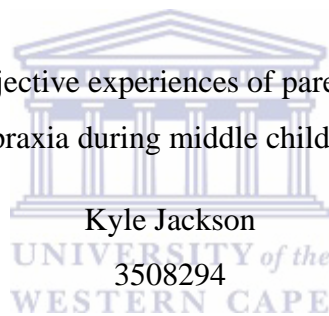**Faculty of Community and Health Sciences**

Psychology Department

An exploration of fathers' subjective experiences of parenting a child that presents with Dyspraxia during middle childhood.

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3508294

A minor dissertation submitted in partial fulfilment of the requirements for the award of a degree of Master of Arts (Psychology)

Supervisors: Associate Professor Michelle Andipatin and Dr Athena Pedro

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ABSTRACT

Confronting the realisation that one's child may have a developmental disability presents a major challenge for any parent. The body of scholarship in this area however, focused mainly on the role that mothers play highlighting a distinct gap within the literature. In an attempt to address this, my study aimed to explore the subjective experiences of fathers parenting a child that presents with dyspraxia during middle childhood. This aim translated into the following objectives: to understand the subjective experiences of fathers parenting a child that presents with dyspraxia during middle childhood; to explore the challenges faced by fathers in parenting a child that presents with dyspraxia during middle childhood and to identify the support structures available and support required by fathers parenting a child that presents with dyspraxia during middle childhood. This study was theoretically located within Bowen's Family Systems Theory and the Family Resilience Framework. Philosophically the methodology was grounded within an Interpretivist Framework using a qualitative approach. Consistent with this approach, 14 semi-structured individual interviews were conducted. Fathers were purposively recruited from across the Cape metropole area and were asked about their subjective experiences in parenting a child that presents with dyspraxia. Permission to conduct the study was obtained from the Senate Research Ethics Committee (Social and Human Sciences) of the University of the Western Cape. Participation was completely voluntary and could be withdrawn at any stage. Ethics principles were strictly adhered to throughout the entire process. The transcriptions were subjected to a thematic analysis in which three thematic domains emerged namely; Experiences, Challenges and Support. The thematic domain of Experiences revealed their initial reactions, their emotional responses, their innovative teaching methods and their expectations with regard to their child. The Challenges thematic domain highlighted issues of health literacy, their sense of helplessness, how interactions were circumscribed, the acquiescence of the respective schools and the lack of support that they experienced. The Support thematic domain revealed the external and internal support sources for these fathers. Based on the findings of the study, the recommendations are to create an informal support network of parents and health professionals to share information and to offer a practical guide for parents to utilise in the treatment of their child at home. The findings also revealed that alternative understandings of fathering need to be developed to enable new and more equal ways of being both fathers and men and mothers and women. This is necessary to challenge the limiting essential notions of what is possible for men and women.

DECLARATION

I declare that the research: *an exploration of fathers' subjective experiences of parenting a child that presents with Dyspraxia during middle childhood*, has not been submitted before for any degree, or examination at any other university. All the sources I have used or quoted have been indicated and acknowledged as complete references.

Kyle Jackson

Kyle Jackson

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ACKNOWLEDGEMENTS

"It is a profound and necessary truth that the deep things in science are not found because they are useful; they are found because it was possible to find them".

J. Robert Oppenheimer

Each moment, each day we are presented with the opportunity to learn, grow and succeed. Although hardly ever an easy process, as change seldomly is, this journey has had a significant impact on my life. Although words may not adequately express the gratitude I have, I would like to acknowledge the following people who have made this journey possible.

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"I am thankful for my struggle, because without it I wouldn't have stumbled across my strength".

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Chapter One

1. Introduction

This study examines the subjective experiences[1] of fathers who parent a child [2]presenting

with dyspraxia. The subjective experiences referred to include the challenges and support[3]

that these fathers experience. The argument made in this thesis is that patriarchy positions

men as heads of households with very specific roles and responsibilities. Having a child with

dyspraxia challenges these conventional notions of fatherhood as the roles assumed are often

determined by the specific needs of the child.

Importantly discussing fatherhood in the absence of acknowledging the roles of both parents

in the broad spectrum of parenting is to polarize these subject positions thus hindering a more

holistic understanding of what it may mean for fathers to raise a child with a disability.

Therefore, to contextualise the role of fathers in rearing a child with a disability it is

important to discuss parenting in general, which will highlight the roles of both parents, and

ultimately provide a glimpse into the experiences of fathers.

For a number of people, the experience of parenthood is often revered as one of the most

fulfilling experiences that life has to offer (Rizzo, Schiffrin, & Liss, 2013). First-time parents

tend to construct unrealistic expectations about the experience of parenting and parenthood

(Delmore-Ko, Pancer, Hunsberger, & Pratt, 2000). Previous research has highlighted these

unrealistic expectations through societal ideologies like "intensive mothering" and the 'good

mother' (Damaske, 2013; Knight, 2013; Schmidt, 2008). Traditionally[4], the roles expected of

each parent are prescribed as the father is construed of as being the financial provider of the

family while mothers are assumed to take on the role of the nurturer and care-giver of the

home (Brescoll & Uhlmann, 2005). Each parent would therefore occupy a particular sphere

as part of the functioning of the household. Traditionally, a father would occupy a sphere that

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[1] Experiences in this study refers to the subjective process of making meaning in parenting a child that presents
with dyspraxia and connecting these meanings with personal life experiences (Wong, et al., 2015). This further
encompasses various approaches to teaching, the emotional reactions of the child and father, the 'confirmation'
of the disorder and the expectancies of the father.

[2] 'Child' within the current study refers to Erikson's stage of Industry vs. Inferiority or middle childhood which
covers the ages of 5-12. A further discussion follows in Chapter 2. From here on when referring to 'child',
middle childhood is the phase that is being referred to.

[3] In the current study 'support' is conceptualised as a transactional communicative process, both verbal and non-
verbal, that seeks to improve one's sense of belonging, competence, coping and esteem (Morrison & Bennett,
2009). Implicit within this definition is the perceived sense of support of the fathers.

[4] It is imperative to indicate that 'traditional' indicates a multiplicity of notions and models of masculinity and
fatherhood and therefore within the current study reference is rather made to 'traditionalist notions' instead
which links more greatly towards hegemonic masculinity (Ratele, 2016).

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is external to the household whereas mothers occupy a sphere that is internal to the household. Such prescribed traditions clearly defined the roles expected of each parent and therefore the transition into parenthood was less likely to be violated (Biehle & Mickelson, 2012). As a result of the implicit assumption that mothers are the primary caregivers of children, most research ignored the impact that fathers' involvement has on a child's development (Hakoama & Ready, 2011; Lamb, 2004; Rosenberg & Wilcox, 2006). There are however, various concomitant benefits regarding child development when a father is involved. For example, the financial contribution towards the household, nutrition, health care and schooling of the child is supported and enhanced. These benefits are further demonstrated through research where it was established that children who are securely attached to their fathers tend to have higher levels of both IQ and empathy (Cabrera, Tamis-LeMonda, Bradley, Hofferth, & Lamb, 2000; Sarkadi, Kristiansson, Oberklaid, & Bremberg, 2008). Thus a discussion on fathers, fathering and fatherhood is important in understanding more generally the roles that they play, but more importantly in the context of this study how they may experience having a child with a disability.

1.1 Background

1.1.1 Fathers and fathering

Over the last few decades, research on masculinity and fatherhood expanded drastically (Astone & Peters, 2014; Elster & Lamb, 2009; Ives, 2014; Johnson & Young., Jr, 2016) and has been described as being 'in crisis', a 'work in progress' and there have been questions on the 'future of fatherhood'(Freeman, 2003; Hobson, 2004; Miller, 2011). Traditional conceptualisations of fathers as the financial providers, breadwinners and disciplinarians of the family as the emotionally absent have subsequently shifted to include the various roles that are played by fathers across cultures and contexts (Gregory & Milner, 2011). These shifts may be attributed to the changing roles expected of both men and women in society (Schooreel & Verbruggen, 2016). Conventional understandings that the biological contribution made by a man when impregnating a woman has therefore expanded. Within the current context of the twenty-first century the term 'father' refers not only to the man who fathered a child but also someone that has assumed the responsibilities and role of a father (Hobson, 2004). Contemporary conceptions of what it means to be a father may refer to someone that is single, married, teenage, straight, gay, stay-at-home, externally employed,
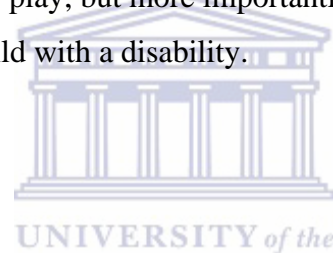
step or adoptive parent and one who is more than capable to care for his children who physical and psychological challenges (American Psychological Association, 2013).

Through defining what it means to be a father, the distinction should be made between father, fatherhood and fathering. The term father is used to refer to the individual man while fatherhood seeks to describe the broader context within which fathering occurs (Graham, Dixon, & Hazen-Swann, 2016). The concept of becoming a father is therefore more complex and multidimensional and is largely influenced by various social and cultural processes. These processes include interactions between the father and his child, his spouse, the family as well as his community at large (Marsiglio, Roy, & Fox, 2005; Schacht, Cummings, & Davies, 2009). The practices of fathering and the role of fatherhood can therefore be seen as a fluid construct that is socially influenced and fluctuating through time and context (Richter & Morrell, 2006).

1.1.2 Fathers in South Africa

The legacy of apartheid, unemployment, poverty and inequality in post-apartheid South Africa, gender inequality, and the burden of HIV/AIDS and violence-related mortality may have negatively affected family and parental practices with a significant number of children growing up without biological fathers, either through premature death or abandonment (Ratele, 2012).

South Africa is a multi-cultural diverse society consisting of eleven official languages representing different ethnic, 'racial' and class groupings (StatsSA, 2015). South Africa's problematic past political ideologies and policies resulted in severe discrimination, particularly for 'disadvantaged, 'black'[5] people (Ratele, 2012). As per the migrant laws[6] and contracts, these men were only permitted to visit their families and homes annually (Roy, 2008). The work expected of these men was physically demanding and they were exposed to harsh environments where they were benumbed to violence, pain and hardship (Harington, McGlashan, & Chelkowska, 2004). Nurturing and caring of children were thus seen to be

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[5] Statistics South Africa continues to classify people into population groups, since moving away from the past apartheid-based discrimination. This classification uses a population group-based classification system that is no longer based on a legal definition, but rather on self-classification (StatsSA, 2015).

[6] Migrant labour refers to cheap labour involving large scale resettlement of workers and in some cases their families as well. This was further perpetuated by the South African Apartheid government where only skilled employees (mostly white men) were able to gain employment while unskilled employees (usually Black African men) were forced to work in distant areas away from their families and homes (Harington, et al., 2004).

exclusively the role of women. Migrant laws shaped particular patterns of fathering for these men as well as entrenching men and their families in poverty (Richter & Morrell, 2006).

Ratele (2012) argues that approximately 4 million children in South Africa are double, maternal or paternal orphans. Represented statistically 859 000, 624 000 and 2.468 000 respectively. The figure of paternal orphans exceeds the number of maternal orphans by 1:2.87 indicating a drastic difference between the two. Of paternal orphans 38.8% of children live with their mothers whereas significantly less (3.4%) of maternal orphans live with their fathers (Lehola, 2013). Additionally, only a third of children in South Africa live with their biological parents whereas 25% do not live with either of their biological parents (Ratele, 2012). This highlights that parenting within South Africa is completely diverse and multifaceted and one may make the inference that many families do not represent the standard nuclear family ideal (children living with both their mother and father) as most children in South Africa are raised by a single mother.

A number of fathers seem unwilling to participate in fatherhood and the lives of their children as many fathers do not attend their children's births, and also deny the existence of their children (Makofane, 2015; Swartz & Bhana, 2009). A shift has been noted internationally and in this ensuing trend, many South African men are reassessing their roles as fathers and the value of fatherhood. The impact of these shifts are witnessed in the increasing demands for the rights of fathers as well as refocusing parenting from a holistic approach while emphasising the best interest of children (Makofane, 2015; Richter & Morrell, 2006). These shifts regarding fatherhood culminated in the re-evaluation of social norms and policies.

1.1.3 Fatherhood and social policy

Internationally, an increasing focus has been directed towards the laws and policies surrounding paternity leave (Richter & Morrell, 2006). Many countries are now advocating for greater time allocated to fathers with the explicit aim of steadily encouraging them to spend more time with their infants (Bruning & Plantenga, 1999; Ray, Gornick, & Schmitt, 2010; Rege & Solli, 2013). Fathers should be able to invest more time in the lives and routines of their children which in-turn fosters restructuring and rethinking around traditional ideas of what it means to be a father (Smit, 2006). Expanding on this, fathers are now able to place the emotional needs of their children as a greater priority while enjoying a stronger bond with their offspring (Morrell, 2002).

In recent years, the rate of divorced couples continues to increase dramatically (Killewald, 2016) and South Africa is no different with an increase in divorce rates by 8.6% between the years 2012 and 2013 (StatsSA, 2013). Literature points to the discontent between divorced (biological) fathers, and re-partnered fathers with both claiming parental rights to their children. The basis of this contention is related to financial maintenance and care of the child (Hobson, 2004). This contention is further supported in some countries where it is obligatory to pay maintenance but there are limited policies on fathers' rights to gain custody of their children (Bertoria & Drakich, 1993; Lund, 1987; Richter & Morrell, 2006). Historically in South Africa, custody judgements and orders were made on the basis that the mother was perceived to be the most suitable caregiver for the child. This principle was subsequently revised and currently emphasizes awarding custody based on the best interests of the child, which in-turn awards fathers a greater opportunity to assume custody of their children (Burman, 2003).

The constructions and understandings regarding what it means to be a man and a father in South Africa is shrouded in inconsistency and ambivalence for many men. Many of them are confronted by various social laws and policies which in one sense limits their interactions and levels of involvement within the lives of their children, yet in another sense they are constructed as uninvolved, emotionally distant and absent (Richter, et al., 2012; van den Berg, et al., 2013). Given the ambiguity that many fathers may experience it is imperative to redefine the role of men in general and fathers in particular. These challenges mentioned may present a major burden to many men who have 'normal' children and may be exacerbated for those fathers who have children who present with some kind of disability, for example those who present with learning disorders like Dyspraxia.

1.1.4 Learning disorders: Dyspraxia

At specific ages children are expected to overcome certain milestones such as being able to crawl, being able to reach for toys, recognising objects from a distance, eat with a spoon etc. However, for many children these expected developmental milestones (walk, talk, read, run, write and even play sport) may not be achieved at these typical ages (Prado, et al., 2014). The inability to achieve these milestones may be indicative of a learning disorder. In South Africa learning difficulties affect roughly 11.2% of children (Department of Social Development / Department of Women, Children and people with Disabilities/UNICEF, 2012). Learning

disorders can affect a child in terms of their social, psychological, physical and educational environments (Foulder-Hughes & Prior, 2014).

The more commonly researched learning disorders are Autism and Attention Deficit-Hyperactivity Disorder (ADHD) due to the fact that the incidence/prevalence in the past was fairly high. However, other learning disorders seem to be emerging at quite a rapid pace, highlighting the need to focus on some of these learning disorders or difficulties like Developmental Coordination Disorders (DCD) of which Dyspraxia is one (Cortiella & Horowitz, 2014).

The prevalence of DCD has been estimated to affect roughly 5% of school children of which males are more affected than females (Ratio: 4:1) (Sadock & Sadock, 2007). According to Sadock and Sadock (2007) this finding may also be as a result that motor skills are generally more closely observed in boys than in girls at such a young age. The Diagnostic and Statistical Manual V indicates that dyspraxia refers to motor performance that is substantially below that expected of one's chronological age (American Psychiatric Association, 2013). These problems may present as clumsiness, problems with coordination and balance; a delay in attaining developmental motor milestones such as crawling, sitting and walking or other basic motor skills such as throwing, skipping, kicking, writing etc. Usually the age of onset is from infancy however, this is not always the case (American Psychiatric Association, 2013). The defining characteristic of DCD is poor performance associated with tasks of coordination that are deemed appropriate to the child's chronological and intellectual levels (Tukel, 2013). Furthermore, the child's history must be considered in terms of any delays in developmental milestones reached as well as any current deficits in gross motor skills, fine motor skills and hand-eye coordination (copying letters or catching a ball) (van der Linde, et al., 2015).

According to the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (2013) the diagnostic criterion for DCD is:

A. The acquisition and execution of coordinated motor skills is substantially below what is expected given the individual's chronological age and opportunity for skills learning and use. Difficulties are manifested as clumsiness (e.g., dropping or bumping into objects) as well as slowness and inaccuracy of performance of motor skills (e.g., catching an object, using scissors or cutlery, handwriting, riding a bike, or participating in sports).

B. The motor skills in criterion A significantly and persistently interferes with activities of daily living appropriate to chronological age (e.g., self-care and self-maintenance) and impacts academic/school productivity, prevocational and vocational activities, leisure, and play.

C. Onset of symptoms is in the early developmental period.

D. The motor skills deficits are not better explained by intellectual disability (intellectual developmental disorder) or visual impairment and are not attributable to a neurological condition affecting movement (e.g., cerebral palsy, muscular dystrophy, degenerative disorder).

<div align="right">(American Psychiatric Association, 2013).</div>

As a result of poor performance scholastically and in sports that require a higher degree of coordination, individuals that present with DCD often report having a lower self-esteem and self-worth that may require clinical attention at some or other point. Furthermore these effects may culminate in various emotional and behavioural problems, poor physical fitness and reduced physical activity (Sadock & Sadock, 2007).

These feelings may result from feeling frustrated with not being able to perform relevant activities, being victimised and ridiculed by one's peers and not being able to necessarily relate to others. Instinctively children should be able to interact with one another however; not being able to do so may create a barrier further exacerbating their frustration and alienation (Sadock & Sadock, 2007). The aetiology of dyspraxia is unknown however; some of the contributing risk factors for the development of this disorder include perinatal malnutrition, hypoxia, low birth weight, prematurity, post-maturity as well as a family history of other developmental disorders (Portwood, 2013). The exposure to alcohol, nicotine and cocaine during pregnancy has also proven to be a contributing factor towards cognitive abnormalities (Hands, Kendall, Larkin, Rose, & Parker, 2009). As mentioned, a number of challenges may arise for a child presenting with dyspraxia and in many cases parents may share these challenges with their child.

The literature provides evidence of many studies that focussed on the mother-child experiences with dyspraxia (Ahmed & Dardas, 2015; Giallo, Wood, Jellett, & Porter, 2013; Meadon, Stoner, & Angell, 2015). However, there seems to be very limited available research on fathers and dyspraxia.

1.2 Rationale

As mentioned previously, there are many benefits accrued for children when their fathers are actively involved in their lives. However, in contemporary society, fathers are positioned ambiguously by both the law and socially. In an attempt to overcome deeply entrenched ideas about men and fathers, research about fathers, fathering and fatherhood is critical.

