour problems should be of early onset (before the age of 6 years) and long duration Associated features include disinhibition in social relationships, recklessness in situations involving some danger, impulsive flouting of social rules, learning disorders, and motor clumsiness Specify: *Hyperkinetic disorder with disturbance of activity and attention when anti-social features of conduct disorder are absent* *Hyperkinetic conduct disorder when criteria for both conduct disorder and hyperkinetic disorder are met*	Talks out of turn (T) Disturbs other children in school (T) Disrupts discipline in school (T) Items marked (P) are on the Parent Report CBCL Items marked (T) are on the Teacher Report form Items marked (C) are on the Youth Self-Report form

Source: Carr 2006

Addendum B

PREPARED INTERVIEW QUESTIONS

Main question: Wat is jou persepsie van ADHD en disleksie?

1. Wanneer is jy met ADHD of disleksie gediagnoseer?
2. Wat verstaan jy van die begrip ADHD of disleksie?
3. Wat beteken die woord persepsie, vir jou?
4. Wat is van die gedagtes of gevoelens wat deur jou kop gegaan het, nadat jy uitgevind het dat jy ADHD of disleksie het?
5. Het die diagnosering ‘n invloed gehad op jou persepsie van disleksie en ADHD?
6. Wat is vir jou persoonlik, negatiewe aspekte van ADHD of disleksie?
7. Wat is vir jou persoonlik positiewe aspekte van ADHD of disleksie?
8. Wat dink jy is goed wat mense nie weet van ADHD of disleksie nie, wat jy graag wil hê hulle moet van weet of besef? Soos byvoorbeeld jou vriende, onderwysers of familie.
9. Wat is dinge wat vir jou moeilik is omdat jy ADHD of disleksie het?
10. Wat is vir jou maklik as gevolg van ADHD of disleksie?
11. Wat is faktore wat dit vir jou makliker of moeiliker gemaak het om met ADHD of disleksie te deel of te aanvaar?
12. Het enige iets verander vandat jy gediagnoseer is, tot nou toe?
13. Wat is goed wat jy mee gesukkel het op skool as ‘n persoon met ADHD en disleksie? Akademies, sosiaal, emosioneel ens.
14. Nou as ‘n persoon wat nie meer in die skool is nie, hoe het jy as persoon verander?
15. Wat is vrae wat jy nog het oor ADHD of disleksie?

Addendum C

TRANSCRIPTIONS OF INTERVIEWS

TRANSCRIPTION - Chloe, 21 years old

TALITA: Ek wil graag weet, wat is jou persepsie van ADHD-disleksie wat verstaan jy daaruit, wat dink jy daarvan?

CHLOE: Dit is mense met lae konsentrasie, en uhm jy vind dit meer moeiliker om makliker te verstaan, en mense wat dit nie het nie, as iemand dit verduidelik kan hulle iets verstaan en met die eerste verduideliking wat hulle gee. Maar gewoonlik met die mense wat sukkel om te verstaan kan jy eers na die vyfde of vierde keer dit verstaan wat eintlik aangaan.

TALITA: OK ... en jou persepsie daarvan, hoe ervaar jy dit?

CHLOE: (lag) Dit is vir my, dit was vir my baie moeilik voorheen voordat ek met jou kom gepraat het oor die ding, want ek het nie verstaan wat aangegaan het met my lewe nie, en ek was altyd die dom een in die klas (lag), soos wat hulle dit sê, ek was altyd die "delayed action" een.

TALITA: OK. Hoe het mense teenoor jou gereageer, hoe het hulle jou nou geklassifiseer as dom, hoe het hulle teenoor jou opgetree?

CHLOE: Hulle het 'n baie kort humeur gehad, hulle was nie baie rustig nie, hulle het nie verstaan wat aangaan nie. My onderwyser het altyd gesê: "pay attention". Ek probeer maar ek verstaan niks wat daar aangaan nie, ek belowe, my konsentrasie in die middel van 'n sin, en sy moes my weer probeer verduidelik.

TALITA: OK. So, wanneer is jy is jy met ADHD en disleksie gediagnoseer?

CHLOE: Wat?

TALITA: Wanneer het jy uitgevind jy het ADHD en disleksie?

CHLOE: 2006, dit was in my matriekjaar.

TALITA: OK. Oraait, jy sê ADHD is lae konsentrasie, disleksie, jy vat bietjie langer om te verstaan. Is daar iets anders wat jy verstaan van wat ADHD en disleksie presies is?

CHLOE: It is all in attention, you don't pay like really enough attention. You do, but you lose like in the middle of the sentence you lose yourself. You think of other stuff, instead thinking about the stuff you are supposed to think about.

TALITA: Ietsie anders wat daarmee gepaard gaan? Wat is disleksie vir jou? ...

CHLOE: Wat is disleksie?

TALITA: Uhm ons het mos vir jou daardie keer vertel wat disleksie is?

CHLOE: Ek dink julle het, maar ek het vergeet (lag).

TALITA: Goed, so jy is nie heeltemal seker wat disleksie is nie.

CHLOE: Ja.

TALITA : OK. Wat beteken die woord persepsie vir jou? In Engels is dit “perception”.

CHLOE: Ek weet nie (lag).

TALITA: Dis OK. Persepsie is wat jy daaruit verstaan, wat jy daarvan dink en jou ervaring daarvan. Hoe is jou ervaring as iemand met ADHD en disleksie. Disleksie, as ek jou bietjie meer kan verduidelik is as mens sukkel met lees en spelling en alles vind baie stadiger plaas, 'n mens ruil partykeer goed om soos letter en syfers. So, hoe was jou ervaring as iemand met disleksie.

CHLOE: Ek kon nooit verstaan wat aangaan nie, ek het gedink hoekom kan ek nie soos ander kinders wees nie? Hoekom moet ek altyd sukkel? As hulle vir my sê ek moet iets spel en dit klink dieselfde maar dit word nie dieselfde gespel nie, dan dink ek dit is nou simpel. Ek het gedink ek is dom.

TALITA: Wat is van die gedagtes en gevoelens deur jou kop gegaan het toe jy nou vir die eerste keer hoor gehoor het dat jy het ADHD en disleksie?

CHLOE: Hoekom gebeur dit met my, hoekom vind ek dit nou eers uit, hoekom het ek dit nie lankal uitgevind nie, dan sal al hierdie goed nie met my gebeur het nie, dan sou ek een van die Top 10 kinders gewees het.

TALITA: Hoe dink jy sou dit anders gewees het as dit jy 'n bietjie vroeër gediagnoseer was?

CHLOE: Dan sou ek beter gedoen het in my skoolwerk en nie moes herhaal nie. My ouers het nie geweet wat aangaan met my lewe nie, wat hulle heeltyd gedoen het, net gesê ek leer nie en het heeltyd op my gegil.

TALITA: Watse graad het jy nou weer herhaal?

CHLOE: Ek het, ... standerd 2 herhaal, en ek het weer in standerd 6 herhaal en dan weer standerd ... 8.

TALITA: So jy dink dit sou ook dalk vir jou makliker gemaak het dat jy vinniger deur die skool gegaan het as jy al geweet het van ADHD en disleksie. Het op die ou einde om te weet jy het nog ADHD en disleksie verander aan jou persepsie van hoe dit met jou op skool gegaan het?

CHLOE: Ja, dit het verander, want ek het meer geduld met myself gehad, het nie so uitge- "freak" en uitgestres nie. Ek het naderhand geweet hoe moet ek nou leer, nie die hele dag leer en probeer een ding in my kop in te kry, en ek het geweet ek sal dit nie in my kop in kry nie, tyd gee om dit te herhaal. As ek nie iets verstaan het in die klas nie, het ek gegaan, dit nou weer verduidelik.

TALITA: Hoe dink jy het dit jou as mens verander?

CHLOE: (lag) Dit speel 'n baie groot rol. Ek is nou meer rustiger met myself. Wil nou nie myself ophang of iets aan myself doen nie.

TALITA: So, jy is nou meer positief.

CHLOE: Ja, ek verstaan meer myself.

TALITA: En wat verstaan jy van jouself?
CHLOE: Dat, ek is so 'n bietjie verskillend, so ek kan nie 'n 80 kry of 'n A+ in alles wat ek doen nie. In sekere rigting kan ek 'n A+ kry omdat ek baie goed daarin is, maar in die deel waar ek toets en goed moet doen, kan ek 'n D kry of 'n C. Ek sal nie 'n A+ kry nie, want ek is nie 'n A+ student nie.

TALITA: Wat is dit dan die goed wat jy 'n A+ in kan kry?

CHLOE: in die goed waarin ek navorsing moet doen en die goed wat ek nie hoef te leer nie. Die goed wat ek self meer kan ... "artistic" wees.

TALITA: So, voel jy het 'n bietjie van 'n sterker vermoë of 'n aanleg in die kuns goed?

CHLOE: Ja, in die kuns, ek is meer in die kuns, nie in die akademie nie.

TALITA: Akademie is vir jou soos ...?

CHLOE: Dis soos vir my uhm Wiskunde, Biologie (lag) en daai. Natskei.

TALITA: Wat is vir jou persoonlik negatiewe aspekte van ADHD en disleksie?

CHLOE: Negatiewe?

TALITA: Ja negatiewe ding om ADHD en disleksie te hê.

CHLOE: Die negatiewe goed, jy wil altyd dink uhm ... Jy vergelyk jouself altyd met die A+ studente en dan voel jy meer hoekom kan ek dit nie doen nie? jy voel so bedruk, jy voel jy bestaan net. Hoekom het dit met jou gebeur? Jy kry nooit waar jy wil gaan nie, al probeer jy hoe hard.

TALITA: Vertel meer 'n bietjie meer van die bedruk wat jy van praat?

CHLOE: Dis soos, Sê nou maar jy is in die klas of jy werk in 'n groep mense en jy moet werk aan een ding, en naderhand kom hulle agter jy het eintlik spellingprobleme, hulle gaan eintlik niks vir jou vra om te doen nie, hulle gaan altyd vir jou nie ... jy kan niks skryf of iets doen nie, hulle gaan altyd vir jou **wil** skryf of **wil** iets doen. So, jy voel uit.
TALITA: Hoe dit jou laat is mense vir jou dinge wil doen?

CHLOE: Dit laat my voel of ek niks werd is, en niks te sit en werk nie.

TALITA: Nou die negatiewe goed aan die eenkant, wat is vir jou die positiewe goed dan ...?

CHLOE: Vir my om ... ek hoef nie meer te "worry" oor die Wiskunde en akademie nie, ek kan nou meer konsentreer op die goed wat ek **kan** doen, omdat ek weet ek sal 'n topstudent daar uitkom. Ek sou voorheen Wiskunde gedoen het, en ek sou nêrens gekom het nie, ek het nie geweet wat was fout met my nie. Nou dat ek weet konsentreer ek meer op die goed wat ek kan doen.

TALITA: So, dit was half vir jou goed gewees om op die ou-end te kon uitvind dit gaan nie noodwendig goed wees in Wiskunde nie daar is ander goed wat ek kan goed doen, so ek gaan nou meer fokus op dit. En dit is byvoorbeeld ...?

CHLOE: "Fashion" en drama, om mense te "entertain", en daarvoor het ek nie eintlik Wiskunde of enigiets nodig nie. Maar in "fashion" het jy nogal Wiskunde nodig, maar die goed is klaar vir jou gegee, jy hoef niks te bereken nie.

TALITA: Wat dink jy is goed wat mense, soos bv. familie, vriende en onderwysers, nie weet van ADHD of disleksie, wat jy graag wil hê hulle meer moet weet of moet besef?

CHLOE: Jissie (lag) wat?

TALITA: Mense wat na aan jou is, soos familie, vriende die dosente wat nou vir jou klas gee en selfs jou vroeë onderwysers, wat wil jy graag hê hulle moet meer weet van ADHD en disleksie?

CHLOE: Hulle moet meer weet ons is presies net soos hulle, ons het net 'n deel van die brein wat nie baie goed funksioneer op daai uhm "attention" of enige iets nie. Jy sukkel om daar te kom,

maar jy kom daar, jy sukkel nog 'n bietjie. Hulle moet meer geduld hê met jou, en meer rustiger wees, want as hulle net “panic”, dan “panic” jy ook en dan kom jy nêrens nie.

TALITA: Wat wil jy graag vir hierdie mense wil sê oor jou ervaringe en dinge wat hulle kan verbeter?

CHLOE: Hulle moet meer positief wees en meer rustiger wees. Want wat ek ervaar en wat mense dink hulle weet ... hulle sê vir jou 'n ding en as jy dit nie na die tweede keer verstaan nie, dan verander hulle stemtoon en jy kan dit voel, en dan verander my stemtoon en dan "clutch" hulle teen mekaar (lag). Ek kan vir hulle sê hulle moet vir ons meer geduld hê. Soos normaal, nie te erg om geduld te hê nie. 'n Bietjie verstaan dat ons sukkel 'n bietjie, so hulle moet bietjie meer tyd vir ons gee.

TALITA: Wat is praktiese goed wat hulle kan doen?

CHLOE: Ek dink as hulle vir ons iets wil sê, soos waar ek bly, die meisie wat daar is, sy verduidelik vir my goed en dan verstaan ek nie wat sy sê nie, uhm dan verduidelik sy vir my goed in somme en dan weet ek nie wat sy sê nie. Daar is 'n ander ou, 'n “Indian” ou, sy naam is Shaan, as hy vir my verduidelik wat hy bedoel met daai sin, en dan verduidelikheid hy my, sê nou maar hy verduidelik vir my oor 'n vliegtuig, dan verduidelik hy my meer in kleur en in goed wat ek kan sien en wat ek kan “imagine”, en dan verstaan ek nou wat hy bedoel. Soos toe hy vir my die Internet vir my moes verduidelik en om te weet hoe werk die “computer”, het hy my meer verduidelik in goed wat ek kan sien. Hy het met my gesit op die “computer” en vir my verduidelik. 'n Ander meisie het vir my verduidelik op die koffietafel sonder computer en sonder niks en ek het niks verstaan nie.

TALITA: So met ander woorde, dit is vir jou makliker om dinge wat jy prakties en wat jy op prentjies kan sien, visuele goed, eerder as iemand wat met jou praat, dan verloor jy konsentrasie.

CHLOE: Ja

TALITA: Wat was dinge wat vir jou moeilik was omdat jy ADHD of disleksie het?

CHLOE: Om met mense te praat, mense wat vrae vra en uhm verwag jy moet antwoord. Want as hulle vir my vrae vra, sê nou in die klas ... lees nou uhm, soos 'n begripstoets, teen die tyd dat

sy by die 5e lyn of die laaste, einde, kan ek nie mooi onthou wat sy gesê het in die eerste lyne, is dit is vir my baie moeilik ... om wat noem mens dit?

TALITA: Luistertoetse?

CHLOE: Ja, luistertoetse te doen.
TALITA: En ander goed?:

CHLOE: Nee net dit.

