

**PARENTAL GUIDELINES REGARDING THE EMOTIONAL NEEDS OF
PRIMARY SCHOOL CHILDREN DIAGNOSED WITH ADHD**

BY

JACOBA MARTINA COETZEE

submitted in part fulfilment of the requirements for the degree of

**MASTER OF DIACONIOLOGIAE
(Direction: Play Therapy)**

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: MS C. VAN WYK

NOVEMBER 2006

Student number: 3403-559-1

I hereby declare that "Parental guidelines regarding the emotional needs of primary school children diagnosed with ADHD", is my own work and that all sources that were utilised or quoted were acknowledged by means of complete references.

20 November 2006

(J.M. COETZEE)

Dedication

This study is dedicated to my parents, Gert and Kotie Slabbert who passed away in 1999, at a time in their lives, when they still had so much to give and live for.

I know you would have been proud.

Acknowledgements

I wish to thank the following people who enabled me to complete this study by rendering support and motivation:

The principal, Carinda Habig, staff, parents and all the children from the Rietvlei Akademie, who made this research possible and who enhanced my knowledge and empathic understanding of ADHD.

Ms Carlien van Wyk, my study leader who sacrificed many nights of sleep and family time, who repeatedly and patiently supported and guided me throughout this research.

Ms Irma Schutte, my practical supervisor, who provided moral and emotional support at times when I felt overwhelmed.

My fellow students who provided guidance, motivation and ideas.

Dora-Mari van Vuuren for the hours you spent correcting the language.

My family who sacrificed family time to enable me to share my time with children they do not know.

Summary

The aim of this study was to create awareness of the emotional needs of children diagnosed with ADHD. In order to reach the aim of this study, an initial literature study was executed to describe ADHD and the emotional needs of children. Semi-structured interviews and two projective techniques were used to conduct the empirical study. Valuable data was also collected from the biographical questionnaires completed by the parents. Based on the data collected and analysed, findings were made which were verified by means of a second literature study. This was followed by conclusions which served as the basis for recommendations that were made in the form of guidelines to the parents, with the aim to make the parents aware of the emotional needs of their children diagnosed with ADHD. These guidelines will be made available to the parents at a seminar that will be held on acceptance of this research.

Key words

ADHD

Inattentation

Hyperactivity

Impulsivity

Parental guidance

Primary school children

Middle childhood

Emotional development

Emotional needs

Emotional security

Emotional secure child

Opsomming

Die doel van hierdie studie was om die ouers van kinders wie met ADHD gediagnoseer is, bewus te maak van die emosionele behoeftes van hulle kinders. Ten einde hierdie doelwit te bereik is 'n aanvanklike literatuurstudie uitgevoer om 'n beskrywing van ADHD sowel as die emosionele behoeftes van kinders te verkry. Semi-gestruktureerde onderhouds is met die kinders gevoer en twee projektiewe tegnieke is gebruik om te bepaal wat hulle emosionele behoeftes is. Waardevolle informasie is verkry deurdat die ouers biografiese vraelyste voltooi het. Die data wat tydens die empiriese studie ingewin is, is geanaliseer en bevindinge is gemaak wat met 'n tweede literatuurstudie gekontroleer is. Hierna is bepaalde gevolgtrekkings gemaak. Hierdie gevolgtrekkings is omskryf in aanbevelings wat as riglyne sal dien om die ouers bewus te maak van die emosionele behoeftes van hulle kinders. Hierdie riglyne sal tydens 'n seminaar aan die ouers bekend gemaak word.

Sleutelwoorde

ADHD

Hiperaktiwiteit

Aandagafleibaar

Impulsiwiteit

Riglyne aan ouers

Laerskoolkind

Middelkinderjare

Emosionele ontwikkeling

Emosionele behoeftes

Emosionele sekuriteit

Emosioneel versekerde kind

INDEX

CHAPTER 1: INTRODUCTION TO THE RESEARCH

1	Introduction	1
1.2	Rationale for study and problem statement	2
1.3.	Research approach	5
1.4.	Research methodology	7
1.5.	Ethical aspects	11
1.6.	Definition of terms and key concepts	13
1.6.1	ADHD	13
1.6.2	Parental guidance	13
1.6.3	Primary school children	14
1.6.4	Emotional needs	14
1.6.5	Emotional Security	14
1.7	Research report layout	15
1.8	Conclusion	15

CHAPTER 2: THE EMOTIONAL NEEDS OF CHILDREN DIAGNOSED WITH ADHD

2.1.	Introduction	17
2.2.	The child diagnosed with ADHD	18
2.3.	Diagnosis and Manifestation of ADHD in Primary School Children	19
2.4.	Age of Onset	19
2.5.	Gender and ADHD	20
2.6.	Diagnostic criteria for ADHD and the emotional needs of children	20
2.6.1.	Inattention	22
2.6.1.1	Dimensions of inattention	22
2.6.1.2	Effects of inattention	23
2.6.2.	Hyperactivity	25
2.6.2.1	Hyperactivity and self-regulation	25

2.6.3.	Impulsivity	26
2.6.3.1	Manifestation of impulsivity	26
2.6.3.2	Impulsivity and meeting emotional needs	27
2.7.	The emotionally secure child	28
2.7.1	Milestones in emotional development	29
2.7.2	Entering into formal learning	29
2.7.3	Industry versus inferiority	30
2.7.4	Self regulation	31
2.7.5	Moving away from triangular relationship with parents	31
2.7.6	Identity forming	32
2.8	Characteristics of a secure child	33
2.9	Parent child relationship	38
2.9.1	Acquiring emotional understanding	38
2.9.2.1	Family interaction	39
2.9.3	Chronic stress	40
2.9.4	Nurturing, attachment and the ideal family	40
2.10.	Conclusion	42

CHAPTER 3: RESEARCH FINDINGS AND LITERATURE CONTROL

3.1.	Introduction	44
3.2.	Research process	44
3.2.1	Research and work procedure	44
3.2.2	Description of universe, sample and sampling techniques	45
3.2.3	Method of data collection	46
3.2.4	Biographical data	49
3.2.5	Interview schedule	52
3.3	Empirical data	54
3.4	Main themes of the study	54
3.4.1	Main theme 1:The child should experience economic security	55

3.4.1.1	Sub theme 1: Stimulating activities promote economic security	58
3.4.1.2	Sub theme 2: Economic security enhances self-esteem	59
3.4.2	Main Theme 2: The child should feel that he belongs	60
3.4.2.1	Sub theme 1: Parents and the peer group facilitate belonging	66
3.4.2.2	Sub theme 2: The child and parent's world do not meet	67
3.4.3	Main Theme 3: The child should feel safe and free from fear	68
3.4.3.1	Sub theme 1: Parents provide security in distress	70
3.4.3.2	Sub theme 2: the perceived threats to safety	71
3.4.4.	Main Theme 4: The child should experience guidance, support and parental control	72
3.4.4.1	Sub theme 1: Both parents provide guidance	75
3.4.4.2	Sub theme 2: The child understands the role of punishment reprimands and rewards	76
3.4.4.3	Sub theme 3: The child experiences punishment and reprimands inappropriate	77
3.4.4.4	Sub theme 4: The child comprehends parental control and guidance	78
3.4.5	Main Theme 5: The child should feel loved and nurtured	78
3.4.5.1	Sub theme 1: The child knows he is loved	80
3.4.5.2	Sub theme 2: The child experiences a raise in self-esteem from being loved	81
3.4.6	Main Theme 6: The child should be stimulated and should have access to education	82
3.4.6.1	Sub theme 1: The parents experience of the child's enrolment at Rietvlei Akademie positively	82
3.4.6.2	Sub theme 2: The respondents experience parental support by spending time on homework	83
3.4.7	Main Theme 7: The child should be free from feelings of guilt	84
3.4.8	Main Theme 8: The child should experience autonomy and responsibility	85

3.4.8.1	Sub theme 1: Chores and responsibility confirms autonomy and responsibility	88
3.4.8.2	Sub theme 2: Parental positive response increases self-esteem in the child	89
3.5	Conclusion	90

CHAPTER 4: CONCLUSIONS AND RECOMMENDATIONS

4.1	Introduction	92
4.2	Research problem	92
4.3	Evaluation of meeting the aim and objectives	93
4.3.1	Aim	93
4.3.2	Objectives	94
4.3.2.1	Objective 1	94
4.3.2.2	Objective 2	95
4.3.2.3	Objective 3	97
4.4	Summary of the chapters of this research	97
4.4.1	Chapter 1: The research process	97
4.4.2	Chapter 2: The conceptual framework	98
4.4.3	Chapter 3: Empirical study and research findings	98
4.5	Conclusions	99
4.6	Guidelines to parents	101
4.7	Recommendation for future research	104
4.8	Conclusion	104

BIBLIOGRAPHY

Appendix 1: Informed Consent

Appendix 2: Biographical questionnaire

Appendix 3: Interview Schedule

CHAPTER 1

INTRODUCTION TO THE RESEARCH

1. Introduction

Children diagnosed with Attention Deficit Hyperactivity Disorder (hereafter referred to as ADHD) not only have to cope with their own behavioural and emotional problems but also have to cope with possible rejection by peers, teachers and parents as a result of their repeated and persistent inappropriate behaviour. Bower (1995:34) states that many mental health problems in children manifest as learning or behaviour difficulties in school. It is thus easily understood that the child diagnosed with ADHD is prone to experience a number of emotional problems as a secondary result of the disorder.

Bower (1995:74) further mentions that research has shown that childhood emotional disturbance is closely related to parental states of mind and attitudes towards their children. Raikes and Thompson (2006:89) refer to their previous research stating that children who maintain more secure relationships with their parents, and who openly discuss emotions with their parents acquire a more accurate understanding of emotions than other children. Children learn about emotions in conversations with their parents, and secure attachment relationships promote children's understanding of emotion and emotional security. The relationship between the child diagnosed with ADHD and his parents is often challenged due to the behaviour of the child and the negative messages the child receives from the parents. The child could suffer from low self-esteem as a result of the way the parents respond to the child's behaviour.

For the purpose of this study, children between the ages of 6 and 13 were included as most children in grade seven are thirteen years old. Corey (2001:79) describes a child between the ages of six and twelve years as a child in the middle childhood years, which is the age when the child is enrolled at primary school. For the purpose of this study reference was made to primary school children.

This study aimed to provide guidelines to parents of children diagnosed with ADHD, to create awareness of the emotional needs of their children.

1.2 Rationale for the study and problem statement

At the Rietvlei Akademie, a private school situated on the Waterkloof Agricultural Holdings in Pretoria, a school specialising in the education of children diagnosed with ADHD, the principal of the school, Carinda Habig (2006), mentioned that several parents raised their concern about their lack of knowledge on how to provide in the emotional needs of the children diagnosed with ADHD. From the discussion it became clear that support groups for parents with children diagnosed with ADHD, mainly focus on the physical care and behavioural problems without providing the parents with the much needed guidance on their children's emotional needs. Although extensive research results have been published about the treatment of ADHD, the focus is mainly on medical treatment and therapeutic intervention. Guidance provided in literature focus on developing social skills and addressing specific behavioural problems (compare Picton, 1997; Bester, 2000). Parents faced with the day to day manifestation of ADHD generally feel themselves able to comply with their children's physical and medical needs but are often not aware of the emotional difficulties their children are experiencing.

Chugh (2006) supports the view that parents are not provided with the required support and stated that children's mental and emotional needs may not be as obvious as their physical needs, which makes it essential for parents to acknowledge that mental health is as important as physical health. Mills and Puckering (1995:140) are concerned that parents are expected to utilise their own childhood experiences to raise their children, thus explaining the outcry for guidance by parents with children diagnosed with ADHD. Rabiner (2005) states that raising a child diagnosed with ADHD places a burden on the family and school the child functions in. The child is faced with emotional problems as a result of his inappropriate behaviour. Robinson (2004) is of the opinion that the depression prevalent amongst children diagnosed with ADHD is often the result of the rejection and emotional problems these children diagnosed with

ADHD experience.

Flory (2006) supports this view by stating that there is not a shortage of information on how to deal with children's physical needs but that emotional needs are rarely discussed and that parents will struggle to name the emotional needs of their children. Berk (2000:289) explains that inattentive and overactive children strain the patience of parents, who react inconsistently, a child rearing style that further aggravates inappropriate behaviour.

The researcher strongly believes that any intervention in a child's life, whether it is by means of medicine, therapy or education, can only be successful if all the systems the child functions in are addressed in the treatment programme. A clear understanding of ADHD is required to be able to intervene in order to improve the quality of life of the child. If all the basic needs of a child are not met, it could affect the child's development, thus disturbing the equilibrium required to function optimally. Corey (2001:203) explains that intervention would not have a lasting effect if the systems the child functions in do not also support these changes. Corey (2001:220) explains that Gestalt therapy does not try to move the client but only create awareness of "what is", to bring about change. The primary school child mainly functions in two systems comprising the family and school. The relationship between the parent and child is the most important as it forms the basis of the child's total well-being or gestalt. To address the disequilibrium the child diagnosed with ADHD experience, it is required that parents are made aware of the emotional needs of their children.

The problem for this study can be formulated as follows: The parents of the children from Rietvlei Akademie, are not aware of the emotional needs of their children diagnosed with ADHD.

Considering the challenges raising a child diagnosed with ADHD poses to any parent, the cry for assistance could not be ignored. It is this need that urged the researcher to study this problem.

- **Aim and objectives**

Fouché and De Vos (2005:104) describe the aim as an abstract conception of the end toward which effort or ambition is directed. The aim of this study was to describe the emotional needs of children from the Rietvlei Akademie diagnosed with ADHD, in order to provide guidelines to create awareness amongst parents. To be able to reach the aim a number of objectives were identified. Objectives can be described as the process to be followed or the steps that need to be taken to attain the aim or goal (Fouché & De Vos, 2005:104). To reach the aim of this study the following objectives had to be reached:

- To provide an overview of literature describing the primary school child diagnosed with ADHD with specific focus on the emotional development and emotional needs of primary school children in order to gain a theoretical basis for the study.
- To execute an empirical study to determine what the emotional needs of the children from Rietvlei Akademie, diagnosed with ADHD are.
- To verify the data against existing literature and to make conclusions to be able to provide guidelines to parents to make them aware of the emotional needs of their children.

To meet the objectives of this study, the research question described in the next paragraph was formulated.

- **Research question**

In order to fulfil these objectives a research question was formulated whereby vague questions were formulated into a specific question regarding the subject to guide the nature and the scope of the research (compare Strydom & Delpont, 2005:321). In this study the following research question was examined:

What are the emotional needs of primary school children diagnosed with ADHD that can be converted into guidelines to create awareness amongst parents?

This study aimed to create a better understanding of the emotional needs of primary school children diagnosed with ADHD to provide guidelines to ensure awareness amongst parents of the Rietvlei Akademie. This study would be of value to teachers and therapists, but particularly valuable to parents to understand what the emotional needs and struggles of children diagnosed with ADHD are.

1.3 Research approach

In this study a qualitative approach was followed. Fouché and Delport (2005:74) describe the qualitative approach as a multi-perspective approach to describe, to make sense and to interpret. The main aim of the qualitative approach is to understand social life and the meaning that people attach to everyday life. This study therefore aimed to describe the emotional needs of children from the Rietvlei Akademie, diagnosed with ADHD to create awareness amongst parents through guidelines.

- **Type of research**

Fouché and De Vos (2005:105) distinguish between basic and applied research. For the purpose of this study, applied research was done. Applied research is distinguished from basic research due to the fact that applied research concerns the scientific planning of induced change in a troublesome situation. In the case of this study the parents of the children from Rietvlei Akademie need to be made aware of the emotional needs of their children. TerreBlanche and **Durrheim** (1999:41) state that applied research aims to provide information about some form of social interaction with the aim to provide information to facilitate decision-making. A practical question related to intervention is thus answered.

Due to the nature of the subject of research, the objective of the research was explorative and progressed towards descriptive research, as described by Fouché and De

Vos (2005:106). Exploratory research was applicable, as it provided insight into a situation, which in this case were the emotional needs of children diagnosed with ADHD. Greeff (2005:301) regards exploration as a process whereby the researcher discovers, by listening and learning from respondents. Semi-structured interviews with the children were used to explore the emotional needs of the primary school children from the Rietvlei Akademie diagnosed with ADHD.

Descriptive research compliments explorative research, as it presents a picture of the detail of a situation and focuses on the “how” and “why” (Fouché & De Vos, 2005:106). TerreBlanche and Durrheim (1999:40) see the aim of descriptive research as the description of phenomena. In this study the emotional needs of the primary school child diagnosed with ADHD were described. The study aimed to develop guidelines for parents to create awareness of the emotional needs of their primary school children from Rietvlei Akademie diagnosed with ADHD.

- **Research strategy**

To be able to conduct this type of research a certain strategy was followed. Creswell as cited by Fouché (2005:269) identifies five possible strategies to be followed in qualitative research, namely biography, phenomenology, grounded theory, ethnography and a case study. For the purpose of this study the research was done by means of the exploration of an instrumental case study of which the children of the Rietvlei Akademie diagnosed with ADHD were the case study. Creswell described an instrumental case study as an exploration or in depth analysis of a system, comprising of a single or multiple cases, bounded by time and place. In this study the emotional needs of primary school children diagnosed with ADHD were examined.

The exploration and description for this study were done by the collection of data from the children. Rich data was collected by means of semi-structured interviews. Rich data refers to a wide and diverse range of information collected over a period of time (Strydom & Delport, 2005:330).

For the purpose of this study the methodology described in the next section, was followed.

1.4 Research methodology

As stated earlier, this study was qualitative in nature. According to Fouché and De Vos (2005:89), qualitative research is executed in five phases comprising of twelve steps. The phases are discussed below and the applicability to this study were highlighted.

- **Phase 1**

Phase 1 comprised only one step, namely the identification and selection of a researchable topic. This step was done during a discussion with the principal of the Rietvlei Akademie, a private school for primary school children diagnosed with ADHD as well as by consulting literature specifically focused on ADHD. The principal of the school, mentioned to the researcher that parents requested advice on how to deal with their children's emotional needs, as these parents are often not aware what their children's emotional needs are (Habig, 2006). A tentative research question was formulated as part of the first step (compare Fouché & Delpont, 2005:80).

- **Phase 2**

During Phase 2, three steps were followed. Step 2 involved the assessment of the approach to be followed and the qualitative approach was found to be the most suitable. Step 3 was the formulation of a research question, which led to Step 4, namely the drafting of the research proposal (Fouché & Delpont, 2005:80).

- **Phase 3**

Phase 3 was the planning phase. Step 5 in phase 3 of the research process required that the place of the literature study in the research process had to be selected (Del-

port & Fouché, 2005:259). A first literature study was conducted to gain sufficient background information on ADHD, the emotional development of primary school children and their emotional needs. Cresswell (in Delport & Fouché, 2005:265) recommends that the literature study should only be completed after the data collection has been done. The researcher is of the opinion that the semi-structured interviews need to be based on relevant theory in order to be able to collect rich data and therefore an initial literature study was conducted. The literature study also enhanced the researcher's knowledge base to approach the interviews in an informed manner. A second literature study was conducted on completion of the empirical study to compare the findings in the empirical data with existing literature.

Step 6 of the research process required the selection of a qualitative research design (Delport & Fouché, 2005:268). As motivated before, a case study was done.

Step 7 required that the method of collection and analysis had to be identified. In this study, rich data was collected through semi-structured interviews with 14 of the children at Rietvlei Akademie. Semi-structured interviews were more applicable, as questions focusing on the emotional and developmental needs of the children were posed, but still allowed for flexibility in scope and depth (compare Greeff, 2005:292).

Step 8 was the phase in which the sample was framed and developed. In the next section the universe, population and sample will be discussed in more detail.

The term universe refers to all potential subjects for research, who have the same characteristics the researcher is interested in. The universe could therefore include all people who comply with the requirements. As it is impossible to do research at such a large scale it is assumed that smaller portions would represent the same characteristics as that found in the universe (Strydom, 2005:192). The universe for the children in this study included all the primary school children who have been diagnosed with ADHD.

The term population implies that the sample is selected from the universe on the basis

of certain boundaries or criteria (Strydom, 2005:192). The population of this study comprised the primary school children from the Rietvlei Akademie who have been diagnosed with ADHD.

Purposive sampling was done for this study, by composing a sample of features containing the most characteristics and which is of most interest or was most representative of the population (Strydom & Delport, 2005:304). The Rietvlei Akademie specialises in the education of children diagnosed with ADHD and the researcher was therefore guided for the selection of the population by the homogeneity of ADHD. For the purpose of this study the children diagnosed with ADHD were selected as the respondents. The sample of the child respondents was drawn from the population on the grounds of the following criteria:

- The child must have been primary school learner at Rietvlei Akademie.
- The child must have been diagnosed with ADHD.
- No specific cultural or racial preferences were applicable.

A sample represents a portion of the bigger population or the group of persons that would be relevant to include in the study. The population of the Rietvlei Akademie is small (30 learners), and therefore a large sample, comprising of 14 children was drawn to enable the researcher to draw more representative and more accurate conclusions (compare Strydom, 2005:194).

- **Phase 4**

Phase 4 was the implementation phase and comprised of step 9 and 10. Step 9 involved the consideration of the applicability of the elements of a pilot study. For the purpose of this study a pilot study was not conducted, but a literature study was done prior to the execution of the empirical study. The elements considered for the implementation phase were the literature study, testing of the interview schedule and adapting it where required as well as the exploration of the suitability of the procedure of data collection (Strydom, 2005:205).

Step 10 guided the collection and recording of data. The point of departure was to conduct semi-structured interviews with the children to collect information in order to determine their emotional needs. Greeff (2005:292) states that semi-structured interviews merely formalise the conversation to provide a purpose to the conversation. Rich data was collected with 14 children until saturation had been reached. Two projective techniques were used to collect information during the semi-structured interviews, namely the Bird's Nest Fantasy and the World Fantasy. No therapeutic intervention was done.

To gain insight into the community from where the children diagnosed with ADHD enrolled at the Rietvlei Akademie came from, a profile of the family structures was compiled. A questionnaire for completion by the parents was used. See Appendix 2 for the biographical questionnaire. This enhanced the interpretation of the information collected, which was utilised to the benefit of the parents for whom the guidelines were developed.

The data collected was managed by capturing it in detailed process reports containing the detail of the interviews. A complete inventory of the data collected was captured on computer.