The reviewed literature on fathers and fatherhood focused primarily on how father involvement or lack thereof contributes to the child's development. However, what is visibly less focused on is the father himself/the subject position of the father. In other words, what fathering means to the man himself.

Further lacking within this body of scholarship is an emphasis on what it means to father a child with a disability. Given this glaring gap within the literature, this study was deemed important, particularly within the South African context, given the precarious nature of fatherhood itself.

Based on the abovementioned reasons, this study focused on fathers' subjective experiences of parenting a child that presents with dyspraxia while also considering the challenges faced and support offered. This rationale formed the conceptual basis of the study and this translated into the research question, aim and objectives outlined below.

1.3 Research question

What are the subjective experiences of fathers parenting a child that presents with dyspraxia during middle childhood?

1.4 Aim

An exploration of the subjective experiences of fathers parenting a child that presents with dyspraxia during middle childhood.

1.5 Objectives

1. To understand the subjective experiences of fathers parenting a child that presents with dyspraxia during middle childhood.
2. To explore the challenges faced by fathers in parenting a child presenting with dyspraxia during middle childhood.
3. To identify the support structures available and support required by fathers parenting a child presenting with dyspraxia during middle childhood.

1.6 Theoretical frameworks

An in depth review of the literature in conjunction with the stated aim and objectives of the study provided the impetus for the chosen theoretical frameworks. The underpinning theories for this study are Bowen's *Family Systems Theory* and *Family Resilience Framework*. Family systems theory emphasises that families should be considered as systems that comprise of interrelated elements and objectives, that exhibit coherent behaviours, engage in regular interactions and exist interdependently of one another (Haefner, 2014). These interrelated elements refer to the individual members within the family structure that inevitably co-construct a family structure and environment (Berryhill, Soloski, Durtschi, & Adams, 2016). The family resilience framework seeks to explore the ways in which a family has the ability to heal, grow and recuperate from specific adverse life challenges (Becvar, 2013). Theoretically the two frameworks complement each other and allow for an in-depth analysis by examining how fathers interact with all the interrelated elements of the system and how they affect him in turn. In addition, family resilience framework provides one with a schema to understand how fathers adapt to and ultimately cope with parenting a child with a disability.

However, central to the early conceptualisations of systems theory is the child or the child's relationship with their mother in both theory and practice (Day, 2010). Consequently a major drawback of this was the neglect of other influential and impacted members of the family who actively respond and contribute to the family system (Rothbaum, Rosen, Ujiie, & Uchida, 2002). An additional drawback of earlier concentrations of the theory was focused on members within the family that experienced a disability (Seligman & Darling, 2007). This early conceptualisation ultimately ignored the interdependent and interrelated interactions between the members within the family system. In other words, when examining the subjective experiences of fathers' the interdependent and interrelated interactions between the members within the family system cannot be ignored. Therefore, when one family member is affected, it disrupts the homeostasis of the entire system as can be seen when a child has a disability.

1.7 Thesis structure

This chapter provided the background and rationale for this study. Research on fathers parenting children, in particular children with dyspraxia is an under-researched area. The subsequent chapter, **Chapter Two: Literature Review**, provides a discussion of parenting, the transition to becoming a parent, contemporary two parent households, the challenges and

complex bidirectional relationship between work and family as well as the influence of gender on the family unit. Thereafter the chapter focuses on fatherhood as a contested, complex and fluid concept, the prevalence of absent South African fathers, the importance of social fathering and fathers of children with a learning disorder. Finally, the chapter examines and discusses the nature of dyspraxia before outlining the two theoretical frameworks used within the current study. Subsequently, **Chapter Three: Method**, illustrates the various methodological and ethical considerations of the current study, detailing the study design, the research setting, the selection of participants, method of data collection, procedure, data analysis, trustworthiness and reflexivity. **Chapter Four: Analysis and interpretation,** presents the analysis and interpretation of the findings, as well as a discussion of the key findings of the study. The final chapter, **Chapter Five: Conclusion and recommendations**, provides the conclusion and limitations of the study as well as suggestions are made for future research. Finally, the implications of the study's findings are considered.

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Chapter Two

2. Literature review

The proceeding review will provide an exploration of international and local literature relating to fatherhood and dyspraxia. International literature that focuses on the key concepts of the study will be discussed. Local research that has been conducted and addresses fatherhood and dyspraxia will be emphasised.

While a significant body of research examined the role of mothers within child-rearing, the role of fathers in general is neglected. Some recent studies have focussed on illuminating the nurturing roles played by fathers and not just the traditional provider and protector roles. What seems absent from this fund of knowledge is an examination of the role that fathers play with a child with a learning disorder, particularly dyspraxia.

It is important to understand the family as an interrelated system as well as how these systems are generally organised. In an attempt to showcase these complexities, the following issues need to be examined; parenting in a broad sense, fathering, fatherhood and fathers within the context of South Africa and finally the underpinnings of dyspraxia.

2.1 Parenting

This section of the literature review will provide a broad basis with regard to parenting, the challenges couple's may experience, the stressors related to striking a balance between work and family life and vis-á-vis the influence between work and family. Parenting a child can present with a number of challenges however, these challenges and a range more are further exacerbated when parenting a child with a disability. As such the importance of resilience and vulnerability is highlighted in the following section as rather complimentary processes on a continuum as opposed to being polar opposites.

2.1.1 Transition to parenthood

The transition into parenthood may prove to be a difficult and arduous process for most couples. In some instances couples tend to be vulnerable while others appear to be resilient during this period (Briesmeister & Shaefer, 2007). After the arrival of a new born child, some women experience a drastic decline in terms of marital satisfaction and an increase in hostility with regard to marital conflict (Walsh, 2012). It is noteworthy that when couples experience stress, as in the transition into parenthood, 'marital friendship' may act as a significant buffer; howbeit the quality of this friendship may aggravate the levels of stress

experienced by each prospecting parent (Walsh, 2012). Arguably, women tend to be more vulnerable to experiencing continued dissatisfaction in a marriage as she is traditionally expected to innately 'know' how to be a good mother and to bear the bulk of childrearing responsibilities (Rubin & Chung, 2006). Factors such as dissatisfaction within the marriage, feelings of negativity towards one's spouse and chaos in the lives of the couple evince the precariousness of the relationship leading to an overload of detrimentally problematic stressors (Briesmeister & Shaefer, 2007). Contrastingly, qualities such as admiration, fondness and awareness have been regarded as buffers that protect the relationship during stressful changes (Walsh, 2012).

In terms of childhood disability, most families are able to adapt and cope effectively. On the one hand, parents may experience feelings of anxiety, and some mild or transitional depression can be expected however, through support and attention to prospective problems, most are able to come to terms with their circumstances. On the other hand, some families do not emerge unscathed from the experience and undergo significant hardships in their efforts to cope. Relatedly, this refers to an important concept, 'family resilience'. This concept refers to the likelihood of repair, recovery and growth when families face serious life challenges. In some instances families are shattered when faced with a crisis event, persistent hardships, disruptive transitions while others tend to emerge as strengthened and more resourceful (Walsh, 2012). The concept of resilience seeks to explain the ability of some to withstand and rebound from disruptive challenges. Within the context of significant adversity, through a dynamic process, resilience can foster positive adaption allowing some to be able to cope with a disruptive event (Patterson, 2002). The initial shock of childhood disability may serve as a challenge that may disrupt family members' perspectives and outlook, redefines goals, strengthens family relations or subverts roles within the family. Resilience may enable the opportunity for family members to reappraise priorities which subsequently leads to more fulfilling lives and compelling relationships (Seligman & Darling, 2007).

2.1.2 Contemporary two-parent families

Mothers and fathers in contemporary families are faced with having to negotiate various developmental issues and transitions in raising children in a more hazardous world (Bornstein, 2002). Moreover, spouses need to address prevailing sources of parent-child, sibling, inter-spousal and multi-generational conflicts that arise in family life (Rubin & Chung, 2006). In attempting to navigate through the intricacies of parenthood, many families

are strained with illness, death and loss while also experiencing economic hardship and unemployment (Ward, Makusha, & Bray, 2015). In order to usurp the societal barriers underpinning a number of families, exposure to oppression and marginalisation on the basis of race, ethnicity, gender identity, class, immigration status or sexual orientation detrimentally affects the family's potentiality to flourish (Walsh, 2012).

In addition, financial factors play a role in the ability of a family to flourish. Globally, there has been a substantial increase in female employment in recent years however, gender differences in labour and earning potential still exist (Addabbo, Arrizabalaga, Borderia, & Owens, 2010; Arpino, Esping-Andersen, & Pessin, 2015). 60% of households in South Africa are headed by males who correspondingly earn 76.7% of the total income in South Africa. Although Black African households account for more than two-thirds of households in South Africa, the income earned in these households only account for less than half of the total income earned. In contrast, although 12.4% of households in South Africa consist of white families, they earn over 40% of the total income. Coloured households consist of 8.5% of the total number of households in South Africa and earn 9.9% of the total income. Additionally, Indian/Asian households comprise 2.5% of the total households in South Africa with 5.4% of the total annual household income (StatsSA, 2012).

The disparities highlighted above emphasise the importance of dual-earning families especially considering the influence and cross-generational effects of Apartheid on families and households in South Africa. Considering the high rates of HIV/AIDS (Pitpitan, et al., 2016), poverty (Rogan, 2016), violence (Gupta, Reed, Kelly, Stein, & Williams, 2012) and unemployment (Posel, Casale, & Vermaak, 2014) in South Africa, the importance of dual-earning parents can have a profound impact on the well-being of the family (Montgomery, Hosegood, Busza, & Timaeus, 2006). The benefits highlighted in dual earning families further elucidate the challenges faced by single-parent headed households. This further translates to the difficulties experienced by families with a child that has a disability and the long term financial implications that are experienced. A number of parents are forced to suspend their careers in order to stay at home and care for their child. In other instances parents are forced to cut into a number of working hours in order to tend to their child. The financial implications thereof, can be crippling towards a family whose expenses to care for their child is ever increasing (Corden, Sloper, & Sainsbury, 2002; Saunders, et al., 2015; Sen & Yurtsever, 2007).

2.1.3 Challenges at the boundary of work and family

A number of advantages accrue in dual-earner families of which the security of income and economic benefits are foremost. Albeit with many compromises and constraints, should one partner lose his or her job, the other partner's income may sustain the family temporarily (Danner-Vlaardingerbroek, Kluwer, van Steenbergen, & van der Lippe, 2013). A further advantage relates to the psychological and relational spheres of each partner in terms of their shared and multiple roles (as parents, workers and partners) as opposed to the traditional role divisions (women as homemakers and men as breadwinners). These shared and multiple roles act as a buffer against negative events that are experienced throughout the relationship and rather act as an opportunity for personal satisfaction and success which further extends to the relationship between the couple and their families (Offer, 2014). Notably, partners experience less pressure when they avail themselves for social support beyond the couple dyad rather than relying on the dyad as the sole source for stress relief and emotional soothing (Schooreel & Verbruggen, 2016).

Notwithstanding, the sense of being able to share the likelihood and responsibility of earning could transform the more traditional gendered power dynamics associated with men who traditionally are considered the sole sources of income (Ward, et al., 2015). Increasingly, couples who are both employed, and who contribute to domestic chores and child-care seem to align themselves more with the core relational values of equality and fairness (Briesmeister & Shaefer, 2007). One of the greatest challenges within a dual-earning family is the difficulty in terms of striking a 'balance'[7] between work and family spheres (Walsh, 2012). A substantial influence in changing the traditional roles assumed by fathers is concerned with the time shifts where more women are working full-time. Their salaries therefore become essential to the financial well-being of the family and as such men are expected to become more involved in childcare, child-rearing and housework (Schooreel & Verbruggen, 2016). Additionally, studies have found that women who are employed full-time spend significantly less time dedicated to housework than women who are home full-time however; they disproportionately continue to do more housework than their husbands (Alby, Fatigante, & Zucchermaglio, 2014). Evidence has indicated that contemporary fathers have shifted their

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[7] The term balance is often used within clinical settings especially when working with families and couples. It should not be viewed as an unattainable state of harmony or as a static state of equilibrium but rather as a dynamic, productive and flexible tension among the many life roles of a parent (work, family, couple, community etc.) (Walsh, 2012).

beliefs concerning gender roles within the family. This extends to no longer believing that maternal relationships or the well-being of children are compromised as a result of mothers being full-time employed as well as fathers desiring themselves to spend more time as parents than did their own fathers (Hobson, 2004).

2.1.4 The complex relationship between work and family stress

An increase in work-related stress may result in a greater likelihood of displacing the stress into personal relationships such as between couples and family. Notably it is rather the perception of being over-worked as opposed to the number of hours worked as well as the experience of stress rather than the intensity or number of work-related stressors that influences the degree related to work stress and family distress (Walsh, 2012).

The relationship between work and family stress is not mutually exclusive and should be seen as recurrent or bidirectional whereby the quality of family relationships as well as leisure time can affect the level of productivity and quality of work produced. To illustrate this point, a husband may have a demanding and stressful job which in-turn limits his availability or energy that he is able to dedicate to his partner as well as his children ultimately leading to an overburden on behalf of his partner perhaps developing a sense of resentment as well (Offer, 2014). Moreover, the marital distress experienced may be reflected in the workplace subsequently decreasing job effectiveness leading to feelings of being overwhelmed with their job and thereby leading to greater negative influences within family relationships (Walsh, 2012).

An increase or decrease in marital satisfaction may influence the relationship between job-related stress and family life. In some instances, stress and strain from one member of the dyad may 'crossover' to the other partner of the dyad (Schooreel & Verbruggen, 2016). As such an increase in work-related stress and a low sense of marital satisfaction may influence one's ability to parent, perhaps through a decrease in communication between partners leading to a withdrawal from one partner from the other and in some cases a withdrawal from their children as well (Offer, 2014).

2.1.5 Gender organises family

The concept of gender is socially constructed and consists of a multitude of expectations, behaviours and characteristics that members within particular cultures consider to be appropriate for both males and females (Lamb & Sagi, 2009). Notably these constructions

change and adapt over time and vary from one culture to another, various societal schemas do not adequately convey the extent to which gender diversity exists in families (Marks, Bun, & McHale, 2009). Increasingly more people are consciously not conforming to these social ideals and expectations of gender identity and sexual orientation to rather live in ways that better suite their own beliefs (Lindsey, 2016).

Conversely, considering the pervasive nature of various social messages regarding gender and gender identity, it is explicitly suggested that everyone should conform to the stereotypical expectations of their gender, as determined by their sex, regardless of whether this aligns to their own preferences, or experiences (Walsh, 2012). Gender actively influences the power dynamics within families by defining the worth and value of each family member in relation to one another, society at large and therefore these pressures to conform can be intense (Connell & Messer, 2005). As opposed to being an issue that is only relevant in specific instances, gender serves as a central construct in which a number of family processes are organised (Marks, et al., 2009). Juxtaposed to this, gender is often unheeded as a result of the fact that it is so pervasive. The commonality of gender norms and its subsequent expectations are ingrained in various aspects of society but seem to be invisible to the eye and therefore is often taken for granted (Witt, 1997).

These factors are especially true within the various subsystems that exist within families. The *spousal subsystem* can be a source of conflict between parents which may reverberate throughout the family particularly in cases where parents have assumed specific gender roles (Seligman & Darling, 2007). A mother may feel insecure about her child-care abilities and nurturing when her child is born with a disability. A father may react to their child's birth with avoidance and withdrawal (Al-Yagon, 2015). The *parental subsystem* encompasses the various interactions between parents and their children which incorporates aspects such as nurturing, discipline, setting of limits and boundaries and offering guidance (Strong, DeVault, & Cohen, 2011). Modelling awards children the opportunity to learn how to manage authority, indulge in independent decision making and self-direction. An older child may assume a more parental role toward younger siblings when the parents are tending to their child with a disability (Dawson, Pike, & Bird, 2015). The *sibling subsystem* is particularly sensitive to the functionality of other subsystems. Children learn to provide one another with support, negotiation skills, competence and various social skills (Seligman & Darling, 2007). The sibling relationship is culturally dependent and can be influenced by aspects such as birth order, gender and age. The older the sibling becomes the more

responsibility they are expected to assume. The distribution of these responsibilities can sometimes be construed as unfair and a cause of conflict between siblings (Namyslowska & Siewierska, 2010). Caretaking responsibilities, which are often undertaken by female siblings, can become a particular issue within families especially when a sibling has been born or diagnosed with a disability (Williams, Riggs, & Kaminski, 2016). Further to this, alliances can often be formed within these systems such as mother-son, father-daughter, father and oldest son alluding to the presence of transitional relationships within a family (Seligman & Darling, 2007). It is therefore important to highlight how gender roles may influence not only the relationship between the couple itself but also with children. Mothers tend to be more involved in personal interactions such as bathing a child, hugging and having the child on one's lap, regardless of the child's gender, as opposed to fathers, who tend to be more involved in supporting a child's physical behaviours (Kalmun, 2015; Moon & Hoffman, 2008; Ruhl, Dolan, & Buhrmester, 2008).

2.2 Fatherhood

2.2.1 Shifting masculinities

Within the South African context, the era of Apartheid deeply influenced gender identity through the manipulation of race and class (Morrell, 2001). Black masculinity was often marginalised and silenced by Afrikaner (white) masculinity through political and social power which in-turn emasculated Black men. Black men were often referred to as "boys" and were often treated as subordinate to that of white men thereby being denied respect (Conway, 2008). By contrast, a white man meant being employed and financially secure.

However, after 1994 when South Africa became a democratic country, constitutional equal rights for all people regardless of their gender and race, newer diversified constructions of masculinities began to emerge (Ratele, 2012). It has been argued that post-Apartheid, white men no longer represent hegemonic masculinity which has been accepted by some white men and rejected by others. Notably there are no distinct responses to these changes by Black men (Morrell, 2002). A gap has been observed between younger migrants and their more traditional, rural fathers' view on manhood, highlighting the differences across different generations. Masculinities in South Africa do not only differ, change and adapt over time but class and race remain important factors that influence masculine identities (Spjeldnaes, Moland, Harris, & Sam, 2011).

Marsiglio et al. (2008 as cited in Mavungu, 2013) asserted that the practice of fatherhood is contingent on three varying dimensions; the first of which examines paternal motivation, followed by paternal involvement and concludes with paternal influence. The first paternal motivation is concerned with the various reasons as to why men would want to play an active role in the lives of their children. Although not limited to, some of these various reasons emanate from the love that men have for their children, from early experiences within their own families, various social pressures to act as masculine adult males, as well as the perceptions that their children either need financial resources from them, or their involvement (Masiglio, 2008). The second dimension proposed by Marsiglio et al. (2008 as cited in Mavungu, 2013) seeks to explain paternal involvement as a dimension within the practice of fatherhood. Aspects of accessibility, cognitive representations, responsibility and engagement comprise the dimension of paternal involvement. In this instance, cognitive representations allude to different states of mind such as worry, anxiety and contingency planning related to the well-being of the child. Responsibility on the other hand refers to the sense of duty assumed by the father in terms of their child's well-being and engagement refers to the direct interactions between a father and his child (Masiglio, 2008). The final aspect to consider in terms of the practice of fatherhood is the influence that they exert on the lives of their children. This dimension is encompassed by four general principles such as the nurturance and provision of care offered by a father, the emotional, psychological and practical support he offers to his partner, economic provision and finally the ethical and moral guidance he offers. These four principles are closely linked to the well-being of children and their development (Masiglio, 2008).