TALITA: Wat is vir jou maklik omdat jy ADHD en disleksie het?

CHLOE: Om te teken, was altyd vir my makliker, ek kon geteken het hoe **ek** voel. As iemand vir my gesê het om iets te teken wat daai persoon voel, dan kan ek dit nie doen nie. Ek het altyd geteken hoe ek voel, al my goed wat ek doen, doen ek hoe ek voel, ek kan dit nie vir iemand anderste doen nie, want dan weet ek nie wat aangaan nie.

TALITA: Het dit ook baie gehelp met die "Fashion Design" wat jy nou gaan swot het?

CHLOE: Ja

TALITA: Wat is faktore of dinge in jou lewe wat dit vir jou of moeiliker of makliker gemaak het om te aanvaar dat jy ADHD en disleksies is?

CHLOE: My ma-hulle het dit baie moeilik gemaak. Hulle het nie eintlik verstaan wat aangaan nie, hulle het gedink ek moet maar soos ander mense wees. Die maklikste ding ... ek weet nie wat aangaan nie, maar ek leer vinniger tale as wat ek Wiskundegoed leer. Ek kan makliker leer om te praat as wat ek dit gaan skryf – dit vind ek baie moeilik.

TALITA: Ek weet jou ma was by toe ons vir jou terugvoer gegee het oor die diagnose van die ADHD en disleksie ... Het jou ma se siening enigsins daaroor verander toe sy ook uitgevind het dis wat gebeur het ..?

CHLOE: Nee ...

TALITA: Is daar enige aspekte wat dit vir jou makliker gemaak het om te aanvaar jy het ADHD en disleksie?

CHLOE: Die een meneer by die skool het dit vir my makliker gemaak ... het altyd vir my gesê jy kan nie so sukkel nie, jy het 'n probleem en 'n mens moet volgens daardie probleem werk.

TALITA: Hoe het hy dit vir jou makliker gemaak?

CHLOE: As ek skryf in die klas, en ek kom by die huis dan weet ek nie wat ek geskryf het nie – hy het altyd vir my die goed vir my afgerol en ek het dit gelees en dan kan ek onthou (lag).

TALITA: En tydens die eksamens?

CHLOE: Dit was makliker die onderwyser het geweet wat hulle doen. Hulle vir my gelees en ek het gelees en dan het hul vir my verduidelik wat hulle eintlik bedoel. Hulle kon nie vir my baie verduidelik, hulle moes sekere punte .... En dan verstaan ek dit, ek verstaan dit. En dan help hulle my.

TALITA: So jy kon mondelinge eksamens doen?

CHLOE: Ja

TALITA: Het enigiets verander in jou lewe vandat jy gediagnoseer is tot waar jy nou is?

CHLOE: Ek dink baie ... die manier hoe ek skryf, lees ... makliker geraak om te lees en te skryf. Ek het altyd gedink dit is sommer simpel, ek kan nie die goed lees nie. Nou kan ek sien, my leestempo het 'n bietjie verander my spelling, daar sekere goed wat ek kan spel, maar dan verander ek die e en i om, ek het nog baie werk maar die res is “fine”.

TALITA: Hoe het jy verbeter in jou spelling?

CHLOE: Ek het vir myself gesê nee, leer die woorde, al die woorde wat daai verskillende ding gehad het, ...

TALITA: En die lees?

CHLOE: Ek het 'n bietjie stadig gelees, al die woorde wat ek gesukkel het, het ek in my kop gesit, en daaraan gedink die hele tyd, en dan het dit makliker geraak, as ek 'n woord sien, dan kan ek hom lees.

TALITA: As jy aan 'n woord gedink het in jou kop, het jy daai woord gesien ...

CHLOE: Ek het gesien met wat het hy begin, en wat is in die middel, ek het dit vir myself opgedeel.

TALITA: In klanke of letters?

CHLOE: uhm Klanke

TALITA: So, jy het vir jouself strategieë aangeleer, hoe om dinge vir jou makliker te maak.

CHLOE: Ja

TALITA: Dit is great. Wat is goed waarmee jy gesukkel het om skool as iemand met ADHD of disleksie? Hier bedoel ek nou, akademies, sowel as sosiaal en emosioneel?

CHLOE: Ek het meer gesukkel met kaartwerk in Aardrykskunde. Ek kon nie 'n kaart lees nie, ek kan dit nou nog steeds nie doen nie (lag). Almal sê vir my noord is daar, as ek soontoe kyk en noord is daar, maar en ek omdraai, hoekom is noord steeds voor my. Dit het nie sin gemaak nie, ek het bietjie gesukkel daarmee. Ek het gesukkel om vriende te maak, daai vriende wat jy altyd wil hê wat altyd sulke groot woorde gebruik het. En dan dink ek, nee, dit werk nie vir my nie.

TALITA: Hoe het jy gesukkel?

CHLOE: Want hulle het gepraat, maar gebruik hierdie baie groot woorde en dan weet ek nie wat dit beteken nie, en dan raak ek nou geïrriteerd met hulle en dan loop ek.

TALITA: En emosioneel?

CHLOE: Dit was OK.

TALITA: Jy is nou 'n persoon wat nie meer in die skool is nie, besig om te swot. Hoe dink jy het jy verander?

CHLOE: Ek het meer volwasse geword. Ek is nou meer rustiger (lag).

TALITA: In terme van die ADHD en disleksie?

CHLOE: Dit kom nie meer so groot uit nie, nie meer so 'n groot effek in my volwasse lewe nie, dit is wat ek nou al uitgevind het. Dit speel nie meer so groot rol nie.

TALITA: Wat bedoel jy daarby.

CHLOE: Ek dink dit is in die "fashion", ek skryf nie toetse nie, ek hoef niks te memoriseer nie, al die goed waaroor ek in 'n toets sal skryf, is dit goed wat hulle sal vra soos: Noem 10 Suid-Afrikaanse "designers". Dit is goed wat jy weet. En jy praat nie meer so baie nie, want jy is besig om werk te doen en om notas te neem.

TALITA: Wat behels jou kursus, as jy nie hoef toetse te skryf nie, wat doen jy spesifiek daar?

CHLOE: Uhm jy maak navorsing. Hulle sal vir jou sê om 'n winkel kies of "designer" te kies en 'n essay daaroor skryf. As ek bv. Truworths kies, moet ek na Truworths gaan, navorsing doen en op Internet gaan, hoe hulle kredietkaart werk, hoe dit begin het en wie het dit begin.

TALITA: En watter ander tipe vakke het jy?

CHLOE: "Marketing", "Retail planning", "Merchandising", "Costume" en "Fashion".

TALITA: En wat doen jy in "Costume" en "Fashion"?

CHLOE: In "costume" leer jy van die begin van "costumes", van die 1920's en dit. En in die "Fashion" leer jy van nou se "fashion". Jy werk met jou eie style.

TALITA: So dit is minder inligting, meer prakties, meer teken en jy het ook gesê dit is goed waarin jy goed was op skool.

CHLOE: Ja.

TALITA : So maak dit, dit nou vir jou beter om daardie goed te doen eerder as dit waarmee jy op skool besig was?

CHLOE: Ja.

TALITA: Wat is vrae wat jy nog het oor ADHD en disleksie? Waaroor wonder jy nog?

CHLOE: Waar kom dit vandaan? (lag). Hoekom het sekere mense dit en sekere mense dit nie.

TALITA: Nog iets?

CHLOE: En wat ek gesien het, al die ryk mense het almal ADHD gehad (lag).

TALITA : Ja

CHLOE: Hoe kom hulle nou daar. Hy het almal dit nou daar gemaak (beduie sukses). Soos daar die lys wat julle vir my gegee het.

TALITA : O daardie lys met die bekende mense soos byvoorbeeld Richard Branson.

CHLOE: Ja en Charlie Chaplan. Hoe het hulle dan so "famous" geraak. Meeste van hulle is meer in die Wiskunde, maar hulle het nie geïrriteerd geraak nie.

TALITA: Jy het seker gesien op daai lys, meeste van daardie mense is akteurs, of kunstenaars of uitvinders. En dit is ook nou lekker van dit wat jy doen. Jy is ook nou in 'n beroep wat jy meer op die kunste fokus. Die kans is wonderlik dat jy ook 'n sukses van jou lewe kan maak. Jy fokus nou op jou sterkpunte. Dit is waarop hulle ook gekonsentreer het. Dit is wat Charlie Chaplin ook gedoen het. Hy was 'n "entertainer". Hy kon ook waarskynlik nie baie goed lees en skryf nie, maar hy was daar op mense te "entertain" en dus hoe hy 'n sukses van sy lewe gemaak het.

CHLOE: OK.

TALITA: Enigiets wat jy wil byvoeg oor jou eie ervaring of persepsies van ADHD en disleksie?

CHLOE: Ek wil net sê, dis nie 'n siekte nie, dis net 'n ding wat jy kry, dis rêrig nie ’n siekte nie, so mense moenie dink daai kind is siek nie, sy is heeltyd besig, sy is “freaky”, dis wat hulle sê, “Sy’s ‘freaky’.” (lag). Op hoërskool het hulle altyd gesê daai kind is “freaky”, sy is irriterend, sy is altyd daar.

TALITA: Wat sal jy op hierdie stadium vir hulle wou sê?

CHLOE: Dis nie “freaky” nie, dis net deel van hoe ek is. Hulle moet, as hulle my wil leer ken my sien as wat ek is, nie sien die ADHD wat ek het nie.

TALITA: So hulle moet jou as persoon sien, en nie die ADHD sien nie.

CHLOE: Ja dis wat ek probeer sê (lag).

TALITA: Baie dankie

CHLOE: Plesier.

TRANSCRIPTION – Annelise (18 years old)

TALITA: Wat is jou persepsie van ADHD en disleksie?

ANNELISE: Hoe ek dit sien?

TALITA: Wat beteken persepsie vir jou?

ANNELISE: Uhm.

TALITA: Weet jy wat beteken persepsie?

ANNELISE: Nee (lag)

TALITA: Persepsie kan wees, wat jy daarvan dink, hoe jy dit verstaan, hoe jy daaroor voel ..., hoe jy dit sien.

ANNELISE: Dit maak die lewe 'n bietjie moeilik, anderste. Jy sukkel meer.

TALITA: Wat is vir jou moeilik?

ANNELISE: Soos om te leer is moeilik, om jou aandag die heeltyd op een ding te fokus. “It is hard to do that”.

TALITA: Wat is anders?

ANNELISE: Soos wat bedoel jy met anders?

TALITA; Jy het gesê dit maak die lewe vir jou anders.

ANNELISE: Uhm

TALITA: Op watse manier?

ANNELISE: Jy moet soveel harder leer, konsentreer, dink ... Ja.

TALITA: Jy sê jy sukkel ook meer ... Waarmee spesifiek sukkel jy?

ANNELISE: Soos om te lees, ek kan nie lees en radio luister nie.

TALITA: Jy kan nie twee dinge gelyk doen nie, as jy sê nou maar wil lees en wil radio luister nie. En nog?

ANNELISE: Uhm. Vraestelle, partykeer as hulle die vrae ..., hulle probeer jou deurmekaar maak.

TALITA: Soos, hoe sal dit nou gebeur?

ANNELISE: As hulle groot woorde gebruik, hulle sê eintlik nie wat wil hulle nou eintlik van jou hê nie.

TALITA: Wat gebeur as jy groot woorde in 'n vraestel sien?

ANNELISE: Dan dink ek daaroor, (lag) en ... meeste van die tyd antwoord ek ... antwoord nie reg nie.

TALITA: Wat verstaan jy beteken ADHD?

ANNELISE: Die woord?

TALITA: Ja, wat is ADHD vir jou?

ANNELISE: Soos die afkorting? AHDH. Aandagafleibaarheid ...(lag). Ek dink daar is 'n disleksie ook daar tussen in.

TALITA: Wanneer is die eerste keer dat jy nou hierdie ADD of ADHD gehoor het? Of jy gehoor het jy het dit?

ANNELISE: Die eerste keer wat ek daai woord gehoor het was in Graad 5 toe het ek dit eers mooi verstaan.

TALITA: Wat verstaan jy daaromtrent?

ANNELISE: Dat jy, dat ek nie my aandag lank op iets kan fokus nie, en dat my brein – iets is nie reg nie (lag).

TALITA: Is daar nog iets wat jy verstaan onder ADHD wat dit nou beteken vir jou.

ANNELISE: Uh uh.

TALITA : Soos jy sê jou brein is nie reg, kan nie lank fokus nie ... Is daar iets anders wat jy verstaan van ADHD.

ANNELISE: Ek weet nie. Ek weet nie.

TALITA: Wat verstaan jy oor disleksie, wat beteken die woord disleksie vir jou?

ANNELISE: Uhm ... Dat jy sekere goed nie kan doen nie, of nie reg kan doen nie, soos stadig lees en nie reg spel nie. ... Ja

TALITA: Ja ... Wat is van die gedagtes en gevoelens wat deur jou kop gegaan het die eerste toe jy nou hoor jy het ADD of ADHD of disleksie?

ANNELISE: Ek weet nie hoe om dit vir jou te verduidelik nie.

TALITA: Dis OK.

ANNELISE: Ek het St. 3 in Prospectus (Novus) ingegaan en toe is ek nou daar. My ma het nie vir my gesê watter skool dit is nie. Dis net 'n skool. Tussen-in toe figure ek dit self uit, hoekom drink hierdie kinders pilletjies. Oh dis Ritalin, dis wat hulle drink want dit kalmeer hulle ..So eers in standerd vyf het ek die woord gehoor en toe het my ma het dit eers vir my verduidelik ... en toe is dit soos, “O”, OK So, dis hoekom ek party dinge nie reg of so doen nie.

TALITA: Toe jy nou uitgevind het daaroor, was dit vir jou 'n goeie ding om te weet wat dit is of was dit vir jou 'n slegte ding toe jy geweet het jy het disleksie of ADHD?

ANNELISE: Uhm , Ag, dis seker maar beter dat jy maar weet wat is fout.

TALITA: In watter opsig?

ANNELISE: Om die probleem te kan identifiseer.

TALITA: Wat bedoel jy daarby.

ANNELISE: Sodat jy maar kan weet wat is fout met jou. Daar is 'n rede hoekom hierdie dinge met jou so gebeur, dis nie omdat jy mal is in jou kop nie ... dis omdat jy aandagafleibaar is.

TALITA: Wat is vir jou slegter daarvan om dit te gehoor, nou te weet dis ADHD of disleksie?

ANNELISE: Ag, om te weet dat ek nie soos in 'n normale skool ... kan funksioneer wat 40 kinders in 'n klas het nie.

TALITA: Jy doen nou “Homeschooling”, nè?

ANNELISE: “Yes”

TALITA: Hoe is dit nou vir jou anderster?

ANNELISE: Dis baie beter.

TALITA: In watse opsig?

ANNELISE: Daar is geen distraksie nie, so ek kan werk soos ek wil ..., dit gaan net beter.