- **Phase 5**

Phase 5 was the phase where interpretation and presentation of collected data took place during steps 11 and 12. Step 11 of the research process involved the processing and analysing of the data and verification of the results with existing literature. Delport and Fouché (2005:335) state that the collection of data and the analysis go hand in hand in order to interpret the data coherently. A balance needed to be reached between collection and analysis to ensure that premature conclusions were not made. The data collected was divided into themes, categories or patterns; whereafter the data was coded to establish emerging patterns. From the emerging themes, findings were made that were compared with existing literature. Step 12, the last step,

involved the writing of the report after which guidelines based on the themes was developed. These emerging themes were converted into guidelines to make parents aware of the emotional needs of their children.

1.5 Ethical aspects

Strydom (2005:56) states that ethics guide the researcher in what is proper in research and what not. Ethics is described as a set of accepted morals, whereby the rules and expectations related to desired behaviour and most appropriate conduct towards others involved in the research is guided. The following ethical aspects guided the research process:

- Integrity guided the entire process of the study. The researcher ensured that no deception of respondents occurred and that facts were not deliberately misrepresented. The researcher is aware that withholding of information also implies deception and therefore the researcher was truthful in deliberation with all subjects. The real goal of the study, the real functions of the respondents in the research and the possible experiences the respondents may be exposed to, were discussed with them (compare Strydom, 2005:60). In terms of the literature study, all sources utilised were acknowledged.
- Sieber (in Strydom, 2005:61) defines privacy or confidentiality as information that is generally not intended for the knowledge of others. For the purpose of this research, the confidentiality of the content of data collected as well as the privacy of respondents were managed to protect the identities of all respondents. Information was handled anonymously by utilising symbols to refer to respondents in the drafting of the research report.
- The principle of informed consent was followed to ensure that all children who took part in the study, as well as their parents who completed the form, attached as Appendix 1, were informed regarding the aim and procedures of the research. Strydom (2005:59) states that informed consent implies that respondents

are informed of the goal of the investigation, the procedures to be followed, the possible advantages, disadvantages and dangers respondents may be exposed to and the credibility of the researcher. For the purpose of this study written consent was obtained from the parents and verbal consent was obtained from the children participating in the study. Participation in the research was voluntary and all questions asked by respondents were answered truthfully. The respondents were informed that they could withdraw from the study at any point.

- Strydom (2005:63) states that researchers are ethically bound to ensure competency to undertake research. The researcher ensured that the research was conducted in a well-planned and ethically correct manner. Where required, supervision was sought from the study leader. Objectivity was maintained and the boundaries between being a researcher and not a therapist in this research were maintained. According to above-mentioned author objectivity is a prerequisite to ensure that research is conducted in an ethical manner and to refrain from making value judgments. Should any matter arise during the research requiring that a respondent needed therapy, it was planned for such respondents to be referred for treatment.
- The findings of the study will be made available and therefore required that a report be compiled as accurately and objectively as possible. Strydom (2005:65) states that a researcher is ethically required to ensure that the research is conducted correctly and that the results are not deceiving. The final written report must be accurate and objective, contain all the information and should not include any form of bias. The researcher avoided plagiarism at all cost and endeavoured to acknowledge all references in the appropriate manner.
- Subjects who took part in the research have the right to be informed of the outcome of the research without breaching privacy and confidentiality. Depending on the type of research it was foreseen that the researcher might have to debrief respondents especially if emotionally charged subjects were raised during interviews. Debriefing would have followed straight after the sessions. The results of

the research would be made available by means of a seminar (compare Strydom, 2005:67). It was not foreseen that debriefing of all respondents would have been required, but the researcher was prepared to refer those participants should the requirement arise. A seminar will be arranged on acceptance of this research for the benefit of the parents to inform them of the results of the study and to create awareness amongst the parents of the emotional needs of their children.

To create a uniform understanding of the contents of the terminology used in the research, key elements will be explained in the following paragraph.

1.6 Definition of terms and key concepts

In order to ensure an understanding of the key concepts of the thesis the following terminology needs to be explained:

1.6.1 ADHD

Attention Deficit Hyperactivity Disorder is described in the DSM-IV (Diagnostic Manual of Mental Disorders) as characterised by hyperactivity, impulsivity and inattentiveness (Barlow & Durand, 2002:457). In general ADHD is diagnosed at the end of early childhood (approximately school going age) (Reber & Reber, 2001:62). Barlow and Durand (2002:457) describe ADHD similarly to Reber and Reber and add that it affects social and academic relationships. The researcher understands ADHD to be characterised by acts of hyperactivity, impulsivity and inattentiveness that is not appropriate in at least two settings and which is inappropriate for the age of the child.

1.6.2 Parental guidance

Berk (2000:566) describes parenting in middle childhood as co-regulation that grows from a cooperative relationship between the parent and child. The parents monitor, guide and support their children and use the time with the child to strengthen the abilities of the child to monitor their own behaviour. Guidance is described as leading, di-

recting, advising, assisting and influencing (Reber & Reber, 2001:310). Parental guidance can therefore be described as direction or advice provided to an adult providing care and nurturing to a child on a day-to-day basis.

1.6.3 Primary school children

Primary school children are children who are between the ages of 6 and 11 (Berk, 2000:5). Corey (2001:79) describes a child between the ages of 6 and 12 years as a child in the middle childhood years. For the purpose of this study, children between the ages of 6 and 13 were included as children in grade 7 are already 13 years old. The researcher therefore defined the primary school child included in this study as being between 6 and 13 years of age.

1.6.4 Emotional needs

Emotional needs are described as the neural core of emotional identity, which enables a child to live his life in accordance with the standards set out by the UN Declaration of Human Rights (Affolter, 2005:390). Brink (2005:22) describes emotional needs as to be physically cared for, emotionally responded to, optimally stimulated and taught, to receive discipline and control and to be appropriately encouraged. The researcher understands emotional needs to be the expectancy of the child that the world and people in his world would respond appropriately to fulfil his expectations for him to function optimally. When emotional needs are met a child experiences emotional security.

1.6.5 Emotional security

Davies and Cummings (1998:124) describe emotional security as those feelings the child derives from the context and quality of the interpersonal relationships with the primary caregivers. Koomen, Van Leeuwen and Van der Leij (2004:254) describe emotional security as serving a set goal by which children regulate their functioning in social contexts by organising and giving meaning to children's emotions, behaviour, thoughts and physiological responses. The researcher defines emotional security as

the outcome of parent's continuous care and nurturing to provide in the changing physical and emotional needs of the growing child.

1.7 Research report layout

The research report is presented in four chapters as follows:

- Chapter 1 contains the introduction to the research. This includes the introduction, motivation for the choice of topic, problem formulation, aim and objectives, research question, research methodology, ethical aspects and definition of main concepts.
- Chapter 2 provides information found in existing literature on the primary school child diagnosed with ADHD and the emotional needs of primary school children.
- Chapter 3 contains the analysis and interpretation of information collected during the execution of the empirical research, as well as the findings. A second literature study was done to compare the findings of the study with existing literature.
- Chapter 4, the final chapter, contains the conclusions made, based on the findings of the research as well as the recommendations in the form of guidelines for parents to create awareness on the emotional needs of children diagnosed with ADHD.

1.8. Conclusion

The first chapter formed the theoretical basis and defined the direction of the research that followed. This chapter explained the need for the research and the aim it wished to achieve. This chapter also directed the research in that it guided the research by means of the ethical guidelines that were followed.

In the next chapter a description of the child diagnosed with ADHD will be described as

well as a description of the emotional needs of children will be provided. The chapter will also describe the ideal environment to foster an emotionally secure child and provide a description of an emotionally secure child.

CHAPTER 2

THE EMOTIONAL NEEDS OF CHILDREN DIAGNOSED WITH ADHD

2.1 Introduction

The UN Convention states that: "... the family as the fundamental group in society, the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibility within the community" (Sharp & Cowie, 1998:4). The Constitution of South Africa 1996 (Act No 108 of 1996) further defines the rights of children and stated that a child has the right to family or parental care or appropriate alternative care. Both these documents governing the rights of children mainly focus on the physical needs and ensuring the physical well-being of children, but do not prescribe and describe the emotional care of children in specific. The fact that children do have needs is acknowledged, but parents in general are not sufficiently informed what the needs of children beyond the basic physical needs, are.

Parents do not receive training to be parents and are often dependent on own childhood experiences, good or bad, to nurture and care. The high incidence of child abuse and neglect provides evidence to the statement that not all children develop to be emotionally secure and competent adults. Rath (1972:63) states that children whose emotional needs are not met are frustrated and find it more difficult to learn. Unfulfilled needs result in children acting with aggression, psychosomatic illnesses, withdrawal and compulsive behaviour, amongst others. Covitz (1986:3) went so far to say that parents who repeatedly fail to meet the needs of their children are abusing their children psychologically and emotionally. Children diagnosed with ADHD do have special needs on physical, emotional and educational levels that need to be met. Should some of these needs not be met the child's development may be delayed and this could be equated to abuse.

In the first chapter of this research paper it was mentioned that ADHD poses several challenges to parents and children diagnosed with ADHD. The aim of this chapter is not to describe the symptoms of ADHD in detail, but rather to look at the emotional needs of children and to describe how unmet emotional needs can further aggravate the behaviour of children diagnosed with ADHD, with specific reference to the child in his primary school years. This chapter should clarify what motivated the parents of the children at the Rietvlei Akademie, diagnosed with ADHD to request guidance regarding the emotional needs of their children. ADHD and how it impacts on the child and the family is described as a departure point. The emotional needs of the child in the primary school years are incorporated in this section. The ideal emotional environment to foster emotional security is described and the characteristics of an emotionally secure child are highlighted. For the purpose of this study the child in the primary school years is described, but the age window was extended to include children between the ages of 6 and 13 years, as the focus was the primary school child.

2.2 The child diagnosed with ADHD

A child diagnosed with ADHD is affected in his emotional, social and academic functioning (Berk, 2000:289). Olson (2002:248) explains that children diagnosed with ADHD experience difficulties in their social relationships with peers, family members, teachers and other significant people in their lives due to the tendency to be chronically inattentive to social communication, in specific the subtle verbal and non-verbal cues that are important in social interaction. The tendency to be impatient, impulsive and intrusive is also problematic. Children with ADHD are different from their peers in the way they relate to other people and the way they express their emotions. They could appear to be emotionally detached or imposing on others as if they know the others intimately. The child diagnosed with ADHD may also overreact to minor frustrations or seem to be emotionally absent in situations in which severe emotion would be appropriate. Some of these children may also display stereotyped mannerisms distinguishing them from other children, for example flapping their arms or making repetitive gestures, which are evident in times of excitement. Brown (2000:35) mentions that some children with ADHD display peculiar thought processes. They tend to get stuck on one

topic and find it difficult to move on. These children also get stuck on a specific word or phrase or will repeat a joke or an incident that occurred.

From the description of the child diagnosed with ADHD it will become clear that the child experiences problems which affect functioning at all levels and impact on the development of emotional security. The diagnosis and the way in which ADHD manifests is described in the next section.

2.3 Diagnosis and manifestation of ADHD in primary school children

Before any diagnosis of ADHD can be made, the child's developmental age needs to be considered as inattention, hyperactivity and impulsiveness are present in the behaviour of all young children. Stimuli in the environment can also trigger inattention or hyperactivity (Shepard, Carter & Cohen, 2000:410). To diagnose ADHD the child's behaviour should be excessive, long term and pervasive and should be compared with the behaviour of other children to determine whether other children display similar behaviour in the same setting. It should also be determined whether the behaviour is a continuous problem and whether the child's inappropriate behaviour applies in more than one setting (compare Matthews, 2002:6; Hinshaw, 2005:353). Berk (2000:406) mentions that the child in the primary school years shows increased levels of emotional self-regulation and learns to manage negative emotions that could threaten his sense of self-worth. The child develops strategies to cope with failure and acceptance as peers play an important role to confirm self-worth. Barlow and Durand (2002:457) states that in the child diagnosed with ADHD, this ability to control his behaviour is inhibited, resulting in rejection instead of confirming his self-worth thus affecting his sense of emotional security.

2.4 Age of onset of ADHD

The diagnosis of ADHD is generally made at school-going age, although the symptoms are already present by the age of four to five years (Shepard *et al.*, 2000:407). Matthews (2002:42) cautions that developmental problems, especially language delays

and adjustment problems could imitate ADHD and lead poisoning, learning disabilities, giftedness, hearing or vision loss, reaction to medication, hypothyroidism, anaemia and tic disorders could all be mistaken for ADHD. The age of diagnosis is important as the school environment demands more from the child in terms of his executive functioning and the child is expected to do more for himself. This explains why the child diagnosed with ADHD stands out as his behaviour is often inappropriate and disruptive and the child finds it difficult to conform to the structured environment.

2.5 Gender and ADHD

Brown (2005:8) finds that ADHD is the most widely diagnosed disorder amongst children, at between 45 to 62 percent. The Diagnostic Manual of Mental Disorders (hereafter referred to as the DSM-IV) as referred to by Barlow and Durand (2002:457) divide the criteria for diagnosis of ADHD into three categories, namely inattention, hyperactivity and impulsiveness and distinguished between the combined type, the inattentive type and the hyperactive/impulsive type. Buitelaar (2002:48) finds that the combined type is more diagnosed amongst younger boys, whilst the inattentive type is more diagnosed amongst older girls. The combined type is also found to be more associated with general impairment and linked to higher rates of comorbid disorders.

2.6 Diagnostic criteria for ADHD and emotional needs

The diagnostic criteria for ADHD as it appears in the DSM-IV will not be listed, but a description of ADHD would be more appropriate to highlight why ADHD poses such a challenge. Maslow (in Freshwater & Robertson, 2002:52) determined the hierarchy of human needs and reasons that the basic needs must be met before the next higher order need can be pursued. Sharp and Cowie (1998:3) endorse the emotional needs identified by Raths (1972:25) by adding to the list of emotional needs of children. Although the list could be further extended, the list below captures what the authors described as the prominent needs to ensure emotional security in children:

- The need for economic security.
- The need to belong.

- The need for protection and freedom of fear.
- The need for security, guidance, support and control.
- The need for love, affection and respect.
- The need for stimulation and access to education.
- The need to be free from intense feelings of guilt.
- The need for autonomy and responsibility.
- The need for self-concept and understanding.

The needs listed above will be integrated in the discussion on the child diagnosed with ADHD as well as in the description of an emotional secure child to indicate how the effects of ADHD interferes with a child's development into a secure child. ADHD will be discussed first as a departure point in this process.

The DSM-IV was developed over a period of twenty-five years to compile an accurate and reliable list of diagnostic criteria for a number of disorders (Ladnier & Massanari, 2000:28). Shepard *et al.* (2000:41) propose the following three main categories in ADHD:

- Attention deficit/hyperactivity disorder, predominantly hyperactive impulsive type (symptoms of hyperactivity/impulsivity only).
- Attention deficit/hyperactivity disorder, predominantly inattentive type (symptoms of inattention only).
- Attention deficit/hyperactivity disorder, combined type (symptoms of both inattention and hyperactivity/impulsivity).

In the section below the three characteristics of ADHD, namely inattention, impulsivity and hyperactivity will be described and the emotional needs of the child in the primary school years will be incorporated. This will assist to point out how ADHD could affect the child and strain the development of emotional security.

2.6.1 Inattention

Brown (2005:13) mentions that more demands are made on the child's cognitive functioning and the child's ability to regulate his behaviour when the child moves to primary school. It is here where the child can be identified as experiencing problems with inattention and impulsiveness, thus explaining the diagnosis of ADHD at school going age. Executive functioning becomes progressively more complex as the child progresses in life and the demands on the child increase. Inattention does not only imply that the child does not pay attention, but impacts on the child in a variety of ways and has various dimensions.

2.6.1.1 Dimensions of inattention

ADHD is not a disorder of attention, but can better be explained as a disorder to select what to attend to (Safran, 2002:24). Matthews (2002:4) describes inattention as having a hard time keeping the mind on any one thing at a time and getting bored with a task after a few minutes when it is required that attention must be deliberately and consciously focused. Due to the fact that the child misses detail, the child often does not fit in, does not know how to dress or know what the social code is. This results in the child saying the wrong things, or finding him-/herself in embarrassing situations, making decisions without thinking or finding it difficult to make a choice when more than one option is presented. The child may miss parts of a message or instruction, which severely impacts on the child's performance at school and at home as well as in the social environment.

Schochat, Scheuer and Andrade (2005:35) describe inattention as having more than one dimension. On the one hand the child finds it difficult to pay attention and on the other hand the dimension of distractibility is present. Inattention is related to the arousal, activation and sustained effort of the working memory to start, sustain and finish tasks. Kordan and Douglas (in Schochat *et al.*, 2005:35) agree that the major components of attention are attentional capacity, sustained attention and the capacity to shift attention from one stimulus to another. Schochat *et al.* (2005:35), define attention as "The process of directing and focusing certain psychological resources to en-

hance perception, performance and mental experience”.

Distractibility refers to the reaction to external sounds, sights and movement by the child diagnosed with ADHD. Distractions can even include the child’s own thoughts (Schochat *et al.*, 2005:37). Safran (2002:22) demonstrates the struggle a child diagnosed with ADHD is faced with every day by the following example. A teenage boy was commended by his therapist for concentrating on her lips in an effort to pay attention to what she was saying. The following is an example of what the boy experienced:

I’m watching your mouth because you have told me that it will help me to pay attention, but your furnace just kicked in, someone drove up and I can’t figure out what kind of car it is, there is a tree being chain-sawed somewhere near here, someone is cutting the grass, I heard your doorbell ring, which means your next patient is here, that light bulb is flickering and by the way, are you having soup for dinner because I can smell it.

From the above it is clear how difficult the child diagnosed with ADHD finds it to focus and to pay attention as all external stimuli, whether it is sound, smell, or something visible, stimuli distracts the child resulting in the message conveyed to be lost.

2.6.1.2 Effects of inattention

The researcher is of the opinion that a child needs stimulation and access to education to function optimally and to develop into an emotionally secure person. The child diagnosed with ADHD finds it difficult to pay attention and is easily distracted, especially in a formal learning environment. The child therefore needs to be in a learning environment at school and at home that would adapt to fulfil in the child’s needs. Opportunities should be provided to learn and to explore the world at their own pace. Rath (1972:13) describes this need as the need for achievement and recognition. The child soon learns that certain behaviour or achievements elicit praise and reward from parents. These rewards motivate the child to comply in order to receive recognition. Al-

ternatively the child could also express his need for achievement and recognition in a negative way by making excuses for not performing, or by blaming others or the situation. The child could experience that others are always better than him, thus affecting his self-worth and self-esteem. The child diagnosed with ADHD is however prone to experience failure as a result of his inattention. This constant failure could result in low self-esteem affecting the child's sense of emotional security.

Raths (1972:44) elaborates and states that children are often praised for achievements and not for the effort the child has put in. This often results in acknowledgement of achievers only. The child diagnosed with ADHD who struggles to learn and to concentrate might not achieve high grades and is therefore not praised. The child diagnosed with ADHD may experience that his need for self-concept and understanding is not met. Acknowledgement and love should not be given conditionally and the child should not experience that love and affection is only guaranteed when he performs. The child diagnosed with ADHD generally also experience learning problems and may not exceed if compared to children without ADHD. Raths (1972:41) further clarifies that if the child cannot satisfy his need to belong, the child may focus all his attention into one specific effort, such as drawing or sport or become aggressive. This behaviour further isolates the child or lead to rejection by peers, which directly affects the development of emotional security. The child further experiences his world as being threatened and that he is not wanted.

Raths (1972:41) describes the need to belong as a basic need. The child not only wants to have the security of his family, but especially during the primary school years the child needs to fit in with the peer group. Being surrounded by other children or his family does not automatically create a feeling of belonging. When the child experiences that he does not belong as a result of his inattention, he may act by avoiding contact with other children, may be the onlooker and not the participant and may be a daydreamer. This daydreaming could be mistaken for inattention.

Hyperactivity is another characteristic of ADHD evaluated during diagnosis. In the next section hyperactivity will be described.

2.6.2 Hyperactivity

Matthews (2002:4) describes hyperactivity as always being in motion and moving about. Rath (1972:53) reminds that the process of growing up is accompanied by making mistakes. Being free of guilt is another need that needs to be fulfilled to ensure emotional security. In his exploration of the world the child may act in ways that are not acceptable or in ways that do not comply with the norm. Depending on the way in which the parent addresses the behaviour, the child could experience that he would never be able to live up to the standards the parents expect of him. If the child is treated in a humiliating way the child could experience that he should be ashamed and feel guilty. The child could blame others and have feelings of guilt for lying as he disappointed his parents. The child could try to avoid the feelings of guilt by avoiding his parents or teachers and blame himself, isolate himself or be over submissive.

2.6.2.1 Hyperactivity and self-regulation

Considering what Rath (1972:55) describes as the fulfilling of the need for self-concept and understanding, the child diagnosed with ADHD may be severely affected as the child finds it difficult to regulate his impulses and to distinguish when his behaviour is inappropriate. The child is at risk for behavioural, learning and social problems. Berk (2000:406) explains that self-regulation develops over a period of time, parallel to cognitive maturation. Berk (2000:288) concludes that self-regulation is severely affected by the unique challenges posed by the effects of ADHD. Rath (1972:60) mentions that comparing a child with other children, threatening to tell the other parent or constantly reminding the child of previous mistakes and failures, could increase the feelings of intense guilt, which affects the development of emotional security negatively. The child diagnosed with ADHD might find it difficult to meet the standards set and experience constant failure due to his inability to control his hyperactive behaviour, which is linked to impulsivity.

The third characteristic of ADHD, namely impulsivity, will be described in the next section.

2.6.3 Impulsivity

Perez-Alvarez and Timoneda-Gallart (2005:158) describes impulsivity as "... the failure to resist an impulse, drive or temptation that is harmful to oneself and others". As a behavioural pattern, impulsivity can be described as impatience, careless, risk-taking, sensation seeking and pleasure seeking and an under-estimated sense of harm. Impulsive behaviour thus includes both cognitive processing and emotions, integrated in the prefrontal cortex of the brain. Impulsivity, hyperactivity and aggressive behaviour are all different behavioural patterns related to the failure of impulse control, sharing the same neurological mechanisms. Impulsivity is thus seen as failure of the planning process in the process of attention, perception and planning.

2.6.3.1 Manifestation of impulsivity

Safran (2002:26) clarifies that impulsivity does not only refer to speaking out of turn but often entails that the child takes action, without considering the consequences, act before the action is thought through, does not know how to stop an action, set their expectations too high and is surprised if they fail. The child often does not learn from the experience but will start a chain of failures at the same action or task. If one considers another need identified by Rath (1972:25) namely developing autonomy and responsibility, children diagnosed with ADHD are at risk. Children need to gain experience to take responsibility for themselves and others in age-appropriate ways. Children should be provided with the required information to deal with ethical dilemmas and interpersonal conflicts and live with the consequences. As the child diagnosed with ADHD does not learn from experience and is prone to failures as a result of his impulsive behaviour, gaining emotional security could be threatened.