An often understated role of the father is usually presented however; the role of a father has been found to influence a variety of aspects especially in terms of the family unit and in child rearing (MenCare: A Global Fatherhood Campaign, 2012). Fathers that assume greater roles in their child's lives tend to work fewer hours, have greater psychological adjustment characteristics such as a higher self-esteem, lower levels of depression and aggression and their wives reported greater marital intimacy as well. In addition to this, benefits for the child include a greater level of empathy, less behavioural problems, lower levels of substance abuse and greater social, emotional and cognitive development (American Psychiatric Association, 2013). Fathers tend to be more involved in physical activities with their children and are exposed to a large precursor for the early warning signs of dyspraxia, a disorder of a child's fine and gross motor skills (Lavoie, 2001).

2.2.2 Absent South African fathers

A fundamental attribute to the construction of many African masculinities is the ability to provide financially and therefore the inability to do so has both practical and psychological consequences on the lives of men. As a result of this construction men are positioned as failures because they cannot provide financially for reasons such as unemployment and poverty which in-turn has shown to affect or damage his sense of masculinity, identity, confidence and self-esteem (Makusha & Richter, 2015). To avoid criticism, men often become despondent towards their children and families and in some instances may abandon them altogether (Shefer, Stevens, & Clowes, 2010).

The inability of many families to play their roles in socialisation, protecting and nurturing effectively may be attributed to the many failures of the political economy and the influential legacy of colonialism and Apartheid (Ratele, 2012). The bond that exists between fatherhood and masculinity is therefore a close one that spans cross-culturally. In contrast though, a number of fathers across the world, for a variety of reasons do not father their children. A plethora of literature on fatherhood and masculinity illuminates the common link of absence amongst fathers (Makofane, 2015; Makusha & Richter, 2015; Mavungu, 2013; Ratele, 2012; Richter, et al., 2012). In this instance, absent fathers refer to men who do not regularly interact with their children and therefore do not play a significant role in the lives of their children and their development. The concept of an absent father alludes to the emotional and physical absence of the biological father during childhood and adolescence (Conway, 2008). For over 6 months of the year, 60% of fathers are absent from their households and families in Limpopo. On a regular basis, 76% of children do not live with their fathers presently (Spjeldnaes, et al., 2011). Remarkably, the number of absent fathers has steadily increased post-Apartheid. When compared to 1996 statistics, 45% of Black children under the age of 15 had absent living fathers. This figure increased to 52% in 2009. Similarly, an increase has been found amongst white (13% - 15%) and coloured (34% - 41%) families as well from 1996 to 2009. A decrease was however noted amongst Indian families from 17% - 12% (Mavungu, 2013). Men who report that they did not have a close relationship with their fathers, saw the role of a father mainly in terms of breadwinning (Ratele, 2012). This is fundamental to the construction of masculinity and fatherhood in South Africa where providing economically and financially is traditionally ascribed to the role of fathers. This is problematic where the unemployment rate in the country is fast approaching 29% and therefore absent fathers could be attributed to labour migration (Spjeldnaes, et al., 2011).

Markedly, the opportunities within many impoverished communities to live and earn in the same areas are scarce and often not synonymous. As a result many Black South African fathers are unable to live with and support their children (Makusha & Richter, 2015).

It is noteworthy to state that most Africans within the Southern African region live within a network of extended family relations where children often live apart from their fathers which may been keenly attributed to migrant labour (Makusha & Richter, 2015). Furthermore, it is important to note that this does not automatically account for children that are not being cared for or are being neglected by their fathers (Conway, 2008). It also does not equate to a breakdown in social connectedness between a child and their father. The physical location and child involvement should therefore be seen as two separate dimensions in terms of the fathers' connection to his children (Swartz & Bhana, 2009). The position of a father should not be seen in terms of his absence or presence as a father's presence does not equate to father involvement. Single mothers and families in transition form part of the absent father landscape in South Africa (Richter, et al., 2012).

An additional explanation for the absence of fathers could be attributed to the fact that both Black men in the United States and Black men in South Africa are subjected to live in areas where violence is prevalent and death rates are significant (Mavungu, 2013). Imprisonment (Porter & King, 2014), violence (Cater & Forssell, 2012), abandonment (van den Berg, et al., 2013), HIV/Aids (Spjeldnaes, et al., 2011), violent/accident-related paternal deaths (McLanahan, Tach, & Schneider, 2013) and poverty (Gradin, 2012) have also been referred to as explanations for the absence of fathers in the lives of their children. The absence of fathers can have a number of detrimental effects on the well-being of the family and the subsequent household. Owing to the absence of the father, major decisions concerning the child's education may be delayed until he returns. In other instances where the presence of the father is absent, a child may experience poor school-performance compared to other children whose fathers are present (Morrell, 2002).

In a study conducted by Mavungu (2013), men considered their role and sense of masculinity in terms of their ability to provide material goods or finances to their families. Consequently, fathers distance themselves from care-giving which was initially seen as a woman's role. What is also evident is that father absence in their own lives contributed to them being an absent father which seems to point to the generational transfer of fathering models. Through this assertion fathers distance themselves from the care-giver role which was ultimately seen

as the responsibility of the mother. Additionally, a number of fathers who were absent in the lives of their own children experienced absenteeism of their own fathers. This alludes to the transmission of father models across generations linking to the possibility of a vicious cycle surrounding the absence of fathers. Finally, the concept of fatherhood is strongly linked to employment and in a country where unemployment is rife; an unemployed father who is unable to provide for his family will feel emasculated and unable to assume the status of fatherhood (Mavungu, 2013).

2.2.3 Social fathering

An area that is increasingly receiving a greater focus is that of social fathering. The term has emerged to explore the many ways in which a child may be connected to an adult male that is not their biological father (Richter & Morrell, 2006). In some cases grandfathers, educators, uncles and priests may fulfil the role of a father in the lives of children. A father's absence and parents that are divorced should not be seen as similar. Discordant parental relationships that have led to divorce may have occurred prior to the father neglecting his role of fathering and therefore being considered as absent (Makofane, 2015).

In contrast to western conceptualisations of fatherhood, various African cultures have a far more fluid conceptualisation of fatherhood. Fatherhood is approached collectively by one's broader or extended family within African cultures (Madhavan, Townsend, & Garey, 2008). This may partly be due to high levels of absent fathers, the HIV/Aids pandemic as well as high rates of violence and violent-crimes within a number of communities in South Africa (Hosegood & Madhavan, 2012). Consequently fatherhood and the concept of fathering moves beyond simply the biological process and moves into a social process or responsibility undertaken by a variety of people within one's family or community (Hosegood & Madhavan, 2012).

As such the role of fathering can be assumed by uncles, priests, teachers, brothers and in some instances mothers as well (Marsiglio & Hutchinson, 2004). Due to the shortcomings in research surrounding the impact of social fathers and its subsequent growing importance, the concept of social fathering is often overlooked (Mavungu, 2013). This is problematic, especially within the South African context where social fathering plays a fundamental role in a number of children's lives and further this concept can be linked to shifting ideas around the traditional roles associated with fathering and mothering especially within the country's context (Hosegood & Madhavan, 2012).

In instances where children consider their relationships with their resident social fathers and non-resident biological fathers as positive, their levels of well-being increases (Berger, Carlson, Bzostek, & Osborne, 2008). Notwithstanding children that reside in social families may experience that their step-parents invest less time in them than that of their biological parents (Bzostek, 2008). Additionally, the quality of bonding and the type of attachment experienced between a child and their step-parent is vital in determining whether the involvement of their step-parent may be regarded as beneficial for the child's well-being as may have been the case with their biological father (Bzostek, 2008).

In conclusion the above information serves as testimony to the fact that fatherhood is not a unitary or singular concept but has multiple meanings and is open to contestation. Therefore in acknowledging this, one should be aware that when working with fathers, it cannot be assumed that one would be dealing with only biological fathers of children.

2.2.4 Fathers of children with a learning disorder

The implications of one's child receiving a diagnosis may be vast and triadic. The first of which is the experience of dysfunction felt by the child him/herself, the family that has been affected and the larger external environment within which the disability has manifested. The realisation that one's child may have a developmental disability may be regarded as a crisis and one of the most difficult experiences for any parent (Heiman, 2002). Families of a child with a developmental disorder are vulnerable to high levels of stress and ongoing challenges. Additionally, research on families has primarily focused on mothers rather than on fathers highlighting the importance of the current study (Al-Yagon, 2015).

The initial reactions experienced by most parents have been linked to that of bereavement and therefore tends to be negative in nature. However, families process and react differently either by adapting more flexibly and mobilising into action or some may resist or deny the actual diagnosis, freeze or become rigid and thereby ineffective in their approach (Poslawsky, Naber, Van Daalen, & Van Engeland, 2014). Disruptions in daily routines are often experienced in families with a child diagnosed with a particular learning disability. These routines are essential to providing care for a child and perhaps as a reaction to being unable to instil routine, parents respond with anxiety, rigidity and overprotection in their childrearing capacities (Jones & Passey, 2004). This results in a greater emphasis on maintaining a sense of control as opposed to highlighting the possibility of personal growth and development. Subsequently many parents of children with disabilities are more prone to developing health

related issues, greater levels of depression and feelings of being restricted and confined (Heiman, 2002).

Considering much of the available literature, a number of studies have examined the similarities and differences amongst mothers and fathers of children with a disability (Kersh, Hedvat, Hauser-Cram, & Warfield, 2006). It is typically reported that mothers described greater stress than fathers while many studies report that there is no difference in this regard. Additionally mothers and fathers report that various combinations of stressors/variables may contribute to their perceived levels of stress differently (Yamada, et al., 2012). Finally, fathers tend to be less involved in the day-to-day care of their child than mothers irrespective of whether she is fully employed (Kersh, et al., 2006). Moreover it has been argued that the behavioural difficulties of children experienced by parents serve as a stronger predictor of stress than the severity of the child's disability itself (Hastings, 2003).

According to Freedman and Boyer (2000), families supporting individuals with developmental disabilities experience a number of difficulties in terms of their financial obligations, the perceived lack of coordination amongst various authorised personnel, departments or agencies as well as exiguous and insufficient support. Parents of children with disabilities are often concerned about their child's future and their ability to function in environments that may not be sheltered or are less restrictive. These families therefore face both the normal tensions and pressures of life having to adjust to having a child with a disability and therefore often require assistance to positively adjust their lives (Heiman, 2002).

More notably, families that have transitioned to having a child with a disability experience various changes within their social lives. This is further exacerbated by feelings of anger, shock, considerable stress, denial, self-blame and guilt (Heiman, 2002). Different avenues of assistance that parents often look to are various support groups, educational advisors, psychiatric consultations, psychological services, voluntary organisations or special education systems (Henninger & Taylor, 2014).

The following section will provide an exploration of the literature surrounding the topic of dyspraxia to further contextualise the aspect of being a father of a child that presents with dyspraxia.

2.3 Dyspraxia

This section of the literature review will present and discuss the concept of dyspraxia, how it has been used, how it is currently used and its various sub-components. It is important to state from the outset that the concept of dyspraxia is met with various contestations and a number of experts within the health professions, in academia and by extension parents as well therefore use the word interchangeably. The definition of dyspraxia has varied greatly within literature often as a result of the professional standpoint or disciplines of the authors themselves (educators, neurologists, occupational therapists, psychologists etc.) subsequently leading to a greater sense of confusion (Steinman, Mostofsky, & Denckla, 2010).

The construct of dyspraxia has been shrouded in a variety of definitions from various fields of study. Put simply, the disorder has been described to refer to abnormal motor behaviours or difficulties experienced with regards to motor movements (Tanaka, Yoshida, Kawahata, Hashimato, & Obayashi, 1996). More aptly the disorder has been described as difficulties associated with motor movements that are exacerbated by various perceptual difficulties. In addition, dyspraxia is considered to refer to impairment in or difficulty associated with planning, organising and executing various physical movements. The disorder is subsequently considered to be developmental in its origin opposed to a disorder that is acquired (Gibbs, Appleton, & Appleton , 2007).

Previously the concept of Developmental Coordination Disorders (DCD) and dyspraxia have been used interchangeably and mistakenly so. The concept of DCD was rather understood by many to refer to a range of disorders involving coordination difficulties of which dyspraxia was one (Peters, Barnett, & Henderson, 2001). Further to this DCD was used to refer to a range of disorders that are fundamentally developmental in nature and therefore its definition has been closely linked to dyspraxia. Dyspraxia however was referred to as the impairment in organising various motor movements and in some cases perception, language and thought processes as well (Steinman, et al., 2010). Key to this point is the recognition that dyspraxia is not the result of cognitive impairments but rather the inability to process and organise incoming information from one's external environment (McMurray, Drysdale, & Jordan, 2009).

Prior to this conceptualisation, as a result of experiencing an awkwardness of movement and a lack of coordination, children with dyspraxia were often referred to as "clumsy" which is no longer an acceptable reference to make and something that should no longer be seen as

synonymous with dyspraxia (Steinman, et al., 2010). In the past, 'clumsy' children were thought to have dyspraxia when in actual fact these children demonstrated impairment in the execution of movements rather than in the actual planning of the movement (McMurray, et al., 2009).

Notably there are three stages to carrying out a task successfully. The first of which is to understand what must be done and the movements thereof (ideation), secondly make a plan of the various motor movements needed (planning), and thirdly to carry out the decided upon sequence of movements needed (execution) (McMurray, et al., 2009). Therefore, children presenting with dyspraxia do not have a problem understanding what to do but rather they struggle with the processing of information. The developmental goal is to be able to understand a task, plan a particular motor movement and to organise a sequence in order to complete a given task (Jackson, 1999). It is rather the process of ideation, planning and execution that interferes with motor coordination and not the actual motor skills needed (McMurray, et al., 2009).

Relatedly, physical performance and movement is considered to fall on a particular spectrum of what may be considered as normal. Subsequently, children that experience dyspraxia may therefore fall at various points on the given spectrum (Gibbs, et al., 2007). Further to this, and perhaps providing greater understanding as to the confusion surrounding the concept of dyspraxia is the inclusion of developmental apraxia which has been regarded as indistinguishable from dyspraxia. It is not attributed to other underlying neurological or medical disorders (Gibbs, et al., 2007).

Notably dyspraxia is therefore associated with a developmental impairment in the performance of learned skilled limb movements. These movements are not attributed to basic or perceptual deficits. Consequently these movements can be delineated into two corresponding movements namely transitive (movements associated with the demonstration of using a tool e.g. a toothbrush or hammer) and intransitive (symbolic communicative gestures such as waving goodbye) (Dowell, Mahone, & Mostofsky, 2009). These overlapping movements remain distinct as they require differing cognitive resources. Transitive gestures require the individual to orient their hand in relation to the tool itself while moving one's hand correctly according to the function of the tool while intransitive movements being specific to communication (Gibbs, et al., 2007). Children with DCD often repeat the same movements without making corrections to their performance. It is unclear whether children

fail to make these corrections because they are unaware of their poor performance or if they lack the ability to make subsequent changes (Zwicker, Missiuna, Harris, & Boyd, 2011).

Apraxia has been used to refer to a disorder that affects higher order functioning that has ultimately been acquired. This is in comparison to disorders that are developmental in nature where the individual was born with the disorder as opposed to acquiring the disorder at some or other stage during one's life (Steinman, et al., 2010). The resulting impact of the disorder includes impairment in one's ability to execute learned and skilled movements that cannot be better explained by another medical or sensorimotor condition. Apraxia is therefore a difficulty that is experienced at the point where motor control and cognition amalgamate. As a result, the action knowledge that is required is either lacking or cannot be accessed in order to execute specific actions. The impairment experienced by those with dyspraxia should not be seen as simply being at the lower end of 'typical' variance in motor ability but rather a significant impact on the individual's daily life (Zwicker, Missiuna, Harris, & Boyd, 2012). Developmental dyspraxia has been used to refer to clinically-observed difficulties associated with the execution of various skilled motor movements when one's fundamental motor and perceptuo-motor functioning has indeed remained intact (Miyahara & Baxter, 2011).

Furthermore, the terminology used to refer to the disorders of children is problematic owing to the meanings associated with the use of different prefixes, in this instance "a" referring to "not" or a "lack of" and "dys" referring to "abnormal". Within literature the prefix "a" is dropped and replaced by "dys" when one seeks to explain/explore a disorder within the developmental context (Steinman, et al., 2010). Dyspraxia may therefore be developmental or something that is acquired in later life perhaps due to a stroke, brain illness etc. Associated issues related to dyspraxia may present in language, thought and perception deficits (Colley, 2006). Notably, it has been reported that children with DCD are not all alike leading to the suggestion that there may be subtypes to DCD (Visser, 2003).

Although research is limited, a possible antecedent for the development of the disorder may lie in the failure of neurons in the right hemisphere of the brain to create exact pathways (Bowens & Smith, 1999). As such when the brain sends signals to the body to perform certain movements, there is an apparent lack of accuracy in the execution of tasks (Stansell, 2007). Further, patients with cerebellar lesions have been noted to have similar coordination problems as those diagnosed with dyspraxia. Reinforcement of neural connections in the cerebral cortex seems to be inhibited leaving the brain in a state of immaturity (Bowens &

Smith, 1999). The cerebellum is considered to be responsible for motor learning, coordination and control; researchers have suggested that perhaps the cerebellum may be responsible for the motor dysfunction associated with DCD (Cantin, Polatajko, Thach, & Jaglal, 2007; Gramsbergen, 2003; Ivry, 2003; Peters, Maathuis, & Hadders-Algra, 2013; van Staden, 2013; Zwicker, Missiuna, & Boyd, 2009).

To further explain the link between dyspraxia and the cerebellum one can refer to the aspects of kinaesthesia and proprioception. Kinaesthesia refers to sensations experienced by the body (position, weight and muscle tensions) during movement while proprioception refers to one's sense of how their body is positioned (motion and equilibrium) in relation to one's environment (McMurray et al., 2009). These are used when attempting to describe the body's internal system of knowing its position in relation to other objects as well as its movement. People with dyspraxia have difficulty with the reinforcement of the signals sent from the cerebellum to the different muscle groups which in turn affects one's sense of kinaesthesia and proprioception. A study conducted by Zwicker et al. (2011) revealed that when compared to their 'typically developing' peers (TD), children with DCD indicated under-activation in both cerebellar-parietal and prefrontal networks as well as in brain regions responsible for visual-spatial learning. Motor impairments associated with the disorder can be encapsulated within three broad categories namely; limited postural control, sensorimotor coordination deficits and difficulty experienced in learning new motor skills (Geuze, 2005). Steinman et al. (2010) suggest that developmental dyspraxia should therefore be seen rather as a neurological sign rather than a disorder on its own. Although a dysfunction of the cerebellum has been proposed, the neural basis of DCD remains unclear.