TALITA: Wat is vir jou 'n negatiewe goed van ADHD en disleksie?

ANNELISE: Jy kan nie ... dit voel soos asof jy kan nie normaal funksioneer nie.

TALITA: Vertel my bietjie daarvan.

ANNELISE: Soos, jy kan nie. Sê nou jy gaan na 'n ander skool toe waar daar 40 kinders in die klas is en jy is die enigste een met aandagafleibaarheid en niemand weet dit nie, en die juffrou ook nie, en hulle hou net aan en aan en hulle kan nie verstaan hoekom kan jy nie net bybly nie. En dan sal hulle jou baie keer uitsonder.

TALITA: In watse opsig?

ANNELISE: "Hoekom kan jy nie net soos daai kind werk nie. Hoekom werk jy so stadig? Hoekom kyk jy by die venster uit?"

TALITA: So, hulle is meer negatief teenoor jou?

ANNELISE: Ja.

TALITA: Sê nou vir my of ek reg verstaan. Is die negatiewe aspek vir jou van aandagafleibaarheid dat ander mense dit nie verstaan nie, soos onderwysers en ander kinders. Dan sal hulle wonder wat gaan aan, hoekom kan jy nie bybly nie, hoekom werk jy te stadig.

ANNELISE: Ja.

TALITA: Hoe laat dit jou voel as hulle so reageer?

ANNELISE: Dis nie lekker nie. Hulle weet nie wat is fout nie, hulle verstaan nie hoekom nie.

TALITA: Wat is hierdie “nie lekker gevoelens” wat jy kry. Verduidelik my 'n bietjie meer van die nie lekker gevoelens nie, wat is daai spesifieke gevoelens?

ANNELISE: Dis nie lekker om dalk nie 'n toets klaar te kry nie, want jy lees te stadig, of as almal hulle werk in die klas klaar gekry het, maar jy kan nie want jy moet huis toe gaan ... by die huis kom.

TALITA: Nou hoe laat dit jou voel, spesifiek. Jy sê dis nie lekker nie, maar ek wil hê ... as praat oor gevoelens: liefde en haat – dis nou gevoelwoorde; dink bietjie aan gevoelwoorde wat jy kry as jy dink aan daai nie-lekker gevoel nie. Wat is daai gevoelens spesifiek.

ANNELISE: Frustrasie. En frustrasie.

TALITA: Is dit frustrasie oor die stadige werkspoed ...

ANNELISE: Ja, oor alles. Jy is gefrustreer, omdat jy nie klaar kry nie, omdat jy altyd alles stadiger doen ... nie bybly nie.

TALITA: Is daar nog negatiewe goed wat jy kan dink?

ANNELISE: Mokkery, kinders hou daarvan om jou te mok.

TALITA: Hoe doen hulle dit.

ANNELISE: Ek weet nie ... maar ...

TALITA: Wat bedoel jy met mok?

ANNELISE: "They make fun of you". Jy kan nie bybly nie, jy doen nie goed nie.

TALITA: Nog negatiewe goed?

ANNELISE: Dis nie lekker as jy nie jou aandag gefokus kan kry nie, op een ding kan konsentreer nie.

TALITA: En met die medikasie? Hoe gaan dit as jy Ritalin gebruik?

ANNELISE: Ja dan werk dit langer.

TALITA: Is dit beter as jy Ritalin gebruik?

ANNELISE: Ja

TALITA: Wat is ... positiewe goed daaraan om disleksie of ADHD te hê?

ANNELISE: (lag) Is daar positiewe goed?

TALITA: Ek vra dan vir jou. Is daar vir jou positiewe goed?

ANNELISE: Nee, jy word altyd anders hanteer.

TALITA: Deur wie?

ANNELISE: Deur mense wat nie verstaan nie, wat nie weet wat dit is nie, wat jou "judge". "I didn't pick this, it picked me ..."

TALITA: Is daar sekere goed wat mens doen wat spesifiek vir jou moeilik is omdat jy ADHD en disleksie is. Jy het nou gesê oor die lees, spelling ... is daar nog goed wat jy aan kan dink wat moeilik is?

ANNELISE: Soos om eksamen te skryf, om te leer ...

TALITA: Enige iets anders?

ANNELISE: Nee

TALITA: Is daar iets wat vir jou maklik is as gevolg van ADHD of disleksie?

ANNELISE: Nee

TALITA: Watter faktore of dinge in jou omgewing het dit vir jou makliker of moeiliker gemaak om te aanvaar : Ek het ADHD of disleksie?

ANNELISE: Uhm, Die skool wat ek in was het dit makliker gemaak, want almal het dit gehad. Die juffrouens het almal verstaan. En nou "Homeschooling" ... dis net beter.

TALITA: Hoe is dit beter?

ANNELISE: Dat ek my eie ding kan doen, die juffrou sê nie vir my wat om te doen nie. En ek verstaan myself, so ek weet wat is wat.

TALITA: Wat het dit vir jou moeiliker gemaak om dit te aanvaar?

ANNELISE: Moeilik?

TALITA: Is daar nog dinge wat vir jou moeilik is om te aanvaar, hoor hier maar ek het ADHD en disleksie.

ANNELISE: Moeilik is om te aanvaar dat dit moeilik is om te spel. Die lees is OK, dis net die spelling, altyd.

TALITA: Het enigiets verander vandat jy gediagnoseer is, vandat jy in nou in st. 5 die eerste keer gehoor maar dis nou wat ek het tot nou toe?

ANNELISE: Verander soos hoe?

TALITA: Meer verbeter of slegter gegaan, omdat jy nou langer al weet maar ek het ADHD en disleksie.

ANNELISE: Jy weet nou net hoe om dit te hanteer.

TALITA: Hoe sal jy dit doen?

ANNELISE: Jy weet jy moenie sekere goed eet nie. OK, ek is nie so nie, ek kan maar "sweets" eet , dit maak my nie hiper nie ... Jy moet jou net beheer.

TALITA: Hoe doen jy dit?

ANNELISE: Jy fokus jouself, jy moet vir jou brein sê OK, nou moet ek konsentreer.

TALITA: Enige iets anders, van disleksie miskien.

ANNELISE: Wat het jy gevra?

TALITA: Wat het verander, jy sê nou jy het sekere maniere gekry om dit te hanteer. Hoe hanteer jy disleksie?

ANNELISE: Nee, ... daar is nie hantering daarvoor nie. Spelling wil nie reg nie.

TALITA: Is dit m.a.w. vir makliker om ADHD te hanteer as die disleksie?

ANNELISE: Ja, altwee is vir my moeilik.

TALITA: Enigiets anders wat daar was wat dit vir jou makliker gemaak het om dit te hanteer, enige hulpverlening gehad het, het jy niks terapie gehad nie?

ANNELISE: Nee

TALITA: Wat is goed wat jy mee gesukkel het op skool in terme van ADHD en disleksie, nie net akademies met die spelling en die lees en so aan nie, wat sosiaal, met ander woorde die emosioneel. Watse emosionele en sosiale impak het dit op jou gehad?

ANNELISE: Sosiaal ... uhm. Toe ek na daai ander skool toe gegaan het, dit is baie moeilik om sosiaal te wees met die mense, omdat hulle nie weet wat is wat nie.

TALITA: Meer die inklusiewe skool.

ANNELISE: Ja, soos die hoërskool, die hoofstroom.

TALITA: Wat was spesifiek moeilik met die sosiaal, omdat hulle nou nie verstaan het nie ...?

ANNELISE: Ja, hulle kan nie weet hoekom nie. Sal ek sommer op enige tyd oor enige iets anders begin gesels het.

TALITA: Hoe het mense gereageer teenoor?

ANNELISE: Ja, nie goed nie.

TALITA: Vertel my.

ANNELISE: Verwerping, ... a lot.

TALITA: Emosioneel vir jou?

ANNELISE: Ja, dit was glad nie lekker nie.

TALITA: Watse tipe gevoelens het deur jou gegaan?

ANNELISE: Kwaad en hartseer, ... en ek was 'n bietjie siek, ja ...

TALITA: Wat sal jy graag wil hê ander mense moet weet van jou? Jy sê baie keer dat ander mense verstaan wat ADHD en disleksie nie. Wat sal jy wil hê ander mense moet weet van jou as iemand wat ADHD of disleksie?

ANNELISE: Om te verstaan?

TALITA: Wat is dinge wat jy vir hulle sal sê dat hulle jou as persoon beter sal verstaan, aanvaar?

ANNELISE: Uhm... Hulle moet my net vat soos ek kom. Hulle moet nie die pille judge nie, daar is **niks fout** met daardie pille nie.

TALITA: "Great". Watse vrae het jy nog oor ADHD en disleksie? Goed waaroor jy wonder.

ANNELISE: Nee, ek weet redelik alles ...

TALITA: Is daar nie meer inligting wat jy daaroor sal wou hê nie?

ANNELISE: Nee ek weet alles. My ma het my redelik alles gesê.

TALITA: Wat het jou ma jou alles vertel daarvan?

ANNELISE: Sy het vir my mooi verduidelik dat my brein 'n sif is. Of almal het die sif nie. My brein kan nie onderskei wat is belangrik en wat is nie belangrik nie. Alles gaan deur die sif, waar hare, die goed wat nie belangrik is nie, keer die sif, gaan dit uit en die wat belangrik is nie, gaan deur.

TALITA: Maak dit vir jou sin?

ANNELISE: Natuurlik.

TALITA: Is daar enigiets anders wat nog wil “mention”, wat jy wil nog sê oor jou persepsie van ADHD en disleksie?

ANNELISE: Nee, nie rêrig nie. Dis net nie “fun” nie.

TALITA: Dankie.

TRANSCRIPTION – Daniel 22 years old

TALITA: Wat is jou persepsie van ADHD en disleksie.

DANIEL: Ek weet nie ADHD, is aandagafleibaar, is jy sukkel om te konsentreer. Dis wat ek gehoor het.

TALITA: Ja

DANIEL: En disleksie is jy ruil letters om. Jy sukkel om te lees. Partykeer lees mens te stadig. Dis wat ek gehoor het nog altyd vandat ek klein was.

TALITA: En wat dink jy?

DANIEL: Ag dis niks nie. Ek weet nie. Ek het nog nooit so daaraan gedink nie.

TALITA: Hoe ervaar jy dit?

DANIEL: Hoe bedoel jy?

TALITA: Hoe is jou lewe as iemand wat ADHD en disleksie het?

DANIEL: Dit voel vir my normaal. Daar is 'n paar van my vriende wat saam met my swot wat dit ... Nee hulle swot nie saam met my, waarvan ek weet van nie, maar op skool was dit ook en jy was "equal". Jy aanvaar dit maar soos wat dit is.

TALITA: Wanneer is jy gediagnoseer? Kan jy onthou?

DANIEL: Graad 1 of St. 1. Ek was in 'n hulpklas van Graad 2 tot St. 2.

TALITA: Is jy toe met ADHD of disleksie en disleksie gediagnoseer of is dit toe net die ding gediagnoseer.

DANIEL: Ek weet nie. Ek weet ek is dislekties vandat ek klein is.

TALITA: Wat verstaan jy onder die begrip ADHD? OK jy het nou gesê jy sukkel om te konsentreer.

DANIEL: Jou aandag, jou aandag word vinnig afgelei. Soos jy sal in ’n klas sit en jy sal iets hoor en dan dink jy daaraan. Jou aandag gaan vinnig van, sê nou iemand praat en dis nie interessant nie, wat jy nie voel nie, dan dink jy nou , hier gaan ek, en dan is jou aandag weg.

TALITA: Ja. Dink jy aan ander goed.

DANIEL: Ander goed baie vinnig.

TALITA: En disleksie, verder vir jou. Jy het gepraat van draai letters om en lees stadig.

DANIEL: Ja. Jy draai letters om en lees stadig. Disleksie is eintlik niks vir my op die oomblik nie.

TALITA: En op skool? Wat het dit toe vir jou beteken.

DANIEL: Niks, ook niks nie.

TALITA: Wat beteken die woord persepsie vir jou?

DANIEL: Persepsie .... dit is jou gedagte oor iets. Die manier wat jy daaroor dink.

TALITA: Iets anders wat jy wil by sê?

DANIEL: (skud kop)

TALITA: Toe jy nou uitvind jy het ADHD of disleksie, en die eerste keer die woorde gehoor. Wat is van die goed wat jy kan onthou het deur jou kop gegaan? Wat jy gedink het en hoe jy gevoel het?

DANIEL: Ek kan nie onthou nie. Ek dink net my ma het. Ek dink in die begin het ek nie geweet nie. Ek het net dokters toe gegaan en goeters gehad en op medikasie gegaan. My ma-hulle sal baie meer weet as ek.

TALITA: En daar is niks wat jy het maar net aangegaan soos gewoonlik.

DANIEL: My self net geniet en die beste van die tyd gemaak.

TALITA: En wanneer het jy die eerste keer besef ek het ADHD en ek het disleksie?

DANIEL: Ek het eintlik nooit omgegee nie. Want ek sal myself nie eintlik aan iets wil laat dink nie. Ek is nie die tipe persoon wat sal dink, hoor hier maar ek is dislekties en jammer vir my nie en ek moet nou myself daaroor gaan treur en sê ek het dit nie. Ek leef maar net aan.

TALITA: Ok.

DANIEL: Ek leef saam met dit. Want dit help nie mens kry mens self jammer nie. Ek het partykeer miskien gesukkel en gedink: "Ag 'shit' ek het dit." Maar, dan dink mens dis OK.

TALITA: Waarmee het jy meer gesukkel?

DANIEL: Jis ek lees stadig en konsentreer.

TALITA: OK. Jy was nou baie klein toe jy gediagnoseer is. Het die diagnosering enige verandering op jou persepsie van ADHD en disleksie gehad?

DANIEL: Wat ek kan onthou, niks nie. Meestal mense het net gedink mens is dom omdat jy stadiger lees, of so iets, dis al.

TALITA: Hoe het jy gevoel daaroor?

DANIEL: Dit maak partykeer, 'n mens voel partykeer sleg daaroor as mense dink jy's dom. Dan dink jy partykeer ja.

TALITA: Wat is vir jou persoonlik negatiewe aspekte van ADHD en disleksie?

DANIEL: Partykeer as mens langer vat om te leer. Dat mense nie so vinnig vat soos ander mense die goed kan verstaan nie.

TALITA: Vertel my meer.

DANIEL: Jy lees stadig partykeer, en so goeters, maar niks anders eintlik nie. Dis net eintlik die boeke (lag).

TALITA: Die geskrewe werk?

DANIEL: Ja die geskrewe werk, daai tipe van ding ja. Dis ook seker wat dit negatief maak van daardie geskrewe werk.

TALITA: Is dit hoekom die praktiese werk van die vliegskool vir jou beter is?