Rath (1972:15) states that a child should be able to make choices and should experience that his ideas and inputs are valued. If a child is brushed off as being too young or not bright enough to participate in decision-making, the child will not have the need to express his own values and react with frustration. Every child needs to carry age

appropriate responsibility and should be able to make choices and take the responsibility for the choices he made. The child diagnosed with ADHD who acts on his impulses may find it difficult to make the right choices and has to learn from making mistakes. Often the same mistakes are made due to a lack of impulse control. By allowing the child to make choices and learn from his mistakes the child's role within his family and peer group is confirmed, through which emotional security is developed.

2.6.3.2 Impulsivity and meeting emotional needs

A further need is the need for protection and freedom from fear. A child needs to be kept safe and to be protected from danger and abuse. (Compare Rath, 1972:12; Sharp & Cowie, 1998:3.) Rath (1972:12) explains that this protection entails that the parent may guide the child to be cautious of situations such as climbing a tree, but encourage the child not to be scared and to experiment and explore his world. In the case of the child diagnosed with ADHD, especially in the case of the hyperactive and impulsive child, excessive climbing and daring behaviour is common. The way in which the parent reacts will determine whether the need to be free from fear but still be protected, will be met. The absence of fear is necessary for the child to be able to explore his world, make choices and experience a feeling of achievement that builds emotional security.

From the symptoms describing ADHD above the researcher understands why it might be difficult for parents to meet the emotional needs of their children when the child could be affected in his academic, social, moral and physical development. The parents of these children are perceived to be unequipped to control and discipline their children, resulting in social isolation of these children and their families. This factor only emphasises the importance of early and correct diagnosis and appropriate treatment of ADHD. Greenhalgh (in Matthews, 2004:282) argues that learning depends upon our capacity to manage our inner and outer worlds and that, if we are unable to manage our emotions, we are likely to lose our capacity for imagination and become frozen or emotionally stuck and unavailable for learning.

From the section above it is clear that the child diagnosed with ADHD finds it difficult to control his emotions and behaviour, which impacts on the ability to learn. The environment and in particular the relationship with his parents should provide the child with the tools to develop towards an emotionally secure child. It is therefore necessary to establish the characteristics of an emotional secure child. In the next section the emotional secure child will be discussed with specific emphasis on the child in the primary school years.

2.7 The emotionally secure child

Studies by Kagan (2005:4) confirms that the development of an emotionally secure child commences from even before birth due to the attachment that forms between mother and child. Davies and Cummings (1998:124) state that the relationship between the parents is regarded as the most important factor that ensures emotional security for the child. They also explained that the need for security, guidance, support and control should be met to ensure emotional security. The child should have a sense of continuity of care and the expectation that the family unit will remain intact. Barlow and Durand (2002:458) caution that ADHD places severe demands on relations with parents and siblings, due to the behaviour of the child diagnosed with ADHD. Davies and Cummings (1998:136) conclude after studying the effect of marital relations on the emotional security of children that a loving and supporting relationship in the family and the absence of conflict is important to ensure emotional security for the child diagnosed with ADHD. The child could experience that he was the cause of the severed relations in the family and may be riddled with feelings of guilt, but not be able to control his impulses. Bester (2000:66) stresses that routine; constant discipline and predictability are other factors contributing to ensure emotional security within the family. The child diagnosed with ADHD functions better within a set routine and predictability. The child should also know what is expected of him and should be appropriately and constantly guided and disciplined. To be able to develop into an emotionally secure child, certain emotional needs must be met and parents should understand on the one hand what the emotional needs of their children are, but on the other hand also what the emotional development of the child in the primary school years entails.

The next section the milestones in emotional development of the child in his primary school years will be described.

2.7.3 Milestones in emotional development

Berk (2000:413) identifies the milestones in emotional development of primary school children as follows:

- Self-conscious emotions become integrated inner standards for right action. The child can distinguish between his own needs and desires and what is right or wrong.
- The child rely more on his internal ability for self-regulation and apply different strategies. The child can see another point of view and try different options to solve problems.
- The child is able to conform to rules and is more aware of the social rules of emotional display.
- The child is able to consider multiple sources when explaining emotions displayed by others.
- The child becomes aware that the emotions displayed by others could be masked and false and that words and behaviour do not always correspond.
- The child develops a sense of empathy as he understands the emotions displayed by others.

2.7.4 Entering into formal learning

An integral part of growing up is forming an own identity. Erikson based his theory on development on the premise that development occurs throughout a person's lifespan. Of importance for this research is the stage that he identified as the industry versus inferiority stage and to a certain extent also the stage identity versus identity confusion,

which includes adolescence. The latter stage is included as some of the respondents in this research already entered adolescence (Berk, 2000:19).

Primary school provides children with opportunities to develop competencies, which will result in the development of a sense of security. At this stage the child also develops triangular thinking through which the child evaluates his relationships with both parents and includes both parents to fulfil in his needs, instead of relying on one parents' care only. The child develops a capacity to take on challenges from which security will develop depending the success the child experienced to manipulate his world. This sense of achievement creates an optimistic outlook of the world and motivates the child to find solutions and face the world and its challenges (Greenspan, 2002:79).

2.7.5 Industry versus inferiority

Strommen, McKinney and Fitzgerald (1983:6) explain that the competencies that develop in the primary school or primary school years are rooted in the early developmental years. A sense of competency is directly related to the sense that the self is capable of doing things and executing tasks that are meaningful. In this development phase children also start taking on tasks to see the outcome and not purely for pleasure only.

Erikson in Berk (2000:19) explains this development phase as the phase in which the child develops either industry or inferiority. The term industry refers to the child's sense of achievement whilst the term inferiority refers to the child who constantly experiences failure and who develops a sense of self that he is a failure. During middle childhood a child moves towards independency, which makes the child more vulnerable to failure and disappointment. Between the ages of 5 and 10 years, children undergo developmental changes that include an increase in cognitive processing skills. This transition and the accompanying changes allow children to undertake major changes in responsibilities, independence and social roles.

Kam, Greenberg and Kushé (2004:66) mention that further developmental integration

occurs among affect, behaviour and cognition and language in the primary school years. The relationships between these three components are crucially important for social competency and healthy mental and emotional development. From the description of the development of the primary school child, one can only conclude that the equilibrium between behaviour, cognitive functioning and emotions is affected by the demands placed by ADHD.

2.7.6 Self regulation

Olson (2002:248) describes the achievement of flexible levels of self-control or self-regulation as a major developmental task for a child. Self-control provides the foundation for the development of normal social and academic competencies. The researcher wishes to add emotional competencies to the academic and social competencies, as these three competencies cannot be separated. Berk (2000:18) again refers to Erikson when she highlights the importance of this development phase, as the age of 6 to 11 years is the time in which the child develops the capacity to work and cooperate with others. Inferiority develops when negative experiences at home, at school or with peers lead to feelings of incompetence and inferiority. During this development phase the child also moves away from fantasy and play, by undertaking real tasks en developing academic and social competencies.

2.7.7 Moving away from triangular relationship with parents

Greenspan (2002:79) describes the age of 7 years as the age when the child moves to a stage where peer relationships are more important and the child moves away from the triangular relationships with his parents. Berk (2000:445) states that a major change takes place in the primary school years in the child's self-description, which enables the child to list a number of personality traits and competencies. The peer group becomes important to define the child's self-image. The child develops an understanding that everything in life is not all-or-nothing, but that relationships can operate in shades of grey, for example he is angry with a friend but still hopes to be invited to the party. The child also learns to comply with rules. The child learns to distinguish

between the various people in his life and the extent to which these people meet his needs. The child also figures out how emotions and relationships work, and this creates security. Greenspan (2002:83) cautions that if the child is not able to develop this skill, the child could be constantly disappointed due to misguided expectations and develop a sense of inferiority as described by Erikson.

2.7.8 Identity forming

Berk (2000:449) explains that by the age of 11 the child develops a more consistent picture of who they are which is less built on what others think but rather how they perceive themselves. He also stated that the child could develop more than one set of self-esteems based on academic, physical and social competencies. These separate self-esteems provide the child with a global sense of self-worth and a psychological image of him-/herself. The child also develops his goals and values and is less influenced by the peer group. These internal pictures are built on the basis of the interactions with family, friends, teachers and others. This helps to stabilize the child's self-esteem to see the world from another perspective, for example "I may not be the best player but I still made the team". The child derives motivation from internal abilities and strengths. Greenspan (2002:89) agrees that the inner sense of self provides reassurance of competencies in the various areas of life the child functions in. This inner sense of self guards the child from exploitation by peer groups and allows the child to make choices.

Berk (2002:456) states that in adolescence of which the years 12 to 13 years of age are also important to be included for the purpose of this study, the child determines who he is and needs to find his place in society, which leads to a lasting personal identity. Gottman, Katz and Hooven (in Ahn, 2005:50) state that the child becomes aware of the social network, peer norms for social acceptance and clique structures, which affects his self concept as it is dependent on how he perceives himself in this world. The child develops the ability to work with others and if he does not receive an acceptable level of feedback, feelings of incompetence and inferiority may develop. The child who is supported by parents, peers and teachers will experience that they are compe-

tent, whilst the child who experience failure and disapproval will develop a sense of being a failure. Lewis (1989:69) acknowledges that the development of emotional experience depends on the way in which the social world responds to the child's emotional states and expressions in the context where they occur. The interpretation and evaluation by the social environment creates the rules to which the child evaluates own behaviour. To develop into an emotionally secure person, the environment should be conducive for the child to develop his competencies and explore his world.

The next section will describe the characteristics of a secure child.

2.8 Characteristics of a secure child and the ideal environment

Greenspan (2002:21) identifies a secure child as having the following characteristics:

- **The ability to engage in and rely on vital relationships with a mother, father, siblings and other adults.**

Children need to have physical contact to be nurtured and comforted when in distress. Rossmanith (1997:17) motivates the need to love, nurturing and belonging by stating that the parent-child relationship is the most significant in determining the child's level of self-esteem. Children need to be listened to and be provided with challenges and new opportunities, to be encouraged to share feelings inclusive of negative emotions and to develop a sense of competence and achievement (Raths, 1972:56). Rossmanith (1997:17) further states that the child learns that he needs love and affection in the establishment of the relationship with his parents. Love should not be conditional, but provided irrespective of the child's inappropriate behaviour. The child develops the need to belong not only to his parents but also to friends, grandparents etc. From a warm and accepting relationship with his parents, the child learns that he can trust other people. The child also learns that certain behaviour is expected of him to be able to belong. Raths (1972:41) states that when the needs of children are not met they might express the need for love and affection by trying to confirm the love, or

showing his emotion onto another person or object. The child could also react by flight reactions such as lying, overeating or reading books or watching movies in which loving relationships are the theme. Should the child approach the parent and the parent reacts with rejection the feelings of being unwanted may be confirmed. The child diagnosed with ADHD is susceptible to rejection as he experiences that he is constantly in trouble for not performing according to expectations. It is therefore necessary that the need to belong, to be loved and nurtured be fulfilled.

A child should be able to rely on his family in times of stress and rely on the family to feel better and to find solutions. The ability and freedom to communicate a full range of feelings and desires is essential for a child to experience that he plays an important role and has a place in the family. The freedom to show feelings without naming it provides the child with the freedom to express himself and to feel that his emotions are valued. The importance for emotional security lies in that the parent will respond appropriately to acknowledge the child's feelings. Children who are not allowed to show their emotions may act in frustration and impulsivity. If a child is allowed to show emotion, the child learns to be sensitive to the feelings of other people. The ability to read and understand other people's emotions and to elicit the appropriate response ensures emotional security in the child. The child experiences that he is of value, which increases his self-worth. This ability thus helps the child to negotiate his peer relationships. Should the child lack this ability, it could result in rejection by peers (Green-span, 2002:25).

The need for self-concept and understanding is another need that needs to be fulfilled to create emotional security (Raths, 1972:60). Children need to know their abilities and to have confidence in their own abilities to be able to build a concept of who they are in this world. Parents often treat children as if they will only understand at a later stage or that he should not ask so many questions. This leaves the child to feel confused and bewildered and may react by stating that adults are cruel and school is dumb. The researcher assumes that the impulsive acts of the child diagnosed with ADHD may further aggravate the situation as the child could experience that he is not trusted with either information or tasks. Empirical studies by Gottman *et al.* (in Ahn, 2005:50) have

shown that negative, non-supportive reactions to children's negative emotions such as distress, fear, sadness and anger are associated with negative social and emotional outcomes for children. According to Eisenberg, Fabes and Murphy (1996:2244) negative reactions to children's displays of negative emotions tend to heighten and extend children's emotional arousal in emotional experiences. Accordingly, children are more likely to engage in non-constructive behaviours. The responses of caregivers provide opportunities for children to learn which behaviours are appropriate for expressing emotions. In the case of the child diagnosed with ADHD the child already experiences rejection due to the fact that the child does not have the inherent ability to control his behaviour when expressing emotions as a result of processing problems

- **The ability to solve problems and take initiative**

Greenspan (2002:27) mentions that a child who has developed the ability from an early age to get what he wants to meet his physical needs such as asking a hug when he is feeling sad, will feel more secure as he experiences that he can master the world. The primary school child will try and find solutions to problems by either seeking help or by finding a solution. The child then experiences that he can deal with the world when the world is challenging. Berk (2000:449) recognizes the need to feel part of the problem solving efforts of their families. This can be achieved by nurturing support through interaction and negotiation and to challenge the child to be assertive.

Berk (2000:453) explains that during the primary school years children start to distinguish between ability, effort and external factors to explain their performance. As a result of the response by parents on the achievement or non-achievement the child could learn that he will never succeed or the child may learn that he can do anything if he tries.

- **The ability to reason and to think**

Greenspan (2002:17) concludes that children can work out solutions in a logical way even if they do it through play. The ability to have strong feelings while holding on to

reality is an important character of a secure child. If the child is not allowed to express his feelings and when the parent is too controlling, the child will refrain from approaching the parent for help. Being able to express emotions and to tell others how we feel and to seek solutions, by using ideas to seek solutions, the child develops security. When finding a solution to a problem, even with assistance, the child experiences a feeling of mastery, which will enhance his feeling of self-worth and emotional security.

- **The ability to entertain more than one possibility**

Greenspan (2002:17) describes an emotionally secure child as someone who would consider several options for failure whilst the insecure child will ascribe any negative result to himself. This could result in the child refraining from interacting and trying and exploring. The ability to see many reasons and causes for events will make the child feel overwhelmed, but if the child feels emotionally secure he would be able to seek help or see another point of view.

Petty (1995: 205) explains that a person's unique cognitive responses such as the person's mood could influence the attitude the child has towards solving a problem. Petty concluded that people differ in the way in which they engage towards solving problems. He stated that people could be motivated for various reasons, which in the case of a child could be that the secure child experience that his parents would support and guide him if he makes mistakes.

- **The ability to create own internal standards and foster a sense of self**

This ability helps the child to compare other views to his standard. Positive standards or characteristics that are confirmed create security and provide reassurance. In the case of reinforcing of a negative standard the child could internalise the negative standard about his own abilities. These internal standards are more important to the older primary school child as the child assesses himself and tries to find his place and meaning in society and in his peer group in this development phase (Greenspan, 2002:17).

Gilbert (1995:103) states that human development revolves around observing others and subtract from the situation and the behaviour that took place what the effect was. In the development of own standards the child might behave in a certain way, observe the reaction and on the basis of the reaction adapt future behaviour. Being able to read the situation correctly, the child is able to adapt his behaviour and act appropriately. Fiske (1995:162) explains that self-schemas form the core of our self-concept and that different schemas exist for every person whereby every person evaluate himself against a set standards that guide behaviour. Fiske explains further that schemas also guides judgment, based on what the person can remember from experience. From the discussion on ADHD and with particular reference to impulsivity, the ADHD child finds it difficult to read the situation correctly and is therefore prone to misinterpretation and acting inappropriately, which could result in rejection by peers, which affects the self-concept.

- **The ability to feel empathy with others**

Greenspan (2002:17) describes that by the age of six years the child develops a sense of empathy and is able to put himself in the shoes of others. Empathy and prosocial behaviour is developed through modelling and discussions with peers and parents. By caring and helping others a sense of security in own abilities is developed through which the child develops into an emotionally secure child. Rath (1972:3) confirms that physical health is vital for a child to learn, but added that emotional security is vital to create a sense of well-being. He described an emotionally secure person as being able to consult alternatives and free to make choices. A secure child is someone who has a deep sense of self-respect and is reasonably free from deep embedded feelings of fear and guilt, who has a sense of belonging and who participates in the world with peers. The secure child experiences growth in skills and competency, can make sense of the world and is confident in the world. Selman (in Berk, 2000:465) describes the ability to put himself into another person's shoes, as self-reflective perspective taking. During this phase the child becomes aware of prosocial behaviour and meeting the needs of others. Berk (2000:469) contributes by stating that the child's perception of friendship also changes during this developmental phase and the child does not only

see friendship as playing together, but is able to form a relationships built on trust. The child that is not emotionally secure could either avoid building friendships or be over-cautious.

Raths (1972:4) mentions that there is agreement that there is a close relationship between certain kinds of behaviour and unmet emotional needs. This behaviour includes the persistent and hostile aggression towards people and property, self-isolation by being the observer and not the participant, regression to an earlier stage of development, symptoms of psychosomatic illnesses and excessive submissiveness. All the above kinds of behaviour interfere with learning, which emphasises why it is important to address the emotional needs of children and in particular children diagnosed with ADHD who already has many obstacles to overcome. The parents as the closest adults who can support and guide a child into adulthood are the most important role-players to create emotional security. In the next section the important relationship between the parent and child will be discussed.

2.9 Parent child relationship

Raikes and Thompson (2006:91) state that the family environment provides a natural laboratory for learning about feelings. Families however differ in the prevalence and intensity of negative emotion. Nadel and Muir (2005:6) describe emotion as comprising of the behavioural, autonomic, cognitive and affective aspects. According to these authors, emotional systems enable organisms to generate adaptive instinctual behaviour, which helps the person to adapt during various life challenging situations. Affect is the state of feeling in the here and now that serves an adaptive role in keeping organisms in a state of readiness to take action. Emotional systems can however become chronically charged due to negative life experiences. If one considers the three basic characteristics of ADHD it becomes evident that the child diagnosed with ADHD could suffer from emotional problems as a result of the responses to his inappropriate behaviour and his own inability to control his behaviour.

2.9.1 Acquiring emotional understanding

Bitter and Corey (2001:387) agree with the above by stating that individuals are best understood within the context of relationships and that symptoms or emotional or behavioural problems are often viewed as the expression of dysfunction within these relationships. Exposure to intense negative affect within the home may overwhelm children and affect their ability to link emotions with the consequences leading to difficulty in identifying and acknowledging emotions. Making the connection between the causes and consequences of emotion helps young children to acquire emotional understanding. If children have trouble understanding these connections, they may have difficulty understanding the feelings they observe in others or experience in themselves. The child diagnosed with ADHD inherently lacks the ability to read and interpret emotions correctly. Children who are extremely intense in their experience and expression of emotion (emotionality) and who present poor emotion regulation skills have been found to be at risk of problem behaviour and social maladjustment.

2.9.2 Family interaction

Trevarthen (in Nadel & Muir, 2005:61) stresses that human emotion depends on intersubjective sympathy between individuals. Sensitive parental care is important for the fostering of a creative and resilient emotional life and personality. If nurturing parental attention is not forthcoming, the child will move into defensive withdrawal. Tronick (in Nadel & Muir, 2005:293) highlights the importance of the parent-child relationship by stating that when the break in connection with other significant people is chronic, children become distressed, depressed, listless and fail to develop. In cases where caregivers are withdrawn and emotionally unavailable, children go into sad withdrawal mood states. Connection with people in general leads to an experience of growth, sense of continuity and a feeling of well-being and awareness of the other person's sense of the world. In the case of disconnectedness there is an experience of senselessness and feelings of annihilation as in the case with depressed mothers. The attachment that develops between a parent and child plays a major role in the development of brain neurons in early childhood, which affects the emotional well-being of a child.

The researcher is of the opinion that the interaction between parent and child must therefore be considered as a mechanism that could affect the symptoms of ADHD. Shepard *et al.* (2000:415) mention that interaction between the ADHD child and parents can be complex and stressful as it is often negatively charged. He found that the parents of ADHD children were more controlling, directive and negative in their interaction with their children. The relationship was found to be tenuous and less spontaneous and more physical punishment was used. Davies and Cummings (1998:137) also conclude that poor parenting skills and marital and family dysfunction were also found to be associated with ADHD. The increased stress results in the parents not being aware of the child's positive attributes and behaviour and therefore the parents overreact to the child's negative behaviour and react inconsistently to the child. This further affects the child's behaviour negatively, resulting in more parental stress.

2.9.3 Chronic stress

Sandberg and Barton (2002:370) studied the influence of family stability, marital discord and psychiatric disorders in a parent as possible factors contributing to ADHD. There is however not a linear cause-effect relationship but child rearing practices and chronic stress factors have an influence on the physical and emotional well-being of the children, which could result in hyperactivity and inattention. The child's behaviour then results in a cyclic cause and effect relationship where the child's behaviour increases stress in the family, resulting in more behavioural problems. The intention of this research is not to focus on the behavioural problems of the child diagnosed with ADHD, but as emotion and behaviour is interrelated the behaviour cannot be totally negated.

Nadel and Muir (2005:20) write that the psychological well-being of an adult is critically dependent on childhood experiences. It is believed that positive early emotional experiences promote optimism, resilience and mental health and the larger the sphere of influence of positive emotions, the more likely the child is to become a productive and happy member of society. The more the child is exposed to negative emotions, the

more likely it is that the child could develop into an unhappy and unfulfilled adult. It is this statement that motivates why it is important for parents and in specific parents of children diagnosed with ADHD to be aware of the emotional needs of their children.

An integral part of emotional security is based on the fact that the child is ensured of warmth, shelter, food and hygiene as prescribed in the Constitution of South Africa. The need for economic security as described by Raths (1972:11) could affect the emotional security of children. Raths (1972:54) states that the need for economic security can also be described as the need for basic physical care. Basic physical care provides the child with a sense of stability in the relationship with his parents. If the child experiences economic security and trust in those who provide in his physical needs the child believes that the care will continue. The need for economic security does not imply wealth but rather the assurance that basic needs would be met. Parents often discuss financial concerns, which could create insecurity in the child when overheard. The child diagnosed with ADHD requires additional attention for learning problems, medicine and higher fees due to tuition at private schools. Should the child experience that he places a burden on the family that cannot be afforded; the child may experience insecurity in the meeting of his economic needs, which could result in feelings of guilt and fear.