Comorbid disorders to neurological disorders should be seen as the rule rather than the exception when referring to the prevalence of the disorders themselves as a shared genetic effect has been proposed. In particular Autism Spectrum Disorders (Asperger's), ADHD, global learning difficulties, Tourette's syndrome, reading disorders, speech and language disorders and learning disorders are some of the comorbid disorders associated with dyspraxia (Jongmans, Smits-Engelsman, & Shoemaker, 2003).

Approximately a quarter of children that have been diagnosed with DCD were referred for an assessment before the commencement of school. The remaining 75% of children are only referred for an assessment in their initial years of primary school. Subsequently these children experience persistent issues and no improvement related to these difficulties. Resulting from

this delay, children may express difficulty in achieving various developmental milestones especially with reference to gross motor movement and speech/language skills (Steinman, et al., 2010).

The prevalence of DCD varies from one country to the next however it is estimated that approximately 5-6% of children aged between 5-12 years of age meet the diagnostic criteria for DCD. Linking to Erikson's fourth developmental stage of Industry versus Inferiority, a child within this age period begins to direct their energy towards mastering intellectual skills and knowledge. Failing to navigate their way successfully through this stage may result in feelings of inferiority, incompetence and feeling unproductive (Santrock, 2014). To explain the variability in terms of the prevalence rates of DCD may be attributed to the fact that some diagnostic criteria for DCD may not always be applied for example not identifying intelligence or the impact of daily living/activities. On the other hand, owing to a possible lack of awareness of the disorder could explain underreported cases in some contexts (Zwicker, et al., 2012). Additionally, due to a lack of possible resources such as availability to Occupational Therapists and other health professionals, some diagnoses may be overlooked (Steinman, et al., 2010). In a separate study conducted by Gaines, Missiuno, Egan and McLean (2008), it was revealed that out of 191 physicians, 91% (174) had never heard of developmental coordination disorder.

In addition, DCD has been noted to have a higher prevalence in boys where the ratio may vary from 3:1 to 7:1. The prevalence of the disorder seems to relate partly due to prenatal exposure to alcohol and children that are born prematurely with a low birth weight (Zwicker, et al., 2012). Diagnosis at such a young age is problematic as another neurological condition may better account for the deficits in motor movement and ability (Majnemer, 2007).

In terms of aetiology, the cause of the disorder remains largely unknown. It has been suggested that the disorder may be related to pathology associated with the central nervous system (Sadock & Sadock, 2007). Owning to the nature of DCD, a number of children may present with more than one comorbid disorder. This overlap has led to the belief that perhaps these disorders may have a shared aetiology. Reportedly, children with dyspraxia seem to also experience significant impairments in attention and reading comprehension (Zwicker, et al., 2012). Furthermore, children with specific language impairment also tend to experience impairments in motor skills as well (Dewey, Kaplan, Crawford, & Wilson, 2002).

Early diagnosis in the treatment of DCD is imperative. Failing to receive an accurate diagnosis may gravely impact motor difficulties and other associated features of DCD. This can further translate into major consequences experienced in later adult life such as the development of psychiatric disorders, substance use, unemployment, engaging in criminal activity and poor interpersonal skills (Gibbs, et al., 2007). By ensuring that a child is able to correctly formulate letters once they are ready to write can help determine whether they may be suffering from an underlying condition or not (McMurray, et al., 2009). This may not always be possible in cases where children have been orphaned or live in single parent households and where poverty is rife and there is a vast lack of resources available to be able to identify symptoms of a particular learning disorder.

According to Kirby, Edwards and Sugden (2011) there is a major lack of support and intervention for parents of children with dyspraxia. Further, they identified that parents are more concerned with the challenges that their child may face in educational and work settings than at home. This extends to a lack of focus on the challenges and support that the parents may need especially concerning their own methods of coping and emotional well-being (Kirby, et al., 2011).

The family in its entirety can be affected by having a child that has been diagnosed with dyspraxia. In a study exploring the social impact of living with dyspraxia researchers found that in many cases mothers would tend to be more informative about dyspraxia and were able to answer many of the questions that they were asked relating to the disorder (Payne, Ward , Turner, Taylor, & Bark, 2013). In many cases though, fathers were unable to understand what was happening with their children and the unique challenges that they faced. As such, fathers were less tolerant, perhaps owing to a sense of powerlessness, which would result in tension between both parents however; in some cases children expressed that their fathers were positive role models in providing support and understanding (Payne, et al., 2013).

Payne et al. (2013) further state that in cases where fathers did not understand, children felt a great sense of pressure to make their parents proud even at the expense of their own emotional well-being. Children aged 13, presenting with dyspraxia were also found to unfairly compare themselves to their siblings resulting in subverting the sibling roles, especially if the siblings were younger and had to be asked to help which would lead to feelings of inadequacy. Another major social challenge faced by children presenting with dyspraxia, especially boys, was the pressure to play sport. As the disorder affects motor

movements, various sports can be extremely taxing especially with reference to contact sports such as rugby and soccer (Payne, et al., 2013). As such fathers are often unable to understand the unique challenges that their children affected by dyspraxia may face and as a result place great pressure on them in order to overcome these challenges. Fathers need to become part of the process in supporting their children and addressing various challenges through specifically tailored interventions for their children and in-turn become more positive role models of support, understanding and unconditional love. Based on the literature and how dyspraxia plays itself out within families, I choose to locate myself within a socio-ecological framework, more specifically family systems theory as well as the family resilience framework.

2.4 Theoretical Framework:

In locating the study theoretically, I am drawing on two frameworks namely *Family Systems Theory* and *Family Resilience Framework*. These two frameworks are located within a broader paradigm which is referred to as the social ecological framework which takes into account multiple systems in which people interact (Seligman & Darling, 2007). The critical belief of this framework is that resultant behaviour is directly influenced by the interaction of the individual and the contexts in which they are exposed to (Duncan, Bowman, Naidoo, Pillay, & Roos, 2007). The family unit is the primary focus of the study and will hone into the *Family Systems Theory*. While these other systems are important the family unit and functioning is of focus while the others are rather on the periphery (such as the school etc.). To understand the father, one needs to further examine the environment in which he is placed to better understand his experience, challenges and support needed.

2.4.1 Family Systems Theory

The study has been partly located within a Family Systems framework that emphasizes that the family operates in an intimately connected manner. Members, or rather components of this system function in coordinated and integrated ways in order to maintain a sense of stability (Seligman & Darling, 2007). Systems theory therefore views the family as a complex and interactive social system where the needs and experiences of one member may in-turn affect other members within that system. An ecological paradigm highlights that when a change in one part of the system occurs, an effect can be noted within the subparts that comprise that system. A family systems perspective maintains the view that family life

cannot be viewed as consisting only of linear relationships nor that the mother-child relationship is the only important relationship (Haefner, 2014).

A system can be defined as a unit comprised of interacting and reacting parts that reciprocally influence and communicate with one another (Bregman & White, 2011). The framework serves as an ideal approach to describing familial experiences by examining how communication/dialogues are used within families through which past and future experiences are constructed. Reflected in these descriptions are the nuances of family thinking (Smith-Acuna, 2011).

Early studies on children with disabilities tended to focus exclusively on the child while neglecting the family as a unit of interest. Studies thereafter placed a particular emphasis on the mother-child dynamic with a greater focus on child bonding. Subsequently a greater focus has led to a stronger emphasis on the influence of the family as a unit. It is important to draw attention to the fact that children with disabilities, as well as their families live within various multifaceted contexts and environments (Regina, 2011).

Two main concepts within this theory are differentiation of the self and emotional fusion. Differentiation refers to an individual's ability to 'distinguish' themselves from the family of origin on a personal and intellectual level (Smith-Acuna, 2011). One's ability to function independently by making self-directed choices while remaining emotionally connected is considered important to relationships. A person that is poorly differentiated is trapped within a feeling world. Consequently they will experience a lifelong struggle to direct their emotional life into a state of liveable equilibrium (Gurman & Kniskern, 2013).

Emotional fusion on the other hand, describes an individual's reactions within a particular relationship. Within a fused relationship, people are more likely to respond emotionally as opposed to being able to talk or think through various decisions made with the other person (Bregman & White, 2011). The level of external stress may have a direct influence on the level of anxiety experienced. Therefore the greater the fusion, the less likely an individual will be able to adapt to various stressors from external sources (Smith-Acuna, 2011).

Bowen theorized that in the event that a family that is fused but remains unable to differentiate will respond to a particular crisis from an emotional perspective rather than an intellectual one. The ability of an individual to self-differentiate possesses the ability to adapt

to various changes within their environments and thereby experience less emotional stress (Seligman & Darling, 2007).

Furthermore, central to Bowen's theory is the concept of Triangling. This concept is evident when tension and anxiety are experienced between two members within a family unit which is subsequently passed onto a third (Smith-Acuna, 2011). A couple may experience a level of anxiety as they attempt to balance differentiation of the self with establishing a supportive emotional relationship. Bowen did not believe that triangling was necessarily dysfunctional but rather that it became problematic in instances where a third individual distracted the couple from resolving their tension (Regina, 2011).

On the other hand, behavioural concerns are linked to the functioning of the family unit and therefore a shift in one part (for example the child's symptoms) is likely to have an impact on the functioning of other parts within the same system (for example the nature of the family relationships), with the reverse also being true (O'Gorman, 2012). This alludes to another critical concept within the *Family Systems Theory*, referred to as Homeostasis. This concept suggests that a system will seek a state of equilibrium and stability. Further to this, the system will attempt to regulate itself once an imbalance has been detected in order to regain a state of equilibrium (Smith-Acuna, 2011). A primary process that functions to achieve and maintain a state of equilibrium is the role of positive and negative feedback. Primary feedback refers to an instance where change within a system has occurred which may result in disequilibrium or impact the system destructively. Notwithstanding, negative feedback refers to the state where equilibrium has been re-established or achieved (Seligman & Darling, 2007).

Previously, a reluctance to embrace broader ecological perspectives existed which in-part, may be owed to the influences of psychoanalytic theories and practice which provided a stronger focus on the individual and intrapsychic processes as opposed to interpersonal ones (Haefner, 2014). Earlier psychoanalytic theories emphasized the mother-child relationship while fathers were discounted as nurturers based on the assumption that they have a significantly less influence on the developing child. Existent theories thus reflected the traditional conceptions of the uninvolved, remote father (Bregman & White, 2011).

2.4.2 Family Resilience Framework

Resilience refers to one's ability to endure and recover from disruptive life challenges. Resilience involves a dynamic process which promotes positive adaption within a context of

significant hardship (Walsh, 2008). Family resilience encompasses the potential for repair, recovery and growth in families especially when faced with significant life challenges. Notwithstanding, some families may be crushed by chaotic events, gnawing transitions or consistent hardship while others emerge strengthened and more resourceful (Becvar, 2013).

This framework further extends beyond the individual by fixating on the family as a structured functioning unit. Consequently, this framework suggests that challenges and crises impact the family unit in its entirety and the subsequent processes that mediate recovery f not only the family member but their relationships as well (Saltzman, Pynoos, Lester, Layne, & Beardslee, 2013).

This *Family Resilience Framework* is used with a number of advantages. The framework places emphasis on particular strengths developed within a family unit when they are exposed to severe stress in response to particular crises or under prolonged adversity. In addition to this, the framework maintains that no single model of healthy family functioning exists that can be applied to all families and their subsequent situations or contexts (Walsh, 2016). Functioning is therefore assessed in a particular context which is dependent on each family's values, relational and structural resources and life challenges. It is further noteworthy that as families evolve and various challenges emerge, processes responsible for optimal family functioning and well-being of the family members may vary over time (Walsh, 2012). The family resilience perspective preserves that all families may not measure up to ideal models and is thereby grounded in the conviction that all families have the potential to gain resilience and positive growth out of adversity. Families that have experienced significant trauma and strained relationships have the potential for healing and transformation across life course and generations (Becvar, 2013).

Three key dynamic processes exist in determining family resilience namely; *the family's belief systems, organizing patterns* and *communication processes.* For the purposes of the current study, *organizing patterns* and *communication processes* have been selected as the domains for investigation (Walsh, 2012).

Organising patterns

Families are often faced with diverse challenges and therefore they are expected to organise their households in various ways in order to meet these challenges. Social and economic resources, a flexible structure and a sense of connectedness can strengthen a family's

resilience. A family that displays openness to adaptive change to meet new challenges and constructs a newer structure to meet these challenges thereby indicates flexibility which serves as a core process in the development of resilience (Walsh, 2012). Concurrent to this, families need to counterbalance and buffer against disruptive changes in order to re-establish stability. In addition, resilience is fostered when there is shared support, corroboration and a commitment to endure hardships together. At the same time spouses and family members need to respect each other's separateness, boundaries and differences as each member may cope differently when faced with adverse events (Walsh, 2012). Social relationships are equally as important in strengthening a family's resilience and an important factor in affecting one's sense of well-being. Further to this, economic resources can play a remarkable role in determining family resilience. Chronic illness or disability may have a profound financial impact on a family by creating a harsh environment that families may be unable to escape. This, by extension refers to the importance that social policy, structures, programs and other more broad systems can have on a family's resilience (Seligman & Darling, 2007).

Communication processes

Communication assists families in forging resilience by adding informative clarity to critical situations, fostering collaborative problem solving while encouraging a greater sense of emotional sharing. Disruptive crises may easily break-down communication and affect a family's ability to function (Walsh, 2016). Secrecy, denial and covering-up impede recovery whereas a shared sense of truth and acknowledgement may foster healing. Ambiguous or mixed messages may fuel anxiety whereas clear information may facilitate informed decision-making, future planning and meaning making. A sense of trust, tolerance or differences and empathy may enable family members to express a multitude of feelings that may be aroused in a crisis situation or in instances of chronic stress (Becvar, 2013). Masculine stereotypes often coerce men from expressing feelings of sadness; vulnerability and fear which may in-turn result in destructive behaviour, relational conflict or estrangement. Humour and laughter may bolster resilience during times of difficulty leading to positive connection, fun and joy (Saltzman, et al., 2013). Conflict management and shared decision-making may involve negotiating differences with fairness and reciprocity. A proactive stance is vital to meeting new challenges and therefore families may need to shift their focus from a crisis-reactive stance in order to prepare for anticipated challenges to avert further crises (Walsh, 2008).

2.5 Chapter summary

In summary, the literature indicates that the transition to parenthood is challenging and difficult for both parents. When faced with a child that has a disability, this transition becomes more complex culminating in an increase in stress, anxiety and depression. As such, family resilience becomes paramount in being able to grow, repair, rebound and withstand serious life challenges.

Furthermore, research has indicated the importance and increase of dual earning families, perhaps owing to the challenges of daily life and economic hardships experienced. This is exacerbated when considering the long-term financial implications of having a child with a disability. However, over and above the financial security of dual earning families, each parent may experience greater personal satisfaction, success and social support beyond the couple dyad which may in turn act as a buffer against withstanding adverse life events. However, it is important to indicate the bidirectional and often complex relationship between work and family stress.

However, one cannot ignore the influence of gendered roles within the family unit. Although many actively do not conform to gender stereotypes, rather choosing which roles and responsibilities to assume, in many cases the influence of more traditional constructions of gender roles can be subtle and intense. Consequently, these gendered notions may influence the roles and responsibilities undertaken by various members within the family unit which may ultimately give rise to various sources of conflict within the spousal subsystem, parental subsystem as well as the sibling subsystem.

In light of the above, it was imperative to discuss the construction of fatherhood and masculinity within the context of South Africa. Literature has indicated that masculinity is a highly contested and complex concept that is fluid and bound to change and adapt. The role of Apartheid and the experience of being gravely marginalised has shaped and impacted the construction of masculinity and subsequently fatherhood in multiple ways (Ratele, 2016). Moreover, the concept of fatherhood is strongly linked to employment which is extremely problematic in a country where unemployment is endemic and therefore an unemployed father who is unable to provide for his family will feel emasculated and unable to assume the status of fatherhood.

Further still, the inability of a father to provide for his family may leave him feeling crippled and thereby resulting in him withdrawing and abandoning his family. This emphasises that

masculinity and fatherhood is a multifaceted concept that has been shaped and influenced by culture, tradition and political struggles. In addition to this, owing to the high rates of unemployment, fathers are often left to find work elsewhere away from their families and therefore it is important to maintain the position that a father should not been seen in terms of his presence or absence as his presence does not necessarily equate to his involvement.

Subsequently within the South African context, fatherhood and the concept of fathering moves beyond simply the biological process and moves into a social process or responsibility that is often undertaken by a variety of people within one's family or community. Furthermore, the practice of fatherhood hinges on a number of key factors such as paternal motivation, paternal involvement and paternal influence. Paternal influence also encompasses a father's nurturance and provision of care offered, the emotional, psychological and practical support he provides to his spouse, economic provision as well as the ethical and moral guidance. The number of benefits towards both father and child accrue when he is involved in his child's life.

Finally, the chapter included a discussion of dyspraxia and the multiple interchangeable terms that have been used to define the disorder. Below is a diagram that illustrates the multiple terms used as well as a brief description summarising the nature of the disorder.
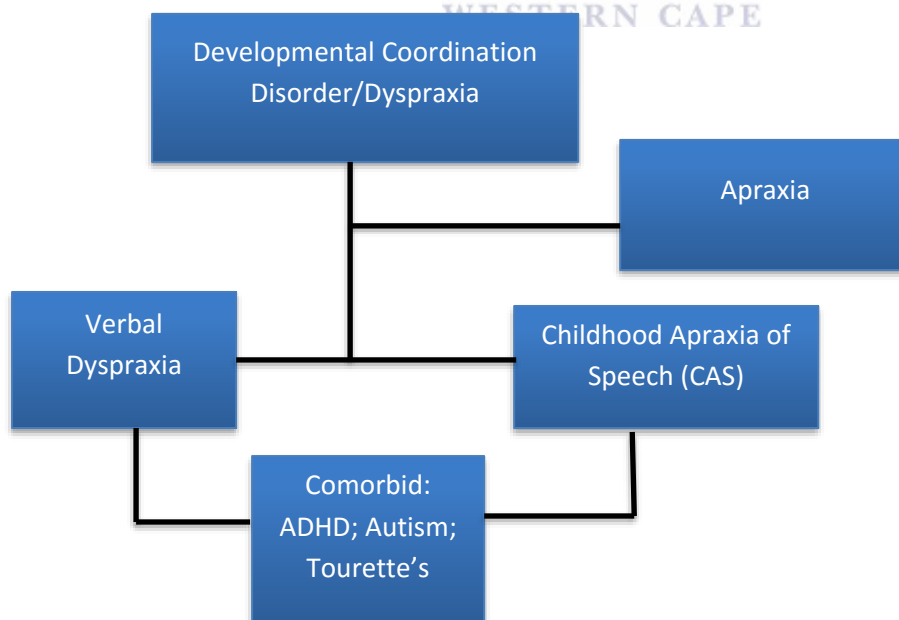
Originally developmental coordination disorder was used as an umbrella term of which dyspraxia formed only part. Currently however developmental coordination disorder and dyspraxia are used synonymously. Apraxia on the other hand refers to a disorder that is

acquired rather than a disorder that is developmental in nature. Further to this, verbal dyspraxia and childhood apraxia of speech refers to the same thing. Verbal dyspraxia is the preferred term amongst many health professionals especially as it is used in the Diagnostics and Statistical Manual V where childhood apraxia of speech is the term preferred by speech therapists. Furthermore, Autism, ADHD, Tourette's etc. are comorbid disorders to dyspraxia.