DANIEL: Dit is baie lekker dit. Ja nee ek geniet dit meer, want jy sien iets. En as jy iets sien kan jy dit beter verstaan dat mens sien hoe werk dit byvoorbeeld 'n instrument soos 'n BA. Ek het dit nou nog nie gedoen nie, maar jy soos sien as jy daan toe beweeg dat jy die kant toe draai. Of soos byvoorbeeld 'n "circuit". In die begin is dit 'n vierkant wat jy om iets moet vlieg en as jy moet land, dan weet jy dis wat jy moet doen. Maar jy doen dit self en jy ervaar dit self en dat mens beter dit doen en dan verstaan mens dit beter. Want jy het dit al gedoen en prakties gedoen. Ek is beter met praktiese goed.

TALITA: So jy onthou dinge beter wat jy praktiese gedoen het?

DANIEL: Ja wat ek prakties gedoen het.

TALITA: En geskrewe goed en die leer en goed is maar moeilik?

DANIEL: Dis sleg, maar ek moet dit maar doen. Daar is altyd 'n slegte ding wat mens maar moet doen om op die ou einde die vrugte te pluk. Nooit is alles lekker nie.

TALITA: Wat is vir jou positief van ADHD of disleksie?

DANIEL: ... Ek het nog nooit so daaraan gedink nie. ADHD en disleksie?

TALITA: Is daar vir jou positiewe goed?

DANIEL: Ek het net gehoor mense wat ADHD of dislekties is, is baie meer kreatief. Hulle dink op ’n ander wyse, so goeters.

TALITA: Dink jy, jy is kreatief?

DANIEL: Ek het nog nooit daaraan gedink nie (lag).

TALITA: Jy sê hulle dink op ’n ander wyse. Sal jy iets op ’n anders verstaan van dieselfde ding as iemand wat nie ADHD en disleksie het nie?

DANIEL: Ja, ek sal partykeer iets op ’n ander **manier** iets verstaan as iemand anders.

TALITA: Wat dink jy is goed wat mense moet weet van ADHD of disleksie? Veral soos vriende.

DANIEL: Goeters. Hulle moet nie net ’n ou te vinnig “judge” as hy iets te stadig doen nie. Hulle moet net ... kyk hierso, baie mense leer stadiger. Hulle moet net iemand aanvaar en verstaan, kyk die probleem kan jy nie eintlik sê is ’n probleem nie. Jy moet net verstaan dat hy miskien ’n probleem agter die probleem het. Dat hy sukkel om iets te doen. Dat hulle nie iemand te vinnig moet “judge” om te sê die ou kan niks doen of nêrens kan kom nie. Of so iets. Dat hulle hom net moet aanvaar soos hy is. Dat as hy stadiger leer, dat hulle net daaraan moet werk. Dat hulle daarmee moet cope. Hulle moet iets aanstel dat as iemand stadiger leer dat hulle hom nie byvoorbeeld uitskop nie, dat hulle hom net sou kan hou daarin maar hom daar kan hou en vir hom op ’n ander manier miskien vir hom iets verduidelik.

TALITA: Soos byvoorbeeld vir hom aanpassings maak?

DANIEL: Aanpassings, dis die woord wat ek gesoek het.

TALITA: Hoe was jou ervaring op skool in terme van dit?

DANIEL: Meestal mense dink net jy’s dom en jy kan niks doen nie.

TALITA: En die onderwysers byvoorbeeld?

DANIEL: Hulle raak meestal geïrriteerd as mens heeltyd vrae vra. Jy hou nie daarvan as mens vrae vra nie. Partykeer dink hulle mens vra dom vrae. Maar partykeer verstaan jy nie ’n ding nie.

TALITA: En jou ouers?

DANIEL: Nee my ma-hulle het nog altyd verstaan. My ma is baie ondersteunend en goeters. Sy verstaan waaroor dit gaan. Ek is baie gelukkig eintlik daaroor. Dat ek nie iemand gehad het wat nie ... wat begrip het oor die goeters en alles verstaan. Sy het my altyd bygestaan.

TALITA: En vriende?

DANIEL: My goeie vriende verstaan altyd. Sê nou maar ek sê vir hom ek lees stadig, hulle het my nooit, dis wat ook gelukkig vir my was, soos meestal my goeie vriende, sê nou ek sê ek sukkel om te verstaan, sal hulle my eerder help as wat hulle my sê: “Jissie maar jy is dom.”

TALITA: Wat is dinge wat vir jou spesifiek moeilik as gevolg van ADHD en disleksie?

DANIEL: Leer. Die sport en goed geniet ek, maar nie die boeke en klasloop, om lank stil te sit en so goed nie.

TALITA: Wat is vir jou maklik omdat jy ADHD en disleksie het?

DANIEL: As mens iets sien, om dit vinniger te verstaan. Sê nou mens sien ’n prentjie van iets en jy sien hoe dit werk, deur ’n prentjie is dit vir my baie makliker om te verstaan as wat ek woorde sien.

TALITA: So jy sal makliker en vinniger byvoorbeeld deur middel van diagramme en sulke goed, visuele voorstelle vinniger “click” as dalk iemand anders?

DANIEL: Sê nou byvoorbeeld ek moet leer en ek sien ’n ... prentjie, sê nou byvoorbeeld ek moet leer soos ’n voëlhok, hoe hy lyk. Hoe hy gebou is of iets. As iemand dit lees of iets en ek sien nou hier is pale en goeters en dis hoe die nette opgesit moet word, sal ek dit makliker kan doen as ek dit sou gaan gesien het as wat ek gelees het, jy sit ’n paal op.

TALITA: Watter faktore het dit vir jou makliker gemaak om met ADHD en disleksie saam te leef? Watter dinge was daar in jou lewe wat dit vir jou makliker gemaak om dit te hanteer?

DANIEL: My ouers het dit baie makliker gemaak. Want as ek by die huis kom en ek voel "down" en as ek met hulle praat en hulle sê: "Dis nie die ergste nie." En baie van my vriende sal ook net, wat "nice" is, dat ek ook gelukkig was die meeste van my lewe, is vriende wat ek het. Hulle sal nie soos vir jou soos ... baie van my vriende ook ... hulle sal nie soos sê... baie mense sal party keer dink jy sal iets nie maak nie. Sal jou goeie vriendekring sê jy sukkel miskien net. En dan sal jy dit regkry. Dit motiveer jou ook op 'n manier.

TALITA: En wat is dinge wat dit vir jou moeilik gemaak het?

DANIEL: Mense wat negatief was.

TALITA: Wie was dit gewoonlik?

DANIEL: Ouens in die klas wat dink hulle is snaaks en maak opmerkings meestal van die tyd.

TALITA: Wat was hulle geneig om te sê?

DANIEL: Soos jy dom ... ek weet nie en sulke goeters. Ek weet nie sê nou maar iemand sê vir my ek's dom, dan maak dit my baie negatief.

TALITA: Wat dink jy het nou verander in jou lewe?

DANIEL: Soos byvoorbeeld, skool was vir my sleg. Klas en goed haat ek. Nou dat ek iets doen wat ek wil doen, weet ek soos byvoorbeeld met die vlieg en goeters. Sê nou ek doen net die geskrewe deel en goed. Dit is bietjie sleg nou met die leerdery op die oomblik, maar ek weet dat gaan lekkerder ook wees. Daar gaan altyd leerwerk wees, maar ek gaan iets hê wat ek doen wat vir myself lekker is, wat ek by kan bly. Soos in 'n kantoor sal ek nooit kan sit nie. Ek kan nie stil sit nie.

TALITA: Jy het nou baie gepraat oor die akademiese goed waarmee jy gesukkel het op skool, soos die lees, dat jy stadiger werk en dat dit jou soms langer vat om te verstaan.

DANIEL: Ja.

TALITA: Wat is van die sosiale uitdagings wat jy gehad het? Vertel my bietjie meer.

DANIEL: As my mense ontmoet, nie jou vriende nie, ander mense wat met jou praat wat saam met jou in die klas is, dan vra hulle partykeer vir jou soos "stupid" vrae: "Hoekom verstaan jy nie die ding nie, dis dan so 'straight forward'?" Dan dink hulle jy's net "stupid". Dan maak dit mens net negatief want dan verstaan jy dit net op 'n ander manier, dan dink die ander ou net anderste as wat jy dink. Elke ou dink anderste. Dis my persepsie op die oomblik. Niemand verstaan iets op dieselfde manier as iemand anders nie.

TALITA: Jy sê dit maak jou negatief. Hoe het dit jou negatief gemaak?

DANIEL: Dit maak my kwaad. Dis miskien verkeerd, dit voel of ek iets aan die ou kan doen. Nee klap of iets en kom op die regte pad of iets. Dit maak my half aggressief.

TALITA: As mense nie verstaan nie?

DANIEL: Nee dis nie dit nie. Ek haat dit as mense ... sê nou ek weet ek het die probleem, en nou probeer hulle dit net erger te maak deur vir jou te sê:" Luister jy's "stupid", jy's klipdom" of iets. En dan maak hulle jou net meer negatief. Hulle druk jou in 'n hoekie in of iets, dan wil jy net uitbars en net weg van die probleem af kom en die mense net uit jou lewe uitkry.

TALITA: En emosioneel vir jou?

DANIEL: Op skool, party dae was ek baie negatief, hartseer en goeters en gedog: "Hoekom het ek dit nou gekry?" Maar op die uiteinde. Dit is lekker. Die vriende wat ek nou saam met my het wat saam met my vlieg en goeters, het almal, ons verstaan almal mekaar en goeters. Ek geniet ... klas daarso is sleg en goeters. Partykeer doen ek sleg en party keer doen ek goed en so goeters, maar die ouens daar binnekant soos ... Daar is een ou daar wat ek weet dislekties is. En hy het net gesê: "Ja, you just live with it." Ja dis waar wat hy sê. Jy kan nie net op 'n bondeltjie gaan sit en huil nie en myself gaan jammer kry nie, anderste gaan ek niks kan doen verder nie. Sê nou ek moes net hier by die huis gesit en ek voel sleg, want ek's dislekties, ek gaan net hier by die huis sit en niks doen nie. Maar dan gaan ek niks verder vorentoe kan doen nie. Miskien nie vir myself kan sorg en vir my 'n potjie uitgrou nie. Ek gaan nie die beste maak van die saak nie.

TALITA: Hoe het jy as persoon verander vandat jy op skool is en waar nou waar jy iets doen waarvan jy hou?

DANIEL: Baie rustiger. Want die mense verstaan jou meer en as jy ’n passie het vir iets, sal mens meer doen vir iets, as wat jy net iets doen wat jy geforseer word.

TALITA: Het jy nog enige vrae oor ADHD of disleksie? Iets waaroor jy nog wonder?

DANIEL: Ek is al van jonk af deur dit ingelei (lag). Dan hoor ek dis dislekties en goeters, dis oraait vir my.

TALITA: En daar is niks wat jy nog meer daarvan wil weet nie?

DANIEL: Nee nie eintlik nie. Ek weet ek het dit en ek leef maar saam met dit. Ek kan nie teen dit baklei of iets nie. Dis soos “live with it”. Dis wat ek op die oomblik dink. Ek het dit en ek leef saam met dit.

TALITA: Hoe leef jy saam met dit? Wat is die dinge wat dit vir jou moontlik maak om saam met dit te leef?

DANIEL: Op die oomblik dink ek nie as dit as ’n probleem wat ek het nie. Uhm ek aanvaar dit maar net. Eerlik waar. Ek weet nie of my nefies ook ... een van my jong nefies het dit ook en goeters, maar ek sal nooit “judge” oor goed nie. Kyk ek en hy verstaan mekaar baie goed. Ek sal kwaad raak byvoorbeeld as hy vir my sê daar’s vriende wat dink hy’s “stupid” en goeters, maar dan sal ek dink, daai ou sal miskien moet net bietjie regkom of iets. Ek raak kwaad vir hom, ... want ek weet, ek was al daardeur. Ek sal graag nie wil hê hy moet daardeur gaan nie. Ek is baie lief vir my nefies en goeters ... dat hulle net ’n lekker lewe kan hê, want dit is verkeerd vir my om iemand te “judge” oor iets wat hy het en hoekom kan hy nie lekker lees nie. Hy is ook by ’n landbouskool, in Marlow en goeters, maar ek weet hy geniet dit baie.

TALITA: Ook praktiese goed?

DANIEL: Ja, hy wil ook nou baie graag ’n “professional hunter” word. Ja dan sal hy seker boer op my oom se plaas.

TALITA: Is daar iets ander wat jy wil vertel of wil sê in terme van ADHD of disleksie?

DANIEL: Ag, dis nie eintlik so erg dink ek nie. Dis nie ... jy moet ... soos ek wat van kleins af ... ek weet nie. Ek het seker net baie vroeg daaraan voorgestel. Dit was nooit eintlik vir my 'n probleem eintlik nie. Ek kyk nooit neer daarop of iets nie. Miskien is jy ge-"bless" op 'n manier dink ek partykeer.

TALITA: In watse opsig?

DANIEL: Soos baie mense sê mens is meer kreatief. Soos die Wright Brothers. Ek dink hulle was ook dislekties.

TALITA: Ja.

DANIEL: En kyk as hulle nie met die vliegtuig begin het nie, wie sou eet vlieg begin het? So ek dink dislektiese mense kan baie meer kreatief dink op 'n meer ... hulle dink op 'n wyer omstek as die normale mens. Ja.. soos dis nie negatief nie. Ek weet nie hoekom moet dit negatief wees nie.

TALITA: Dankie Daniel

TRANSCRIPTION - Conrad 18 years old

TALITA: Wat is jou persepsie van ADHD en disleksie?

CONRAD: Dit is maar moeilik in die klas, as speltoets skryf, hoekom kry hy volpunte en jy sit ... altyd ... dis moeilik sonder hulp, my en my ouers kry en hulp, ... al die onderwysers gereël wat, waar, sodat hulle my nie voor in die klas moet opstaan en laat lees nie.

TALITA: So, dit help dat jy nie sulke goed hoef te doen in die skool nie ...

CONRAD: Nie so lekker as iemand lees 'n hele bladsy in so 'n paar minute en ek sit nog by die eerste paragraaf. Stillees is nie ... hardoplees ook nie.

TALITA: So, lees oor die algemeen is nie jou ding nie. Wat nog van disleksie verstaan jy daaroor?

CONRAD: Ek sukkel met ... lees, skryf, spel, sukkel om die woorde te erken soos ander mense.

TALITA: Sukkel jy met konsentrasie?

CONRAD: Ja, meeste van die tyd, maar met my Ritalin help dit.

TALITA: Wat is jou persepsie van ADHD? Nog bietjie onseker oor wat dit alles beteken. Hoe is jou ervaringe met dit saam? Jy is iemand wat nou ADHD en Disleksie het, hoe is jou ervaring elke dag met dit wat jy moet doen by die skool?

CONRAD: Ons ... nie iewers ... groot rapport of iets dan kan ek nie verstaan wat daar staan nie. Dan soos as “family”... iets moet lees, dan net sekere tyd het om te lees, vir my nie lekker nie.

TALITA: Iets soos 30-Seconds™ ...?