2.9.4 Nurturing and attachment and the ideal family

Ladnier and Massanari (2000:28) found that children, who were diagnosed with ADHD and who were over-stimulated and under soothed in the first two years of their lives, failed to bond with their childhood caregivers. The lack of nurturing could result in the absence of an enduring, affectionate and reciprocal bond that is required for a child's neurological and emotional development. Bowlby (in Winkley, 1996:5) emphasize the importance of consistent attention, responsiveness and care as a firm emotional foundation on which to build the relationship between parent and child.

Wills, Blechman and McNamara (1996:107) describe the ideal family to build emotional resilience in children as follows:

- A supportive family builds effective communication.
- A supportive family contributes to a child's ability to adapt through coping skills and competencies.
- A supporting family averts negative life events by shielding the child against inappropriate challenges.
- A supportive family teaches the child strategies to cope with the appropriate affective, social and achievement challenges.
- A supportive family enables a child to cope with inappropriate challenges.

If the child experiences that his family is supportive the child will also experience a sense of well-being as his needs are fulfilled. The importance of the parent-child relationship and the characteristics of a supportive family cannot be ignored. The knowledge that a supportive family environment can fulfil in the emotional needs of children urged that this research be done to develop guidelines for the parents of children, diagnosed with ADHD enrolled at the Rietvlei Akademie.

2.10 Conclusion

To ensure emotional security for the so-called "normal" child is already a challenging task as parents are often ill equipped and rely on their own childhood experiences to raise children. This chapter highlighted why the researcher is of the opinion that children diagnosed with ADHD place a burden on the parenting skills of their parents due to their continuous hyperactivity, impulsivity and inattention. Not only are the parenting skills affected but also the relationships within the family. To meet the emotional needs of a child, the family environment should be conducive to communication, support and enabling the child to develop optimally. The effects of ADHD however place such a burden on the family that the relations are strained and tense. This atmosphere does not facilitate the creation of a loving and caring environment in which the needs of the child can be met and where the child feels safe.

Having a child diagnosed with ADHD to raise, the statement by the UN Convention

proposing that the family is the natural environment for growth and well-being is hard to come by and therefore parents and in particular those parents with children diagnosed with ADHD, need to be made aware of the emotional needs of their children and be provided with guidelines to support their parenting efforts. Emotional needs reach far beyond providing physical care. The day-to-day interaction between parent and child is the ideal environment to utilize fulfillment in the emotional needs of a child to ensure that every child and especially those with special needs, such as children diagnosed with ADHD, are supported to develop into emotionally secure children.

In chapter 3 the empirical research was documented by providing the interview schedule, transcriptions of the interviews as well as the findings made, based on a second literature study, which served as control for the information collected.

CHAPTER 3

RESEARCH FINDINGS AND LITERATURE CONTROL

3.1 Introduction

In chapter 2 a description of the child diagnosed with ADHD was provided and the three main characteristics of ADHD were described. The characteristics of an emotionally secure child as well as the ideal environment to foster development into an emotionally secure child were also described. The ten emotional needs of children and the effect ADHD has on the development of emotional security was contemplated. The literature study done in chapter 2 served as a conceptual framework for the question schedule drafted for the empirical study.

The focus of this study is to determine the emotional needs of children diagnosed with ADHD enrolled at the Rietvlei Akademie. The parents of the children from the Rietvlei Akademie, a private school specialising in the education of children diagnosed with ADHD, approached the principal of the school for advice on how to ensure their children's emotional well-being. This served as motivation to undertake this research and will be described next.

3.2 Research process

In this section, an overview of the research process that was followed, will be described.

3.2.1 Research and work procedure

The identification and selection of a researchable topic was completed prior to the commencing of the empirical research. A tentative research question was formulated as part of the first step. The research question was formulated as follows:

What are the emotional needs of primary school children diagnosed with ADHD that can be converted into guidelines to create awareness amongst parents?

The qualitative approach was found to be the most suitable for the type of research. A literature study was conducted to gain sufficient background information on ADHD and the emotional development of primary school children. This information was captured in chapter 2 of the research. The literature study enhanced the researcher's knowledge base, in order to approach the interviews in an informed manner.

3.2.2 Description of universe, sample and sampling techniques

The universe for the children in this study included all primary school children who have been diagnosed with ADHD. The population of this study comprised the children from the Rietvlei Akademie who have been diagnosed with ADHD. The population of the Rietvlei Akademie is small, and comprise of thirty learners. Not all the children at the school have been diagnosed with ADHD, but the school also make provision for children diagnosed with other disorders and inspecific learning disorders. Only the children diagnosed with ADHD were included and only those children whose parents provided written consent for their children to be included in the study were interviewed. (See Appendix 1 for the letter of consent.) A large as possible a sample was drawn to enable the researcher to draw more representative and more accurate conclusions. Purposive sampling was done and the respondents were drawn from the population on the grounds of the following criteria:

- The child must be a primary school learner at Rietvlei Akademie.
- The child must have been diagnosed with ADHD or ADD.
- No specific cultural or racial preferences were applicable.

The Rietvlei Akademie specialises in the education of children diagnosed with ADHD and the researcher is therefore guided in the selection of the population by the homogeneity of ADHD. For the purpose of this study, the children were the respondents.

Semi-structured interviews were conducted with fourteen of twenty-two children from the Rietvlei Akademie, diagnosed with ADHD. The other children who make up the rest of the total of thirty children at the school who were diagnosed with Tourette Syndrome, Asperger's Syndrome and other learning disabilities were not included in the study. The respondents included were between the ages of eight and eleven. Seven of the respondents were eight years old, four were nine years old, two were ten years old and one was eleven years old.

3.2.3 Method of data collection

Empirical data was collected from two main sources, namely the parents who completed a biographical questionnaire as well as the children who were interviewed. As part of the data collection process, the parents were requested to complete a biographical questionnaire providing some background on the family structure, medication, time spent with the child and activities the parents undertake with the child (See Appendix 2 for the biographical questionnaire.) The researcher conducted semi-structured interviews with the children at Rietvlei Akademie. For the purpose of transcribing the data, a voice recorder was used. The parents completed consent forms prior to the interviews and the respondents were informed and verbally agreed to the recording of the interview. Semi-structured interviews were more applicable, as questions focussed on the emotional and developmental needs of the children were answered. Semi-structured interviews allowed for flexibility in scope and depth. Rich data was collected and saturation was reached. The time spent per interview varied between thirty to forty-five minutes per respondent and was dependent on the verbal ability of the children and the level of inattention the respondent displayed. The questions asked during the interviews posed questions related to the emotional needs of the children, but did not follow a specific sequence. Certain of the questions were asked with a specific theme in mind, whilst other questions were used to verify the data provided throughout the interview.

During the data collection process the researcher made use of two projective techniques to elicit data from the children. The first technique used was the "World Fan-

tasy technique”, which was developed by the R.P. Family Centre (R.P. Familienzentrum, 2006). The researcher explained to the respondent that he-/she is a prince or princess of the world and may decide who would be allowed to live in his or her world. The researcher then drew a world globe on a sheet of paper and the respondent had to name everybody who would be allowed to enter his world. The researcher noted the list of names provided and followed by asking the respondent who would not be allowed to enter his world. The child was requested to motivate his answer. This technique provides an insight into the child’s experience of those he wishes to maintain relationships with and those he would prefer not to. It could also indicate when the child experience discomfort with a particular person.

The second projective technique used was the “Bird’s Nest Fantasy” (R.P. Familienzentrum, 2006). The researcher drew a tree with a bird’s nest in the fork of the tree. In the nest three birds, a mother, father and baby bird, were drawn. The researcher started the projection by stating that the father bird warned the baby bird not to go too close to the side of the nest. The respondent was then asked to complete the story and to tell what happened next. On completion of the respondent’s story, the researcher requested the respondent to describe what the reactions of the mother and father bird were, what they did and what they said after what happened to the baby bird. The response of the child gave an indication of what the child projects his parents would say and react in a similar situation.

On completion of the interviews and after collection of all biographical forms, the data analysis commenced. The following steps as described by Strydom and Delport (2005:314) were followed in the process of data analysis.

- **Managing of data.** All consent forms as well as biographic data sheets were filed in a ring file prior to the start of the interviews. The hand written notes made during the interviews were filed with the consent form for each individual respondent on completion of every interview. On completion of all the interviews, all the interviews were transcribed. The data was thereafter marked and separated into three files, namely consent forms, biographical data and data collected during in-

terviews.

- **Reading and writing memos.** The preliminary data analyses commenced by repeatedly reading through all the transcriptions. This provided the researcher with an overview of what was collected and notes were made to identify preliminary themes.
- **Generating main themes.** A second and third round was undertaken to read through the data. The researcher then used various colours to mark data related to the different main themes.
- **Coding of data.** The different themes were then further coded by marking the data that were collected on the same theme to narrow the themes down into a number of sub-themes.
- **Testing emergent understandings and alternative explanations.** The last two steps before the writing of the report were to analyse the data for usefulness and relevance to the study. This was followed by questioning whether the data provided could be linked to any other explanation or motivation other than the research. For this purpose a second literature study was done to control or test the data that has been collected.

The writing of the report, which is the aim of this chapter, followed on completion of the steps of analysis. To ensure that respondents remain anonymous, letters from the alphabet was used to identify the respondents. The responses of each of the respondents on every question will be quoted, where after the sub-themes will be described and the data collected will be elucidated, by referring to existing literature. As the respondents were all Afrikaans speaking, the responses will be captured in Afrikaans to ensure that no data is lost or interpreted during translation.

3.2.4 Biographical data

Biographical data was collected by requesting the parents to complete a questionnaire which was attached to the letter of consent. The responses are captured below.

- ***Age of respondent***

As stated above, the respondents included were between the ages of eight and eleven. Seven of the respondents were eight years old, four of the respondents were nine years old, two were ten years old and one was eleven years old.

- ***Gender of respondent***

Five of the respondents were female and nine were male respondents.

- ***Position of child in the family***

Five of the respondents were the first child, eight were the second child in the family and one was the third child.

- ***Marital status of parents***

All the parents were married, except respondents K and N whose parents were divorced and respondent M, whose parents are in the process of divorce.

- ***Reason for enrolling child at Rietvlei Akademie***

The parents motivated the reason for enrolling their children at Rietvlei Akademie as follows:

Respondent A: "Onderwyseres in Constantiapark het aanbeveel dat ek hom skuif na kleiner skool."

Respondent B: "Swak selfbeeld, sukkel met huiswerk, voltooi nie take nie."

Respondent C: No reason was provided.

Respondent D: "Kan nie in groot klas funksioneer nie, aandag afleibaar."

Respondent E: "Leerdifunksie en aandag afleibaar."

Respondent F: "Groot klasse – sukkel om te konsentreer."

Respondent G: "Benodig ekstra aandag."

Respondent H: "Kind funksioneer nie optimaal in groot klasformaat."

Respondent I: "Het agter geraak in groot klasse."

Respondent J: "Vaar beter in kleiner klas"

Respondent K: "Kinders presteer akademies beter."

Respondent L: "Funksioneer beter in 'n klein groep."

Respondent M: "Leerprobleme."

Respondent N: "Kind vaar beter in kleiner klasse"

- ***Nature of therapy the child receives, for example occupational therapy, play therapy, therapy by a social worker or psychologist or any other.***

Respondent G and L receives occupational therapy, respondent B receives speech therapy, respondent D does extra reading classes and occupational and speech therapy was recommended for respondent M, but he is not currently undergoing any therapy. Respondents K and M are also involved in play therapy provided at the school. None of the other respondents are receiving any form of therapy.

- ***Use of medication and supplements specifically for ADHD***

Respondent H was using Ritalin, but has since changed to EyeQ, respondent E uses Concerta, respondent D uses Ritalin, respondent B uses Ritalin, Concerta and Omega three and six and respondent A uses Concerta. None of the other respondents are using any medication or supplements. It can be concluded that five of the fourteen respondents are using supplements and/or medication related to ADHD and ADD.

- ***Amount of time parents spend with the respondent***

Respondent A: "Een uur per week."

Respondent B: "Min."

Respondent C: "Halfdag."

Respondent D: "Ongeveer vyf ure."

Respondent E: "Tien tot vyftien minute, maar nie elke dag."

Respondent F: "Twee ure per week."

Respondent G: "Drie na vier ure in die week"

Respondent H: "Dertig minute tot een uur per dag."

Respondent I: "Dertig tot sestig minute."

Respondent J: "Een uur per dag."

Respondent K: "Twee uur gedurende week."

Respondent L: "Soveel ek kan."

Respondent M: " Vier ure."

Respondent N: "Smiddae en saans"

- ***Activities the time is spent on***

Respondent A: "Doen huiswerk, gesels met hom, lees."

Respondent B: "Skoolwerk, maak kos, stap met die hond."

Respondent C: "Huiswerk, pluimbal, tuinwerk."

Respondent D: "Drink iets by Wimpy, gesels, swaai, doen huiswerk, lees, kyk Sewende Laan en Smallville."

Respondent E: "Gesels, naweke ry hy soms saam na winkel."

Respondent F: "Gesels oor dag."

Respondent G: "Speel Playstation, eet, oefen, chat."

Respondent H: "Praat, lag, bou Lego."

Respondent I: "Gesels, lees stories."

Respondent J: "Huiswerk."

Respondent K: "Huiswerk, luister musiek, gesels."

Respondent L: “Luister musiek, speel, kielie. Pa speel baie blokkies, skaak, rekenaar.”

Respondent M: “Speel, gesels.”

Respondent N: “Gesels en lag. Huiswerk.”

3.2.5 Interview schedule

Semi-structured interviews were conducted over a period of three mornings to accommodate the school program and activities, such as writing tests. Each respondent was interviewed once and every interview took approximately thirty to forty five minutes. As the researcher was also involved in a therapeutic role at the school and often interacted with the children during breaks she was therefore familiar to the children. This familiarity contributed to the children being at ease during the interviews. The interviews were conducted in an empty room at the school and distractions were limited. The researcher and respondents sat on the carpet in the room, which contributed to the relaxed atmosphere. It was found that the children did not experience problems to focus on the interview as they manage to focus in a one-on-one setting. Through the researcher's experience in play therapy and the use of the projective techniques, the respondents were also kept interested and focussed.

The aim of the semi-structured interviews were to determine what the emotional needs of the children diagnosed with ADHD from the Rietvlei Akademie are. The questions for the semi-structured interviews were based on the description in existing literature of the emotional needs of children, as captured in chapter 2. Two projective play therapy techniques namely the “World Fantasy” and the “Bird's Nest Fantasy” as described earlier were also used. These two techniques were developed by the R.P. Family Centre as part of General Child Assessment (R.P. Familiesentrum, 2006).

As the interviews were conducted with children, it was necessary to avoid multiple questions and to pose singular questions only. The questions were used as a guide only and where applicable, the researcher raised clarifying questions related to the re-

sponse from the respondent. The question schedule was compiled with the following questions:

- Who lives with you in your house?
- How do you feel when you are at home?
- Where do you feel the safest when you are at home? Who ensures that you are safe at home? What scares you at home? What does mother or father do when you are scared? How do you feel then?
- What makes you sad when you are at home?
- What do you and your mother do together? What do you play together? How do you feel then?
- What do you and your father do together? What do you play together? How do you feel then?
- Do you think your mother loves you? What makes you think that way?
- Do you think your father loves you? What makes you think that way?
- Who gives the most hugs? How does it make you feel?
- If you had a choice, how would you like your parents to be? Motivate your answer. What would you like to change that would make things better for you?
- What happens when you were naughty? Do your parents sometimes scold you for things that happened a long time ago?

- What do you do to help your parents that is actually adult's work? Do you like doing that? How do you feel when you do that?
- Who teaches you right from wrong?
- What does your mother say when you do something wrong?
- What does your father say when you do something wrong?
- What is your mother's comment when you do something that is good?
- What is your father's comment when you do something good?

In the following section of the chapter, the empirical data and research findings will be described and analyzed and compared with existing literature.

3.3 Empirical data

The research report was structured by first listing all the main themes and the sub-themes that were identified during the analysis. The data that was found to be relevant to the various main themes were then provided in transcribed form. The sub themes were then described and the findings were then supplemented with and compared to existing literature. Direct quotes were utilized as the respondents were all Afrikaans speaking and translation could result in losing of meaning of data. The transcribed data also provides some insight into the emotions of the respondents that were relevant to this study.

3.4 Main themes of the study

To facilitate easy reading during the description of the empirical data, reference will only be made to "the child" when referred to the child diagnosed with ADHD. The main themes were identified by analyzing the data and coding the data. The interviews

were conducted to elicit specific information regarding the emotional needs of children, but from the data provided throughout the interviews, supplementary data was collected that were relevant to more than one theme. Questions asked during the interviews that are related to a specific theme will be indicated as such. The main themes were based on questions related to the emotional needs of children diagnosed with ADHD that need to be fulfilled in order to address the emotional needs of these children. The main themes are listed below.

- The child should experience economic security.
- The child should feel that he belongs.
- The child should be free from fear.
- The child should be secure, guided and supported.
- The child should experience parental love and nurturing.
- The child should be stimulated and have access to education.
- The child should be free from feelings of guilt.
- The child should experience autonomy and responsibility.

Every theme will be discussed in the next section. The themes are not discussed in order of priority or importance. The verbal responses will be provided first after which the sub-themes will be described and compared with existing literature.

3.4.1 Main theme 1: The child should experience economic security

The verbal responses related to the child's experience of economic security were as follows:

- **Respondent A**

“Ma koop speelgoed.”

- **Respondent B**

“Ry rond.”

- **Respondent C**

“Ek en mamma doen daai plak ... scrapbooking en ons shop. Ek en pappa gaan jag

saam en ons speel krieket.”

- **Respondent D**

“Ek speel board games saam met mamma of ons gaan fliiek. Pappa spring saam met my trampolien of ons gaan eet ietsie.”

- **Respondent E**

“Ons bou modelle saam ... van vliegtuie en tanks.”

- **Respondent F**

“Ek en mamma gaan fliiek. My pa en ek ry motorfiets of gaan kyk rugby of gaan braai by my oom.”

- **Respondent G**

“Ons speel “Burn-out revenge car” of the “Incredibles”. Dit is Playstation games.”

- **Respondent H**

“Sy vat my perdry toe. Ons luister musiek in die kar. Ons ry partykeer in die aand dan sit sy musiek op en ons ry KFC toe. Ek en my pa gaan winkel toe dan koop hy vir my games. Hy vertel partykeer stories, koop lekkers of vat my parkie toe. Dis lekker. Of ons gaan Wacky Warehouse toe.”

- **Respondent I**

“Ons koop klere op my verjaarsdag saam. Ek gaan speel golf saam met my pa. Ek het lesse gehad.”

- **Respondent J**

This respondent did not make reference to any material possessions.

- **Respondent K**

This respondent did not make reference to any material possessions.

- **Respondent L**

“Ek ry met my radiobeheerkarretjie of ek swem ...”

- **Respondent M**

“Ons ry Spar toe. Pappa probeer my trip op die trampolien.”

- **Respondent N**

“Ek en mamma gaan koop goed. Partykeer eet ons koek.”

The respondents provided the following information regarding their emotions on economic security:

- **Respondent A**

“Ek voel lekker by die huis. Ek het nuwe ink waarmee ek eksperimenteer.”

- **Respondent B**

“Ek voel lekker want ek kan met die honde speel.”

- **Respondent C**

“Ek voel nie sleg nie, maar by boetie boelie my partykeer “

- **Respondent D**

“Ek voel bly. Weet nie hoekom nie, ek voel net bly”

- **Respondent E**

“Ek voel nie sleg nie ... eintlik lekker. Ek kan bal skop, fiets ry en rondhardloop”

- **Respondent F**

“Ek voel alleen. My pa is ‘n bouer en werk lank, dan is ek verveeld.”

- **Respondent G**

“Ek voel lekker, verveeld en kan Playstation speel.”

- **Respondent H**

“Opgewonde. Ek mag “Devil May Cry” speel. Dit is ‘n Playstation-speletjie. Ek mag dit net Saterdag speel en ek kan met my babasussie speel.”

- **Respondent I**

“Baie lekker. Ek mag nie cartoons kyk nie, behalwe in die vakansie. Ek speel met my speelgoed, kyk TV en speel met my sussie.”

- **Respondent J**

“Ek voel lekker en bly. Weet nie hoekom nie. Ek voel net so”

- **Respondent K**

“Ek voel oraaait. Ek dink nie oor die slegte goed nie. Dis lekker. Ek dink nie. Die slegte goed van my pa en ma.” Comment: The parents of this boy are divorced.

- **Respondent L**

“Ek is bly as ek by die huis is. My Pa en Ma is daar en ek kan met my Chihuahua speel.”

- **Respondent M**

“Ek voel bly, want ek mag speletjies speel.”

- **Respondent N**

“Ek is gelukkig, want ek speel.”

From the responses above it was clear that the children experience economic security. The activities that were indicated during the interview exceed the basic needs required to ensure economic security. From the responses two sub themes were identified, namely the activities that promote economic security and the emotions related to economic security.

3.4.1.1 Sub theme 1: Stimulating activities promote economic security

Although no explicit questions were raised concerning economic security, information provided throughout the semi-structured interviews indicated that respondents perceived their families to be able to provide in the need for economic security. The fact that all the children live in the suburbs surrounding the school in the East of Pretoria, which are the more affluent suburbs, leads the researcher to assume that the families can provide in the basic economic needs. Berk (2000:568) mentions that parents from higher socio-economic status can spend more time and provide more experiences to encourage emotional security than those of lower socio-economic status who are more concerned with economic survival.

Raths (1972:11) states that economic security is based on the need for basic physical care. The child needs to be ensured of warmth, shelter, food and hygiene. The activities and hobbies mentioned during the interviews, such as golfing lessons, movies and toys listed as rewards for good behaviour, also indicated that the families are more affluent and would be able to provide warmth, shelter, food and hygiene.

The researcher is of the opinion, based on the information provided in the empirical study, that the respondents still perceive the activities such as golfing lessons, movies and toys as luxuries and that they clearly understood that they are rewarded for compliance to rules and instructions. Although this is a behaviorist approach, literature (compare Raths, 1972:13) stated that the child diagnosed with ADHD does not learn from mistakes and additional motivation would be required.

Sharry (2002:58) supports the idea of providing children with rewards and encouraged parents to present spontaneous treats when a child is behaving well. He did not refer to treats in material means only but recommended that parents use activities such as reading a story to the child or playing in the park with the child, as rewards.