Chapter Three
3. Methods

This chapter will provide an outline of the current study's ontological position, epistemological stance and how this has informed the methodological approach employed in the study. The aims and objectives that guided the study will also be presented. A brief overview of qualitative methodologies will be provided. Proceeding this, a discussion of the interviews conducted, data collection techniques, analysis methods, research setting, participants and procedure will be discussed. Finally, the ethical considerations and significance pertaining to the current study will be provided.

The overarching aim of this study was to explore the subjective experiences of fathers parenting a child that presents with dyspraxia within the Cape Metropole area. This study was further guided by the following research objectives:

1. To understand the subjective experiences of fathers parenting a child that presents with dyspraxia.
2. To explore the challenges faced by fathers in parenting a child presenting with dyspraxia.
3. To identify the support structures available and support required by fathers parenting a child presenting with dyspraxia.

3.1 Philosophical position

The nature of the current research study is focused on gaining an in-depth understanding of fathers' subjective experiences of parenting a child that presents with dyspraxia and therefore lends itself to an Interpretivist paradigm, more specifically a qualitative approach (Mouton, 2002). The emphasis is placed on the meanings that fathers within this study ascribed to their experiences and how these experiences influenced their behaviours. Knowledge and meaning was construed as acts of interpretation and consequently it is acknowledged that there is no objective knowledge that is independent of interpretation or thinking and human reasoning (Edwards & Holland, 2013). The Interpretivist paradigm indicates that an objective reality does not exist but rather that each person creates or constructs their internal realities through subjective experience. Interpretivists view human interaction and negotiation as the basis for creation and understanding of social life. The creation of knowledge within the current study is based on the interaction of the participants and myself within the interview situation (Edwards & Holland, 2013). Research located within this paradigm avoids the search for

'truth' but rather aims for understanding the subjective experiences of the participants (Mouton, 2002). By utilising qualitative methods, the data was collected from the viewpoint of each participant and in so doing highlighted each father's subjective experiences (Terre Blanche, Durheim, & Painter, 2011).

Evident in any theory or approach, a number of limitations or critiques by academics and different schools of thought with varying opinions or perspectives exist. Interpretivism is no different in this regard and has been critiqued on a number of aspects especially in relation to the positivist paradigm (McAnulla, 2006). The first critique of the interpretivist paradigm is that it rejects the use of scientific procedures of verification and therefore the results of the study cannot be generalised to other situations or contexts (Bhaskar, 2014). This critique may be regarded as misguided prejudice against qualitative methods. The critique is an example of tautology as the aim of qualitative research is not to generalise findings but rather generalise theoretical positions (Yin, 2012). This philosophical stance is best suited to this study as it permits for an examination of fathers' subjective experiences in relation to having a child that presents with dyspraxia.

3.2 Research methods

The intended purpose of the research sought to produce knowledge regarding the subjective experiences of the research participants. The goal of this research was to get as close as possible to the subjective experiences of the participants (Willig, 2013). In light of this a qualitative approach was used in order to understand and provide in-depth information about fathers' subjective experiences of parenting a child that presents with dyspraxia. Qualitative research seeks to ask questions relating to how one interacts, relates and organises their world of experiences (Guest, Namey, & Mitchell, 2013). A qualitative research is concerned with the experiences of participants, how they may attach meanings and interpret these experiences. The aim of this approach was to explore phenomena in greater depth and detail (Terre Blanche, et al., 2011). In order to explore the subjective experiences of fathers parenting a child that presents with dyspraxia, a qualitative approach needed to be employed.

3.3 Research design

Most research conducted in this area focused on the mother's perspective as well as the families of children with mental retardation. This focus reveals a gap in the literature attempting to understand families of children with other types of disabilities and chronic illnesses (Namyslowska & Siewierska, 2010). A change has been noted however, with the

focus shifting towards how siblings understand disability. Studies that focused on non-American participants from various cultures and ethnic groups are in short supply (Seligman & Darling, 2007). In light of this, the current study adopted an exploratory research design in order to provide an understanding of a particular phenomenon. This approach is vital when there is a lack of research (knowledge or information) on a particular topic (Visagie, 2010). This design is used to conduct preliminary investigations particularly when little is known surrounding a particular research area. The design employs an open, flexible and inductive approach in an attempt to find new insights. Exploratory research offers the opportunity to explore the topic in an open ended and organic way where limited information is available within the areas (Mack, Woodsong, MacQueen, Guest, & Namey, 2005).

3.4 Research setting

This study was conducted in the Cape Town Metropole area. The demographics of this particular area indicates that most of the population are below the age of 35, are female and 'Coloured' followed by 'Black' Africans, 'Whites' and then 'Indian'/ 'Asians' (StatsSA, 2015).

Initially, owing to the limited sources from which to recruit participants, the study hoped to access a number of organisations that have a key focus on children with learning disorders. More specifically these organisations included a school attached to a state hospital, a school that assists children to adapt to their special needs and an early intervention centre.

→ The school attached to a state hospital is an English and Afrikaans medium school that is based in Parow, Cape Town that seeks to assist children with special needs.

→ The school that assists children to adapt to their special needs is based in Durbanville, Cape Town which provides specialised aid for children who require exceptional care and teaching with regards to their learning and development. The program offers one-on-one child specific care from an integrated perspective while further extending support to parents.

→ The early intervention centre also offers one-on-one home tutoring and school facilitation. The centre further provides training for tutors, parents and teachers with regard to the special needs of children who experience learning difficulties. The centre is based in Cape Town and operates from a holistic approach using an awareness, interest, and movement system.

However, owing to various time constraints, a key stakeholder within the field of dyspraxia was able to provide the contact information for a number of fathers who had a child that presents with dyspraxia. The final sample of 14 fathers ranged across the following widespread areas; Parow, Durbanville, Bellville, Belhar, Table View, Bonteheuwel, Paarl and Boston. These areas are not only diverse in geographical space but also vary in socio-economic status from affluent to lower-income communities.

3.5 Participants and sampling

The current study sought to recruit fathers who had experience in parenting a child that presented with dyspraxia. Consequently the study employed a *non-probability* sampling method or more specifically *purposive* sampling (Babbie, 2011).

Purposive sampling ignores the principle of statistical randomness and therefore selects potential participants in terms of their accessibility. Consequently, the participants sampled were purposively selected on the basis that they possessed the specific qualities or experienced required for investigation (Terre Blanche, et al., 2011).

The study was open to all types of fathers that had demonstrated presence and involvement in the child's life. This was ensured when the researcher contacted each participant to explain the nature and purpose of the study as well as what would be required on behalf of the participant. It is noteworthy that not all children aligned completely to the criteria in the DSM-V but rather presented with dyspraxia. This is due to the fact that diagnosis is problematic, the prevalence of various comorbid disorders surrounding dyspraxia and the lack of clarity surrounding the disorders definition as discussed previously in the literature review above (Colley, 2006; Gibbs, et al., 2007; Jongmans, et al., 2003; Miyahara & Baxter, 2011; Peters, et al., 2001; Steinman, et al., 2010; Zwicker, et al., 2012).

As indicated previously, the study had hoped to recruit participants from various sources such as non-profit organisations, centres and schools that had a particular focus on learning disorders. However, because of various time constraints and the contact information provided by a key stakeholder I was able to identify and select the current sample of participants.

The sample consisted of 14 fathers who were individually interviewed (Payne, et al., 2013; Foulder-Hughes & Prior, 2014). The intention was to recruit a varied sample across age, race, culture and income to be interviewed so that diverse participants' experiences could be explored. This is vital to take into consideration especially with reference to conducting a

study in South Africa where the population is widely diverse and may in-turn impact the
information collected.

Table 1: Participant demographics

Participant	Age	Race	Gender of Child[8]	Marital Status	Highest Qualification
1	44	White	Male	Married	Degree
2	44	Coloured	Male	Married	Matric
3	47	White	Male	Married	Matric
4	33	Coloured	Female	Divorced	Degree
5	38	Coloured	Male	Married	Matric
6	42	Coloured	Male	Married	Diploma
7	41	White	Male	Married	Diploma
8	44	Coloured	Male	Married	Degree
9	40	Indian	Male	Divorced	Matric
10	40	White	Male	Married	Matric
11	46	White	Male	Married	Diploma
12	40	White	Male	Married	Matric
13	40	White	Male	Married	Matric
14	41	White	Male	Married	Diploma
	33-46 $\bar{x}$ **41**	**White = 8** Coloured = 5 Indian = 1	**Male = 13** Female = 1	**Married = 12** Divorced = 2	**Matric = 7** Diploma = 4 Degree = 3

3.6 Data collection

It is important to emphasise that the Interpretivist paradigm is not singular but rather
encompasses a large family of multiple paradigms. The underpinning assumption of the
Interpretivist paradigm is to observe and interpret information (Creswell & Miller, 2000).
Observation entails the collection of information about particular events whereas
interpretation is to make meaning of the collected information. The researcher made
inferences and connection between the information collected and certain patterns. An

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[8] This column indicates the gender of the participant's child that presents with dyspraxia.

Interpretivist approach therefore seeks to understand phenomena through the multiple meanings that people have assigned to them (Edwards & Holland, 2013).

Upon receiving ethical approval from the University of the Western Cape (UWC) Higher Degrees Committee, subsequent recruitment, gaining of informed consent and the interviewing process could take place. Semi-structured interviews were used as the data collection method where the benefits are twofold: Firstly, utilising a semi-structured interview method allowed me to guide the interview process by obtaining information and drawing on issues pertinent to the focus of the study (Sarantakos, 1998). Secondly, this method allowed for an open ended exploration albeit in a focused and directed way (Sarantakos, 1998). Close-ended questions were used to determine the demographics of each participant and open-ended questions were used in the individual interviews. A drawback to this approach is that sometimes participants may provide too much information that is not particularly relevant to the focus of the study. However, it is imperative for the interviewer to skilfully negotiate and strike a balance between what participants need to voice and what is considered relevant to the study. The skills (counselling skills, empathy, unconditional positive regard and congruence) that I acquired through the B.Psych course and Internship Counselling Program, proved to be invaluable throughout the interviewing process.

An interview guide (Appendix D) was constructed in such a way as to allow for flexibility and fluidity in the topics that were discussed. The purpose of this strategic design was to allow the researcher to gain in-depth information from the participants and to be able to probe where more information was needed (Boyce & Neale, 2006). The interview schedule was divided into three sections with each linking to a specific objective of the study. Each section was designed according to various literary articles surrounding the topic, in relation to the theoretical framework as well as the suggestions and recommendations of the abovementioned articles. The subsequent probes were derived from the literature which also served to further ensure that each domain had been appropriately covered. The length of each interview was approximately 45-75 minutes and the participants were interviewed at their convenience (Payne, et al., 2013). The researcher negotiated a time and place that best suited each participant in order to conduct the interviews which ranged from meeting at various coffee shops, restaurants, places of work and home environments.

A pilot run was made with an interview guide to ensure that the guide was appropriate and effective in terms of addressing the research question, language used and timeframe

allocated. Approximately 20% of the total estimated population was used in order to pilot the interview guide; it must be noted that these participants were not used in the main study (Thabane, et al., 2010). Modifications that were suggested as a result of the pilot run, were implemented. These ranged from adding additional probes to restructuring some of the questions to expanding on support structures used, those needed and perhaps those unused.

A debriefing session was held with each participant after their interview. A debriefing session allows for the opportunity to impart knowledge and engage in a dialogue with each participant about their research experience, attitudes and beliefs (McShane, Davey, Rouse, Usher, & Sullivan, 2015). Participants were awarded the opportunity to communicate extensively with the researcher. Notably this communication would serve the dual purpose of communicating with the researcher in open dialogue as well as to discuss their emotional expression of their experiences further serving a therapeutic function (Houghton, Casey, Shaw, & Murphy, 2013; Sharpe & Faye, 2009).

The debriefing session could aid in increasing reflexivity on behalf of the researcher as well as the participant by illustrating any challenges experienced during the interview process. It further allows for an opportunity to provide support and encouragement and emphasizes a great sense of confidence in the participants of the research study (Maritz & Jooste, 2011). Debriefing participants allows the researcher to identify those who may feel that they need psychological support and therefore the researcher is able to make appropriate referrals where necessary. In the current study, although a referral was emphasised, participants did not accept the offer. The researcher felt that it was necessary to impart information regarding psychological services should the participants wish to use of these services at a later stage. The researcher also provided participants with information regarding alternative sources to address the needs of their child. Once all the interviews were completed, the data was transcribed and analysed.

3.7 Procedure

Upon receiving ethical approval from the University of the Western Cape, the researcher began to contact the various organisations mentioned above. However, due to various time constraints as well as the difficulty associated with gaining participants, a key stakeholder was approached who provided information in order to access a sample of participants.

The researcher contacted various fathers either by email, SMS or a phone call in order to discuss the study. In some instances, the information provided was of mothers who parent a

child that presents with dyspraxia. In these cases, mothers would either arrange dates, venues and times on behalf of their husbands or alternatively provide the information to contact their husbands directly. Each telephonic discussion focused on the purpose of the study and to arrange a possible date to meet at the participant's earliest convenience. Each venue was discussed separately and therefore ranged between various coffee shops, restaurants, places of work and home environments. When participants were contacted via email, the researcher provided information sheets prior to meeting the participants in person. Alternatively, this information was discussed via a cell phone call.

Once initial contact had been made with each participant, the researcher began by building rapport with each participant before explaining the purpose and aim of the study. Once rapport had been established, the researcher provided each participant with an information sheet (Appendix B) comprising of the details of the study which was thoroughly explained in detail including the purpose of the study, the rights of the participant, confidentiality and anonymity. Furthermore, consent forms (Appendix A) were handed out to each participant to sign as agreement and understanding of what the study entailed, their rights as participants, how the findings of the study would be used and their agreement to participate voluntarily. The researcher ensured that participants had understood the consent form and information sheets provided in a language that they could understand before commencing with the individual interviews. Participants were also asked to complete a demographic questionnaire (Appendix C) in order to collect data of the characteristics of the sample group. This aided in gaining a greater understanding of the participants' context and the environment in which they live.

3.8 Data analysis

Data collection and analysis took place simultaneously and the analysis unfolded inductively rather than deductively in conjunction with the data collection process itself (Visagie, 2010). The researcher was able to summarise the findings into a table, per objective to be able to identify themes amongst the responses. These themes were substantiated by making use of various quotes or ideas provided by the participants. This in turn enabled the researcher to build a valid and supporting argument (Guest, McQueen, & Namey, 2011).

Furthermore, thematic analysis was used where the first step is to *familiarise oneself with the research data*. The researcher was responsible in-part for transcribing the information received from each individual interview. I immersed myself with the data by reading and re-

reading each transcript, in some cases together with the audio recording. Additional notes for each interview were made to describe observed movements, etc. that the recordings could not capture for example the emotional responses of the participants throughout the interview.

The second step was to *Generate Initial Codes* for each interview. Within the current study I reviewed each transcript in order to identify commonalities and important information. This involved reading and re-reading transcripts and making comparisons where various codes were identified. By comparing transcripts, I was able to ensure that similar messages and subsequently differing perspectives could be brought forth. In addition, each code that was identified was marked within each transcript and summarised into a table format. Once this was completed, I made use of an external reviewer, a PhD student in the Psychology department who assisted by reviewing the initial codes and the corresponding excerpts identified within each transcript. This process served to confirm the eligibility of the identified codes and to minimise bias on behalf of the researcher.

The third step in a thematic analysis is to *search for themes* across the board. Using the table format mentioned above, I began to combine various codes within a particular theme. This involved researching various words that would more accurately describe each theme and subsequently the codes that encompassed that particular theme.

Once this has been completed the fourth step of thematic analysis was to *review the themes*. At this stage I began to identify themes that were similar in both the theme itself as well as what was being said by each participant within each theme. This process was completed in order to summarise the data and its subsequent themes as far as possible without losing the essence of what each participant had described.

The penultimate step in thematic analysis was to *define and name themes*. In order to complete this step in conducting a thematic analysis, I sought the assistance of an alternative reviewer who had recently completed her PhD in Psychology. The process sought to appropriately identify and contextualise each theme within the current study.

The final step when conducting a thematic analysis is to *produce a report*. As such the themes allow for a complete narrative of all the information and data that had been collected into a final report (Vaismoradi, Turunen, & Bondas, 2013). It should be noted that the literature review had been completed after the analysis and therefore did not influence the organic nature of the data that emerged.

3.9 Trustworthiness

In many cases, positivistic critics have questioned the trustworthiness of qualitative studies. This may be as a result of the fact that validity and reliability, two important concepts, cannot be measured in the same way as found in quantitative work. However; trustworthiness can be considered in terms of the credibility, transferability, dependability and confirmability of a qualitative study (Shenton, 2004)**.** The proceeding section will outline the chain of evidence in addressing each of these four factors that add to the trustworthiness of a qualitative study.

3.9.1 Chain of evidence

A chain of evidence seeks to make explicit the lines drawn between the research question and the conclusions made within the study. This, by extension, relates to and enhances the aspect of trustworthiness. The following areas; credibility, transferability, dependability and confirmability serve as the chain of evidence for the current study.

Credibility: In-depth interviews allowed for the opportunity to build trust/rapport between the interviewer and the participant. By giving participants the opportunity to refuse to take part in the study confirms that the participants that volunteered had done so willingly and thus more likely to offer 'truthful' data more freely (Shenton, 2004). The majority of the participants were very open but in some instances fathers appeared distant, guarded and defensive perhaps owing to fear of being misunderstood, judged and unheard. Unconditional positive regard, empathy and active listening assisted in breaking down various barriers and defences between me and the participants.

The researcher further employed 'member checking' in order to systematically confirm if I had accurately interpreted the participant's account of their experiences (Houghton, et al., 2013). This process unfolded during the interview where I reflected on content and emotions empathically to confirm that my interpretation of the participant's response was accurate. This was further expanded on when debriefing each participant. In instances where participants were not well understood, I was appropriately corrected by them and they were provided with an opportunity to further expand on an issue (Creswell & Miller, 2000).

Transferability: By exploring fathers' subjective experiences, context and setting is imperative to ensure that the reader will be able to take the results reported and apply that to their own contexts and settings that may or may not be similar (Malterud, 2001). In order to ensure this, the study has provided as much detail as possible including a thick description from each interview and the contexts in which the participants reside.