CONRAD: Ja, of dan wil my ma-hulle Scrabble™ koop ...

TALITA: Wanneer het hulle uitgevind dat jy ADHD of disleksie het?

CONRAD: Ek dink ons het dit baie vroeg uitgevind, gelukkig, dink so ... miskien selfs daarna ... ek was 2 jaar ...

TALITA: Wat beteken dit vir jou as iemand vir jou sê dat jy het ADHD?

CONRAD: Sukkel om te lees ...

TALITA: Dit is disleksie. En konsentrasieprobleme of aandagafleibaarheid. Wat beteken dit vir jou?

CONRAD: Die juffrou kan maar ... as hy verby is ... juffrou gesê het.

TALITA: Met ander woorde jou aandag word maklik afgelei. Wat beteken die woord persepsie? Het jy al ooit van die woord gehoor? Wat dink jy dit beteken die woord?

CONRAD: Wat is jou siening.

TALITA: Toe jy nou uitgevind het jy het ADHD en disleksie, aandagafleibaarheid, konsentrasieprobleme en sukkel om te lees en so aan, jy was nou baie klein, Graad 0 of Graad 1 seker, wat was van die goed wat deur jou kop gegaan het toe jy die eerste keer die woord hoor ?

CONRAD: Ek het eers baie later gehoor jy noem dit disleksie en allerhande ander goed. Ek het net altyd gesit, gehoor dit gaan nie so maklik wees as vir iemand anders nie.

TALITA: Wanneer het jy begin verstaan wat dit eintlik beteken, hoe oud was jy toe?

CONRAD: Ek dink net voor ek Nuwe Hoop toe is, ek dink Graad 5.

TALITA: Toe jy gediagnoseer is en iemand sê vir jou, ek dink was dit nog tannie Teresa wat vir jou gesê het, het daar enigsins iets toe jy nou geweet het, hierdie dat ek so sukkel met lees en spelling, om te leer en met konsentrasie, nou dat ek weet wat daardie naam is, het dit iets verander in jou persepsie van jou siening daarvan?

CONRAD: Nee, nie regtig nie, ek het net 'n ander woord geleer. Ek weet wat dit is. Ek weet nou net nie wat noem jy dit nie.

TALITA: En wat is dit vir nou weer vir jou?

CONRAD: Sukkel om ... as iemand wat maklik ... lees, skryf, wel ...

TALITA: ... hierdie hele ding gaan vir jou oor sukkel?

CONRAD: Sukkel meer soos ... is nie vir my so maklik nie. Ek kan dit doen, maar dit vat my langer, dit vat my meer ... konsentrasie ... my kans ... konsentrasieprobleem ... nog ... ja

TALITA: Wat is nog van die goed wat jou hierdie sukkel en moeiliker maak is?

CONRAD: die skryf wat dit vir my baie moeilik maak. Deesdae kan ek my eie handskrif lees, maar op 'n punt kon ek nie, en dan moet ons uit ons boeke uit leer, en dan het ek nie daardie goed nie, want ek moet dit geskryf het. 'n Paar keer moes ons die hele ding uitskryf wat ons moet leer, soos 'n opsomming, ... bord geskryf en dan kry ons dit om te leer. En wat doen ek? Ek ... kan nie dit lees nie, kan dit nie doen nie.

TALITA: Wat het deur jou kop gegaan as jy agterkom ek moet hierdie goed leer maar ek het nie 'n “clue” wat hier staan nie?

CONRAD: OK. Maar toe het ons met tannie Teresa gepraat. Nuwe Hoop het dit makliker gemaak, want ons het boeke gekry en ons moes dit invul, dan is dit nie soos 'n hele ding wat jy die vraag en antwoord moet soek nie, jy soek net 'n woord of sinne.

TALITA: So, die vraag is darem daar en jy kon net aanvul soos wat nodig was.

CONRAD: Ja, maar by ander skole moet jy die vraag, die antwoord, die rede ook nog afgeskryf het.

TALITA: Hoe lank was jy in Constantiapark?

CONRAD: 4 jaar

TALITA: Was jy van gr 1 tot gr 4 daar en toe het jy Nuwe Hoop toe gegaan?

CONRAD: Ja

TALITA: Het dinge toe vir jou daar beter gegaan?

CONRAD: Ja, ek het baie beter gedoen in my toetse. Alles was baie stadiger en dit het my baie gehelp. Ek weet ek is slim, maar dis te vinnig.

TALITA: En in Affies?

CONRAD: Ag, dit kom nog, maar dit gaan baie beter vandat baie van my goeters afgerol is, my leerwerk, my boek... uit my boek uit leer. Op die begin het dit soos ... jy afgeskryf het nie .... En dan, my ma reël met die onderwysers, maar die onderwysers kommunikeer wat hulle sê hulle sou nie en dan begin dit my frustreer.

TALITA: wat dink jy is die negatiewe goed van disleksie en ADHD vir jou persoonlik?

CONRAD: dis nie altyd lekker vir my as ... Hierdie ou, hy kom hierso of ... lees sy... in 'n dag 'n twee, hy sal 'n boek sommer miskien 'n maand ... miskien minder miskien meer. Ek's net op 'n laer vlak as die ander.

TALITA: Nou, soos jy gesê het, jy weet jy is slim. En andersins nog?

CONRAD: Laas jaar het ons by Nuwe Hoop, het ons iemand gehad wat heeltyd vir my geskryf het, alles, en dit was vir my baie maklik.

TALITA: Het jy 'n assistent in die klas gehad of was dit net baie min mense?

CONRAD: ... in die klas. Ek verstaan die werk, ... maar dan konsentreer ek so op skryf en lees en so dat ek nie kan verstaan nie. Ek kan nie twee goeters gelyk doen nie.

TALITA: Is dit meestal dan vir jou die negatiewe goed van disleksie dat jy, vir die konsentrasie, en dit vat jou lank om te skryf en vat jou lank om te lees. Is daar ietsie anders nog?

CONRAD: Nee wat ...

TALITA: Wat is vir jou positiewe goed om disleksie te hê?

CONRAD: Amanuensis het my baie gehelp. Amanuensis ... ek hoef nie meer te spel nie. Dis vir my 'n voordeel. In Afrikaans, Engels, ek sit net daar en sê vir hulle wat om te skryf, dan hoef ek dit nie te spel nie.

TALITA: So die am... is vir jou 'n positiewe ding. Is daar ietsie anders wat vir jou nog positief was?

CONRAD: Ek kry meer tyd om my toetse te skryf. En dit help.

TALITA: wat dink jy is goed wat mense, soos byvoorbeeld jou vriende, gesin en familie, onderwysers miskien nie weet van ADHD en disleksie wat jy graag wil hê hulle moet van weet?

CONRAD: Hulle weet nie altyd hoe dit voel om in jou skoene te wees nie. Sê hulle jy moet net leer, moet leer, maar dis nie altyd so maklik is nie. Hulle dryf jou so ... is die regte ding om te doen. Hulle druk jou ... wat nie so maklik is nie.

TALITA: Wat sal jy wil hê moet hulle andersins doen?

CONRAD: Om partymaal nie probeer om vir my te sê ek sit aan nie. Ek het dit nou hierdie jaar 'n paar keer gekry en dit is nie lekker nie.

TALITA: Is dit meestal van die onderwysers se kant af?

CONRAD: Ja

TALITA: Wat sal jy graag vir hulle wil sê oor disleksie of aandagafleibaarheid ?

CONRAD: Sonder hulle hulp kan ek nêrens kom nie. ... nie net van hul hulp nie, as hulle nie doen wat hulle sê hulle sal nie, kan ek nie kan doen wat ek sê ek kan doen nie.

TALITA: En dit is spesifiek soos ... ? Wat moet hulle van hulle kant af doen?

CONRAD: ... in elk geval werk ... Baie van hulle doen dit nie, maar nou sê hulle, hulle gaan. Dan wanneer ek nou wil toets skryf, dan ...

TALITA: ... dan het jy nie die inligting nie.

CONRAD: Ja.

TALITA: Jy het nou baie gepraat oor dinge wat vir jou moeilik is omdat jy disleksie het of aandagafleibaarheid het, is daar dinge wat vir maklik is as gevolg daarvan? Maklik is om te doen omdat jy aandagafleibaarheid is of disleksie?

CONRAD: ... op iets "inzoom", vinnig uitwerk hoe hy werk, omdat ek op die ander ding konsentreer nie.

TALITA: Vertel 'n bietjie meer wat jy bedoel met "inzoom". As jy dalk 'n voorbeeld kan gee.

CONRAD: Ek kan nou sê maar uitwerk hoe werk 'n katrol. So in 'n paar minute. ....klas ... iets te uitwerk hoe hy werk. Ek is baie tegnies.

TALITA: prakties en goed. So, jy kan 'n praktiese ding mooi uit-figure. Sal jy byvoorbeeld 'n radio kan oopmaak en gou kan "check" hoe werk al die elektronika en goed binne-in wat dalk weer vir iemand anders nou weer moeilik gaan wees ...

CONRAD: En die ratte ... dan kan ek hom so volg waar ...

TALITA: Sal jy in 'n praktiese rigting wil aangaan by die skool?

CONRAD: Ja

TALITA: Toe jy nou uitgevind het jy het disleksie of aandagafleibaarheid, daar het tien teen een in daardie tyd goed gekom wat jy moes aanvaar, sekere goed is vir my moeilik, ek sukkel om te lees en spelling ens. Wat is van die faktore wat dit vir jou moeiliker gemaak het om dit te aanvaar en wat is van die faktore wat dit vir jou maklik gemaak het om dit te aanvaar?

CONRAD: Ek het maar dit altyd aanvaar, ek het dit nooit regtig moeilik aanvaar nie, want ek kan niks daaraan doen nie. Ek kan, maar ek het nie veel van 'n keuse nie. Dis was nie altyd vir my erg moeilik of maklik om dit te aanvaar nie.

TALITA: Maar dit help seker dat ma-hulle en so aan jou ondersteun.

CONRAD: Ja

TALITA: Het daar enigiets verander in jou lewe of hoe dit op skool miskien gegaan het vandat jy uitgevind het jy het dit tot nou toe?

CONRAD: Net aangegaan soos ek gewoonlik aangaan.

TALITA: Hoe is maniere wat jy vir jouself kry om te cope.

CONRAD: Ek sukkel met die b en d om te ruil. Ek het altyd geleer been ... ek het dit geleer om dit vinnig te doen totdat ..... skryf ...

TALITA: So dit het gaan nou beter, jy ruil nie meer die b en d om nie, want jy het nou so 'n rympie wat jy vir jouself ...

CONRAD: ... ruil miskien nog hier en daar om. Ek het geleer om dit vinnig uit te ruil.

TALITA: Enige iets anders miskien wat jy ook so ...

CONRAD: Ek spel nou meestal goeters uit my kop uit. Ek kan dit ookal vinnig ... ...

TALITA: Spel jy dit oor hoe dit klink, of ...?

CONRAD: Ja, klink. Ek kan nie net onthou jy spel hom so ... Ek spel hom uit. Dis hoekom is Engels vir my moeilik, Engels te skryf, dan hier en daar Engels lees, maar dis “basic” goeters.

TALITA: Die klanke is nou verskillend in die Afrikaans en die Engels.

CONRAD: Ek kan nie altyd alles uitklank soos ...

TALITA: Jy het nou gepraat oor die akademiese goed wat nou moeilik was, die lees en die spelling, dat jy stadig skryf en so aan. Wat is van die emosionele goed wat daarmee saamgaan, die sosiale goed, om aandagafleibaarheid te ... of om disleksie te hê? Omdat 'n mens nou sukkel op skool en jy sukkel met lees en goed, wat is van die emosionele goed wat daarmee saam gegaan het, goed waar jou gevoelens, en hoe het dit 'n impak gehad oor hoe jy met maats oor die weg gekom het en so aan?

CONRAD: Dit is vir my partykeer moeilik as een van my vriende nie verstaan nie van waar af kom ek. Verstaan nie altyd hoe ... my nie. Karel, ek het hom verduidelik wat gaan aan, hy verstaan. En dan sê ons nog ek is stupid, dan is dit nie altyd lekker om te hoor nie.

TALITA: Is dit geneig om meer in die laerskool as die hoërskool ...?

CONRAD: Ja, dis OK, maar dis erger as dit van die juffrou af kom, meneer ook.

TALITA: watter gevoelens kom by jou op as iemand dit sê?

CONRAD: Baie seer en kwaad. Ek is maar net 'n normale kind.

TALITA: Wat het jy bv. vir hierdie maat van jou vertel sodat hy kon verstaan waaroor dit gaan?

CONRAD: Kyk, deesdae weet meeste mense wat is disleksie. So, ek sê net ek is disleksies, want die meeste mense verstaan dit. Daar is mense wat nie verstaan nie, dis nie so moeilik om te verduidelik nie, ek sukkel net om te lees en te skryf en te konsentreer.

TALITA: So, dis gewoonlik wat jy vir hulle vertel. Sê jy vir hulle ook dat dit niks te doen het met ... Hoe reageer mense teenoor jou as jy vir hulle dit vertel?

CONRAD: Ag, die meeste van die tyd, hulle vat miskien 'n rukkie en dan begin hulle my help as ek hulle vra wat staan daar.

TALITA: Wil mense gewoonlik meer weet, of is hulle geskok of ...?

CONRAD: Hulle kry my maar partymaal jammer, ek kan nie altyd uitmaak wat dink hulle nie.

TALITA: Hoe wil jy hê mense moet teenoor jou optree?

CONRAD: Net probeer help.

TALITA: Moet hulle jou altyd help of net as jy vra of hoe moet hulle jou help?

CONRAD: As ek vra. Ek kan goeters self doen. As iemand dink ek kan nie dit doen nie, sê hulle vir my wat staan daar. As ek vra. Partykeer as ek nie vra nie help hulle my, as ek vra, help hulle my nie.

TALITA: Is daar enige vrae wat jy nog het oor disleksie of ADHD, wat jyself nog oor wonder, wil weet?

CONRAD: Nee, ek verstaan wat gaan aan ... disleksie en so.

TALITA: so, daar is niks wat jy oor wonder nie, dis meer dat jy wil hê dat ander mense ... jy verstaan wat aangaan. Wat dink jy kan skole van hulle kant af doen om ...?

CONRAD: Hulle kan ... onderwysers sê...

TALITA: Maar dit help al klaar dat mens ekstra tyd en hulp en goeters ...

CONRAD: Ja, ek ... dit nie as mense vir my sê ek kan ... hard probeer om oor te skryf nie, want ek kan, maar twee keer langer vat om 'n ding skryf dan kom die onderwyser en sê jy moet harder leer hoor.

TALITA: Wat dink jy dan as hulle sulke goed vir jou sê?

CONRAD: Dis nie lekker nie.

TALITA: Is daar iets anders wat jy nog wil vertel in terme van daardie persepsie.

CONRAD: Nee, niks.

TALITA: Baie dankie.