Another aspect that provided evidence that the families of the children at Rietvlei Akademie are able to provide in the economic needs of their children was obtained from the questionnaires the parents completed. Six of the respondents are taking supplements specifically developed for children diagnosed with ADHD, whilst three respondents are using Ritalin. The supplements developed to curb the symptoms of ADHD are expensive and not provided for by medical funds. A further aspect, which provided information on the ability of the parents to provide in the economic needs of the children, is found in the fact that the children are enrolled in a private school at a monthly fee of R1 750. None of the respondents indicated that they experience themselves as being a financial burden on the family. Raths (1972:54) mentions that a child might experience insecurity if he experiences that he places a financial burden on the family that cannot be afforded.

3.4.1.2 Sub theme 2: Economic security enhances self-esteem

All the respondents, except respondent K and F indicated that they are happy when they are at home. Respondent K indicated that he does not think of the things that make him unhappy and respondent F indicated that he is bored. This respondent is currently in therapy as he finds it difficult to deal with his parent's divorce. Berk (2000:578) mentions that family conflict often arises around the time of divorce as parents try to settle the future arrangement regarding the children, finances and belongings. Mother-headed families generally experience a sharp drop in income. Children on the other hand, may react in distress and anger due to their insecurity and discipline may undergo change due to the mother's emotional state. Mann and Gilliom (2002:250) explain that marital conflict has proven to be an important predictor of a wide range of childhood adjustment problems, which include both internalizing and ex-

ternalizing problems.

Raths (1972:46) explains that children who experience economic insecurity may boast about worldly possessions, avoid having friends over or refuse gifts, as the child is aware that he is not able to reciprocate. The child may also experience that he has lost his self-respect. Grose (2002:28) mentions that encouraging parents, who have a positive outlook on life and who believe in their children, build self-respect and self-esteem. He also mentioned that children are resilient and should the economic situation of the family change, the child should be assisted to accommodate the changes (Grose, 2002:132). Affolter (2005:379) confirms the importance of economic security in fostering emotional security, by stating that children who are able to function optimally are children who have their basic needs fulfilled to a reasonable extent, and who have developed the capacity to fulfil needs in constructive rather than destructive ways, and who have experienced a continuous evolution of effectiveness and identity and connection as a result of the continued fulfilment of these needs.

Miljkovitch, Pierrehumbert, Bretherton and Halfan (2004:324) find that secure children are able to coherently integrate both positive and negative aspects in their lives and relate their relationships with their mothers as strong enough to tolerate stress. In contrast to insecure children, secure children are also more open to a range of emotional information (especially negative) and less likely to have rigid and constricted attachment representations. Despite the fact that the respondents in this study come from affluent families, Raths (1972:46) guides that parents should be made aware that economic security also revolves around the perceived idea of a possibility that the immediate future might change drastically. The researcher is of the opinion that parents should be made aware that they should not discuss their financial or relationship problems in front of the children or share their concerns with their children.

3.4.2 Main Theme 2: The child should feel that he belongs

The second main theme that was identified is that the child feels that he belongs. The questions that were asked were:

“As jy kon kies, hoe moes jou ouers gewees het? Wat maak dat jy so voel? Wat wil jy verander? Vertel meer.”

- **Respondent A**

“Niemand.”

- **Respondent B**

“Weet nie.”

- **Respondent C**

“Ek sou nie. Maar pappa is baie kwaai. Hy is kwaai as my boetie slegte punte kry. Ek sal wil hê my pa moenie so kwaai wees nie.”

- **Respondent D**

“Ek sou wou hê my pa moenie so kwaai wees nie. Hy raas met ons. Dis al.”

- **Respondent E**

“Ek sou nie ander ouers kies nie.”

- **Respondent F**

“Ek sal nie. Niks moet verander nie.”

- **Respondent G**

“Nee niks nie.”

- **Respondent H**

“My beste vriend Louw se ma. Hy het lekker speeldinge. Dan kan ek lekkerder speel.”

- **Respondent I**

“Weet nie. My pa en ma is mooi. Hulle raas nie.”

- **Respondent J**

“Ek sal dit nooit doen nie. Ek sal niks wil anders maak nie.”

- **Respondent K**

“Ek sal net wil hê my pa moet weer by ons kom bly.”

- **Respondent L**

“Liam se pa en ma, want hulle is oulik. Sy ma raas nie altyd nie.”

- **Respondent M**

“Hulle is partykeer kwaad. Ons moet gelukkig wees. Ons is partykeer.”

- **Respondent N**

“Nee niks nie.”

From the responses it was clear that respondent H was motivated to exchange his parents to gain access to better toys. From the data provided it could be deduced that the respondents would prefer to change the way they are reprimanded but not replace their parents. It can therefore be concluded that the respondents experience a sense of belonging within their family structures.

The respondents provided the following information on the projective technique “World Fantasy”. During the “World Fantasy” projective technique the researcher told the child that he is the king of the world or country and only he can decide who he would allow to live in his world and who he would expell from his world. The reasons for the expelling the people are then explored.

- **Respondent A**

Binne: “Al die RSA mense.”

Buite: “Mense in ‘n ander land.”

- **Respondent B**

Binne: “Al die mense wat ek ken. Vriende en familie.”

Buite: “Skelms en mense wat gewere teen die kop hou.”

- **Respondent C**

Binne: “Jesus, Ouma, Pa, Ma, Boeta, Ousie Ester, Chané (maats) en Leandri (maat).”

Buite: “Die duiwel, Giovanni, want hy is lelik. Hy jok en hy hou nie van Jesus nie.”

- **Respondent D**

Binne: “My Pa, Ma , Sussie en maatjies.”

Buite: “Niemand nie.”

- **Respondent E**

Binne: “My niggie, nefie, Ma, Pa, Boetie en altwee my oumas en oupas.”

Buite: “Niemand nie.”

- **Respondent F**

Binne: “Almal in die skool, Ma en Pa en familie.”

Buite: “Mense wat lelik is met my. Riaan in Elarduspark Laerskool, James in Elardus-

park Laerskool. Hulle sê ek is vet en hardloop na meneer toe.”

- **Respondent G**

Binne: “Ma, Pa, vriende, Oupa en Ouma en Familie.”

Buite: “Die duiwel.”

- **Respondent H**

Binne: “Vriende, familie, ouma en oupas. Louw Christiaan.”

Buite: “Mense wat ander mense doodmaak en die land wil vat.”

- **Respondent I**

Binne: “Ma, Pa, Sussie, Maatjie Hannelie, Imegaard en Megan.”

Buite: “Skelms, slegte ouens en die seuntjie wat my altyd tackle.”

- **Respondent J**

Binne: “Ma, Pa, Boetie, Ouma, Oupa, Ouma- en Oupagrootjie, ooms en tannies”

Buite: “Skelms.”

- **Respondent K**

Binne: “Ma, Pa, sussie.”

Buite: “Claudia, Natalie.” (Father’s second wife and her daughter from a previous marriage).

- **Respondent L**

Binne: “Mamma, Pappa, Liam, Evert, Baron, Tannie Nanna, Oom Michael, Dries, Oupa Doepie.”

Buite: “Skelms en mense wat nie goeie goed doen nie.”

- **Respondent M**

Binne: “Jesus, Pa, Ma, Boeties, Sussie, Ouma en Oupa, my Nefie en niggie en tannies en ooms, Mike, Chubby en Visser.”

Buite: “Die duiwel en iemand wat mens seer skop.”

- **Respondent N**

Binne: “Ma, Pa en my maatjies.”

Buite: “Skelms en slegte mense.”

To collect data on the level of interaction in the family and to determine how much time is spent with the child the following questions were asked: “Wat doen jy en mamma saam? Hoe voel jy dan? Wat doen jy en pappa saam? Hoe voel jy dan? Wat speel

jy en mamma saam? Wat speel jy en pappa saam?” The respondents responded as follows:

- **Respondent A**

“Ons doen huiswerk. Ons speel niks nie. Ek en pappa kyk rugby saam. Dit is lekker. Dit voel lekker in my lyfie. Ons speel niks nie.”

- **Respondent B**

“Ek help mamma met die kos en gee die plante water. Dis lekker. Ek en pappa gaan koop brood en ry rond. Ek voel veilig.”

- **Respondent C**

“Ek en mamma doen daai plak ... scrapbooking en ons shop. Ek voel gelukkig. Ons speel Koninginnetjie. Jy speel dit met 'n kussing en dan jaag jy mekaar. Ek en pappa gaan jag saam en ons speel krieket. Ek voel gelukkig.”

- **Respondent D**

“Ek speel board games saam met mamma of ons gaan fliék. Ek voel dan bly. Pappa spring saam met my trampolien of ons gaan eet ietsie. Ek voel dan baie bly.”

- **Respondent E**

“Ons maak kos saam of bak koek. My pa en ma speel saam met my Playstation. Dit is baie funny en lekker. As my pa Playstation speel dan raas hy die hele tyd deur. Hy sê maak so en so en sulke goed. Ons bou modelle saam ... van vliegtuie en tanks. As ek nie flieks op TV mag kyk nie bou ons modelle. Dit voel lekker.”

- **Respondent F**

“Ek en mamma gaan fliék. Ons speel partykeer blokkies. Dit is baie lekker, dan voel ek nie so alleen nie. My pa en ek ry motorfiets of gaan kyk rugby of gaan braai by my oom. Dis baie lekker.”

- **Respondent G**

“Ons speel “Burn-out revenge car” of the “Incredibles”. Dit is playstation games. Of ons lees Bybel. Donderdag gaan ons voorsang by die kerk toe of ons gaan kerk toe. Dit is lekker rustig. My pa werk in die Comoros. Hy is ses weke weg en ses weke hier. Dit gaan nou verander na vyf dae weg en vyf hier. Ek kuier saam met my pa by my oupa of speel krieket of playstation.”

- **Respondent H**

“Sy vat my perdry toe. Ons luister musiek in die kar. Ek voel dan bly en veilig. Ons ry partykeer in die aand dan sit sy musiek op en ons ry KFC toe. Ek en my pa gaan winkel toe dan koop hy vir my games. Hy vertel partykeer stories, koop lekkers of vat my parkie toe. Dis lekker. Of ons gaan Wacky Warehouse toe. My ma en sussie ook.”

- **Respondent I**

“Ons koop klere op my verjaarsdag saam. Ons maak saam huis skoon en gaan kerk toe. Partykeer speel my ma saam met my Barbie. Dan is ek gelukkig. Ek gaan speel golf saam met my pa. Ek het lesse gehad. Ons gaan kerk toe of ry rond. Ek is dan gelukkig.”

- **Respondent J**

“Niks nie. Ek het mamma laas gehelp met die wasgoed. Ek help my pa om voëlhokke te bou. Ons speel ja, maar ek kan nie nou onthou nie en ek speel met my boetie.”

- **Respondent K**

“Ek en mamma doen niks nie. Ek en pappa gaan saam plekke toe ... winkels toe. Ek voel gelukkig.”

- **Respondent L**

“Ons doen huiswerk en speletjies of ek speel met my hondjie. My ma speel wegkruipertjie en touchies. Ek is bly. My Pa help my met die huiswerk en speel karretjies. Ek is bly want my pa kom nie baie huistoe nie. Hy werk van 01:00 tot 21:00.”

- **Respondent M**

“Ons ry Spar toe. Ons speel daai speletjie. Ek het nou vergeet... daai nuwe speletjie ... Monopoly. Ek is bly. Pappa probeer my trip op die trampoline. Ek voel dan bly en trots. Dit is lekker.” This respondent uses the term “trots” to describe when he is happy.

- **Respondent N**

“Ons doen huiswerk en gesels en lag. Ek is gelukkig. Ons kyk TV. Dis lekker.”

From the data it was concluded that the child experience that his need to belong is fulfilled. This main theme was divided into two sub-themes namely the emotions and the interaction that foster the sense of belonging.

3.4.2.1 Sub theme 1: Parents and the peer group facilitate belonging

From the empirical study the respondents clearly indicated that they each perceive themselves to have a place and a role to play within their respective families. Rossmanith (1997:17) indicates that a sense of belonging is derived from being part of a family and is found in the relationship with the family.

During the interview when asked if they had a choice to change something about their parents, only two respondents indicated that they would like a parent to be like a parent of his friend, as the friend has many new toys. Twelve of the respondents reported that they would not like to have other parents and would not change anything. Respondent C and D mentioned that if they could change anything, they would prefer their parents not to be so cross with them so often. Gottman, Katz and Hooven (in Ahn, 2005:50) confirm that the child who is supported by parents, peers and teachers would experience that they are competent and thus develop emotional security. Furthermore the development of emotional experience depends on the way in which the social world responds to the child's emotional states within the context that they occur.

Belonging to the peer group was also important and in the projective technique of "World Fantasy" most of the respondents included friends. Respondents in general included friends in their activities. This was found to be in line with the information in the literature. Berk (2000:60) mentions that peer acceptance is a powerful predictor of current and future psychological adjustment and stressed that social behaviour determines peer acceptance. Acceptance by the peer group becomes more important in the primary school years as the child moves away from the triangular relationship with his parents. Berk (2000:406) mentions that the child in the primary school years shows increased levels of emotional self-regulation and learn to manage negative emotions that could threaten his sense of self-worth. The child develops strategies to cope with failure and acceptance as peers play an important role to confirm self-worth. Parents should be made aware of the role and importance of the peer group in confirming the child's self-worth and sense of belonging and be made aware of how to facilitate such contact as well as to provide guidance should the child experience prob-

lems in social relationships.

3.4.2.2 Sub theme 2: The child and parent's world do not meet

From the empirical data it became clear that in all cases both parents provided in the respondents' need for nurturing when the respondents are scared or feeling sad. The respondents described the emotions elicited by the parent's nurturing by giving hugs, as a positive experience. Greenspan (2002:21) states that one of the characteristics of an emotionally secure child is the ability to engage in and rely on vital relationships with a mother, father, siblings and other adults. The researcher is of the opinion that parents should be made aware of the positive effect of age appropriate nurturing as well as the way in which emotional awareness could be enhanced through these activities.

Although the children described that they are happy and content within their families, the empirical data indicates that in four of the fourteen families contact between parent and child mainly takes place within the adult world of responsibilities and work and that time is spent on limited pleasure and fun. Chazan, Laing and Davies (1994:4) stress the maintenance of balance between independence and self-reliance, especially in the primary school years, when the child moves towards independency. The child should know that he could rely on his parents to give support and comfort when it is required. Parents should show an interest in the activities the child partakes in, but more importantly spend time with the child in play. Staub (in Affolter, 2005:397) argues that the upbringing of emotionally resilient, caring, non-violent and optimally functioning children requires support networks capable of constructively satisfying children's fundamental emotional needs such as security, effectiveness and control, positive identity, comprehension of reality, positive belonging, independence or autonomy.

Nadel and Muir (2005:20) write that the psychological well-being of an adult is critically dependent on childhood experiences. Positive early emotional experiences promote optimism, resilience and mental health and the larger the sphere of influence of positive emotions; the more likely the child is to become a productive and happy member

of society. Parents should therefore be made aware of appropriate activities they could involve their children in as well as be made aware of appropriate responses to enhance emotional security through play and meeting the child in his world. Affolter (2005:381) states that it is now acknowledged that emotional well-being is a key contributor not only for overall physical health but also for cognitive performance and for prosocial competence.

Rossmann (1997:5) writes that parents sign their children up for a rat race. She stated that children need the time to play, to use their imagination and engage in fantasy in which the key to the inner life is hidden. She further wrote that play is fundamental to ensure healthy development for children on physical, emotional, mental and spiritual levels. Play is also important to gain a sense of self and learning to relate to the world and to equip children to handle the challenges and changes of life. Rossmann (1997:17) mentions that the relationships children have with the important adults in their lives, is the most significant in determining the level of self-esteem. The R.P. Family Centre (2006:6) guides that the parent should meet the child in his world comprising of play, fantasy and fun, to be able to build a relationship with the child. Parents should be made aware that the child should take the lead in play as the child will open up during play and provide an opportunity to build or improve the relationship with the parent. Sutton-Smith (in Johnson, Christie & Yawkey, 1999:47) emphasizes the role of reversal play on the sense of self to foster a sense of control and autonomy in the child. Through play the child reverses the roles and position of power that formerly made the child feel inferior.

3.4.3 Main Theme 3: The child should feel safe and be free from fear

The third theme that was identified is whether the child feels safe and is free from fear. One sub-theme was identified, namely what the respondents perceived to be threats to their safety. It was first necessary to determine what the child's understanding of safety implies and therefore the following questions were asked:

“Wie hou jou veilig by die huis? Waar voel jy die veiligste? Wat maak mamma en

pappa as jy bang is?” The respondents responded as follows:

- **Respondent A**

“Die ousie, ouma, sussie. As my pa en ma na die selgroep gaan. Ek voel die veiligste in my kamer en by my boetie. Niks maak my bang nie. My pa en ma troos my as ek bang is.”

- **Respondent B**

“My pa en broer. My kamer is die veiligste. Die rotte in die dak klink soos skelms. Ek weet nie wat pappa en mamma doen nie.”

- **Respondent C**

“Pa, ma en ouma hou my veilig. Die veiligste is by my pa en ma. As ek bang is sit my ma die naglig aan en lê by my.”

- **Respondent D**

“Ma hou my veilig. Die hond maak my bang. Hy is te groot en gaan my omhardloop. Weet nie wat pappa en mamma maak as ek bang is nie.”

- **Respondent E**

“Pa hou my veilig. Hy is die kwaaieste en sterkste. Die bo-vertrek is die veiligste plek en dan kan ons modelle bou of rekenaar speel of teken. My boetie maak my bang. As ek in die aand loop, sit hy agter die deur en gooi my met ‘n bal. Ma en Pa sê ek hoef nie bang te wees nie. Ek is dan nie bang nie.”

- **Respondent F**

“Ma en Pa hou my veilig. Ek voel veilig in my kamer. As die honde blaf dan dink ek daar is iemand in die straat. My pa gaan kyk dan wat gaan aan en gaan dan kamer toe en gaan slaap.”

- **Respondent G**

“Die Here en meestal my ouma hou my veilig. My ma werk in Johannesburg. Ek voel die veiligste in my kamer. Ma en pa doen niks rêrig nie want ek sê nie ek is bang nie. Ek bid en sing ‘n Bybelliedjie.”

- **Respondent H**

“Ek is alleen. Ek pas myself op. Maar ek is altyd by iemand anders as my pa en ma nie daar is nie. Hulle laat dit nie toe dat ek alleen is nie. Ek voel die veiligste in my kamer. In die aand as ek opstaan ... die skadus teen die muur maak my bang. Ek

dink ek sien rooi oë. Of ek het 'n nagmerrie. Ek is bang vir die donker. My ma sal vir my storie vertel of 'n liedjie sing tot ek slaap.”

- **Respondent I**

“My pa en ma en die alarm. Die TV kamer is die veiligste want ek kan vinnig uithardloop. Ek is bang as 'n skelm inkom. Toe ek 'n baba was het skelms amper my pa en ma geskiet. Ek gaan slaap by hulle as ek bang is. Dit gebeur baie. Ek weet nie hoe-kom nie.”

- **Respondent J**

“Ma en Pa hou my veilig. Ek voel veilig in die hele huis. Niks maak my bang nie ... donderweer. Pa en ma doen niks nie. Hulle weet nie.”

- **Respondent K**

“My ma hou my veilig. Ek is enige plek veilig. Niks maak my bang nie. Ek weet nie wat my ma en pa doen nie.”

- **Respondent L**

“Die ousie hou my veilig. My pa is in die hospitaal. Die veiligste plek is die sitkamer want dit is 'n klein kamer. Die donker maak my bang. Ek kan nie sonder 'n lig slaap nie. Mamma vat my na haar kamer toe en gee my speelgoed om mee te speel.”

- **Respondent M**

“My ma want my pa werk ... of die bediende of my huiswerk oom. My kamer is die veiligste. Ek is bang as ons braai en ons speel in die kamer en iemand skud die bosse buite my kamer. Dan sê ek net vir my ma en dan sê sy hulle moet ophou.”

- **Respondent N**

“My pa en ma. Vir niks nie. Hulle sal my troos.”

3.4.3.1 Sub theme 1: Parents provide security in distress

Some of the responses and non-verbal clues provided indicated that some of the boys tried to portray that they are not scared. On the other hand the same respondents indicated that their parents are not aware that they are scared. The assumption can be made that the boys either wish to portray that they are strong and not scared or it could be an indication of the lack of trust and a lack of a sense of safety in the relationship

between the child and his parents. The latter option is negated by the other information obtained on the child/parent relationship. The researcher is of the opinion that the children experience that their parents provide in their need to be free from fear.

The respondents without exception described safety in terms of physical safety and regarded their parents' bedrooms or own bedrooms as the safest places in their respective homes. The people generally responsible to ensure that the respondents are safe were indicated as the parents. The respondents motivated that their fathers are the physically stronger and the more aggressive parent. Grandparents and housekeepers were responsible to ensure safety when both parents are unavailable. Trust in God and praying and singing songs were raised as alternatives when scared. All respondents indicated that they are not allowed to be alone and that there is always an adult or older sibling available, when neither parent is available. All the respondents indicated that their parents console them when they are scared, by either allowing them to sleep in the main bedroom or by leaving a night light on. The fact that all the respondents experience that they are comforted in one way or another when they are scared is an indication of the emotional security the parents provide.

Berk (2000:405) states that when children start to understand the world they are growing up in, they are troubled by negative events such as crime and disasters. She explained that the social environment affects a child's ability to cope with stress en that children learn to deal with stress by observing how adults handle their emotions and difficult circumstances. In the case of the children from the Rietvlei Akademie, they are not only comforted but in most cases provided with a safe place when they are scared. Oaklander (1988:239) states that children fear more than what is acknowledged and they hide their fears as parents often try to explain the reason for the fear without acknowledging the child's fear. Children who are scared could react by aggression, withdrawal or physical symptoms.

3.4.3.2 Sub theme 2: The perceived threats to safety

Chazan, Laing and Davies (1994:174) define fear as a response to stimuli that are

perceived to be threatening. They also mentioned that childhood fears are common but in middle childhood, cognitive development may enable the child to assess the situation. Chazan *et al.* (1994:174) identify five common childhood fears, namely the fear of failure and criticism, fear of the unknown, fear of injury and small animals, fear of danger and death and medical fears. It would be expected that the child diagnosed with ADHD could particularly fear academic failure and criticism. The empirical data however indicated that the respondents perceived burglars and hijackers to be the main threats to safety, despite the fact that only Respondent One could recall that his house was burgled. Berk (2000:406) mentions that children's fears are created by culture. Fears increase as the child becomes aware and understands realities of the world outside the safety of his home. The child becomes fearful of crime, natural disasters and terror that may strike. Berk further stated that children apply problem-solving techniques or seek social support when the fear is within their control. When the fear is beyond the child's control, the child will make use of some form of distraction to cope with the fear. In this research it was confirmed by one respondent that he sings hymns or pray when he is scared, as form of distraction.