Dependability: It is assumed that by demonstrating a sense of credibility, subsequently the dependability of a study is guaranteed. By providing an in-depth description of the methods used in the study allows for future researchers to repeat the study however; they may not achieve similar results as context and setting may play a pivotal role especially within qualitative research (Shenton, 2004).

Confirmability: By recognising one's preconceptions, ideas and possible weaknesses in the methods employed throughout the data collection process allows one to maintain a greater sense of 'objectivity' in reporting results. An audit trail depicting the research process in a step-by-step diagram from decisions made to procedures employed was used to emphasise confirmability of the study (Carcary, 2009). To ensure that qualitative research is valid is considered to be a continuous process that the researcher must maintain especially when documenting and conducting the study. It is therefore imperative for the researcher to be reflexive and mindful of the aims and objectives of the study throughout (Savahl, September, Odendaal, & Moos, 2008). Therefore I was assisted by various professionals within the field of psychology who have varying degrees of exposure to research. Two professionals with an Honours degree in Psychology assisted with the transcribing of data as well as confirming the initial codes identified by the researcher. In summarising the codes into various themes, the researcher was assisted by a PhD student and once again by a recently completed PhD student when reviewing, defining and combining themes.

3.10 Reflexivity

Reflexivity refers to the researcher's ability to acknowledge his/her influence on the research process (Terre Blanche, et al., 2011). Two types of reflexivity will be discussed namely; personal and epistemological.

Perhaps from the outset I should describe my absolute fascination with the gendered ways in which males and females are presented. In many instances when reading articles on gender based violence I was left questioning the missing link, that is, the male's perspective. It was for this reason that I embarked on exploring the perceptions of masculinity and fatherhood in South Africa when completing my B.Psych degree. Furthermore and perhaps owing to my experience as a registered counsellor, the connotations surrounding men and fathers are often negative in nature and as such I developed a keen interest in this area. In addition to this, my experience as a counsellor shaped the ways in which I conducted the interviews, often drawing attention to the ways in which participants felt when describing their experiences.

Owing to the ways in which the questions were phrased, participants could reflect on their own experiences of parenting a child that presents with dyspraxia and were willing to share these experiences albeit sometimes painful and difficult. Therefore, my identity as a counsellor intensely shaped the meanings derived through the interviewing process and I often found myself engaging in this role more naturally. Participants were also aware that I was a counsellor and was currently completing my MA Research Psychology course at the University of the Western Cape.

From a personal perspective it was imperative for me to recognise that I am a white male living in a country that is exceptionally diverse not only in terms of race but economically and socio-culturally as well. I should further emphasise that I have never been a father as well as my duplicitous lack of experience in raising a child and by extension a child with a learning disorder. As a result, I often felt anxious before conducting each interview in the event that I may offend or be insensitive to the experiences of the participants.

In addition, it was imperative for me to recognise the racial difference between myself and some of the participants within the study. In addition to this, I am English speaking and in some instances this was the participants' second language. Notably, considering that the participants were all fathers and that I was male seemed to facilitate discussion rather than prohibit it. Perhaps being male allowed fathers the opportunity to openly express themselves without the fear of being perceived negatively for their responses.

Notwithstanding, I often felt that participants harboured strong feelings of anger, frustration and resentment towards the health professions. This was expressed by one participant where he revealed that numerous attempts had to be made to receive an official diagnosis and an appropriate treatment plan. Further to this, a few participants had indicated that they had received generic answers from health professionals and therefore they were often left grappling with their own confusion in attempting to make sense of the disorder itself. Perhaps because of my position within the health professions and having framed many of my questions around emotions, participants may have been reluctant to provide less emotionally driven experiences or evaded sharing particular experiences to avoid portraying a particular version of fathering to the outside world. This may have also influenced the ways in which participants had indicated that others outside of the family unit had previously judged, criticised and blamed parents for the ways in which they had parented. It was important that I

reflected on this and emphasised that I would assist participants wherever possible to answer some of their concerns (Watt, 2007).

An epistemological reflexivity encourages the researcher to reflect on the assumptions made throughout the course of the research as well as the implications that these assumptions have on the research and its findings (Willig, 2013). This inadvertently indicates that the fathers would have had their children assessed at one particular point, whether an official diagnosis had been received or not. Therefore, an entire cohort of participants may have unintentionally been excluded as a result (those who have not had their children assessed). Consequently, this may reveal significantly different experiences on behalf of the fathers. A second assumption that I made relates to the practical skills, expectations and ideals that fathers have particularly with their sons, and how this may have been a sensitive issue for fathers within the current study. This was however confirmed by a majority of the participants in terms of being able to 'build go-carts', play rugby and other sporting activities.

The qualitative design was strategically used in order to reveal in-depth experiences of the participants. Additionally, the aim and objectives of the study was intentionally conceptualised broadly in order to facilitate the diverse responses of participants rather than place a limitation on how fathers could respond. Owing to the nature of the study which hoped to explore the subject matter from the view of the participants, an interpretivist paradigm had therefore supported this focus.

3.11 Ethics

This study sought to explore the experiences of fathers in parenting a child that presents with dyspraxia. This topic can invariably arouse deep rooted aspects of a person's life and as such various contact details for psychological support was provided in the event that a participant may be negatively affected by the study. An information sheet (Appendix B) was provided to each participant to explain the nature of the study and what the researcher intends to do with the data that has been collected. In some instances where initial contact had taken place via email, the participants received the information sheet and consent forms prior to the interview itself. Participants were also requested to sign the informed consent document (Appendix A). Confidentiality was maintained as stipulated in the information sheet and this was ensured by making use of pseudonyms throughout the writing process and as such no identifying information has been presented. The transcriptions of each interview was kept in a safe place by the researcher and shall not be distributed when the results of the study are made

available. Participation in the study was completely voluntary and participants were able to withdraw from the study at any given point without having to provide an explanation. This information was provided to each participant in the information sheet where the rights of the participant was explained and stated. Permission to audio-record each interview was obtained by each participant prior to conducting the interview. The researcher did not commence with any interview until it was felt that each participant understood what the process entailed and had indicated that they were comfortable to proceed. It was also important to highlight the limitations to confidentiality, as in the case of the researcher's supervisor having access to the information collected. The role of the supervisor was explained to each participant. Furthermore, it was imperative that the researcher respected each participant, their perspectives, attitudes and beliefs and to ensure that participants experienced no/minimal harm by taking part in the study.

3.12 Significance of the study

There is a significant lack of knowledge on Developmental Coordination Disorders in South Africa specifically dyspraxia. This study sought to gain knowledge on the experiences, challenges and support offered to fathers' parenting a child that presents with dyspraxia. Fathers in the Cape Town Metropole area were interviewed and the information gained from each participant will be incremental in the development of further interventions that can be used by not only fathers but by mothers, teachers and various other caregivers of children with dyspraxia (Harrell & Bradley, 2009). The aim of the study was to gain information on the experiences, challenges and support offered to fathers of children presenting with dyspraxia. Therefore; it is hoped that the information gained from the participants will be pivotal in identifying specific areas where support is needed to address some of the challenges that fathers face and by extension what caregivers in general experience with children presenting with dyspraxia. Subsequently the information gained is able to shed light on the different experiences and challenges face by fathers and by extension interventions that could also be designed to include the family as a whole instead of focusing simply on each member individually (Harrell & Bradley, 2009). This study was able to provide the fathers of these children a voice and to explicitly state their subjective experiences of dyspraxia. In addition, the information gained may serve to inform the development of interventions in the treatment of dyspraxia within the South African context.

3.13 Chapter summary

This chapter outlined the aims and objectives that guided the study as well as an evaluation of the research design that was used. The investigation was further guided by an Interpretivist framework using a qualitative approach. Data was collected through 14 individual interviews and analysed using a thematic analysis, consistent with a qualitative approach. Moreover, a description of the research setting, the participants, recruitment process, data collection procedure and trustworthiness and reflexivity was provided. Finally, the ethical considerations pertaining to the study was also presented.

Chapter Four

4. Analysis and interpretation
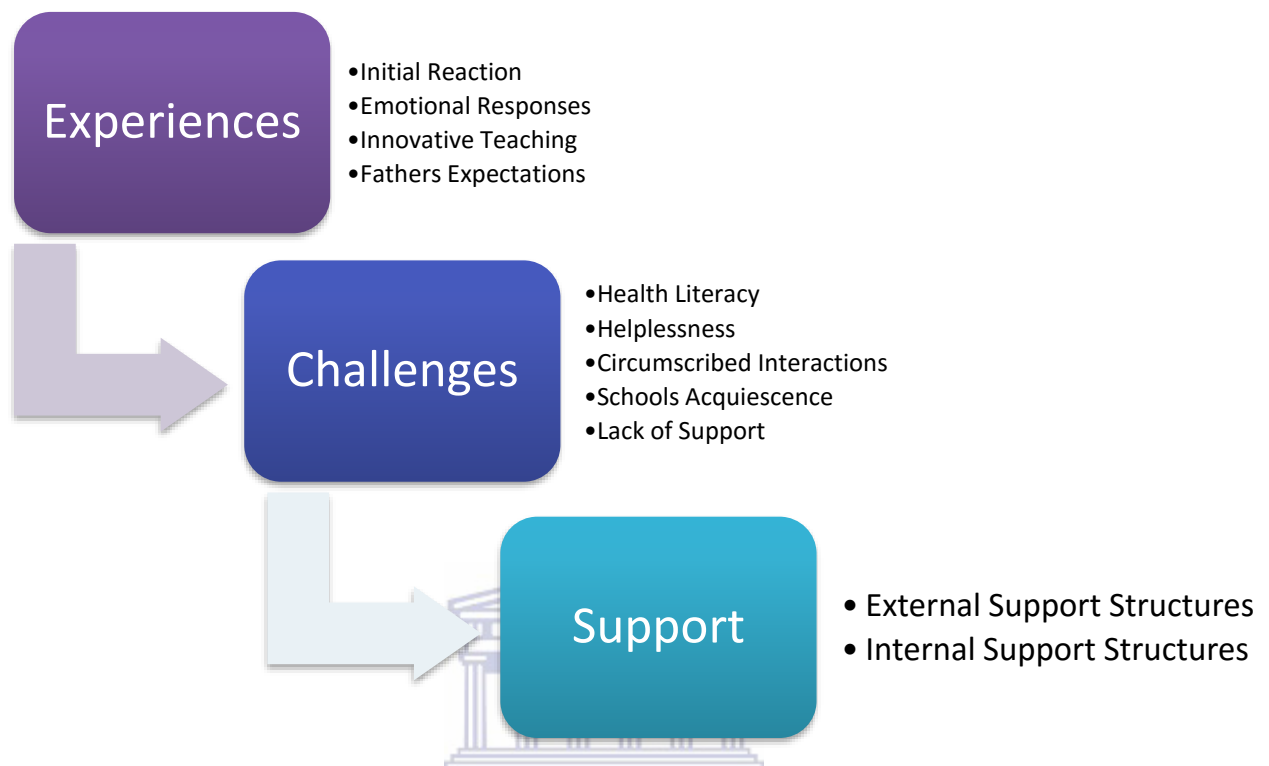
The current chapter provides a comprehensive analysis and interpretation of the experiences of fathers when parenting a child that presents with dyspraxia. Particular focus was placed upon the knowledge, understandings, difficulties and care experienced by fathers. A number of sub-categories or themes were identified which translated into three emergent thematic domains which will be discussed to provide a comprehensive description of fathers experiences when parenting a child that presents with dyspraxia.

The data was analysed using thematic analysis where three thematic domains were identified; *Experiences; Challenges* and *Support.* The resulting thematic domains aligned to each of the proposed objectives respectively and thereby addressed the aim and objectives of the study which sought to explore the subjective experiences of fathers parenting a child that presents with dyspraxia. Each domain will be intrinsically explored below.

4.1 Thematic Domains

4.1.1 Experiences
The first of the three thematic domains identified relates to the first objective of the study which sought to understand the subjective experiences of fathers parenting a child that

presents with dyspraxia. The primary themes that emerged within the thematic domain of Experiences are *initial reaction; emotional responses; innovative teaching* and *fathers' expectations.* Each theme will be further explored and presented below by drawing on extracts from various interviews that were conducted with participants.

4.1.1.1 Initial reaction

This theme encompasses the preliminary responses that fathers and more broadly parents have when finding out that their child has been diagnosed with dyspraxia. Fathers described their initial reaction in comparison to their spouses, the influence of their external environments, concerns about their child's future and finally one participant provided a recommendation for other fathers.

The initial reaction by one father (Participant 1 p.11) was described as: *"So we did go a bit overboard in terms of panicking, in terms of planning worst case scenarios, in terms of just freaking out and then the psychologist said whoa just chill let's just bring it back it's not as bad as you think but it's all just in the process of figuring what is going on and ja that did put a bit of pressure on the relationship, we did freak out a little bit, I was probably a bit more in denial than Samantha (wife) was, she freaked out wide, and freaked out in all directions, and I kept on saying that it's not that bad and she had the idea that I sort of downplayed the whole thing but then again I, in hindsight I was probably closer to light, but in hindsight I, having been close to being right didn't make me right".*

The extract above indicates how varied each parent's response may be. Perhaps owing to the influence of more traditional conceptualisations of parenting, a mother may exaggerate her commitment to nurturing, caring and involvement as indicated previously in *"planning worst case scenarios".* Defensively, attributed to the expectation that women innately know how to be a good mother and to be answerable for the bulk of childrearing responsibilities may further explicate her necessity to plan for the *"worst case"* (Rubin & Chung, 2006). Greater levels of stress may therefore culminate in a greater sense of dissatisfaction within the marriage, feeling negatively towards one's spouse and chaos within the spousal subsystem.

The father's primary response was emphasised as more relaxed in comparison and through introspection he indicated that he may have responded with a sense of denial in an attempt to cope with the diagnosis of his child. Ultimately this may result in conjecture within the relationship (spousal subsystem) based on differing opinions and thereby causing a ripple-

effect on the subsequent subsystems within the family, and more broadly the family system holistically.

Moreover, parents experience a period of denial which stems from the external environment as well as through their own individual processes. This is exemplified by one father (Participant 3 p.2) when stating that *"because some people would say oh my grandfather spoke when he was 5 only started to speak so it's difficult to say exactly when do you, you know take it seriously, when do you um make a decision and say ok listen there is something wrong so do I go to the doctor or whatever you know or what do you do"*. This sentiment is further demonstrated by another father (Participant 5 p.6) when exclaiming that *"in that period of time when he was at preschool, all of his teachers were, well he will come right, he will come right and that is where the denial was coming from. We had to actually go out of our way to prove to them that Nigel did have a problem. Sometimes it is the other way around, where the parents have to be told that there is something wrong with the child and you can understand, I have got all of my own family, Tercia's family as well, would look at Nigel and say that surely there is, I mean he is going to come out of it, he is going to snap out of it, maybe after her turns 4 he can talk properly or whatever but you know as a parent you know and you need to, once you have made that decision that you are now going to take it further, then you will see the strides otherwise if you don't you going to be depriving your child of that year or two year kick-start"*.

The extracts above indicate the influence of one's external environment on the spousal dyad. Linking to the broader ecological systems theory, the microsystem (family and teachers) can have a significant influence on the family system unit (McLaren & Hawe, 2005). Considering the differing reactions within the spousal dyad, and further adding the perspectives of one's external environment may set into motion negative or dysfunctional dynamics within the family unit. Notwithstanding, fathers tend to place greater influence on the support offered by their spouse whereas mothers tend to focus more on external sources of support (Ferguson, 2002; Karande & Kuril, 2011). Consequently, the spousal subsystem is paramount in this instance as the spousal dyad becomes a platform to negotiate various and often differing responses. The ways in which the dyad responds to conflict can place the spousal subsystem in jeopardy thereby compromising the future of the family (Seligman & Darling, 2007). The excerpts above provide examples of conflicting views within the dyad and from external sources of influence. However, it is vital that the couple view this as an opportunity to offer each other support, intimacy and growth. In addition, fathers tend to respond less emotionally

than mothers and rather place emphasis on the long-term concerns of their child rather than their ability to cope with the burdens of child care (Bostrom & Broberg, 2014). Considering this, it is important that parents should be open to each other's responses and view them as neither good or bad, right or wrong but rather complimentary (Simmerman, Blacher, & Baker, 2001).

This was perhaps described more broadly by one participant (11 p.8) where his primary concern surrounded the prognosis of the disorder. 'What are the career options for my child?', 'when should we intervene?'. *"It's that uncertainty you don't want to hamper his normal development by taking him early or prematurely and when is it that you make peace with the direction that you need to take".* Fathers tend to be more anxious about social status and occupational success of their offspring with a particular focus on the long-term outcomes of the disorder (Simmerman, et al., 2001). In terms of intervention, it was alluded to (Participant 8 p.5) that there is a perception shared that the services available for children with disabilities are not necessarily a priority when the education system seems to be failing a number of children. It is for this reason that parents are forced to turn to the private sector to find services to better assist the needs of their children.

As confirmed with current literature, owing to the greater prevalence of various oppressive stressors, a family's resilience becomes paramount. Typically most families are able to adapt well and cope with childhood disability however, parents may often experience feeling mild or transitional anxiety or depression (Walsh, 2012). Families who feel supported are more likely to navigate positively through periods of adverse stress. Notably, when support within one's external environment is in contradiction to the opinions of the family unit, parents may experience feeling isolated, overwhelmed and unsupported. Consequently, one participant (Participant 5 p.7) provided the following recommendation to parents *"have your child assessed and do it as quickly as you can, the earlier the better, early intervention is paramount and unfortunately they are not going to find a quick solution. We have been through that, you have been through that psychologically, is there any way that we can find out what is cracking, ok maybe my kid has got this, maybe drugs will help, maybe this will help and its only time, that is the only thing because it is an everyday thing and you don't see the milestones until you look back 6 months, or you look back 4 months and say well that is where he was and this is where he is now".*

The initial reaction of parents when receiving the diagnosis can be described as a particular crisis within the lives of each parent (Heiman, 2002). Typically it has been assumed that mothers tend to experience greater stress when their child has a disability while other studies have refuted this inference (Yamada, et al., 2012). More commonly the initial reaction can be linked to that of bereavement and therefore tends to be more negative in nature. Notwithstanding, families process and approach adversity differently and therefore either adapt more flexibly and spur into action whereas others may resist the diagnosis and ultimately become less effective in their approach (Poslawsky, et al., 2014).

4.1.1.2 Emotional responses

An important theme that emerged from the transcriptions of the interviews encompasses the emotional responses of the fathers stemming from their experiences with their children. The emotional responses ranged from fathers' reporting that their emotions are secondary to that of their child, to guilt and devastation.