TRANSCRIPTION: Evangeline (19 years old)

TALITA: Wat is jou persepsie van ADHD en Disleksie?

EVANGALINE: Ek dink dit is iets wat ... "well", dis 'n leerprobleem. Dit is as mense nie weet jy het dit nie, dan gaan jy nie gehelp kan word nie, so, ek dink dat jy weet jy het
ADHD kan jy gehelp word.

TALITA: Het jy enige persepsie oor disleksie?

EVANGALINE: Disleksie is ook maar dieselfde ding, maar ek dink jy kan help kry soos leer om jou "dyslexia" net 'n bietjie beter te hanteer en sulke goed.

TALITA: Wanneer is jy nog ADHD of disleksie of albei gediagnoseer? Kan jy onthou?

EVANGALINE: Ek was in Graad 10. Ek dink dit was Graad 10.

TALITA: wat verstaan jy onder die begrip ADHD – wat beteken dit spesifiek vir jou? As jy die term hoor: ADHD...

EVANGALINE: Dat ek 'n tension disorder het, maar dit sê net ek sukkel om te konsentreer, want my mind gaan baie om goeters. As ek moet dink, sal ek altyd net verder dink as wat ek moet dink en nie net konsentreer op een spesifieke ding nie.

TALITA: As jy nog 'n bietjie kan uitbrei ...

EVANGALINE: Dan dink ek ook is die hyper activeness, as jy baie hiperaktief is, soos ek.

TALITA: Vertel.

EVANGALINE: Ek is baie hiperaktief, ek kan nie stilsit nie, ek moet die heeltyd besig wees met ietsie.

TALITA: Wat beteken disleksie vir jou?

EVANGALINE: Disleksie is iets wat jy net nooit op so 'n level, as ek moet sê, geleer het nie, jou brein het nog nie daar gekom nie. Maar, jy het op 'n manier jouself geleer hoe om dit te doen, maar jy sal dit nooit reg doen nie.

TALITA: Soos spesifiek wat, watter goed nou leer?

EVANGALINE: Soos ek, met spelling. Of as ek sinne moet maak. Ek gaan 'n sinsorde-fout. Maar dis hoe ek is.

TALITA: Wat beteken die woord persepsie vir jou persoon, wat verstaan jy onder die begrip?

EVANGALINE: Dis wat ek dink.

TALITA: Vertel 'n bietjie van die gedagtes en gevoelens wat deur jou kop gegaan het toe jy nou vir die eerste keer hoor jy het ADHD en disleksie.

EVANGALINE: Die eerste keer toe ek dit gehoor het, toe hulle dit vir my gesê het ek het dit, toe is ek half ... o, ek is dom, jy weet – dis wat ek gedink het. En dan, na 'n rukkie, dan kom jy agter, ek is nie dom nie, ek leer net op 'n ander manier. Soos wat ander mense vinniger kan leer as hulle dit lees, moet ek dit eerder doen as ek dit skryf, want dan vat ek dit vinniger in. Of as ek dit hardop lees vir myself. Ja, dit werk so dat jy moet leer wat jou fout is.

TALITA: Het die diagnosering, om spesifiek te hoor dis ADHD en disleksie, het dit iets verander aan jou persepsie van ...?

EVANGALINE: Baie, baie. Ek moet sê, toe ek eers uitgevind het ek het ADHD, en ek het hel gekry en hulp gekry, en al sulke goeters, toe ... ek wou werk, ek wou iets doen, want ek het geweet daar is nie rêrig iets fout met my nie, ek is nie dom nie, dis net ek moet op 'n sekere manier leer anders sal ek dit nie kan doen nie.

TALITA: Hoe het jou persepsie verander?

EVANGALINE: Baie beter, positief geword ... Ja.

TALITA: Spesifiek, as jy daarvan voorbeelde kan gee ...

EVANGALINE: My punte was baie laag op 'n tyd en toe het ek half opgegee. En toe word uitgevind ek is gediagnoseer met dit. En toe help hulle my en sê vir my ja dit en dit en dit, kom ek help jou weer en gaan saam met jou deur. Toe het my punte van laag baie hoog gegaan.

TALITA: Met ander woorde, die regte hulpverlening wat jy gekry het, as gevolg daarvan het dit 'n baie groot impak gemaak op hoe jy daaroor gedink het.

EVANGALINE: Verskriklik, ja.

TALITA: Wat is vir jou persoonlik negatiewe aspekte van ADHD of disleksie?

EVANGALINE: Ek dink nie daar is negatiewe aspekte nie. Ek dink nie daar is nie, maar ek dink net in 'n manier moet hulle die mense wat dit kan agterkom, wat die toetse doen, soos by graad 1 en sulke goeters, by kinders soos dit kry, want ek was vir my 'n bietjie laat gediagnoseer. Maar dit was niemand se skuld nie, maar, ja, dis al, hulle moet dit net vinniger kan opspoor by kinders sodat hulle dit nie te laat kry nie.

TALITA: So, daar is nie vir jou negatiewe, enige iets daaraan om ADHD te hê of disleksies te wees nie?

EVANGALINE: Glad nie

TALITA: Wat is vir jou die positiewe goed daaraan?

EVANGALINE: Alles, want as jy eers weet jy het dit, dan kan jy gehelp word en jy wil gehelp word, jou punte gaan op, jy voel beter, jy is sommer positief oor alles.

TALITA: Vertel my van hierdie alles.

EVANGALINE: Almal help jou, jy voel jy kan gehelp word, jy voel so moedeloos en jy kry niks reg nie. Ag tog, jy weet, so met depressie ook ...

TALITA: Wat dink jy is goed wat mense, of inligting, wat mense moet kry oor ADHD of disleksie wat jy graag sal wil hê hulle moet weet of besef. As jy nou bv. dink aan soos onderwysers en jou vriende en familie?

EVANGALINE: Ek dink net, as 'n onderwyser sien daai kind sukkel of iets soos dit, moet sy of hy dalk net gaan en sê, OK, kom ons toets hom vir dit en dit of ADHD, dat hulle dit net kan sien en dadelik agter kan kom, dis soos ek netnou gesê het ...

TALITA: ... dat jy nou gepraat het van Graad 1 ... al gedoen word?

EVANGALINE: Ja.

TALITA: Hoe was jou terugvoer van die onderwysers af, toe hulle nou weet ook?

EVANGALINE: Ag, party van hulle het my normaal hanteer, wat ek verkies het, in 'n manier, maar ander het jou so nou en dan gevra: "kom jy reg, is daar iets wat ek jou moet verduidelik", maar hulle het jou eenkant gevat, dis fine as hulle jou eenkant vat. Ek dink net nie hulle moet dit voor ander kinders doen nie, want ek dink nie enigiemand wil dit hê hulle moet weet, o ja, ek het ADHD nie, verstaan?

TALITA: En jou familie? Ma en Pa?

EVANGALINE: Ag, my pa het baie verstaan. Ek dink hy het ook agtergekom dis nie my skuld nie, ek doen dit nie on “purpose” nie.

TALITA: So, dit was oor die algemeen vir jou 'n positiewe ervaring?

EVANGALINE: Ja, verskriklik.

TALITA: En sê nou maar onderwysers het nou voor ander mense daaroor gepraat, hoe het dit jou laat voel?

EVANGALINE: As hulle, sê nou maar ek sit in die klas, en hulle sal sê, "O ja, jy het ADHD", ek sal so klein voel, ek sal dink hierdie juffrou is besig om my af te breek.

TALITA: En die ander kinders, jou vriende ...?

EVANGALINE: Ag, hulle het nog altyd by my gestaan, veral my een vriendin. Toe sy uitgevind het, toe sê sy vir my: "..., daar is niks fout met jou nie."

TALITA: En andersins, ander kinders by die skool wat nie noodwendig met jou vriende was nie?

EVANGALINE: Nie baie mense het daarvan geweet nie, maar die wat nie daarvan geweet het nie en wat my slegte gesien het, sou soos snaakse goed vir my gesê het, maar dit het my nog nooit gepla nie. Ek het my “friends” en dis wat saak maak.

TALITA: Wat het hulle vir jou gesê?

EVANGALINE: Ag, hulle sal net soos vir jou sulke snaakse goed sê van "O, jy is dom", of sulke goeters. Dit het op 'n tyd my gepla, maar, jy weet, jy kom ook agter wie is jou ware “friends”.

TALITA: Was dit vir jou oor die algemeen beter dat minder mense geweet het ...?

EVANGALINE: Ja, dit was baie goed.

TALITA: Hoe was dit vir jou beter?

EVANGALINE: Dit is net, dit is iets wat met my te doen het.

TALITA: So, dit is 'n privaatheid.

EVANGALINE: Ja, dit is, ja.

TALITA: Hoe dink jy sou mense gereageer het as, se maar, die hele skool geweet het, hoor hier, Evangaline het ADHD?

EVANGALINE: Party sou jou seker jammer gekry het en dit, vir jou kom simpatie gee het, of ander sou jou jammer gekry en net heel eenvoudig jou normaal hanteer het. Wat ek sou verkies het. En ander mense is net “plain” weg baie mislik en sal jou lewe kan ...

TALITA: So, jy verkies die normale hantering, en dit is vir jou byvoorbeeld ...?

EVANGALINE: Dit is soos as jy “friends” het en hulle kom "Hey, Evangaline, wag gaan ons doen, kom ons gaan party", of iets soos dit. Hulle is net normaal, hulle maak asof jy's nog steeds, dalk is jy ADHD, maar jy is nog steeds Evangaline, niks het rêrig verander nie.

TALITA: Wat was dinge wat vir jou moeilik was om te doen omdat jy ADHD het of disleksie het?

EVANGALINE: Vir my is dit omdat ek dit te laat uitgevind het, nou sit ek bietjie met slegte vakke, maar dit het nog nooit rêrig sleg ...

TALITA: So, jy het nog altyd oraait op skool presteer en so aan ...

EVANGALINE: Nee, ek het nooit oraait op skool presteer nie tot nadat ek uitgevind het ek ADHD het.

TALITA: Wat was vir jou moeilik dan nou voor dat jy nou uitgevind het oor jou ADHD en jy kon ...

EVANGALINE: Alles, ek kon nie leer nie, ek kon nie konsentreer nie. Dan sal ek sit, dan sal ek soos van 'n boom leer, dan sal ek dink daai boom daar buite is mooi, a, kyk hoe baie blare het ... Nee, nee!, ek moet konsentreer.

TALITA: En ander goed?

EVANGALINE: Jy sê nou leer, watse ander goed kan jy aan dink wat vir jou moeilik was ...? Dalk as jy nou dink jy het nou medikasie ... soos, as ek nou vir jou kan sê Business Economics, dit is baie skryfwerk en nie praktiese werk nie. Ek sukkel baie met praktiese werk. Ag, met nie-praktiese werk nie. So, dan het ek soos baie daarmee gesukkel, want dit is al hierdie geskrif en skrif en skrif wat ek invat en invat.

TALITA: Dit het vir jou verander nadat jy bv. die medikasie begin gebruik het?

EVANGALINE: Ja, dit het makliker geword. Stadig maar seker makliker geword.

TALITA: Wat was vir jou maklike goed om te doen omdat jy ADHD of disleksie het?

EVANGALINE: Wat bedoel jy?

TALITA: Wat is goeters wat vir jou makliker is wat dalk vir ander mense nie maklik is om te doen nie. Jy sê nou jy sukkel met goed wat nie prakties is nie ...

EVANGALINE: Ja, soos ek is baie prakties. Ek is ... nee, ek weet nie hoe om dit te verduidelik nie, maar ek is soos ..

TALITA: Gee 'n voorbeeld?

EVANGALINE: Ek hou daarvan om goed te maak. Ek kan nou nie teken of iets soos dit nie, maar as dit kom by iets soos bou dan sal ek dit baie maklik bymekaar kan sit en sulke goed.

TALITA: Sê nou maar jy bou iets soos Lego's of so, of ... wat bedoel jy?

EVANGALINE: Ja, dan sal ek die patroon baie maklik kry.

TALITA: Wat is faktore of dinge wat in jou lewe was wat dit vir jou makliker gemaak het, of dit vir jou moeiliker gemaak het om te aanvaar ek het ADHD of disleksie?

EVANGALINE: Vir my was dit die pille wat ek moes drink vir die ADHD of my konsentrasie. Ek hou nie van pille drink nie. Maar dit was al. Maar dit het tog gehelp. So, as iets jou help, dan ...

TALITA: Hoe voel jy nou nog daaroor?

EVANGALINE: Ag, dis OK, ek is nog steeds ... ek sal rêrig pille drink as dit nie rêrig nodig is nie, maar dit was nodig.

TALITA: Enige iets wat met jou verander het vandat jy gediagnoseer is tot nou waar jy is in die lewe?

EVANGALINE: Baie!

TALITA: Vertel my ...

EVANGALINE: Ek is baie meer positief oor myself. Ek sien nie myself so laag nie en al sulke goeters. Ek is net verskriklik positief en ek “smile” meer, en al sulke goeters.

TALITA: Vertel 'n bietjie meer, kan jy 'n bietjie uitbrei?

EVANGALINE: Ek dink net ek sien meer uit na alles wat kan gebeur en wat gaan gebeur, soos wat ek altyd was, ag tog, net nog 'n dag by die skool ...

TALITA: So, jy is meer positief oor jou lewe ...

EVANGALINE: Ja, baie.

TALITA: Meer gelukkig met jou lewe en so aan. Wat is goed waarmee jy gesukkel het op skool? Ek bedoel nie nou net akademies nie, ek bedoel nou dalk bietjie emosionele goed wat daarmee saamgegaan het, of sosiale goed wat daarmee saamgegaan het ... ADHD ...?

EVANGALINE: In die laerskool het ek baie min “friends” gehad, maar ek weet nie. Ja, dit het ek baie mee gesukkel, maar in die hoërskool, toe het ek nou na 'n hoërskool toe gegaan waar daar geen van die laerskoolmense was nie. En ek het verskriklik baie “friends” gemaak, en ek dink dit is omdat die mense my leer ken het vir wie ek is.

TALITA: ... en meer leer ken vir wie jy is?

EVANGALINE: Ek is ’n baie “nice” mens! (Lag)

TALITA: Nou is 'n persoon wat ... bo is nie, hoe dink jy het jy as 'n mens verander?

EVANGALINE: Ek het baie groot geword. Ek dink ek het altyd weggekruip agter kleinwees sodat mense my nie as 'n volwassene ... nie. Ek het baie groot geword. Ek het net groter geword, ek het net begin agter kom ek is nie meer 'n klein meisie nie.

TALITA: Wat is goeters wat verander het wat jou meer laat sien as iemand wat groot is?

EVANGALINE: Ek dink ek praat meer soos 'n volwassene en ek tree meer soos 'n volwassene op.

TALITA: ... spesifiek?

EVANGALINE: Soos, ek sou baie ... stoute goed gedoen het, maar ek sal nou sê wat nie. Maar ek sal nou eerder sê, nee, dis nie reg nie, kom ons los dit eerder. So word mens groot.