The researcher would propose that the parents should be made aware that childhood fears are experienced as real and parents should not minimise the child's fear but address the feelings appropriately and to provide comfort to enhance emotional security, as the child experience that he will be protected.

3.4.4 Main Theme 4: The child should experience guidance, support and parental control

The fourth main theme is the child's experience of security, guidance, support and control. The questions asked were: "Wat gebeur as jy stout was? Wie straf jou? Wat is die straf? Wie leer jou om die regte dinge te doen?" The respondents replied as follows:

- **Respondent A**

"Pa en Ma. Pa slaan die meeste. Ek kry pak. My suster leer my."

- **Respondent B**

“Ma en Pa. Partykeer raas hulle of partykeer kry ek pak. Ma en Pa leer my.”

- **Respondent C**

“Ma raas en gee pak slae. Partykeer praat sy nie met my nie, so vir ‘n halwe dag. Sy ignoreer my. Ek is dan hartseer. Ma en Pa leer my.”

- **Respondent D**

“Ma raas. Hulle slaan nie. Ek is hartseer. My ma leer my.”

- **Respondent E**

“Pa en ma gee pak slae. Dan sê hulle ek mag dit nie weer doen nie. Dit maak my bang as hulle raas. My ma leer my. My ma gee my ‘n beloning vir goeie punte. My Pa is kwaai.”

- **Respondent F**

“My pa gee my nog ‘n kans of partykeer word ek gehok dan mag ek nie na maatjies toe gaan nie. My Pa en Ma leer my.”

- **Respondent G**

“Ek kry pak slae, maar ek doen nie regtig iets verkeerd nie. As ek per ongeluk iets verkeerd gedoen het, kry ek nie raas nie. My Ma, Pa en sussie help my.”

- **Respondent H**

“Ek kry raas en pak, soos as ek die venster uitgooi met ‘n bal. My Pa en Ma.”

- **Respondent I**

“My ma sê ek moet in my kamer bly tot dit aand is. Ek voel dan sleg en hartseer. My pa maak of hy slaan. My Pa en Ma.”

- **Respondent J**

“Ek kry amper nooit pakslae nie. Ek is al te groot om pakslae te kry. My pa en ma.”

- **Respondent K**

“My ma skree en word kwaad. Dit maak my bang. Albei leer my.”

- **Respondent L**

“Ek moet badkamer toe gaan vir dertig minute. Ek het lanklaas pak gekry. Ek kry raas as ek die Labrador in die huis inbring. Juffrou help my en my ma leer my om vas te skryf.”

- **Respondent M**

“My pa gee pak en raas. Ek kry raas as ek my boetie pla. My Pa en Jan (older

brother) help my.”

- **Respondent N**

“My ma raas. Ek voel dan bietjie sleg. My Pa en Ma help my.”

The “Bird’s Nest Fantasy” was used as a projective technique to control the information provided and to collect information on what the children expect their parents’ reaction would be if they do not heed their parent’s warnings. The researcher drew a tree with a bird’s nest in which three birds are sitting. The father bird cautions the baby bird not to go too close to the edge of the nest. The child is asked to continue with the story. The only response from the researcher is to prompt by saying “and then?” The respondents replied as follows:

- **Respondent A**

“Die voëltjie val uit die nes uit. Toe raps sy pa hom en sê moenie weer langs die kant gaan nie. Bly by ons.”

- **Respondent B**

“Die voëltjie het uitgeval. Sy ma het gesê hy moet dit nie weer doen nie. Ek weet nie wat sy pa gesê het nie. Hulle het geskrik en was hartseer want hy was dood.”

- **Respondent C**

“Die voëltjie het uit die boom geval en seergekry. Die pa en ma het gesê hy moet dit nie weer doen nie.”

- **Respondent D**

“Die voëltjie het uitgeval en toe kry hy seer. Die ma het gesê hy moet vir sy pa luister en die pa sê hy moet dit nie weer doen nie. Hulle was hartseer.”

- **Respondent E**

“Die pa en ma het gewaarsku dat hy gaan uitval, toe val hy uit. Toe is hy dood. Die pa het gesê: ek het gesê hy mag dit nie doen nie. Hulle het sleg gevoel want hulle kind is dood.”

- **Respondent F**

“Hy het uitgeval en die kat het hom geëet. Die pa en ma het gesê hulle het gesê hy moenie.”

- **Respondent G**

“Die voëltjie het uitgeval en in die mik geval. Die ma sê: Jou pa het gesê jy moenie so

naby aan die kant gaan nie.”

- **Respondent H**

“As hy dit sou doen en sal uitval sal niemand hom help nie. Hulle sal sê dit is sy eie skuld dat hy nie geluister het nie. Die ma sê dat sy hom nie gaan help nie, dit is sy eie probleem en die Pa dieselfde. Hulle was hartseer en sê hy moet dit nie weer doen nie.”

- **Respondent I**

“Die voëltjie val af en kry seer. Sy ma het afgevlieg om te gaan kyk. Sy sê vir die pa, pas die kleintjies op. Ek weet nie hoe het hulle gevoel nie.”

- **Respondent J**

“Die voëltjie het uitgeval en seergekry. Sy pa het hom ‘n pakslae gegee omdat hy te na aan die kant gekom het. Hulle het gevra: Is jy oraait?”

- **Respondent K**

“Die voëltjie val hom dood. Sy pa en ma is hartseer.”

- **Respondent L**

“Die voëltjie val af en probeer vlieg, maar val op die grond. ‘n Mens kom verby en sit die voel in ‘n hokkie en vat hom veearts toe. Die pa se “Agge nee” en die ma sê “Hoe kom het jy dit gedoen? Bly nou in die middel.”

- **Respondent M**

“Die voëltjie het geval en seergekry. Die ma sê ‘Moenie te naby aan die kant kom nie’ en die pa sê ‘Sien jy?’ Hulle het nie lekker gevoel nie.”

- **Respondent N**

“Die voëltjie het geval en seergekry. Sy pa en ma het met hom geraas. Hy het sleg gevoel.”

3.4.4.1 Sub theme 1: Both parents provide guidance

The respondents indicated that both parents provide guidance in terms of what is wrong and what is right, although mothers were more prominent in this role. The mothers spend more time with the children in the afternoons and evenings and would therefore provide more guidance to the children. The respondents described their fathers as the one parent they are most cautious of. The fathers were described as

cross (“kwaai”). Miljkovitch et al., (2004:324) find that the influence fathers exert on their children’s emotional development might depend on something other than their attachment relationships. Grossmann (in Miljkovitch *et al.*, 2004:316) concludes in his research that early sensitive play with the father predicted optimal child attachment with the father, which could enhance emotional security. Parents should be made aware of the role both parents play in the life of any child and the principle of co-parenting should be made known. The researcher is of the opinion that parents should be made aware of the importance of co-parenting, enforcing the same values and norms and agreeing on discipline to ensure emotional security in children.

From the responses on this projective technique it can be deduced that the respondents generally experience that their parents care about them and love them but on the other hand the parents in most cases are experienced as being too reprimanding and judging. Sharry (2002:60) advises that parents should be clear about what they expect from their children and also explain the behaviour that would not be tolerated. Parents should be made aware of how to develop compliance by setting the standard required and dealing with non-compliance in appropriate ways.

3.4.4.2 Sub theme 2: The child understands the role of punishment, reprimands and rewards

The respondents listed hidings secondary to being scolded as punishment when the respondents overstep boundaries. The respondents related the punishment and reprimand mostly to activities taking place at home such as breaking a window or toy or fighting with a sibling. Olson (2002:248) writes that the achievement of flexible levels of self-control is a major developmental task for a child. Self-control provides the foundation for the development of normal social and academic competencies. Inferiority develops when negative experiences at home, at school or with peers lead to feelings of incompetence and inferiority. Ocker (in Carol & Tober, 1999:91) states that punishment is not effective and should be avoided as it makes the child withdraw, and sink inward with hate. Ocker pointed out that children should be guided by providing logical and realistic consequences, which teaches the child that he has control over his

life, can make decisions and find solutions to problems. Sharry (2002:87) describes “time out” as a way to interrupt difficult behaviour and interaction that is negative and damaging. He continued by explaining that time-out allows the child to feel in control through which the child is respected. Although time-out is a form of reprimanding, the child remains in control, which enhances his self-respect and self-esteem.

3.4.4.3 Sub theme 3: The child experiences punishment and reprimands inappropriate

The respondents described their feelings when punished or reprimanded as sad. As expected the respondents described the emotions when they were praised or rewarded in positive terms. From the non-verbal clues provided during the interviews the respondents experienced a heightened sense of being rewarded when their parents thanked them for doing well, either at school or completing a chore at home. Respondents E and K mentioned that they are scared when they did something wrong as they know they would receive a hiding. Respondent C however, mentioned that her parents ignore her for some time after being reprimanded which makes her feel very sad and lonely. Two of the respondents indicated that their parents make use of time-out as punishment and that they accept it as such.

Raths (1972:53) reminds that the process of growing up is accompanied by making mistakes. Berk (2000:19) indicates that the child in the primary school years develops either industry or inferiority. The term industry refers to the child’s sense of achievement whilst the term inferiority refers to the child who constantly experiences failure and who develops a negative sense of self, namely that he is a failure. It is therefore important that parents should be made aware of appropriate ways to apply rewards and punishment to enhance the development of feelings of industry and not inferiority. Shepard, Carter and Cohen (2000:415) mention that interaction between the ADHD child and parents can be complex and stressful as it is often negatively charged. It was found that the parents of ADHD children were more controlling, directive and negative in their interaction with their children. The relationship was found to be tenser and less spontaneous and more physical punishment was used. Poor parenting skills

and marital and family dysfunction were also found to be associated with ADHD. The increased stress results in the parents not being aware of the child's positive attributes and behaviour and therefore the parents overreact to the child's negative behaviour and react inconsistently to the child. This further affects the child's behaviour negatively, resulting in more parental stress.

3.4.4.4 Sub theme 4: The child comprehends parental control and guidance

From the empirical data it became apparent that the respondents knew what their parents expected of them as well as why certain limitations were set. Respondent E mentioned that he is not allowed to watch age restricted movies and that his father uses the time to build model planes with him. The most common limitation set was that the respondents are not to watch cartoons during the school week and are not to watch age inappropriate television programs. Bester (2000:66) points out that the child should also know what is expected of him and should be appropriately and constantly guided and disciplined. The parents should be made aware of setting and enforcing boundaries and being consistent as an important factor in providing guidance.

3.4.5 Main Theme 5: The child should feel loved and nurtured

The fifth main theme is that the child experiences parental love and nurturing. The sub-themes that became apparent confirm that the child knows he is loved and that the child experiences a raise in self-esteem as the child knows he is loved.

The questions asked were: "Dink jy mamma is lief vir jou en waarom sê jy so? Dink jy pappa is lief vir jou en waarom sê jy so? Wie gee jou die meeste 'n drukkies? Wat maak jou hartseer by die huis?" The respondents answered as follows:

- **Respondent A**

"Mamma koop vir my speelgoed en dis al. Ek en pappa kyk rugby. Ek is hartseer as ek droom ons kat word gesteel. Almal gee my drukkies, my ma, pa en suster."

- **Respondent B**

“My ma is lief vir my maar ek weet nie hoekom nie. My pa ook. My Pa en Ma gee my die meeste drukkies. Ek word hartseer as my boetie my boelie.”

- **Respondent C**

“Ja mamma is lief vir my want sy gee my drukkies en soentjies en sê dit. Ja my Pa druk en soen my. My Ma gee die meeste drukkies want my Pa is baie weg. Flieks en oumense maak my hartseer.”

- **Respondent D**

“My ma gee om vir my ek weet dit. My Pa is lief vir my, maar ek weet nie hoekom nie. My ma gee my die meeste drukkies. My sussie maak my hartseer.”

- **Respondent E**

“Ja my ma is lief vir my want as ek haar vra om iets te doen dan doen sy dit. En sy laat my laat slaap. My Pa is lief vir my want hy jaag my rond. As hulle laat slaap spring ek in die oggend op hulle bed op my knieë. Hy boelie ons lekker. My Pa en Ma gee my drukkies. Ek word hartseer as my Ma my alleen los om te gaan melk koop as ek laat slaap.”

- **Respondent F**

“My ma is lief vir my want sy doen goed met my. My pa het twee motorfietse gekoop dat ons saam kan ry. My ma gee my die meeste ‘n drukkies. Niks maak my hartseer nie.”

- **Respondent G**

“My ma gee goed vir my en ons is mooi met mekaar. Ons fight partykeer met mekaar. As my ma moeg is dan fight ons. Ek probeer haar ondersteun en sy gaan slaap. My pa is lief vir my want hy werk so ver omdat hy lief is vir ons en sodat ons ons eie plek kan kry. My pa en ma gee albei drukkies. Ek word hartseer as my ma sê sy gaan iets doen en sy doen dit nie.”

- **Respondent H**

“My ma is lief vir my want ek is haar kind. Ek doen ‘n paar werkies wat haar bly maak. Ek was die kar en doen my huiswerk. My pa is lief vir my. Ek help hom met werk en ek wil graag met hom saamry. Dan kies ek ‘n DVD vir die hele familie. My Pa en Ma en sussie gee my drukkies. Dit maak my hartseer as ek genoeg geld het en ek mag nie iets koop nie, soos pizza.”

- **Respondent I**

“My ma is lief vir my want sy gee my goed en sy sal nie dat ek pak slae kry nie. Ek is te groot. My pa is lief vir my. Ek speel saam met hom golf en hy koop lekkers en laat my Cartoon Network kyk. My ma en pa gee drukkies. Dit maak my hartseer as my sussie kwaad is en my per ongeluk geslaan het.”

- **Respondent J**

“Ja baie lief. Hulle sê hulle is en ek dink nie eers daaroor. My Ma en Pa gee die meeste drukkies. Dit maak my hartseer as my boetie lelik is en as my Pa en Ma baklei. Maar hulle baklei nie meer nie. Ek was toe hartseer.

- **Respondent K**

“My ma soen en gee my ‘n drukkie en dan is ek gelukkig. My pa doen dieselfde. My ma druk my die meeste want ek is die meeste by haar. Dit maak my hartseer as iets doodgaan en as my ma op ons skreeu.”

- **Respondent L**

“Ja , want ek mag buite speel en Playstation speel. Sy vat my Voortrekkers toe en karate toe. Ja my pa is lief vir my want ons mag op vakansie gaan. My mamma gee die meeste drukkies dan is ek baie bly. Dit maak my hartseer as my Pa en Ma op my skreeu as ek stout was en nie die hond uitgevat het nie. Dan is ek hartseer. En my Oupa is in die hospitaal.”

- **Respondent M**

“Mamma gee my soentjies en lekkers. Ek voel dan bly en trots. My pa gee my soentjies en gee my ‘n happie van sy kos. Ouma gee my die meeste ‘n drukkie. Ek gaan na Ouma toe. Dit maak my hartseer as my hond doodgaan. Sy hart het gaan staan.”

- **Respondent N**

“My mamma en pappa gee my ewe veel liefde en soentjies. Ek weet hulle is lief vir my. Dit maak my hartseer as iemand seerkry.”

3.4.5.1 Sub theme 1: The child knows he is loved

None of the respondents doubted that their parents love them but found it difficult to motivate their answers. The motivations provided why they state that their parents love them varied between what their parents do for them, physical contact by means of

hugs and the material things parents buy for their children as a token that they are loved. The researcher is of the opinion that although love is not a tangible concept, children derive from a number of activities and actions that their parents love them. Rath (1972:93) states that the need to be loved is closely related to the need to belong. Children base the assumption that their parents love them on tone of voice, sincerity, emotions expressed based on what the child relates to the parent and the way in which warmth and friendliness is communicated to the child. Rath encouraged parents to make it known to their children how they feel about them and to ensure them of their love. Affolter (2005:381) mentions that through the constructive satisfaction of fundamental emotional needs, children are able to evolve into “connected selves” being caring and independent.

Rath (1972:96) describes that if the need for love and belonging is not met, the child may express this need by trying to confirm the love or showering his emotion onto another person or object. If the child experiences that he is mistrusted or not valued the inner feelings of not being loved is confirmed and economic security is lacking. Rossmanith (1997:17) points out that the parent-child relationship is the most significant in determining the child’s level of self-esteem. Children are to be encouraged to share their feelings, including negative feelings. The child also learns that he needs love and affection within his relationship with his parents and the love should be unconditional and provided irrespective whether the child’s behaviour is inappropriate. The child learns from a loving and trusting relationship that he can trust other people. The parents should be made aware that they should verbalise their love for their children, but also make it known in ways that the child may experience that his parents love him.

3.4.5.2 Sub theme 2: The child experiences a raise in self-esteem from being loved

All the respondents, inclusive of the child whose parents are in the process of divorce, experienced parental love and nurturing positively. The descriptions of the feelings, knowing that they are loved were described as good, very good, happy and very

happy. Rath (1972:99) mentions that when the need for love and affection is satisfied the core of the child's life is secure and trusting and full of confidence. He motivated that a trusting and loving relationship is not built on one act but it is built over a period of time. It is this relationship that would lead to an increased feeling of love and affection and to an increased inward security. Parents should be made aware of the impact their display and non-verbal communication of love and affection has on children and how it could enhance emotional security. The parents should be made aware that they should make their children comfortable to have physical contact with them by hugging and kissing and could be guided on ways to enhance the loving relationship through activities.

3.4.6 Main Theme 6: The child should be stimulated and should have access to education

The sixth main theme is the need for stimulation and access to education. Two sub themes were identified from the main theme, namely the parent's experience of the child's enrolment at Rietvlei Akademie and the child's experience of spending time doing homework with the parent.

3.4.6.1 Sub theme 1: The parent's positive experience of the child's enrolment at Rietvlei Akademie

From the biographical questionnaire completed by the parents, the smaller classes and specialized education at the Rietvlei Akademie were raised as positive motivators to enrol their children at the school. The parents acknowledged that their children require additional attention due to inattention and hyperactivity as mainstream schools do not make provision for children with special needs.

Berk (2000:19) refers to the theory by Erikson and explained that children diagnosed with ADHD find it difficult to pay attention and is easily distracted, especially in a formal learning environment. The child therefore needs to be in a learning environment at school and at home that would adapt to fulfil in the child's needs. Opportunities should

be provided to learn and to explore the world at their own pace. Should the child experience constant failure, the child's sense of achievement (industry) may be negatively affected. The researcher noted that parents should be made aware of the importance to support their children with their schoolwork, without doing the work for them. Doing homework can be used to enhance the relationship as well as to develop skills that could enhance the child's self-esteem.

3.4.6.2 Sub theme 2: The respondents experience parental support by spending time on homework

One of the activities the respondents raised as spending time with their parents was being helped with homework. The respondents experienced their parents to be supportive of their schoolwork and all respondents indicated that their parents motivated them to do their best. Respondent G mentioned that his mother motivates him "to reach for the stars". Despite sharing time with the parents the respondents reacted neutrally to positively to the activity. The respondents however experienced the praise received from their parents positively and generally experienced that the parents motivated them to achieve the best. Harris (2006) finds that the attitudes of mothers towards homework were also linked to children's performance on academic achievement tests. Specifically mothers who encouraged or helped children to tackle the homework problems (e.g. 'Shall I just show you that one to get you started?') performed better. Mothers also appear to play a role in their children's emotional development by assisting with homework. Koomen *et al.*, (2004) find that children's involvement is important for learning and that experiences of emotional insecurity may negatively affect task involvement, test performance and eventually school achievement.

From the questionnaires completed by the parents, eleven of the mothers indicated that they spend between a minimum of one hour per week to a maximum of five hours per week attending to their children's homework, whilst three did not indicate the length of time spent. Grose (2002:187) mentions that education is most effective if there is a close relationship between the school and home. He further stated that the parent should not take the responsibility to ensure that the homework is done and that the

child should carry the full consequences if the work is not done. Involvement in school activities such as working at the school fete or assisting at the canteen could enhance the child's self-esteem as he sees that his parents are interested in the world that is important to him. The researcher does not fully agree with Grose when he said that homework should be the responsibility of the child only. The outcomes based curriculum requires that parents guide their children and assistance with projects and assignments can only add value. Through the parent's involvement the child can learn how to do research, how to plan, prepare and execute tasks to gain independency at a later stage. The child diagnosed with ADHD needs to be assisted to be able to finish tasks and accomplish a sense of achievement as the child is highly distractible and may not finish his homework on his own. It would therefore be of value to make parents aware of the role they can play to use the time for homework as a tool to enhance emotional security in the child.

3.4.7 Main Theme 7: The child should be free from feelings of guilt

The seventh main theme is that the child is free from feelings of guilt. All the respondents replied that their parents never remind them of misbehaviour that happened in the past. All the respondents' replied "Nee" or "Nee nooit nie" to this question and the researcher did not regard it practical to transcribe the same response for each respondent. From the empirical study it was concluded that none of the children suffered from feelings of guilt of any nature.

It was mentioned earlier that making mistakes is part of growing up. Rath (1972:100) continues that some parents are provoked to such an extent when a child behaves inappropriately, such as by taking money or other property or exploring another child's body that they react by humiliating the child and make the child feel guilty and ashamed. Rath emphasizes that a child cannot have respect for others if he does not first have respect for himself. The child may experience that he is dishonest, nasty and immoral and of low worth. The child may feel guilty and start acting out. Adults may react by stating that the child should have known better, although the child in the primary school years does not have the ability and life experience to know better.

When children set extremely high standards for themselves as a result of adult expectations the child develops a sense of guilt, as they cannot meet all the standards, especially to children diagnosed with ADHD. Although not one of the respondents appeared to be suffering from feelings of intense guilt, it would be valuable to make parents aware of setting appropriate standards and explain why it is important to deal with mistakes in an appropriate manner.

3.4.8 Main Theme 8: The child should experience autonomy and responsibility

The eighth main theme is that the child should experience autonomy and responsibility. The two sub-themes that were identified were that the child can gain autonomy and experience autonomy by partaking in chores and by being allocated age-appropriate responsibilities. A second sub-theme that was identified was that the parent's response to the child's move towards autonomy and taking responsibility could enhance self-esteem.

The question was asked: "Wat laat mamma of pappa jou by die huis doen wat jou soos 'n grootmens laat voel? Hoe voel jy dan?" The respondents responded as follows:

- **Respondent A**

"Ek speel Army of Polisie."

- **Respondent B**

"Weet nie."

- **Respondent C**

"Skottelgoed. Ek voel gelukkig. Maar ek hou partykeer nie daarvan nie."

- **Respondent D**

" Scary Movies kyk. Ek voel dan bang."