When interviewed, one of the fathers (Participant 1 p.8) described that in his view, it affects his child more and therefore his emotional response is rather secondary to the experiences of his child. This is exemplified by Participant 9 p.7 when stating: *"so yeah we saw him sitting on his own um playing by himself while all the other children where interacting with each other, talking, laughing and sharing the toys, playing with the toys and he was sitting on his own and just doing whatever he needs to do and that is when we realised that this is his life at school day in and day out because he can't communicate".*

Within the nuances of traditional discourses surrounding parenting, the mother is viewed as all giving, caring and nurturing placing their children above all else (Bruning & Plantenga, 1999). However, in this instance a father describes his emotions and experiences as completely secondary to that of his child. Evinced within this description is the direct contradiction of traditional constructions of gendered roles in parenting underpinning the roles of both motherhood and fatherhood and how one embraces mothering and fathering. In other words, mothers are typically constructed as all giving (Bruning & Plantenga, 1999) however, in raising a child with a disability, fathers demonstrated qualities of all giving.

On the other hand, a father (Participant 1 p.14) described his feelings of guilt in the sense that *"it wasn't really or isn't really all that bad or having that much of a disruption because from my personal point of view it really isn't but I know that with a 10% change it would have been such a different ball game. If it was 10% worse it wouldn't have just been 10%*

different". In this instance a father has expressed feeling a deep sense of guilt that the disruption to the lives of the family was not *"all that bad"*.

The excerpt above may be explained by drawing on a phenomenon experienced when one experienced a particular traumatic event by 'surviving' while others may not. *Survivor guilt/syndrome* refers to an instance whereby one experiences a sense of guilt as a result of 'surviving' a particular adverse event (diagnosis) where others may not (*"isn't really all that bad"*) (Zoja, 1995). The participant describes feeling a sense of remorse and sorrow towards other families who may experience more significant disruptions within their family systems (Khatri & De Sousa, 2015). This further directly challenges the stereotypical ideal that fathers may respond with avoidance and withdrawal when their child has a disability by not only indicating an involved presence in the life of his child but an emotional response connected to the disorder itself (Novak, Lingam, Coad, & Emond, 2011). Furthermore, symbolically a father survives being unscathed whereas his child is left 'injured'. Although his child survives, it is how they have survived that creates a sense of guilt within the father. This further represents the death of the 'normal child'. Experiencing the disorder as 'not all that bad' indicates the ways in which fathers begin to rationalise their experiences in order to cope and re-establish their sense of resilience.

In conjunction to this, a participant (Participant 2 p.1) revealed that *"as a male um you don't show it because the partner is very very when we find out about it she was obviously devastated but being a male you mustn't show it's just the wrong way"*. In some cases you may experience a sense of *"devastation"* but in terms of being a male you cannot reveal the devastation you experience. In opposition to this, *"So I dunno, I guess, do I feel sad at times, yes I do I cry, I do cry, you get your moments where uhm you're sad you know, I mean you don't weep for hours but you have your moments where you really feel sad about, that this had to happen, not to me, it's not self-pity its actually, I dunno what it is, how do you describe it, it's not self-pity for you it's actually uh it's like almost an empathetic sadness"* (Participant 11 p.7).

The above excerpts indicate the dissension between the stereotypical socialisation of men as logical, task-oriented and unemotional and the expressive, nurturing, caring and vulnerable father. The extracts above foreground the contradictions as well as the ambiguity around fathers and how they father. On one hand a father reports that his emotions should be viewed

as secondary to the experiences of his child whereas on the other hand a father explains how his emotions need to be withheld.

Maintaining the strong and silent or tough-guy script can have a profound impact on the father-child relationship resulting in the father becoming less involved, distanced and experiencing problems with intimacy (Al-Yagon, 2015). Through suppression of his emotions, a father may subvert the 'mourning process' and fail to adapt to the disability of his child. He may experience this as an inability to protect his child thereby affecting his self-esteem and respond by suppressing his emotions, preventing resolution of this burden (Seligman & Darling, 2007).

4.1.1.3 Innovative teaching

This theme explores the varied ways in which fathers attempt to teach and convey messages to their child. Furthermore, this theme highlights the arduous process of establishing routine behaviours and the frailty in which these behaviours can be derailed.

The first excerpt describes how fathers need to be innovative when teaching their children and finding alternative methods to convey different messages to their child owing to the nature of the disorder. One particular father (Participant 5 p.4) emphasised having to use a Tablet/Ipad in some instances or using their child's favourite programme on TV to explain and teach their children. In addition, the struggle to find a balance between over-relying upon digital mediums and using more practical methods to teach was expressed by the participant. The aspect of teaching one's child is considered by many parents as a fundamental process of parenting.

On the other hand, another father (Participant 1 p.3) explained that teaching involves creating various habits and establishing routine behaviour in order to practically teach his child. This may be attributed to the fact that dyspraxia is not as a result of cognitive impairment, rather it is the difficulty associated with processing and organising incoming information from one's external environment (McMurray, et al., 2009). Consequently, the difficulty experienced by children with dyspraxia in attempting to make sense of their external environment necessitates parents finding alternative and innovative methods in order to teach their child. This highlights the paradox of a child that struggles with practical skills but having to be taught practically, thereby encompassing a holistic approach to teaching. This further illuminates the challenges faced by fathers as well as the role of the 'involved father' who

begins to adopt a more active role in teaching and more broadly, caring for his child (Humberd, Ladge, & Harrington, 2013).

Another father (Participant 11 p.11) suggested that *"you do it repetitive but you do it both visual and it needs to be practically engaging so like in a way what is tropical fruit? You go and buy bananas and mangos and paw paw and you go and buy it to physically get the reference. What is citrus fruit? You go and buy different things and it is there and then you peel it, he can taste it and through all of that hopefully it sticks so it is a challenge in that way"*.

The difficulty associated with this is that once school holidays begin, the routine behaviour and habits that often take parents months to establish are disrupted and will need to be restored. Further to this, as suggested by Participant 5 p.5, parents experience high levels of fatigue and are therefore limited in terms of their stamina and in some instances are dependent on a certain level of external support. This in turn impacts their abilities to teach creatively and to manage their day-to-day activities as a parent.

The aspect of teaching becomes vitally important with children with learning disabilities and in some cases form part of the therapeutic interventions and treatment plan of the child. As such parents serve a fundamental function as part of a holistic treatment plan (Gibbs, et al., 2007). The parental subsystem is critical in this regard, and disruptions experienced within this subsystem will ultimately affect aspects of teaching, setting of limits, modelled behaviours on behalf of the child, discipline and guidance (Seligman & Darling, 2007). The influence of the disorder can have a profound impact on the family system and is largely dependent on the discretionary reaction of the father towards their child with special needs which may have varying implications on other family members (Humberd, et al., 2013). The initial experience of the disorder has been linked to bereavement in the literature (Poslawsky, et al., 2014) however; a father's sense of resilience may influence the degree to which he is able to accept and cope with the special needs to his child. Furthermore, a strong relationship has been noted between paternal acceptance of the special needs of his child and the generally observed level of acceptance or rejection within the household of these specific needs (Dyson, 1997). The family is therefore forced to adapt flexibly and mobilise into action or resist, deny and freeze (Poslawsky, et al., 2014). This illustrates the imperative role of the father within the family and disruptions experienced internally will subsequently impact his relationship with his child. This in-turn will impact the spousal subsystem as the mother may

also experience increased pressure to teach, set limits, model appropriate behaviours for their child, provide discipline and guidance.

Although fathers sought various practical solutions to assist and enable their children to become functional and industrious in their development, this cannot be directly aligned to the crises navigated by neuro-typical children of the same age. So while we initially set out to use Erikson's psychosocial stages of development theory, evidence suggests that the magnitude of expectations and the size of accomplishments of children with dyspraxia, cannot be compared to children who develop normally.

4.1.1.4 Father expectations

The final theme under the thematic domain of experiences is the expectancies of fathers in terms of firstly being a father and having a child, in terms of their relationship with their spouse and with their child the dyspraxic 'other'.

This is demonstrated more aptly by one father (Participant 5 p.15) that *"from a male perspective, like from a father, um you do also have, you envision things that you would do with your, especially if you have a boy. That is the things that we are going to do, throw a ball, kick a ball you know, maybe he is going to participate in some sport um at this point in time I can't see that happening with him…, it is probably the case with fathers, they like to live vicariously through their kids or um you know you would like your son to play like rugby or soccer or whatever the case may be and that you would have to put on the backburner…so you would have to come to the realisation ok this might not happen, there might be something else that they could be good at so you would just have to follow their path and where that leads to and encourage them there um and that can be tough for most men to swallow…You know put it one side and say well you know what if it happens it happens. For now you just need to concentrate on getting them to the next level and you can decide if that tying their shoes, dressing themselves, that is your next goal, that is your next goal and if you keep that in front of you, you never know where you might end up if you are going to sort of just be sad for your kids all the time, you are going to be doing them and yourself a huge sort of injustice because you are never going to move forward".*

Further to this, as was revealed in a number of the interviews that were conducted, fathers tend to create certain expectations when fathering a child. In some cases fathers had to re-evaluate and adapt their expectations in light of the fact that their child may experience particular limitations as a result of the disorder. This was revealed by a father (Participant 8

p.14) when exclaiming that *"you not even focusing on the rugby or the cricket or something like that but those are some of the things you should be doing so in terms of the father, in terms of sport you also you know, I'm might have liked him to be more involved in sports or something you know … and we sort of, I accept it as a father. And then obviously I'm looking past the other things like you know it really like to sit with him and built a go-cart and built this and stuff but uhm its just things that we accept you know that I accept actually as a father"*.

Related to the expectancies that fathers have of their children are the inter and intrapersonal interactions of their children. It was evinced by one of the participants (Participant 5 p.9) where *"there was an incident in this year where we went to a family function and all the kids are like not wanting to play with him and um my wife's cousin's youngest son said to him well Nigel don't worry I will play with you and he needed, affectively his dad had told him you know what was going on with Nigel or whatever the case may be … Yeah it's not a nice thing. You know you sort of weep for your child when you see things like that"*.

Perhaps more broadly, various expectations of fathers exist which further places a level of pressure on fathers to enact and align to specific ideals such as the more traditional notion that a father should be the disciplinarian of the family. This can further prove as a struggle for fathers when their child misbehaves. Fathers are therefore faced with the disparity between traditional role expectations and a more nurturing role within the family.

A further expectation of fathers is the moment when their child begins to orient more towards the father than that of the mother. This was elaborated on by one such father (Participant 9 p.1) where he states that *"on a mild nature it's been frustrating as a father um as you know when a child is born up until the age of 1 or 2 years old they tend to become very mommy orientated and as a father you wait for that moment when your child reaches that point where he recognises daddy because daddy is not a mommy and daddy cannot perform the function of a mommy right…"*. However, for many fathers of children that exhibit symptoms of dyspraxia, this may not always be the case as a result of these symptoms. This was put more aptly by the same father where he explains that *"… so for me as a father I have missed of that quite a substantial part of his life where the child say, daddy is going to the beach um I want to go, or daddy is going wherever and I want to go with but because he is still so attached to his mommy because of these issues so now as a father I have now missed a large part of it and I am still missing a large part of it and it becomes now for me on a personal level more*

of a provision type of role um and making sure that he has everything that he has rather than to enjoy my child as he is still young".

Another key point which was explicated in this theme is the expectancies of fathers associated with their spouses. It is important to note that this does not necessarily refer to fathers expecting particular behaviours from their spouses but rather some of the associated behaviours that they have come to associate with their spouses. This was expressed by one father (Participant 1 p.13) where he states that *"my wife has also been a star, she has been on this from the word go like a little, on this thing the whole time, not letting go, not just sitting back and accepting, she has been a real staunch one at that one. I would have gone the other way, ag how bad could it be, just leave the damn child because I tend to follow the let's not interfere route on most things, just let it go".*

On the other hand though, a father (Participant 2 p.6) conveyed that mothers tended to be more emotional than fathers because they spend more time *"worrying what is going to happen to their child, whereas a father he will um he will feel the same but he will, he must put the child's future first".* This ultimately translates to a particular concern of another father (Participant 11 p.2) that the future of his child, their life beyond their parents, remains a fundamental concern.

Considering the abovementioned extracts, fathers described how they are challenging traditional parenting practices and highlighting how fathers are renegotiating their roles within the family structure. Importantly, fathers are learning and adapting to new roles which may culminate in inadvertently disrupting the entire family system. Subsequent to this, fathers may begin to employ various escape-avoidant strategies for example becoming overly involved in work. This withdrawal from the family unit will ultimately affect other family members in response. The burden of care falls solely on other family members in particular the mother. In conjunction with a child with special needs, the distanced behaviours of the father may set into motion negative and dysfunctional dynamics within the family system. However, resilience may offer the family the prospect of reappraising priorities leading to more fulfilling lives and compelling relationships (Seligman & Darling, 2007).

Initially literature elucidates that fathers may especially be disappointed when they have a boy with a disability however; more recent literature has suggested that the contention that a father is more distressed by having a boy with a disability than a girl is unsupported. A father may thereby respond with either intense involvement or a complete withdrawal from their

sons. In comparison, a father may respond with limited or more routine involvement with their daughters. Consequently, a father's involvement may be regarded as discretionary whereby they can increase or decrease their involvement. In opposition, mothers are expected to show the same level of commitment to all their children.

4.1.2 Challenges

The second thematic domain that will be discussed seeks to address the second objective of the study which hoped to explore the challenges faced by fathers in parenting a child that presents with dyspraxia. The key themes that encompassed this thematic domain were *health literacy; helplessness; circumscribed interactions; schools acquiescence* and *lack of support.* These themes will be further presented and elaborated on below.

4.1.2.1 Health literacy

The first theme under the second thematic domain refers to the difficulties associated with understanding dyspraxia and the implications thereof. This may be related to the fact many of the concepts surrounding the disorder are synonymous or have been used interchangeably (Zwicker, et al., 2012). This was demonstrated by one participant where he (Participant 1 p.1) states that *"one of the first things that we found out was that dyspraxia is one of those things that not a lot of people know about um schools haven't even started mentioning dyspraxia, like what the hell is that, nobody knows or has heard about it um they don't know what to do with the disorder but then we also found out that there is quite significant difference in the levels of dyspraxia and the different kinds of dyspraxia that you find".* Disorders such as dyslexia, ADHD (Attention Deficit Hyperactivity Disorder), OCD (Obsessive Compulsive Disorder) etc. are more commonly known especially outside of the health professions.

This is confirmed by Steinman, et al. (2010) who emphasise that the term dyspraxia is open to debate and is used interchangeably with multiple terms depending on the discipline of the consulting professional. Furthermore, early intervention is paramount with regards to dyspraxia and therefore schools need to be acutely aware of the nature of the disorder to be able to make the appropriate referrals where necessary (Steinman, et al., 2010). In addition to this, it was found that approximately 91% of physicians were unaware of developmental coordination disorder, a term incorrectly used synonymously with dyspraxia (Gaines, et al., 2008).

Resultantly, because not much is known about the disorder as a whole, a number of interventions that have been tailored to each child seem to yield the greatest impact on

children that present with the disorder. In turn parents and professionals involved are not always able to definitively identify which method being used has had the greatest influence. This was described best by one father (Participant 3 p.6) when he stated that *"the biggest challenge for me is trying a whole lot of things, like speech therapy, O.T (Occupational Therapy) everything you name it to doctor, and doctors prescribe this and Ritalin and a whole lot of things that I am not even familiar with and then you see improvement in your child, but to me I can't pinpoint what is actually created the improvement, is it O.T, is it speech, is it the tablet that he is on, is it us or the things we are doing at home and that to me is basically what is challenging because I wish I knew what it was because it would give me more direction in the sense that I know let's increase speech you know but I understand that it is impossible to say exactly what helps you understand, to me, I think that that is the hardest thing to accept".*

Parents of a child with a learning disability are often consumed by the various therapeutic interventions tailored for their child and are often forced to assume part-time work or become a stay-at-home parent (usually the mother) (Novak, et al., 2011). This can have a debilitating impact on the financial standing of the family. Evinced by Mavungu (2013), male participants in his study revealed that they place a significant importance in their ability to provide material goods and finances to their families. With the added financial pressures associated with a child that has a learning disorder together with the critical rates of unemployment in South Africa, an unemployed father may be unable to provide for his family, feeling emasculated and therefore unable to assume the status of a father (Mavungu, 2013). Subsequently, a father may withdraw from his responsibilities within the family, adding greater pressure on other members to fulfil his role and thereby placing the entire unit into disarray.

Additionally, fathers described that a particular challenge related to this theme is the influence of family which may add to the confusion experienced by parents. This was further described by one father (Participant 5 p.7) *"I mean people always like to give advice, like what to do, what not to do with the children and in most cases, with coming from an older person like an aunt, an uncle, a mom or dad whatever the case may be, that is just years of experience that they are just passing down to you but when you have this kind of issue they don't have that kind of experience to give so they are not qualified to make that call yet um the struggle is trying to get that across and not seem ungrateful or whatever".*

Parents often spend an extortionate amount of time providing knowledge and support to others rather than maintaining their focus on the needs of their child. Parents may experience a great sense of pressure from family members who offer guidance incorrectly and a greater need to convince others of the nature of the disorder itself. The juxtaposition of having to provide others with knowledge and support when the parents are in need of support is therefore apparent and as such a greater emphasis is placed on the resilience of each parent. The added pressures of external family and friends can place unnecessary stress on the lives of the family unit especially when the family views are in direct opposition to either parent. Communication may therefore assist families fostering a greater sense of resilience by sharing of critical information, providing clarity of differing views, an opportunity for collaborative problem solving and encouraging greater emotional sharing within the dyad (Becvar, 2013).

4.1.2.2 Helplessness

The succeeding theme to be discussed is the sense of helplessness that fathers experienced in parenting a child that presents with dyspraxia. This was further described by one father (Participant 5 p.2) who emphasised that the struggle with the *"smaller things"* such as getting your child to simply eat their breakfast can be difficult and timeous. Ultimately you become late for work and subsequently your employer may not always understand your reasoning. This inadvertently places parents, particularly fathers in this case, in a position where they experience a sense of helplessness in the struggles of daily life.

This can further be demonstrated by another participant (Participant 8 p.3) where he describes that as a parent *"sometimes we sit back and think ay, this guy is just being naughty his pushing his luck but I think its fine line and then obviously you as a person get frustrated coz I mean there are times when you feel a bit frustrated with him when he is not doing something the way that he should be doing but then there is also times that you over compensate you give him favouring you know, so as a parent that's the juggling act we doing every day from getting him dressed to trying to give him medicine you know".*

Traditional conceptualisations of fatherhood suggest that the father is the one responsible for the discipline of his child. A father may experience a greater sense of difficulty between making the distinction between misbehaving and the effects of the disorder itself (Masiglio, 2008).

Further to this, fathers described their sense of helplessness as an intrinsic process of denial. This was described more appropriately by one father (Participant 5 p.6) where he alludes that as a parent you *"mask it you know and that is unwilling you know their own brain says that he has made some kind of milestone there so you think it can't be that you know and until you actually get the assessment and you get all the information in front of you, then you can see for yourself ok this is the case, this is what we are dealing with here"*. This sense of denial can be debilitating for some parents especially when there is a lack of support. However, in some cases where parents have adopted alternative methods of support they seem to manage the sense of helplessness better. This was described by another father (Participant 10 p.8) where he describes that *"yeah it was obviously hard to hear that there was something wrong with your child but once we researched and understood what it was about it was actually a bit of a relief that we actually know what is going on, we know that it can be um I don't want to say that it can be cured obviously you know but it can be managed to a certain extent um and now we know that at least now he needs some extra attention. He needs to maybe work a bit harder and um to be able to do what other kids are able to do um and at least now we can assist him to do"*.