TALITA: Wat is dinge wat jy vir jouself aangeleer het om te cope met ADHD en disleksie? Tot nou ... hoe het jy geleer om dit te "handle"?

EVANGALINE: Hoe bedoel jy, voordat ek gediagnoseer was, of ..

TALITA: Nou ... Kom ons begin dalk en sê, hoe het jy met goed ge-"cope", soos, hoor hier, ek sukkel met spelling, ek sukkel met ...lees, voordat jy gediagnoseer is ...?

EVANGALINE: Voor die tyd het ek maar net, die woorde wat ek verkeerd gespel het, dan sou ek weer geleer het. Maar ek sou nie weer nuwe woorde gaan staan en leer het nie, ek sou maar net dies gedoen het wat ek verkeerd gespel het. Ek het probeer en probeer, maar nooit rêrig êrens gekom nie. En toe ek gediagnoseer was, toe het dit vir my baie makliker geword om te sien waar is my probleme en waar sit my foute. Soos as ek 'n toets teruggekry het, dan sou ek sê, "hoekom doen jy hierdie 'stupid' fout?"

TALITA: Wat is goed wat jy vir jouself aangeleer het?

EVANGALINE: Baie! Soos, nou, as ek ... as my "friends" vir my "messages" skryf of sulke goeters, dan sal hulle 'n spelfout tik en dan sal ek so kwaad word, want ek kan dit agterkom, ek begin sien waar is die spelfout. So leer ek myself. As ek êrens in 'n boek lees dis hoe die woord geskryf word, dan onthou ek hom. En dan sal iemand vir my iets skryf en hom verkeerd spel, dan sal ek gaan, nee, dis nie reg gespel nie.

TALITA: Wat is ander goed wat jy partykeer, wat verkeerd gegaan het, wat jy nou vir jouself aangeleer het, as gevolg van die ADHD en die disleksie, wat jy nou half anderster kan hanteer?

EVANGALINE: Die leerprobleem ... ek kon glad nie leer nie. Ek kon nie. En toe ek gediagnoseer is en al my goeters gekry het. Dit was vir my soveel makliker, ek kon "actually" konsentreer en die goed het "actually" in my kop ingekom en nie net rondgegaan daar in my brein nie.

TALITA: Is dit nou as gevolg van die medikasie ...?

EVANGALINE: Ek dink die medikasie het tog daar deel gehad, want ek sou tien teen een nie kon konsentreer sonder dit nie.

TALITA: En andersins, wat is die ander goed wat jy ook ...?

EVANGALINE: Talita het saam met geleer en sy het my verskriklik baie gehelp. Sy het elke keer, soos elke dag het ek na haar toe gekom en dan het ons geleer voor my eksamens en sulke goeters.

TALITA: So, daardie "support" was ... vir jou?

EVANGALINE: Verskriklik, daai "support" het, ek dink, het my deurgebring.

TALITA: Wat is vrae wat jy nog het oor ADHD en disleksie, goed waaroor jy nog wonder?

EVANGALINE: Ek wonder nie, ek is baie mooi verduidelik wat gaan aan.

TALITA: Hoe is jy verduidelik?

EVANGALINE: Hulle het my, my pa en my ma gevat in 'n kamertjie, in die kantoor, en toe het hulle vir ons verduidelik dis wat sy het, dis hoe dit werk. Ek het 'n tekort aan Dopamien, en sulke goeters. Ek is baie mooi verduidelik.

TALITA: Kan jy nou 'n bietjie verduidelik wat jy verstaan het van ...?

EVANGALINE: Hulle het net vir my gesê jou brein het sulke "files" en dan is die Dopamien wat die heeltyd so deurgaan en al die "files" bring en het 'n tekort daaraan, so my "files" kon nooit soontoe gebring of soontoe gevat word sodat ek dit kan kry nie.

TALITA: Is dit vir jou 'n maklike manier wat jy gekry het om dit te verstaan?

EVANGALINE: Ja baie, ek het dit dadelik verstaan.

TALITA: Dit het vir jou sin gemaak – O, dis nou wat aangaan? En jou ma-hulle en jou pa – hoe het hulle die inligting ...?

EVANGALINE: Ag, ek dink hulle het dit ook verstaan. Ek dink my was baie bly dat sy weet, dis nie net ek wat lui was nie.

TALITA: Is dit partykeer die terugvoer wat jy van jou ma gekry het?

EVANGALINE: Dit was meer van my pa af wat ek gekry het: “Hou op lui wees” en sulke goeters. My ma het altyd vir my gesê: "Probeer weer, probeer weer."

TALITA: Wat was vir jou die terugvoer en goed wat jy gewoonlik gekry het van onderwysers en so aan voordat jy gediagnoseer is?

EVANGALINE: Ag, hulle het net ... ek dink hulle het ook naderhand opgegee, maar toe ek gediagnoseer was, het baie van hulle vir my gesê, veral my Engelse juffrou, “Jy doen so goed!”

TALITA: Het dit baie vir jou beteken?

EVANGALINE: Baie

TALITA: En voor die tyd, wat was mense geneig om vir jou te sê?

EVANGALINE: Ag, hulle het net stilgebly en die toets neergesit.

TALITA: hoe het jy partykeer gevoel as jy dink jy is iemand met ADHD en disleksie en ’n ander mens is nie.

EVANGALINE: Ag, ek dink ’n persoon is ’n “individual” homself, so, as dit is hoe jy is, “make the best of it”.

TALITA: Hoe het dit partykeer vir jou gevoel, is dit maar “normal”?

EVANGALINE: Ek dink rêrig, my eerlike opinie is, niemand is normaal nie.

TALITA: So, dit was nie vir jou ’n “issue” nie ...?

EVANGALINE: Ag nee, ek sê dit weer eens, ek het my “friends”, ek het my ouers wat vir my lief is, en dit is ... myself ...

TALITA: En ook in terme van hoe jy gedoen het akademies in vergelyking met ander mense?

EVANGALINE: Dit het my partykeer gepla dat ek nie so slim is soos ander mense nie, maar nie almal kan 'n Albert Einstein wees nie.

TALITA: Baie dankie

EVANGALINE: (Lag!)

TRANSCRIPTION: Wouter (18 years old)

TALITA: Wat is jou persepsie van ADHD en disleksie?

WOUTER: Dis baie meer harde werk en as jy nou gaan leer moet jy op jou eie meer hard werk as jou vriende. Dis baie moeiliker, rêrig. Die werk wat jy uit jou eie uit moet bring is meer en meer gee.

TALITA: Kan jy vir my spesifiek sê dalk wat is van die moeilike goed, wat vir jou harder is, die werk en so aan?

WOUTER: Meer leer, eintlik meer leer. Bietjie moeiliker om goed te onthou, sê nou maar.

TALITA: En ander spesifieke goed wat moeilikheid mee ervaar?

WOUTER: Nee, nie vreeslik nie. Net om te onthou, partykeer, is moeilik. As jy weet jy het 'n ding geleer, dan vergeet jy dit, sulke tipe goed.

TALITA: En as jy nou sê dis meer harde werk in vergelyking met jou vriende. In watse opsig? Hoe ervaar jou vriende skoolwerk?

WOUTER: Daar's baie van my vriende wat verskriklik min leer, en dan kom hulle goed deur. As ek goed wil deurkom moet ek rêrig waar ’n paar weke voor die tyd begin leer.

TALITA: En jy sê dat jou geheue laat jou partykeer in die steek, of jy vergeet maklik goed. Is dit net met sekere vakke, of is dit met al die vakke?

WOUTER: Is met enige ding. As jy 'n ding leer, of jy leer nie lank genoeg voor die tyd daarvoor nie, dan vergeet jy dit maklik. Altans, ek.

TALITA: So jy sê jy moet 'n paar weke voor die tyd begin voordat jy dit kan eintlik onthou as jy toetse of eksamen moet skryf.

WOUTER: Ja.

TALITA: Wanneer is jy met ADHD en disleksie gediagnoseer? Kan jy dit onthou?

WOUTER: Omtrent St. 7.

TALITA: Wat verstaan jy onder die begrip ADHD?

WOUTER: Disleksie in ’n manier, sukkel om te konsentreer, sukkel om te leer oor jy nie kan konsentreer nie. Ja, dis omtrent dit.

TALITA: Wat verstaan jy onder disleksie?

WOUTER: Disleksie - goed verkeerd hê partykeer, of sê nou maar sekere letters omdraai, soos 'n d en 'n b en sulke tipe goed, sukkel om te lees, sukkel om te leer om te lees. Iets in daardie lyn.

TALITA: Hoe is ADHD en disleksie aan jou verduidelik toe jy gediagnoseer is?

WOUTER: Dat ek sekere woorde sê nou maar nie ..., of ek dink sekere woorde en dan skryf ek dit nie, dan skryf ek iets anders. Lees stadig oordat ek nie lekker kan lees oordat ek gesukkel het om te lees. Dis nie rêrig so aan my verduidelik nie.

TALITA: En ADHD?

WOUTER: Ook nie rêrig aan my verduidelik nie.

TALITA: So jy verstaan net as dat jy sukkel om te konsentreer en dan te leer ook.

WOUTER: Ja

TALITA: Wat beteken die woord persepsie vir jou?

WOUTER: Wat jy daaroor dink. Hoe jy daaroor dink.

TALITA: Wat is van die gedagtes of die gevoelens wat deur jou gegaan het toe jy die eerste keer gehoor het jy het ADHD of jy het disleksie?

WOUTER: Dis nie lekker nie. Ek het eers nie geweet hoe om dit te hanteer nie, maar ... ja, toe kom ek agter dis nie net ek wat so is nie, daar is baie mense wat ook so is, wat ook dieselfde probleem as ek het, maar hulle is net te bang om uit te kom of om te "statement" dat hulle is ook ADHD of so. Ja, dit is nie vir my lekker nie.

TALITA: Kan jy 'n bietjie meer verduidelik wat is hierdie nie-lekkerte, wat het jy bv. gedink?

WOUTER: Jy voel anders, jy voel nie soos die ander mense nie, dit is asof jy 'n "outcast" is. Dis hoe dit vir my gevoel het, dis nie meer so nie, maar ...

TALITA: Hoe spesifiek het jy soos 'n "outcast" gevoel. Ten opsigte van ...?

WOUTER: Jy voel dom. In die begin het ek ... ja, ek is dom. Mense verstaan nie.

TALITA: Wie is hierdie mense wat nie verstaan het nie?

WOUTER: Ek weet nie. Of kinders wat nie sal verstaan wat jy bedoel nie.

TALITA: Wat het jy gedink nog?

WOUTER: Nie veel nie. Dis maar net ... ja, baie teruggetrokke geword, en so.

TALITA: Jy sê aan die begin was dit nogal so, maar dis nie nou meer so nie. Hoe het dit verander?

WOUTER: Nee, ek het meer uitgevind dat my vriende, of meer van my vriende met dit gediagnoseer word en so ... Dit het vir my meer gemaklik gevoel om saam met hulle te wees, en so.

TALITA: So, daai hele aspek van jy is nie alleen in so 'n situasie, daar is ander van jou vriende wat ook so is, het dit half vir jou beter gemaak?

WOUTER: Ja, baie gerus gestel.

TALITA: Het die diagnosering van dit, enige invloed gehad op jou persepsie van wat ADHD of disleksie is?

WOUTER: Ek kan nou nie onthou wat hulle vir my verduidelik het hoe dit is nie, maar toe hulle dit eers vir my verduidelik wat dit is en dat daar hulp is, soos dat jy gehelp kan word daarmee, toe is dit vir my meer aanvaarbaar en ...

TALITA: Wat is vir jou persoonlik negatiewe aspekte of negatiewe goed van ADHD en disleksie?

WOUTER: Wat nou is, sê nou maar ...

TALITA: Dit kan vandat jy gediagnoseer is tot nou, enige-iets, dit kan ...

WOUTER: Ek weet nie.

TALITA: Wat is vir jou negatief daaraan om ADHD te hê en disleksie te hê.

WOUTER: OK. Die harder werk en so en daar's nie altyd noodwendig pille betrokke nie, maar die pille wat jy dedicated is om te drink elke oggend. Dis nie vir my lekker om pille te gedrink het nie.

TALITA: En hoe voel jy nou oor die medikasie?

WOUTER: Ek het dit heeltemal gelos. Ek hou nie van pille te drink nie.

TALITA: Jy het die, Strattera gebruik, nè?

WOUTER: Ja.

TALITA: Maar jy het nou neuroterapie in plek van die medikasie?

WOUTER: Ja.

TALITA: Wat is vir jou ander negatiewe goed verder daaraan om ADHD of disleksie te hê? As jy nou meer kan spesifiek ingaan op die harder werk, miskien.

WOUTER: Negatief? Jy het minder tyd vir jou vriende, jy het minder tyd vir jouself. Jy moet al jou tyd omtrent spandeer aan die werk en skoolwerk. Aan die leerwerk en so.

TALITA: Watter invloed het dit gehad op jou en jou vriende se verhouding?

WOUTER: Nie vreeslik nie, want ek sien hulle elke by die skool en so. Maar, minder "social" op naweke en deur die week.

TALITA: En hoe het dit jou beïnvloed, dink jy?

WOUTER: Ek het net droog gemaak, bietjie ...

TALITA: Wat het jy gedoen?

WOUTER: Ag, ek meen, ek weet nie. My vriende wat ... gaan kuier hulle, het my meer anti-sosiaal gemaak, in 'n manier, of om te weet jy moet harder leer. Eintlik wil jy nie, maar jy moet. Sulke tipe goed. Meer skuldig laat voel.

TALITA: Oor ...?

WOUTER: Jy weet jy moet leer, maar dan leer jy nie, en sulke goed.

TALITA: Wat is vir jou positiewe aspekte van ADHD of disleksie?

WOUTER: Ek weet nie, daar is nie eintlik 'n positiewe aspek daaraan nie.

TALITA: So, jy sien niks positief daaraan nie?

WOUTER: Nee.

TALITA: Wat dink jy is goed of feite wat mense moet weet oor ADHD of disleksie, wat hulle dalk nie nou van bewus is nie en wat jy graag wil hê, soos ... As jy nou dink aan jou ouers, of onderwysers of vriende – goed wat jy graag wil hê hulle moes weet?

WOUTER: Ander mense moet jou nie hanteer asof jy 'n ... is en jy is nou hierdie dom outjie. Hulle moet jou nog steeds hanteer soos 'n mens, normaal en sodat jy nie ... dis rêrigwaar dit werk ... en dit maak jou "sad" en so. Dit sal jou ... ag, ek weet nie. Dis net nie lekker om te weet, of dat almal jou hanteer soos 'n kind, jy moet dit nou so doen, want ... oordat jy ADHD het sal jy nou dalk nie weet hoe om dit te doen nie, verduidelik dit aan jou puntsgewys. Dis nie lekker nie.