- **Respondent E**

"Tuinwerk. Ek hou daarvan, maar partykeer is dit sleg en nie lekker nie."

- **Respondent F**

"Gras sny. Ek doen dit baie en motorfiets ry."

- **Respondent G**

“Niks rêrig nie. Ek bring die asblik in op ‘n Woensdag.”

- **Respondent H**

“Ek lees of kyk na bakterieë deur die mikroskoop.”

- **Respondent I**

“Ons maak huis skoon. Ek maak die TV-kamer en my kamer skoon. Ek voel dan bly. My ma bederf my of sy sê baie dankie.”

- **Respondent J**

“As ek my pa help voëlhok bou of iets regmaak in die tuin.”

- **Respondent K**

“Niks nie.”

- **Respondent L**

“Ek ry met my radiobehoor-karretjie of ek swem of ons speel speletjies. Ek het al gehelp om kos te maak en skottelgoed gewas. Dan sê pappa dankie, dan is ek nog blyer.”

- **Respondent M**

“Niks.”

- **Respondent N**

“Ons is net saam. Dis lekker.”

The questions asked were: “Watter take mag jy mamma en pappa mee help? Hoe laat dit jou voel? Wat sê hulle as jy iets goed doen? The respondents responded as follows:

- **Respondent A**

“Huis skoonmaak, dis baie lekker. Ek hou daarvan. As ek iets goed doen kry ek ‘n speelding. Mamma sê: ‘Baie goed.’ Dit is baie lekker.”

- **Respondent B**

“Weet nie. As ek iets goed doen, sê Mamma: ‘Dit is goed.’ Pappa sê: ‘Ek is trots op jou.’ Dit voel lekker.”

- **Respondent C**

“Met steenmakery. Mamma sê: ‘Dankie, ons is trots op jou.’ Pappa ook.”

- **Respondent D**

“Huis skoonmaak en kos maak. Mamma sê mooi. Dit is lekker.”

- **Respondent E**

“Die asblik inbring. Ek hoef nie te help nie, maar ek word sterker. Mamma sê: ‘Jy kan dit weer doen.’ ”

- **Respondent F**

“Ek help kook en steek die vuur aan. My pa en ma sê baie dankie.”

- **Respondent G**

“Ek help om die hek oop te maak . Mamma sê: ‘Jy het goed gedoen. Dankie.’ Hulle sê: ‘Ons is baie trots op jou en probeer hoër gaan ... reik na die sterre.’ Dit voel lekker.”

- **Respondent H**

“Ek help my Pa goed ophig. Ek help my ma as sy met ‘n werkie sukkel. Mamma sê: ‘Mooi, HI!’ en gee my ‘n bederfie.’ ”

- **Respondent I**

“Ek help skottelgoed was en gras sny. Ek voel gelukkig. Mamma sê: ‘Gaan haal vir jou ‘n sweetie of jy kan Cartoon Network kyk.’ ”

- **Respondent J**

“Ek mag met die sweismasjien help om vas te hou. Ek help mamma as sy sukkel om die matras op te tel. Mamma sê: ‘Jy is ‘n engel’ en Pappa sê: ‘Jy het fluks gewerk.’ ”

- **Respondent K**

“Ek mag bou aan ‘n kamer. Ek kan nie onthou nie.”

- **Respondent L**

“Ek help om die asblik uit te vat en om die lapa te bou. Dit is lekker want ek kry sakgeld. Mamma sê dankie en gee my sakgeld. Papa sê ek mag speel.”

- **Respondent M**

“Pappa sê: ‘Gaan haal die sout’, of ek help om die swembad skoon te maak. Ek help met die sproeier in die tuin. Ek help mamma om die kruideniersware uit te pak. Mamma sê dankie en gee ‘n drukkie.’ ”

- **Respondent N**

“Ek help Mamma in die huis. Sy vat my om Mocha Choca te gaan drink by die Wimpy. Ek hou daarvan.”

3.4.8.1 Sub theme 1: Chores and responsibility confirms autonomy and responsibility

The respondents who participated in the empirical study who indicated that they are allocated certain responsibilities and chores, such as collecting the garbage bin after being emptied, indicated that they felt good about themselves as their compliance to do their chores elicit praise. Respondent K indicated that he is not responsible to do any chores that make him feel grown up. It is interesting to note, that although a linear cause and effect relationship has not been confirmed, that this is also the child who replied that he feels “OK” when he is at home and deals with unhappy feelings by not thinking about it. Respondent M responded in a similar fashion and described his feelings when he is at home in neutral terms. The other twelve respondents all listed at least two activities or chores they either assist their parents with or complete on their own. These twelve respondents also described the atmosphere and their emotions when they are at home in positive terms, such as “glad, excited, very happy and content”. Bitter and Corey (2001:387) point out that making a connection between the causes and consequences of emotions helps young children to acquire emotional understanding. In other words the child learns that when he completes a chore, he is complimented by his parents and feels good about himself and his abilities. Parents should be made aware of ways to guide their children to gain insight into making age appropriate choices and carrying the consequences. Parents should also be made aware that everyday situations could also be utilized to build self-esteem by complimenting the child on everyday tasks such as making his bed, brushing his teeth without being told.

During middle childhood a child moves towards independency, which makes the child more vulnerable to failure and disappointment. This transition and the accompanying changes allow children to undertake major changes in responsibilities, independence and social roles. Grose (2002:17) stresses the importance of starting the transition to independence from an early age. He further mentioned that children like to play a significant role in the organization and maintenance of their households. Parents should

be responsible parents and not try to be good parents by doing everything for their children. By ascribing responsibilities to children, the child perceives that his parents believe that he can do the task. This builds the child's self-esteem. Parents should be made aware of the importance of giving children responsibilities and the effect it has on their self-esteem. The parents could be guided to show praise in appropriate ways to enhance the child's motivation and to enhance self-esteem.

Raths (1972:25) states that children should gain experience in taking responsibility for themselves and others in age-appropriate ways. Children should be provided with the required information to deal with ethical dilemmas and interpersonal conflicts and learn to live with the consequences. As the child diagnosed with ADHD does not learn from experience and is prone to failures as a result of his impulsive behaviour, the acquisition of emotional security could be threatened. Grose (2002:25) writes that children respond better when they are guided and directed rather than having their faults pointed out continuously. In the case of children diagnosed with ADHD the child should be reminded and guided continuously as these children might take longer to adapt their behaviour. Children who constantly misbehave feel discouraged and find it easier to feel significant by misbehaving.

3.4.8.2 Sub theme 2: Positive parental response increases self-esteem in the child

Berk (2000:18) refers to Erikson's theory and pointed out that the child in the middle childhood years moves away from fantasy and play by undertaking real tasks and developing other competencies, which foster the sense of achievement. A sense of competency is directly related to the sense that he/she is capable of doing things and executing tasks that are meaningful. The child also starts taking on tasks to see the outcome and not purely for pleasure.

The researcher is of the opinion that it would be of value to make the parents aware of the importance of giving the child responsibilities and tasks to enhance the child's self-esteem. Respondents indicated that they are experiencing the activities such as

washing dishes, assisting in preparing meals for the family, working in the garden and riding quad bikes positively. From the verbal and non-verbal responses it was deduced that the participation in these activities contributed to a positive sense of self and a sense of achievement. Respondent K experienced his parents, who are divorced, differently as his mother does not expect of him to do chores whereas his father allows him to help with building. The respondent however replied that he couldn't remember how his parents responded when he did something good, which could indicate that he seldom or never receives positive feedback.

Raths (1972:15) makes it clear that every child needs to carry age appropriate responsibility and should be able to make choices and take the responsibility for the choices he made. The child diagnosed with ADHD who acts on his impulses may find it difficult to make the right choices and has to learn from making mistakes. Often the same mistakes are made due to a lack of impulse control. By allowing the child to make choices and learn from his mistakes the child's role within his family and peer group is confirmed, through which emotional security is developed. Taylor (in Brown, 2000:15) describes emotions as the "readiness for action" and "motivators and organizers of behaviour". Positive emotions are perceived to be an important motivator to develop skills, competencies and intelligence. If a person is not motivated or interested to perform a task, mobilization to perform the task is very difficult.

3.5 Conclusion

From the empirical data it can be deduced that the respondents experience that most of their emotional needs are being met to a certain degree. It can further be deduced that the respondents in this study present with relatively few problems related to being diagnosed with ADHD. It is assumed that it can be attributed to an optimal learning environment created by parents who take a special interest in their children supported by the optimal learning environment facilitated by the knowledgeable and skilled staff of the Rietvlei Akademie.

Parents seem to have good intentions but lack the knowledge on how to meet all the

emotional needs of their children. The parents involve the children in activities and even though the respondents were between eight and eleven years old, some children are not given any specific responsibilities. From the data it was apparent that these children, who are not provided with opportunities for autonomy and responsibility, experience a lower sense of self.

Indications are that parents need to be made aware and should be guided to meet the emotional needs of their children. It appears as if parents do spend time with their children and in some cases are aware that they do not spend enough time with their children, or they spend it in activities that do not always fulfil in the needs of the child. In chapter 2, the literature study provided a clear description of the challenges facing the child diagnosed with ADHD and the parents of these children. The literature study also described clearly what the emotional needs of children in the middle childhood are. The parents of children diagnosed with ADHD should therefore be made particularly aware of the emotional needs of their children and be guided with ways to fulfil these needs in appropriate ways.

Chapter 4 will be devoted to conclusions on the findings and will provide guidelines for parents on how to meet the emotional needs of their children diagnosed with ADHD.

CHAPTER 4

CONCLUSIONS AND RECOMMENDATIONS

4.1 Introduction

The results of the empirical study, captured in chapter 3, indicate that the emotional needs of children from the Rietvlei Akademie, diagnosed with ADHD are being met, although not in all cases to the full extent. The literature study pointed out that a child diagnosed with ADHD places an extra burden on the family life due to the hyperactivity, impulsivity and inattention of these children, which makes it quite challenging to meet all the needs in all cases.

The aim of this chapter is to determine whether the research question has been answered and to make conclusions and recommendations. As a starting point the research question will be repeated, followed by the aim and objectives of this study. Every chapter of this research paper will then be summarized in the research report after which the conclusions and recommendations of the study will follow. The outcome will create an understanding of the emotional needs of the children from the Rietvlei Akademie and empower parents with guidelines to address the needs of the children with ADHD.

4.2 Research problem

The nature of the research required that qualitative research be done as semi-structured interviews were used to collect information in narrative form. This necessitated that the research question had to be formulated prior to the commencing of the empirical research phase in order to guide the research. A research question was formulated regarding the subject of research, to guide the nature and the scope of the research, with the aim to meet the objectives of this study. The question was formulated as follows:

What are the emotional needs of primary school children diagnosed with ADHD that can be converted into guidelines to create awareness amongst parents?

Applied research was the appropriate type of research as applied research concerns the scientific planning of induced change in a troublesome situation, which was applicable in this study. In the case of this study the parents of the children from the Rietvlei Akademie, diagnosed with ADHD requested guidance on the emotional needs of their children. This request made applied research applicable as this approach aims to provide information about some form of social interaction with the aim to provide information to facilitate decision-making and to answer a practical question related to intervention.

From the empirical data collected it was evident that the research question was answered. This statement is based on the fact that the results of the empirical data, collected by means of semi-structured interviews and biographical questionnaires, indicated that the emotional needs of children from the Rietvlei Akademie, diagnosed with ADHD are being met, although not optimally in all cases. From the data collected during the semi-structured interviews and the biographical questionnaires completed by the parents of the respondents, gaps were identified necessitating that the parents be provided with guidelines to make them aware of the emotional needs of their children. These gaps and guidelines will be discussed as part of the recommendations.

4.3 Evaluation of meeting the aim and objectives

The aim of this study was described in chapter 1. To ensure that the study achieved the aim, it is required to re-examine the aim and objectives of this study.

4.3.1 Aim

The aim of this study was to describe the emotional needs of children from the Rietvlei Akademie diagnosed with ADHD, in order to provide guidelines to create awareness

amongst parents

The aim was achieved as existing literature was utilised to form the background on which informed semi-structured interviews could be conducted with fourteen children diagnosed with ADHD, from the Rietvlei Akademie. These semi-structured interviews, which included two projective techniques as well as the biographical questionnaires completed by the parents of the respondents, were utilised to collect information on the emotional needs of children diagnosed with ADHD. On completion of the semi-structured interviews the transcribed data, which was quoted in the research report, captured in chapter 3, was brought into context by relating the data to existing literature. This process culminated in a clear perspective on the emotional needs of children from the Rietvlei Akademie, diagnosed with ADHD.

4.3.2 Objectives

To be able to achieve the aim of this study the following objectives must have been reached. The objectives will be listed and a description will be given how the objectives were met.

4.3.2.1 Objective 1

To provide an overview of literature describing the child in middle childhood diagnosed with ADHD with specific focus on the emotional development and emotional needs of primary school children, to gain a theoretical basis for the study.

Chapter 2 captured the literature study, which satisfied the meeting of this objective. The literature study provided a description of the child diagnosed with ADHD, with specific emphasis on the three characteristics of ADHD, namely inattention, impulsivity and hyperactivity. The chapter further described the emotional needs, provided a description of an emotional secure child and provided the characteristics of a secure child as well as provided information on the ideal environment to foster the development of an emotionally secure child. The chapter also described the child in middle childhood and concluded with the parent child relationship. The above information obtained from

existing literature guided the attainment of the following objective, namely to conduct an empirical study.

4.3.2.2 Objective 2

To conduct an empirical study by means of semi-structured interviews to determine the emotional needs of the children from Rietvlei Akademie, diagnosed with ADHD.

The empirical study (chapter 3) was successfully concluded and the objective reached. Semi-structured interviews were conducted with fourteen children from the Rietvlei Akademie, diagnosed with ADHD. A questionnaire with questions based on the emotional needs of children was utilised during interviews. Two projective techniques were also utilised to elicit information from the respondents. Eight main themes and a total of eighteen sub themes were identified from the data collected. The themes were as follows:

- The child should experience economic security.
 - Sub theme 1: Stimulating activities promote economic security.
 - Sub theme 2: Economic security enhances self-esteem.

- The child should feel that he belongs.
 - Sub theme 1: Parents and the peer group facilitate belonging.
 - Sub theme 2: Parents are not aware of the child's world.
 - Sub theme 3: Parents provide security in distress.
 - Sub theme 4: The child's perceived threats to safety.

- The child should be free from fear.
 - Sub theme 1: The respondent's sense of what safety implies.
 - Sub theme 2: The perceived threats to safety.

- The child should be secure, guided and supported.
 - Sub theme 1: Both parents provide guidance.
 - Sub theme 2: The child experiences punishment, reprimands and rewards as a threat to emotional security.
 - Sub theme 3: The child experiences punishment and reprimands inappropriately.
 - Sub theme 4: The child accepts parental control and guidance.

- The child should experience parental love and nurturing.
 - Sub theme 1: The child experiences that he is loved.
 - Sub theme 2: The child's self-esteem is boosted as a result of parental love and nurturing.

- The child should be stimulated and have access to education.
 - Sub theme 1: The parents experience the child's enrolment at Rietvlei Akademie positively.
 - Sub theme 2: The respondents experience parental support by spending time on homework.

- The child should be free from feelings of guilt.

- The child should experience autonomy and responsibility.
 - Sub theme 1: Chores and responsibility confirms autonomy and responsibility.
 - Sub theme 2: Parental positive response increases self-esteem in the child.

It is confirmed that the objective was reached as the data collected during the empirical study provided evidence on the emotional needs of the children and, added to that,

highlighted where the disparities are that parents need to be made aware of.

4.3.2.3 Objective 3

To draw conclusions and make recommendations to provide guidelines to parents making them aware of the emotional needs of their children.

These guidelines will be provided to parents at a seminar held at the school. The last objective will be reached in this chapter when the conclusion and recommendations in the form of guidelines to create awareness amongst the parents of the emotional needs of their children will be made. It can therefore be validated that the aim and objectives of this study was reached.

4.4 Summary of the chapters of this research

In the next section a summary of the chapters in the research will be provided as background to the recommendations made in this chapter.

4.4.1 Chapter 1: The research process

The choice of the research topic, based on the rationale of the research was motivated in chapter 1. This resulted in the formulation of the research problem and the research question. The aim of the research and objectives were then determined. The nature of the research determined that the qualitative approach would be followed, as a social problem, namely the emotional needs of children in the primary school years, diagnosed with ADHD, was the focus of the study.

Applied research was done as a solution was to be found in the form of guidelines to create awareness amongst the parents of the children diagnosed with ADHD, to make them aware of the emotional needs of these children.

Semi-structured interviews were conducted with fourteen children from the Rietvlei

Akademie, who were diagnosed with ADHD. Purposive sampling was done and the criteria for inclusion in the study was that the child must have been diagnosed with ADHD, the child must be a student at the Rietvlei Akademie and race and gender did not exclude any child. The interviews were conducted at the school and as the children are familiar with the researcher at the school, they were eager to take part in the research.

4.4.2 Chapter 2: The conceptual framework

Chapter 2 provided an overview of the child diagnosed with ADHD. The chapter also described the emotional needs of children, described the relationship between the parent and child as the basis for development of an emotionally secure child and provided information on the ideal family that would foster the development of emotional security.

The three main characteristics of ADHD were described without merely listing the symptoms. The focus was on describing how ADHD affects the behaviour and emotions of the child, to create an understanding of why emotional security is of importance.

The study focussed on the child in the primary school years and therefore the emotional development of the child was highlighted. The literature study formed the framework for the interview schedule, which was compiled based on the emotional needs of children.

4.4.3 Chapter 3: Empirical study and research findings

Eight main themes were identified during the analysis of the data. For each main theme, sub-themes were identified and described. The research findings were compared to existing literature and will be discussed in the next section, where after the recommendations will follow in the form of guidelines. The guidelines were developed with the aim to create awareness amongst parents of the children from the Rietvlei Akademie, diagnosed with ADHD, on the emotional needs of their children.

4.5 Conclusions

The following conclusions were made regarding the emotional needs of the children from the Rietvlei Akademie, based on the findings following the empirical research.

- The children, diagnosed with ADHD experience economic security and that this need was fulfilled in all cases. The activities that were mentioned during the interview exceed the basic needs to be fulfilled to ensure emotional security.
- Although the respondents would prefer to change the way they are reprimanded, the respondents would not change their parents. The respondents also experienced that they each fulfil their place within the family. It can therefore be concluded that the children experience a sense of belonging within their respective family structures. The data also indicated that the amount of time spent between the parent and child is in some cases limited and that the time spent in the world of the child is limited. This aspect needs to be addressed in the guidelines that would be provided in the next section.
- In all cases both parents provided in the respondents' need for nurturing when the respondents are scared or feeling sad. The children experience that their parents will be there for them when they need them.
- Although the children described that they are happy and content within their families, the empirical data indicates that in some families contact between parent and child mainly takes place within the adult world of responsibilities and work and limited pleasure and fun. It was concluded that the parents spend time with the children but still don't address the child's need for contact in his world.
- The children generally feel safe and secure and can rely on their parents to provide comfort when the children are in distress. It needs to be noted that not all

the children make it known to their parents that they are scared and might therefore not be comforted in all instances.

- The children experience that both parents provide support and guidance, but that the mothers are more prominent as they spend more time with their children. It was further found that the way parents reprimanded their children were experienced negatively. The respondents indicated that they experienced their parents' shouting negatively and indicated that this is one aspect they would like to change. The data provided during the use of the projective technique also indicated that some of the respondents expected their parents to react very judgmental when they made mistakes and that they needed to carry full responsibility for their mistakes. Considering what the literature described regarding children diagnosed with ADHD, the way in which ADHD children are reprimanded and punished need to be included in the guidelines developed for parents.
- The children diagnosed with ADHD, find love and nurturing in their respective relationships with their parents. The children also experience an increase in self-esteem, which affects their relationships with others.
- The parents experience the fact that their children are enrolled at Rietvlei Akademie positively. The children on the other hand experience the support their parents provide in assisting them with their homework positively. One aspect found from the data collected was that the parents motivated doing homework with their children as time spent with their children. This particular aspect needs to be addressed in the guidelines that are to be developed for the parents.
- The children are free from feelings of guilt.
- Not all the children experience autonomy and responsibility, which would enhance self-esteem. It was found that some of the children are not allocated specific responsibilities and tasks, which would foster a sense of achievement and capability and which would enhance their self-esteem. It was further found that

those children who were responsible for particular tasks and whom their parents complimented, experienced a sense of well-being, which enhances self-esteem.

4.6 Guidelines to parents

In the next section the researcher wishes to make recommendations in the form of guidelines with the aim to make parents aware of the emotional needs of their children diagnosed with ADHD. The guidelines will be presented to the parents at a seminar and the parents will be provided the opportunity to raise questions.

- As a first step parents should be made aware of the emotional needs of children and how the fulfilling of emotional needs create emotional security in the child. The parents should further be informed what an emotionally secure child is.
- Parents should take note that the ideal situation would be that all the emotional needs of children should be met. It makes no sense to meet for example the need for economic security only and not meet the need to belong, as that would still not ensure emotional security. Parents may provide the child with material needs and even exceed the basic need for shelter, food, warmth and protection but leave the child on his own for most of the time. Such a child may still not experience emotional security. The researcher is of the opinion that parents should be made aware that they should not discuss their financial or relationship problems where children can overhear them, or share their concerns with their children.
- Furthermore, providing in the economic needs of children by rewarding good behaviour with material things could be advantageous in behaviour management, but making use of rewards in non-material means such as reading a story to the child or taking the child to the park or a movie, would have more value in meeting the child's emotional needs. By spending time with the child, the child may experience the positive attention and the time spent as of more value in enhancing self-esteem and emotional security than an expensive toy.

- It was repeatedly mentioned during the literature study that making mistakes is part of growing up. Children diagnosed with ADHD experience an increased level of making mistakes. As it was found that some of the children from the Rietvlei Akademie experience reprimands and punishment as a threat to their emotional security, it is recommended that the child should be prepared to know what behaviour is expected of him in various situations. As the children specifically experienced shouting by their parents negatively, alternative means should be used. Time-out and forfeiting privileges and the use thereof should be introduced and explained to the parents as alternatives to shouting. Although time-out is a form of reprimanding, the child remains in control, which enhances his self-respect and self-esteem. Positive daily behaviour such as making his bed, although perhaps not perfect, should be rewarded. Again it must be noted that a small token such as a sweet, a hug and spending extra time with parents could be effective in motivating a child. This also contributes to build self-esteem. It is further recommended that the child should be involved in the planning of the rewards to foster a sense of responsibility.

- Parents must be made aware that the time spend with children in activities that are of importance to them and forms part of their world of fun, play and more fun is important to enhance their self-esteem. Parents must be made aware that the intention of spending “quality time” with the child means that the child should dictate what the activity should be and what the rules are.