TALITA: Het hulle partykeer half te laag gedaal in terme van die manier wat hoe hulle vir jou verduidelik het – is dit wat jy probeer sê?

WOUTER: Ja, so op 'n laerskooltipe vlak.

TALITA: Hoe sou jy eerder wou gehad het moet hulle jou hanteer?

WOUTER: Soos 'n grootmens, soos wat jy enige ander mens hanteer wat jy sou ken, nie spesifiek ... ek is nie meer klein nie, ek verstaan ook, dis net dat ek sekere ander goed nie kan doen nie, of nie vinnig kan doen nie, of sulke goed soos skryf ...

TALITA: En wie was geneig om so teenoor jou op te tree, dat hulle dalk dink jy is ...?

WOUTER: Meestal die mense wat nader aan jou is, soos jou ouers en onderwysers en ...

TALITA: Wat sou jy graag vir hulle wou sê oor ADHD of disleksie wat half kan verhoed dat bv. die onderwysers nie met ander mense dieselfde doen as wat hulle met jou gedoen het nie ?

WOUTER: Hulle moet nog steeds die goed aan jou kan verduidelik, maar nie 'n laer vlak, tipe van nie, as 'n klein seuntjie of dogtertjie of iets. Nie so tipe verduidelik. Hulle moet dit nog steeds vir jou kan verduidelik, maar hulle moet dit op 'n ander manier ten minste verduidelik, of ... Ja.

TALITA: Hoe sal jy verkies moet hulle dit verduidelik. Wat is die maniere wat vir jou gewerk het?

WOUTER: Aanhoudend verduidelik. Dalk ander metodes probeer wat dalk werk.

TALITA: Soos?

WOUTER: Soos in Wiskunde is daar baie maniere om een som te doen. Net die ander maniere wys en dit nog steeds aanvaar in toetse, want dis wat met my gebeur het – ek het ander maniere gebruik om die goed te doen, dan merk hulle sê nou maar die som nie.

TALITA: Wat is dinge wat vir jou moeilik is om te doen omdat jy ADHD of disleksie het?

WOUTER: Om lank stil te sit en te lees. Ek kan glad nie 'n boek deurlees in 'n paar weke, of in 'n week, of sê nou maar so 'n Harry Potter dik boek, sal meeste van my vriende kan deurlees in 'n week. Ek sal so 'n bladsy 'n dag lees, dan is moeg gelees.

TALITA: Enige ander dinge?

WOUTER: Nee, nie eintlik nie.

TALITA: Jy het gepraat van skryf ...?

WOUTER: Dit was voor die tyd. Ek skryf nie vinnig nie, maar ek sal lank aanhou en aanhou skryf, dit kan ek doen. Lank aanmekaar skryf, maar nie vinnig nie.

TALITA: Wat is goed wat vir jou maklik is om te doen omdat jy ADHD het en disleksie?

WOUTER: Ek het nog nie juis so daaraan gedink nie.

TALITA: Of goed wat jy goed kan doen?

WOUTER: As jy nou gaan konsentreer en jouself ... stil gaan sit, kan ek goed skryf en ... wat meeste mense van my ouderdom nie kan skryf nie, tipe goed soos briewe, wat baie hoër ouderdomme kan doen, maar meeste van my ouderdom kinders kan dit nie doen nie.

TALITA: Praat jy nou van briewe en goed soos kreatiewe skryfwerk?

WOUTER: Ja, kreatiewe skryfwerk en, soos “poems”, gedigte en sulke goed.

TALITA: Wat is faktore wat dit vir jou makliker, of dit vir jou moeiliker gemaak het, in jou omgewing, om te aanvaar ek het ADHD en ek het disleksie?

WOUTER: Ek weet nie. Dalk, die mense wat rondom jou was wat dit gedoen het. Ja, mense het dit, as hulle uitgevind het, dan het hulle ... of ek het dit moeilik gevat dat hulle dit weet, want dan moeilik vir hulle om te verstaan dat ek “actually” verstaan wat hulle meen. Het dit nie lekker gevat nie.

TALITA: Jy persoonlik, of die mense om jou, het dit nie lekker gevat nie?

WOUTER: Nee, die mense om my het gemaak of ek dom is, en dit was nie vir my lekker nie. Want ek is nie dom nie, ek kan net sekere goed nie doen nie. Of nie goed doen nie. Ek kan dit doen, maar ek kan dit nie goed doen nie.

TALITA: Wat is faktore wat dit vir jou makliker gemaak het om dit te aanvaar, of om mee aan te gaan, met jou lewe aan te gaan?

WOUTER: Om op die Internet in te gaan en die watsenaam te gaan, die simptome en sulke tipe goed gaan naslaan en so aan.

TALITA: Het jy ’n bietjie op “websites” gegaan en bietjie gaan kyk?

WOUTER: Ja, klein bietjie gaan en agtergekom Einstein is ook “actually” ADHD gewees. Dit was “cool”, dit was baie “nice”.

TALITA: So, dit maak dit vir jou goed om te weet daar is ander mense wat ... wat ...?

WOUTER: Ja, wat slim en so wat “actually” êrens gekom het in die lewe wat ADHD is.
Dit was vir my baie lekker om te weet.

TALITA: En ander mense of ...? was dit maar “basically” uit jouself uit dat jy dit makliker ...?

WOUTER: Ja, ag, ander mense het weer normaal geraak. Hulle het weer vergeet half daarvan.

TALITA: So, die oorspronklike skok, as ek dit nou so kan noem, toe dit nou half afge-"wear" het, toe is die mense nou half beter teenoor jou?

WOUTER: Ja.

TALITA: Is daar sekere goed wat die onderwysers van hulle kant af gedoen het om dit vir jou makliker te maak, of dit te aanvaar, of moeiliker te maak?

WOUTER: Nee, nie eintlik moeiliker nie, maar, van die onderwysers, nie almal nie, het gaan ekstra moeite doen om te help.

TALITA: Soos?

WOUTER: Ekstra goed afrol wat jy kan doen om te oefen, om goed te oefen en sulke tipe klein goedjies wat hulle ekstra gedoen het om my te help.

TALITA: En jy het gesê jy het neuroterapie ook.

WOUTER: Ja

TALITA: Help dit vir jou nou?

WOUTER: Ja, dit help my baie. Ek kan "actually" sinne klaar maak nou en ... waar die pille my net ... ek nie, die pille het my nie gehelp in daai sin nie. Nou kan ek dink oor 'n ding, dit deurvoer. Dit help jou rêrig baie. Jy kan baie vinniger, kan jy in 'n gesprek kan jy agterkom wat aangaan, en meer ... jy kan meer praat met mense oor sekere goeters. Dis baie meer vloeiend.

TALITA: Het jy enige ander terapie gekry ook, of hulp?

WOUTER: Nee, dis net neuroterapie en die pille wat ek gehad het, ja.

TALITA: En jy het konsessies ook gekry, nè?

WOUTER: Ja, drie (amanuensis, addisionele tyd, spelling konsessie) konsessies.

TALITA: En hoe het dit vir jou ...?

WOUTER: Dit het my rêrig baie gehelp as ... dit help jou deur om ... ek weet nie, ek stres baie as ek 'n vraestel moet skryf, self moet skryf, maar die feit dat daar iemand anders vir jou moet skryf, vat al daai stres weg en dan onthou jy die goeters en jy kan dit uitredeneer met jouself en jy hoef nie te gaan neerskryf en hoop dis reg nie. Die persoon kan dit vir jou in 'n ander manier stel, help om dit in 'n beter manier te stel sodat dit reg is. Is nou net nie dat jy die antwoorde kan kry nie – dit sal darem lekker gewees het!

TALITA: So, jy het amanuensis gehad, en die neuroterapie en die medikasie ook, nè?

WOUTER: Ja.

TALITA: Jy sê die medikasie het jy gestop, want dit het jou nie eintlik ... jy is nie eintlik ten gunste daarvan nie, jy het nou die neuroterapie?

WOUTER: Ek hou nie van pille drink nie. So, toe los ek dit. Dis nie dat ek rebels probeer wees nie, ek hou net nie van pille drink nie as gevolg van sekere redes.

TALITA: Het enige iets verander met jou persoonlik vandat jy gediagnoseer is in Standerd 7 of Graad 9 tot nou toe?

WOUTER: Nee, net die feit dat ek meer vir myself moet sê, OK, nou moet jy gaan sit en iets doen vir jouself. Dis maar al wat verander het.

TALITA: So, jy het al vir jou bietjie strategieë aangeleer om jou te help?

WOUTER: Ja, teen die tyd, ja, ek het al 'n hele paar ...

TALITA: Soos?

WOUTER: Ag, dis om ... in die manier hoe ek leer, hoe ek gemaklik vind om te leer, dis nie by 'n lessenaar sit en die goed neerskryf, en dit maak my baie depressief. Ek sal op my bed lê op my maag of op my rug lê en leer.

TALITA: En enige iets anders?

WOUTER: Gereeld opstaan, bene rek, iets gaan drink so tussen-in sodat jy nou net nie heeltemal konsentrasie verloor nie.

TALITA: Wat is goed wat jy mee gesukkel het oor die ADHD en Disleksie, maar nou net akademies nie? Ek praat van emosionele goed wat vir jou moeilik was, of sosiale goed.

WOUTER: Voordat ek nou gediagnoseer is, of nadat ...?

TALITA: Dit kan voor die tyd, dit kan na die tyd wees.

WOUTER: Voor die tyd is dit, dit was baie irriterend as jy die heeltyd b's en d's en goed omruil en verkeerde woorde neerskryf. Dit was baie irriterend. Jy moet net ... dit gaan gepaard, sê nou maar seker met hiperaktiwiteit, want jy wil 'n ding nou vinnig klaarmaak en jy dink nie oor dit nie. En dan ... jy moet jouself baie "limit" en sê, OK, nou moet jy dink, nou moet jy mooi dink, dink wat jy skryf. En dit was nogals vir moeilik my om aan te leer, om "actually" stadiger te dink. Want ek dink verskriklik vinnig ... kan aan goeters dink, dan vergeet ek al van die goeters wat ek begin praat het. Sulke tipe goed, soos as jy begin ... OK, jy praat nou 'n sin, dan dink jy al aan ander goeters, en dan voltooi jy nie die sin nie. Sulke tipe goedjies. En dit was vir my moeilik om dit af te leer en "actually" vir myself te sê, dink nou weer en gaan sit, dink eers wat jy wil sê, dan sê jy dit. Na 'n ruk het dit vir my beter geword.

TALITA: En goed wat vir jou half uitdagings was?

WOUTER: Om ... ja. Nee, nie vreeslik uitdagings gewees nie.

TALITA: En in terme van, omdat jy ... sosiale wese, hoe jy met mense omgegaan het?

WOUTER: Die hele feit dat ek actually agtergekom het ek moet leer en meer leer as my vriende, baie meer moet leer as my vriende, het my ... ek weet nie, ek gaan kuier nie, of ek het nie meer by my vriende baie gaan kuier nie. Ja.

TALITA: En verder, met jouself, emosioneel, gevoelens wat deur jou gegaan het?

WOUTER: Nee, nie vreeslik nie, of nie eintlik nie.

TALITA: Het jy nog enige vrae oor ADHD of disleksie – goeters waaroor jy gewonder het?

WOUTER: Of daar 'n kitsmanier is om dit reg te kry.

TALITA: Soos byvoorbeeld?

WOUTER: Ek weet nie. Vinnige ... ek weet nie ... koppel hulle jou op 'n masjien op en dan reboot jou system. (Lag!) Sulke tipe goed.

TALITA: Enige iets anders wat jy nog wil byvoeg.

WOUTER: Nee, nie eintlik nie.

TALITA: Goed, dankie!

Addendum D

INFORMED CONSENT

Ingeligte toestemming: Navorsingstudie

Titel van studie: The self-perception of adolescents with learning difficulties.

Die doel van die navorsing: Om die self-persepsies van Afrikaans-sprekende adolessente oor hulle leerprobleme, spesifiek disleksie en ADHD, te ondersoek.

Die benodigde data of inligting sal deur middel van semi-gestruktureerde individuele onderhoude ingevorder word. ‘n Oop vraag word gestel om sodoende soveel moontlike inligting oor hy/sy persoonlike ervaringe as ‘n adolessent met disleksie of ADHD, of albei, te verkry. Deelname aan die narvorsingstudie is vrywillig en konfidensieel. Die sielkundige wat die onderhoude behartig hanteer verder alle aspekte soos die transkribering en analise van die data.

Alle inligting wat verkry word tydens die navorsingsproses sal vertroulik hanteer word. Deelnemers se identiteit sal beskerm word deur skuilname te gebruik asook identifiserende inligting te beperk. Die studie word deurlopend onder supervisie van ‘n studieleier uitgevoer. Die studieleier is ook verbind tot die vertroulike en anonieme hantering van die data. Deelnemers kan enige tyd tydens die navorsingsproses vry voel om hulleself uit die studie te onttrek. Geen deelnemer sal enigsins gepenaliseer word nie en alle intliging rakend die deelnemer sal dan onttrek word. Inligting verkry uit die onderhoude sal deur middel van data-analise in navorsingsbevindinge omskep word.

Navorsingsbevindinge sal gepubliseer word as ‘n MEd-verhandeling van beperkte omvang (Opvoedkundige Sielkunde) ter voltooiing van ‘n Meestersgraad in Opvoedkundige Sielkunde en mag ook moontlik in ‘n Akademiese Vaktydskrif gepubliseer word. Vir enige verdere navraag, kontak die navorser, Talita Claassens gerus. Kontaknommers: 072 639 9058 en / of 012 332 1806.

Ek, _____verstaan die inligting wat aan my gekommunikeer is en gee hiermee my toestemming dat _____ mag deelneem aan die betrokke navorsingstudie.

Ek, _____ gee ook hiermee my toestemming dat die onderhoudsessie op oudioband opgeneem mag word vir transkripsie-doeleindes.

_____ _____

Handtekening: Deelnemer Datum

_____ _____

Handtekening: Navorser Datum

Addendum E

PRECONCEIVED IDEAS ON RESEARCH TOPIC

- Learners with dyslexia or ADHD will be more positive about their condition if they have known about it for a longer period of time and have learned how to cope with it.
- Learners with better parental support will cope better with dyslexia and ADHD.
- Once learners have learned what dyslexia and ADHD is, they will feel relief and understand themselves better after being diagnosed.
- The older learners are, the more positive they will be about themselves and their condition because they will focus more on the things that they are good at.
- The understanding and support from teachers will influence learners' self-perceptions positively and vice versa.
- Understanding and support from friends will influence learners' self-perceptions positively and vice versa.
- Adaptations made in the learning environment or context will have a positive effect on the way that adolescents cope with dyslexia and ADHD.
- The earlier a learner is diagnosed with dyslexia or ADHD, the better he will learn how to cope with it and have more positive self-perceptions.
- The amount of therapy or additional support that a learner receives will lead to more positive self-perceptions being formed.