- Parents should be made aware that the child with ADHD should be treated with respect as far as his education is concerned. The child’s limitations should be taken into consideration and the child should be commended on work well done. Inattention is a problem for the child with ADHD and time spent on homework should be broken into parts to maintain the child’s motivation. Any strength the child displays should be built on, in order to enhance the child’s self-esteem and to foster the idea with the child that he can achieve.

- Parents should be made aware that their children, even though they are growing up, should experience that they are loved. The child derives from the tone of voice the parent uses and the unexpected messages in things that the parent does, that he is loved. By speaking and listening to the child in such a way that he experiences that his opinion is valued, even though the parent finds his explanation about his day boring, the child should experience that the parent finds it important to listen to. Asking the child's opinion on general matters such as a possible holiday destination or suggestion for a gift, will strengthen the child's sense of belonging and self-esteem as he feels worthy and important. The parents should be made aware that they should verbalise their love for their children, but that they should also make it known in ways that the child may experience that his parents love him.

- Parents must be made aware that children should carry age-appropriate responsibilities to foster a sense of industry and not inferiority. The child should be able to make choices that are age-appropriate to develop judgment. By allowing the child to make choices, the child experiences that he and his opinion counts and is valued. The child should learn that with choices, responsibilities come. The child should be held responsible for his behaviour and be guided to encourage self-control. The child should be disciplined consistently. Parents should be made aware of ways to develop compliance by setting the standard required and dealing with non-compliance in appropriate ways.

- Parents should be made aware of the role and importance of the peer group in confirming the child's self-worth and sense of belonging and be made aware of how to facilitate such contact as well as to provide guidance should the child experience problems in social relationships.

- The child should know that he could rely on his parents to give support and comfort when it is required. Parents should show an interest in the activities the child partakes in, but more importantly spend time with the child in play.

- Parents should be made aware of the role both parents play in the life of any child and the principle of co-parenting should be made known. The researcher is of the opinion that parents should be made aware of the importance of co-parenting, enforcing the same values and norms and agreeing on discipline to ensure emotional security in children.

4.7 Recommendation for future research

It would be useful to conduct research to determine whether change has taken place after the guidelines were made known to the parents of the Rietvlei Akademie. Another dimension for future research could be to develop a programme to enhance the meeting of the emotional needs of children diagnosed with ADHD in practical ways in a step-by-step programme. It should also be considered to do a similar study to determine whether children at a public school, diagnosed with ADHD have a similar experience.

4.8 Conclusion

Child rearing has moved away from the perception that a child should be seen and not be heard. The emotional needs of children are increasingly recognized and popular magazines frequently publish articles on building a child's self-esteem and other topics relevant to growing children. The emotional needs of children are however not given sufficient publicity in order to make parents aware of how these needs can be met in order to raise emotionally secure children.

Especially children diagnosed with ADHD are challenged on a daily basis and their emotional security is threatened as a result of their hyperactivity, impulsivity and inattention. The research described in chapter 3 indicated that the parents from the Rietvlei Akademie are doing some of the right things, but it was concluded that the emotional needs of the children are not met optimally. It is therefore necessary to make the findings of this research known in the form of recommendations to guide the parents and to create awareness on the emotional needs of their children.

BIBLIOGRAPHY

Affolter, F.W. 2005. Socio-emotional enablement and the convention of the rights of the child. *The International Journal of Children's Rights*. 13:379-397.

Ahn, H.J. 2005. Child Care: Teachers' strategies in children's socialisation of emotion. *Early Child Development and Care*. 175(1):49-61.

Barlow, D.H. & Durand, V.M. 2002. *Abnormal Psychology. An Integrative Approach*. New York: Wadsworth.

Berk, L.E. 2000. *Child Development*. Boston: Allyn and Bacon.

Bester, H. 2000. *Help my child is causing chaos. Hyperactive or creative*. Cape Town: Human & Rousseau.

Bitter, R. & Corey, G. 2001. Family Systems Therapy. In Corey, G. 2001. *Theory and Practice of Counseling and Psychotherapy*. USA: Brooks/Cole.

Bower, M. 1995. Early applications children and institutions. In Trowell, J. & Bower, M. 1995. *The Emotional needs of young children and their families*. New York: Routledge.

Brink, M. 2005. *The emotional abuse of children. Emotional intelligence and the stunting thereof*. Seminar on child abuse. May 2005: Johannesburg

Brown, T.E. 2000. *Attention Deficit Disorders and Comorbidities in Children, Adolescents and Adults*. Washington DC: American Psychological Association.

Buitelaar, J.K. 2002. Epidemiological aspect: what have we learned over the last decade. In Sandberg, S. & Barton, J. 2002. *Hyperactivity and Attention Disorders of Childhood*. 2nd ed. Cambridge: Cambridge University Press.

Carol, L. & Tober, J. 1999. *The Indigo Children. The new kids have arrived.* Carlsbad: Hay House.

Chazan, M., Laing, A.F. & Davies, D. 1994. *Emotional and behavioural difficulties in middle childhood.* London: Falmer.

Chugh, S. 2006. www.lifepositive.com. Accessed on 27 May 2006.

Cirillo, L., Kaplan, B. & Wapner, S. 1989. *Emotions in Ideal Human Development.* New Jersey: Lawrence Erlbaum.

CONSTITUTION OF SOUTH AFRICA. 1996. Constitution of South Africa. Act 108 of 1998. www.gov.za. Accessed on 15 May 2006.

Corey, G. 2001. *Theory and Practice of Counseling and Psychotherapy.* USA: Brooks/Cole.

Covitz, J. 1986. *Emotional Child Abuse. The Family Curse.* Boston: Sigo.

Davies, P.T. & Cummings, E.M. 1998. Explaining Children's Emotional Security as a Mediator of the Link between Marital Relations and Child Adjustment. *Child Development.* 1998. 69:124-139.

Delport, C.S.L. & Fouché, C.B. 2005. The place of the literature review in the qualitative approach to research. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. 2005. *Research at Grass Roots. For the Social Sciences and Human Service Professions.* Pretoria: Van Schaik.

De Vos, A.S., Strydom, H., Fouché, C.B., & Delport, C.S.L. 2005. *Research at Grass Roots. For the Social Sciences and Human Service Professions.* Pretoria: Van Schaik.

Eisenberg, N., Fabes, R. & Murphy, B. 1996. Parents' reactions to children's negative emotions: relations to children's social competence and comforting behavior. *Child Development.* 67:2227-2247.

Flory, V. 2006. Your child's emotional needs. www.finch.com.au. Accessed on 17 October 06.

Fiske, S.T. 1995. Social Cognition. In Tesser, A. 1995. *Advanced Social Psychology*. New York: McGraw-Hill

Fouché, C.B. 2005. Qualitative research design. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. 2005. *Research at Grass Roots. For the Social Sciences and Human Service Professions*. Pretoria: Van Schaik.

Fouché, C.B. & Delpont, CSL. 2005. Introduction to the research process. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. 2005. *Research at Grass Roots. For the Social Sciences and Human Service Professions*. Pretoria: Van Schaik.

Fouché, C.B. & De Vos, A.S. 2005. Problem Formulation. In De Vos, A.S., Strydom, H., Fouché, C.B., & Delpont, C.S.L. 2005. *Research at Grass Roots. For the Social Sciences and Human Service Professions*. Pretoria: Van Schaik.

Freshwater, D. & Robertson, C. 2002. *Emotions and Needs*. Buckingham: Open University Press.

Gilbert, D.T. 1995. Attribution and Interpersonal Perception. In Tesser, A. 1995. *Advanced Social Psychology*. New York: McGraw-Hill

Greeff, M. 2005. Information Collection: Interviewing. In De Vos A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. 2005. *Research at Grass Roots. For the Social Sciences and Human Service Professions*. Pretoria: Van Schaik.

Greenspan, S.I. 2002. *The Secure Child. Helping Children Feel Safe and Confident in a Changing World*. Massachusetts: Perseus.

Grose, M. 2002. *One Step Ahead. Parenting 3 – 12 year olds*. Dublin: Newleaf.

Habig, C. 2006. Principal Rietvallei Akademie. *Personal interview*. December. Pretoria.

Harris, P.L. 2006. Use your words. *British Journal of Developmental Psychology*. Vol 24:253-261.

Hetherington, E.M. & Blechman, E.A. 1996. *Stress, Coping and Resiliency in Children and Families*. New Jersey: Lawrence Erlbaum.

Hinshaw, S.P. 2005. Enhancing Social Competence in Children with Attention Deficit Hyperactivity Disorder. In Hibbs, E.D. & Jensen, P.S. 2005. *Psychosocial Treatments for Child and Adolescent Disorders. Empirically Based Strategies for Clinical Practice*. Washington DC: American Psychological Association.

Johnson, J.E., Christie, J.F. & Yawkey, T.D. 1999. *Play and Early Childhood Development*. New York: Longman.

Kagan, R. 2005. *Rebuilding attachments with traumatised children. Healing from losses, violence, abuse and neglect*. London: Haworth Maltreatment and Trauma Press.

Kam, C., Greenberg, M.T. & Kusché, C.A. 2004. Child care teachers' strategies in children's socialization of emotion. *Journal of emotional and behavioral disorders*. 12(2):66-78.

Koomen, H.M.Y., Van Leeuwen, M.G.P. & Van der Leij, A. 2004. Does well-being contribute to performance? Emotional Security, Teacher Support and Learning Behaviour in Kindergarten. *Infant and Child Development*. 2004. (13):253-275.

Ladnier, R.D. & Massanari, A.E. 2000. In Levy, T.M. 2000. *Handbook of attachment Interventions*. Colorado: Academic Press.

Larimer, M.P. 2005. *Attention Deficit Hyperactivity Disorder. Research Developments*. New York: Nova Science.

Lewis, H. 1989. In Cirillo, L., Kaplan, B. & Wapner, S. 1989. *Emotions in Ideal Human Development*. New Jersey: Lawrence Erlbaum.

Mann, B.J. & Gilliom, L.A. 2002. Emotional security and cognitive appraisals mediate the relationship between parent's marital conflict and adjustment in older adolescents. *The Journal of Genetic Psychology*. 165(3):250-271.

Matthews, B. 2004. Promoting emotional literacy, equity and interest in science lessons for 11 to 14 year olds. The improving Science and Emotional Development Project. *International Journal for Science Education*. 26(3):28-308.

Matthews, D.D. 2002. *Attention Deficit Disorder Sourcebook*. Detroit: Omnigraphics.

Miljkovitch, R., Pierrehumbert, B., Bretherton, I. & Halfon. O. 2004. Associations between parental and child attachment representation. *Attachment and Human Development*. Vol 6(3):305-325.

Mills, M. & Puckering, C. 1995. Bringing about change in parent-child relationships. In Trowell, J. & Bower, M. 1995. *The Emotional needs of young children and their families*. New York: Routledge.

Nadel, J. & Muir, D. 2005. *Emotional Development*. Oxford: Oxford University Press.

Oaklander, V. 1988. *Windows to our children*. New York: Gestalt Journal

Ocker, R.P. 1999. Honouring the little ones as gifts. In Carol, L. & Tober, J. 1999. *The Indigo Children. The new kids have arrived*. Carlsbad: Hay House.

Olson, S. 2002. Development perspectives. In Sandberg, S. 2002. *Hyperactivity and Attention Disorders of Childhood*. 2nd ed. Cambridge: Cambridge University Press.

Perez-Alvarez, F. & Timoneda-Gallart, C. 2005. Attention deficit hyperactive

disorder as impulsivity disorder according to pass neuro-cognitive function. In Larimer, M.P. 2005. *Attention Deficit Hyperactivity Disorder. Research Developments*. New York: Nova Science.

Petty, R.E. 1995. Attitude Change. In Tesser, A. 1995. *Advanced Social Psychology*. New York: McGraw-Hill

Picton, H. 1997. Hyperactive children, caring and coping. Johannesburg: Witwatersrand University Press.

Puckering, C. 1995. The emotional needs of young children and their families using psychoanalytical ideas in the community. In Trowell, J. & Bower, M. 1995. *The Emotional needs of young children and their families*. New York: Routledge.

R.P. Familiesentrum. 2006. *Algemene Kinderassesseringskursus*. Augustus 2006. Pretoria.

Rabiner, D. 2005. ADHD and Depression. *ADD Resources*. www.helpforadd.com. Accessed on 16 December 2005.

Raikes, H.A. & Thompson, R.A. 2006. Family emotional climate, attachment security and young children's emotion knowledge in a high risk sample. *British Journal of Psychology*. 24:89-104.

Raths, L.E. 1972. *Meeting the Needs of Children*. Ohio: Charles E. Merrill.

Reber, A.S. & Reber, E. 2001. *The Penguin Dictionary of Psychology*. London: The Penguin Group.

Robinson, K. 2004. Common Disorders Associated with ADHD. *Anxiety and Depression Solutions*. www.adhdinfo.com. Accessed on 16 December 2005.

Rossmannith, A. 1997. *When will the children play? Finding the time for childhood*. Australia: Mandarin.

Safran, D.S. 2002. *Art Therapy and ADHD*. London: Jessica Kingsley.

Sandberg, S. & Barton, J. 2002. *Hyperactivity and Attention Disorders of Childhood*. 2nd ed. Cambridge: Cambridge University Press.

Schochat, E., Scheuer, C.I. & Andrade, E. 2005. Attention Deficit Hyperactivity Disorder. In Larimer, M.P. 2005. *Attention Deficit Hyperactivity Disorder. Research Developments*. New York: Nova Science.

Sharp, S. & Cowie, H. 1998. *Counselling and Supporting Children in Distress*. London: Sage.

Sharry, J. 2002. *Parent Power. Bringing up responsible children and teenagers*. Sussex: John Wiley & Sons.

Shepard, B.A., Carter, A.S. & Cohen, J.E. 2000. Attention Deficit Hyperactivity Disorder and the Preschool Child. In Brown T.E. 2000. *Attention Deficit Disorders and Comorbidities in Children, Adolescents and Adults*. Washington DC: American Psychological Association.

Strommen, E.A., McKinney, J.P. & Fitzgerald, H.E. 1983. *Developmental Psychology. The school-aged child*. Illinois: Dorey.

Strydom, H. & Delpont, C.S.L. 2005. Information collection, Document study and Secondary Analysis. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. 2005. *Research at Grass Roots. For the Social Sciences and Human Service Professions*. Pretoria: Van Schaik.

Strydom, H. 2005. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. 2005. *Research at Grass Roots. For the Social Sciences and Human Service Professions*. Pretoria: Van Schaik.

Tesser, A. 1995. *Advanced Social Psychology*. New York: McGraw-Hill

TerreBlanche, M. & Durrheim, K. 1999. *Research in Practice. Applied Methods for the Social Sciences*. Cape Town: University of Cape Town.

Trevarthen, C. 2005. Action and Emotion in Development of Cultural Intelligence. In Nadel, J. & Muir, D. 2005. *Emotional Development*. Oxford: Oxford University Press.

Trowell, J. & Bower, M. 1995. *The Emotional needs of young children and their families*. New York: Routledge.

Wills, T.A., Blechman, E.A. & McNamara, G. 1995. Family Support Coping and Competence. In Hetherington, E.M. & Blechman, E.A. 1996. *Stress, Coping and Resiliency in Children and Families*. New Jersey: Lawrence Erlbaum.

Winkley, L. 1996. *Emotional Problems in Children and Young People*. London: Cassell.

Appendix 1

Posbus 4565
Rietvalleirand
0174

Geagte Ouers

Ek is tans 'n 'n student aan die Hugenote Kollege (Unisa) besig met die graad M Diac in Speltherapie. Vir die doel van my studies is ek besig met navorsing oor die emosionele behoeftes van kinders wat met ADHD gediagnoseer is en dus by Rietvlei Akademie ingeskakel. Ten einde die navorsing te kan voltooi versoek ek u toestemming om 'n onderhoud met u kind te mag voer asook om die onderhoud op band te neem. Tydens die onderhoud sal daar met u kind oor sy ervaring van die mate waarin aan sy emosionele behoeftes voldoen word, gepraat word.

Aangesien kinders dit soms moeilik vind om oor sekere onderwerpe te praat, kan speltherapie mediums soos tekeninge of rollespel gebruik word. U kind is onder geen verpligting om deel te neem aan die navorsing nie en elke kind sal versoek word om mondelings deel te neem aan die navorsing. U kind kan te enige tyd onttrek tydens die onderhoud, sou hy of sy ongemak beleef met die proses

Ek onderneem die volgende:

- Om alle informasie asook u kind se identiteit ten alle koste te beskerm en vertroulik te hou. Enige verwysings in die navorsingsverslag sal anoniem hanteer word.
- Om alle informasie wat persoonlik van aard is vertroulik te hanteer.
- Om nie enige informasie aan ongemagtigde persone bekend te maak nie.
- Om nie enige informasie vir enige ander doel as vir die navorsing in te win of bekend te maak nie.
- Om na voltooiing van my navorsing 'n seminaar aan te bied, waartydens die gevolgtrekkings van die studie aan ouers in die vorm van riglyne bekend gemaak word. Die riglyne sal ten doel hê om ouers bewus te maak van die

emosionele behoeftes van hulle kinders. Daar sal veral klem gelê word op die spesifieke behoeftes wat deur die kinders tydens onderhoude geïdentifiseer is.

Geliewe die onderstaande vorm te onderteken en na die skool terug te stuur.

Ek kan gekontak word met betrekking tot enige vrae met betrekking tot die navorsing by 082 4776754.

Geteken: Rina Coetzee

INGELIGTE TOESTEMMINGSVORM

Hiermee gee ek _____ toestemming aan Rina Coetzee om vir navorsingsdoeleindes 'n onderhoud te mag voer met my kind en die onderhoud op band mag opneem.

Ek neem kennis van die volgende:

Dat alle informasie asook my kind se identiteit ten alle koste te beskerm en vertroulik hanteer sal word. Enige verwysings in die navorsingsverslag sal anoniem hanteer word.

Dat alle informasie wat persoonlik van aard is vertroulik hanteer sal word.

Dat geen informasie aan ongemagtigde persone bekend gemaak sal word nie.

Dat informasie nie vir enige ander doel as vir die doel van die navorsing ingewin of bekend gemaak sal word nie.

Dat my kind vrywillig deelneem aan die navorsing en ten enige tyd kan ontrek tydens die onderhoud.

Dat 'n seminaar na voltooiing van die navorsing aangebied sal word waartydens die gevolgtrekkings van die studie aan ouers bekend gemaak sal word.

ONDERTEKEN OP _____ VAN _____ (MAAND) 2006
TE _____

GETEKEN: OUER/VOOG _____

BIOGRAFIESE VRAELYS

1	Hoeveel kinders in die gesin?	
2	Ouderdom van kind in Rietvlei Akademie	
3	Geslag van kind	
4	Plek van kind in gesin	
	Eerste kind	
	Tweede kind	
	Derde kind	
	Vierde kind	
Meer kinders		
5	Gesinsstruktuur	
	Getroud	
	Geskei	
	Woon saam	
	Vervreemd	
Nooit getroud		
6	Waarom is u kind by Rietvlei Akademie ingeskryf?	
7	Is u kind a hiperaktief of aandag afleibaar gediagnoseer?	
8	Ontvang u kind tans enige vorm van terapie	
	Maatskaplike werk	
	Sielkundige terapie	
	Spel terapie	
	Arbeidsterapie	
Ander		
9	Gebruik u kind tans medikasie of aanvullers vir hiperaktiwiteit of aandag afleibaarheid	
	Medikasie	
	Aanvullers	
10	Hoeveel tyd spandeer u per dag alleen met u kind?	
11	Wat doen u in die tyd wat u met u kind spandeer?	

ONDERHOUDSKEDULE

Naam: _____ **Ouderdom:** _____

Geslag: _____

Wie woon almal saam met jou in die huis?
Beskryf hoe jy voel wanneer jy by die huis is? Wat maak dat jy so voel? Vertel meer.
Wie hou jou veilig as jy by die huis is?
Waar voel jy die veiligste as jy by die huis is?
Wat maak jou hartseer by jou huis?
Wat maak jou bang by die huis.
Wat maak mamma/pappa as jy bang is?
Wat laat mamma of pappa jou by die huis doen wat jou groot/ verantwoordelik laat voel. Hoe voel jy dan?
Wat doen jy en mamma saam? Hoe voel jy dan?
Wat doen jy en pappa saam? Hoe voel jy dan?
Wat laat jou dink dat jou Ma lief is vir jou?
Wat laat jou dink jou Pa is lief vir jou?
As jy 'n keuse kon hê hoe moes jou ouers gewees het?
Wie gee jou die meeste 'n drukkie?
Wat gebeur as jy stout was? Wie straf jou en watse straf kry jy? Wat dink jy daarvan?
Word daar soms met jou geraas oor dinge wat jy lank terug al gedoen het? Noem 'n voorbeeld.
Watter take mag jy mamma/pappa mee help. Hoe laat dit jou voel?
Wie leer jou om die regte dinge te doen.
Wat sê mamma/pa as jy iets goed doen?
Wat sê pa as jy iets goed doen/ stout doen?

Wereldfantasie.

Voëlnessie.

Dierefantasie.

Watter dier sal jy vir elkeen van jou gesin kies?

Saam met wie sal jy in die hok wil wees?

Wat gebeur as jy al die diere in 'n hok sit?

INTERVIEW SCHEDULE

Name: _____ **Age:** _____

Gender: _____

Who lives with you in your house?
Describe how you feel when you are at home. What makes you feel like that. Tell me more.
Who keeps you safe when you are at home?
Where in the home is the place you feel the safest and why?
What makes you sad when you are at home?
What scares you at home?
What do your parents do when you are scared?
What are you allowed to do at home that makes you feel grown-up? How does it make you feel when you do that?
What do you and your mother do together? Describe how it makes you feel.
What do you and your father do together? Describe how it makes you feel.
What makes you think that your mother loves you?
What makes you think that your father loves you?
If you had a choice, how would you have preferred your parents should be?
Who of your parents shows the most affection (hugs and kisses)?
What happens when you were naughty. How are you reprimanded or punished? What do you think of it?
Are you sometimes reminded of mistakes or naughty things that you have done in the past. Give an example of such an incidence.
What chores are you allowed to do or responsible for. How does it make you feel?
Who at home teaches you to do the right things?
What does your mother say when you do well? What does your father say when you do well?
What does your mother say when you do something naughty?

What does your father say when you do something naughty?

Worldfantasy. Who would you include in your world. Who would you exclude and why?

Birds Nest Fantasy.

Animal fantasy.

Which animal would you choose for each member of your family and why?

Who would you like to have with you in your cage?

What would happen if you put all the animals in one cage?