Moreover, fathers experienced a sense of helplessness in terms of the financial implications of having a child that presents with dyspraxia. In some instances families are limited in that they may not be able to afford medical aid. Further to this, some families are unable to claim for certain therapies (occupational therapy, speech therapy) which can impair the treatment options available for children that present with dyspraxia (Participant 5 p.11). The costs involved can be devastating for families especially where there is more than just one child. This was emphasised by one father by stating that his child that presents with dyspraxia costs him approximately as much as what his other 4 kids cost per month (Participant 7 p.1). As a parent, perhaps more especially as a father where traditionally his role is to provide financially, this burden can be difficult to accept (Neale & Davies, 2016). As a father, he may experience a great sense of helplessness in being unable to provide for his child and the treatment that they may require as a result of the disorder itself.

As described by Marsiglio (2008) a father's sense of masculinity rests upon his paternal motivation (reasons why he plays an active role in his child's life), involvement (worry and anxiety associated with the well-being of his child, responsibility towards the well-being of his child and his direct interactions with his child) and influence (nurturing and care, emotional, psychological and practical support for his family, economic provision and ethical

and moral guidance offered). However, when a child is born with a disability a parent must renegotiate all previous knowledge associated with parenting (Novak, et al., 2011). The ability of the father to self-differentiate is therefore contingent on how he is able to adapt and cope with the diagnosis of his child, and thereby re-establishing homeostasis within the family unit (Titelman, 2014).

4.1.2.3 Circumscribed interactions

The third theme that falls within the challenges thematic domain refers to the various constrained interactions experienced by fathers between fathers, between children, spouses and more broadly institutions and organisations.

This has been demonstrated by one participant (Participant 5 p.1) when stating that *"interlinked but that has been one of the challenges in having to deal with your child, when they cannot verbally communicate or even physically communicate um with you and the level of frustration just rises in both parent and child so you have um that to contend with, you got from a disciplinary standpoint as well is also very very difficult"*. Perhaps stated more explicitly another participant (Participant 3 p.9) stated that *"you know I think to myself you know like what is he going through if I am getting frustrated and I can't understand him, how much more frustrated is he getting that he can't convey the message over to me you know"*.

The challenge of being unable to communicate with your child has various implications for your role as a parent. This was further described by one father where (Participant 8 p.2) *"you know from the age four, he was saying things like he is gooing* [throwing] *a tantrum. You not sure as a father, you don't, is this now, is this now a naughty boy? Must you uhm, must you give him some of the belt? Which we've never done but I mean you know sometimes you feel like it so that's some of the frustrations as a parent also is that uhm you know is the child naughty then you actually find out this guy's not actually naughty he just, he just can't express himself. So then I thought about it, I told a, I told a colleague of mine at work, imagine walking around with a piece of tape around your mouth whole day and you want things and you can tell nobody and I said that's exactly how my son feels so that's why we doing something about it"*.

Further to this, fathers experience difficulty in their interactions with children that can relate to experiences that parents tend to look forward to when raising a child. This was described by one father (Participant 9 p.4) in terms of teaching which forms an important component of family building blocks. The aspect of teaching as a parent must be met with a sense of

"patience is the biggest virtue, you have got no choice you know in 2 years of speech therapy, after 2 years of speech therapy he still can't formulate a sentence so we still can't have a conversation. After 2 years of speech therapy he still can't understand the concept of question and answer".

The parental subsystem is key in this regard as it encompasses the interactions between a father and his child as well as aspects such as nurturing, setting of limits and boundaries, discipline and providing guidance (Strong, et al., 2011). The inability of the child to effectively communicate gives rise to conflict not only between father and child but may also be a source of conflict between siblings (sibling subsystem) and spouses (spousal subsystem). Communication processes are essential in establishing resilience within the family unit, however coupled with rising levels of frustration may unravel previous states of homeostasis. This disruption thereby affects the family unit's ability to function effectively (Walsh, 2016).

Additionally, fathers described experiencing challenges within their spousal interactions. This was demonstrated by one father (Participant 5 p.16) as something that *"ranks up there as one of the top 3 challenges, is just trying to keep your sanity with your spouse while you are having to deal with all of this um I mean you take all the things that come with marriage and kids and now you add this into the mix…good communication I think is the main key and if things go south or whatever get help as quick as you can because we've seen a lot of, and even at the school as well, we've seen a lot of cases where divorce is high and it is just bad you know and it is really bad for kids to come out of broken homes and stuff"*. This was also described by another father (Participant 9 p.5) when stating that *"my wife and I have to work independently of each other so if we go to the shop, don't go together as a family because if we go he know that there is a specific swing and if he doesn't go to that specific swing then um he is going to kick up an tantrum and we will be sitting there with him on the floor for 30 – 45 minutes so instead we keep him at home and one person stays at home and the other person goes"*.

The above extracts indicate the essential role that communication can play within the spousal dyad. In addition, communication may more greatly assist families to avoid disruptive crises that ultimately affect the ability of the family to function effectively. Perhaps more greatly, it is important to note the distinction that exists between communicating with one's child and communicating with one's spouse that is also interrelated and thereby mutually influenced. Experiencing a break-down in communication with one's child may facilitate greater levels

of conflict within the parental subsystem as frustration levels increase, thus acting as a potential catalyst for conflict within the spousal dyad. This form of triangling where tension experienced between two members of a family unit that is passed onto a third may further serve as a wedge between balancing differentiation of oneself and forging a supportive and encouraging relationship (Smith-Acuna, 2011). Consequently, this snowball effect may therefore disrupt the entire family unit eventually rupturing the unit's state of homeostasis or equilibrium (O'Gorman, 2012).

The challenges experienced further relates to the ways in which each parent navigates their ways through parenting. This is perhaps more appositely described by another father (Participant 5 p.1) as allowing his children the freedom that other neuro-typical children experience. This exists as a result of being judged by people especially as they often remark that *"you well why don't you let your kids do more and get to experience a bit more. You can but it has to be within boundaries because you know um of what they are struggling with"*. The various ways in which one parents may give rise to conflict especially as parents need to re-evaluate their sense of parenting when their child has been diagnosed with a disability (Novak, et al., 2011).

Another important point to note is the experiences of family in relation to the well-being of the child which was described by one father (Participant 7 p.4) as *"there is some instances where some of the family feel that he is dumb you know that type of thing and they sort of distance themselves from us. [Interrupted by a Phone Call]. We have family members that have sort of distanced themselves from us because um they blamed either myself or my wife from both sides of the family that it is our fault that he is the way he is"*. On the other hand, fathers described the experience where families tend to become overly involved for example as suggested by a participant (Participant 9 p.9) *"we would hear from family no you all don't talk to him enough, you all don't interact with him enough, take him out more, you don't take him out enough um read to him, you don't read to him enough you know and um do this for him. People coming out with their home based cures you know um and their own personal suggestions and you reach a point where you just say yes to everything because everybody seems to know or thinks that they know best and what to do and how to do it…so that pressure from the day that he is born you know to that point from family and I wouldn't say so much friends um but family particularly is quite unbearable because everybody seems to know, to think that they know exactly what is best and they always think the other way around that what you are doing is always wrong you know and therefore the child is um he is not*

talking or he is struggling with whatever it is so it is almost becoming a reflection of your role as parents".

Friends and family spheres usually serve as significant sources of support and encouragement however, as noted by a number of fathers it can be a substantial trigger for stress, pressure and conflict. Social relationships are vitally important in strengthening a family's sense of resilience as well as an individual's state of well-being (Walsh, 2012). Furthermore, the negative perceptions of family members with regards to the ways in which one parents may create greater levels of conflict within the spousal dyad especially in instances where mothers and fathers disagree on the level of involvement of the family. Typically mothers tend to draw on these external sources of support more greatly than fathers (Karande & Kuril, 2011).

Finally, as a result of the circumscribed interactions experienced between fathers and their children has proven to have additional implications in the context beyond the family and the perceptions held by others. This was described by one father (Participant 7 p.4) as something that *"hurts me, and I have had a lot of fights, one that almost got physical because someone like called him dumb. Um and like I said he is actually highly intelligent um, he can do a lot more on certain things with problem solving that his brother that is 7 now can't do still and he can at the age of 4, he can solve it where the other one gives up too quickly and um so just that disconnect from society still because they see it as a contagious disease um scared that they might catch it".*

In addition to managing daily tensions and pressures of life, the multitude of difficulties one has as a result of having a child with a disability, parents must also contend with the broader social spheres beyond the family unit (Heiman, 2002). In the extract above, a father highlights the ignorance and callous nature demonstrated by others in relation to his child.

4.1.2.4 Schools acquiescence
Furthermore, an important challenge that was described by fathers is the acquiescence of schools towards the needs of children that present with dyspraxia and by extension that of the parents as well. One particular father (Participant 3 p.4) described an experience with a school where his child was to be enrolled. They had hoped that the school would allow his child the opportunity to *"familiarise himself and I think it would be very harsh and unfair on us if we had to go to a new place and drop him off there and leave him. I think we would take 5/6 steps if not more backwards in that aspect that's why at some schools we, I wouldn't say the word nasty but we didn't feel comfortable in the sense that they weren't happy for us to*

bring the child there before and familiarise himself around, show him the teacher and so on and they didn't understand that aspect and that to me was very frightening and wrong because like I said I wanted him to feel comfortable, I wanted him to know ok I am going there, there is nothing wrong with the place".

This was further demonstrated by another father (Participant 9 p.3) when exclaiming that *"our son has been to two schools where they didn't want to accept him because of his tantrums um because we went to one school where he was, um they gave him a place and as we were leaving he slapped me and then the next morning we got an email explaining why they can't give him a place at the school".*

The extracts above suggest that institutions within the broader environment are unsympathetic towards the needs of the individual child. This may in-part be due to the fact that many are unaware of dyspraxia and subsequently the various implications of the disorder (Gaines, et al., 2008). Consequently, parents are faced with the added pressure of having to inform schools of the nature of dyspraxia. The aspect of feeling supported by schools is critical for parents especially in institutions that are more acutely focused towards children with special needs and perhaps more broadly the needs of parents as well.

4.1.2.5 Lack of support

The final theme that falls within the second thematic domain is the lack of support that fathers experienced when parenting a child that presents with dyspraxia. One particular father (Participant 9 p.9) explained the process of asking for support from family as *"um yes like we could have made a phone call but whether the understanding was there but um maybe, I am not sure, my wife would have agreed you know on that um whether it was her family or whether it was my family but you could make that phone call but it would most probably turn around and you know to being you know that once again you, you are so we had reached a point eventually where we would just focus on Udeshan and just forget about everybody else so we didn't have anybody to lean on. I think that the best form of support that we got was, I won't say the medical practitioners but most of the speech therapists and occupational therapists, people that actually understood the condition but more than understanding the condition, understanding the effects and the impact that the condition has on the family".*

The description above illustrates that relying on one's family for support can serve as a double-edged sword as parents may be desperate for support and understanding but may be met with criticism, prejudice and misunderstanding instead. Consequently families may need

or reorganise patterns and place particular boundaries to buffer against the critique of others in an attempt to maintain a sense of resilience (Becvar, 2013). Notwithstanding, parents may experience feelings of isolation and therefore various health professionals should be acutely aware that their services and roles encompass more than simply transfer of knowledge but rather to provide families and perhaps more specifically parents with a sense of support and understanding (Novak, et al., 2011).

More broadly, a father (Participant 3 p.3) described that the lack of support available relates to the lack of resources for children that present with dyspraxia. He emphasises that *"maybe in a way if we had picked it up earlier it wouldn't be so bad, he would maybe be more advanced now um and also I think that which I am hoping which is why I am doing anything that can try and help anybody else with dyspraxia or anyone that comes afterwards that has a child with dyspraxia, if I can be able to change the experience that we had in the sense that there is something out there that can give them help because with us there was no place and there still is no real school that can help kids with dyspraxia and that is what I am trying to get out there that if somebody can come up and say listen here, if your child gets diagnosed with dyspraxia or if you are not 100% sure come to us we can try and help you, see if it is dyspraxia and then maybe we can put you on the right road which can help a lot that's what vision I have".*

Although some fathers indicated that they felt a greater level of support from various health professionals, a number of fathers indicated that beyond this, they receive very little to no support from external institutions and organisations. In some cases, parents experience a particular level of indifference from schools in accommodating the various needs of both parents and child. Most children are referred for an assessment during their initial years of primary school, perhaps owed to the delay in reaching age appropriate milestones (Steinman, et al., 2010). However, this highlights the critical role that teachers and schools can play in aiding the prognosis of a learning disorder, and the effectiveness of an early intervention.

Finally, fathers alluded to the fact that they experience a lack of support from various 'support groups' as well as from professionals within the health professions in terms of finding answers to the nature, cause and prognosis of dyspraxia. One such father (Participant 7 p.9) describes this more aptly *"like a support group that doesn't class anyone you know so irrespective of what the other disease or disability or lack of either whatever is not being classed because that is currently the biggest problem because they class everything and if you*

are not classed in that group or you got a portion of the classing that they've got then it is sort of different from that group so that would help number 1 and number 2 is with research a little bit more on what type, or what is causing it because that is one of the things that a lot of people want to know is why. Why did this happen to my kid? Um and I mean up until date maybe somebody has got an answer but up until date I haven't seen much studies onto especially on the knowledge as to why does this happen, is there a missing link somewhere, is it something from the parents or from both parents that has got you know didn't click up well or whatever is causing that delay so if you can get that thing sort of just a basic question on why, a basic question on how to deal with it and support without boundaries".

Owing to the nature of dyspraxia and its shared genetic properties with various other comorbid disorders (Autism, ADHD, Global learning difficulties etc.), finding a relevant and all encompassing, yet appropriate support group can be challenging. The importance is to be able to find a *"support without boundaries"* for parents and subsequently their children. This may be due to the fact that some authors have appropriately described dyspraxia as a 'hidden disorder' (Kirby, 2003; Novak, et al., 2011; Stansell, 2007).

4.1.3 Support

The final thematic domain to be discussed encompasses various themes that relate to support. This thematic domain further highlights the third objective of the study which sought to identify the support structures available and support required by fathers parenting a child that presents with dyspraxia. The themes that form part of this domain are *external support structures*; and the *internal support structures*. Each theme will be explored and presented below.

4.1.3.1 External support structures

The first theme that forms part of the third domain encompasses the support structures that fathers looked to, engaged with, described and used that was outside of the father themselves. Most fathers described their external methods of support in terms of the professional teams that they have working with their children. However, further to this, fathers described the support received in terms of who assists their child with their treatment, getting to appointments, homework and general functioning.

This was exemplified by one participant (Participant 8 p.10) when stating that *"we also got a team that we know is the right professionals to work with him, so from that perspective we put the education and occupational and speech all together as a team I think a few years ago*

Bronwyn came back and said listen I think we need to get a team to deal with this, this is not a one, this is not a speech therapist only to sort out, although they might say they can sort it out he needs a behavioural therapist, he needs an occupational therapist, I mean he might need a paediatric neurologist to help him if he needs meds one day so beside family support uhm which is all verbal support we've decided that that's the team that he needs you know".

Additionally, another participant (Participant 10 p.5) referred to the support offered by his mother-in-law as someone that *"has been great, she helps us out a lot. She is the one you know that drives him around to all his therapy because Jade and I both have to work so she usually takes him to all his therapies so she helps a lot and then um the afternoons that she picks him up from school, when they get home she would sit with him and do some of the homework that he gets from his therapists".*

The extracts demonstrate that the entire support structure operates as an interconnected and multifaceted structure. A range of health professionals are consulted and provide treatment plans for the child, each influencing the other in order to provide a holistic treatment plan. As such, children within dual earning families may often have a grandparent or alternative guardian who assists with the day-to-day care activities of the child (Heiman, 2002).

A key factor that many fathers agreed as fundamental to their support structure was the role that siblings play in relation to the child that presents with dyspraxia. The concept of having a sibling assist with the day-to-day struggles and activities seems to play a positive role in the lives of the child that presents with dyspraxia. This was mentioned by one father (Participant 6 p.7) where he states that *"I think with time his older brother actually accepted it, uhm that you know what my little brother needs help. So sometimes when we do homework he will, the older one will actually come and help as well uhm where Moe is concerned so that's a nicety…"*. Perhaps put more appropriately by another father (Participant 2 p.4) when indicating that *"we are blessed to have a daughter like her because she is also doing lots of stuff with him during the day. His occupational therapy homework and his speech therapy homework, she does it with him during the day and we do it with him only after work so we are blessed".*

As suggested by participants, the sibling subsystem serves as a pivotal support structure as children often assist in the development of various social and negotiation skills as well as providing one another with support (Seligman & Darling, 2007). Typically the older the

sibling, the more responsibility they may be expected to assume, however participants indicated that in some instances siblings assisted through their own volition.

4.1.3.2 Internal support structures

In comparison to the previous theme presented, the focus of this theme is to provide the internal support structures that fathers used through their own experiences of parenting a child that presents with dyspraxia. In order to answer some of the various questions that fathers have through their experiences of parenting a child that presents with dyspraxia, one such father (Participant 4 p.4) indicated that he *"would always research or google something if I have any questions. Uhm or speak to somebody that I think might have a similar situation uhm as me or as Meghan uhm but a lot of the times its purely just researching and making contact with people within the industry that have expertise and things like that"*.

Further to this, while conducting their own research, fathers would attempt to apply the various scenarios that are presented in research to their own experiences. This was exemplified by one participant (Participant 4 p.5) by stating that *"so basically whatever I read or YouTube or videos or articles that I might read, I always try and look at it from, from, from a point of view, so am I currently experiencing this with Meghan and then if I am, I'll look for solutions on how to deal with it in a practical manner with her"*.

Perhaps in an attempt to regain a greater sense of power and control, fathers sought beyond the therapeutic and consulting team to find answers to be able to better understand their own child and what they may be experiencing. In so doing, fathers become more engaged and proactive in their approach and this mobilisation into action strengthens one's sense of resilience and more greatly further establishing homeostasis within the family unit (Saltzman, et al., 2013).

4.2 Chapter summary

This chapter explored the subjective experiences of fathers in parenting a child that presents with dyspraxia during middle childhood. Each thematic domain was analysed through the lens of both the family systems theory and family resilience frameworks.

The first thematic domain included the initial reaction of fathers, their emotional responses, how innovative fathers needed to be in their approach towards teaching and finally the expectations that fathers held around becoming a father and fathering.

The second thematic domain encompassed health literacy, feelings of helplessness, the challenges associated with circumscribed interactions, acquiescence experienced with schools and the lack of support that fathers within the study experienced.

The final thematic domain explored both the external and internal support structures that fathers sought to utilise. A summary of the entire findings will be presented in the subsequent chapter.

Chapter Five

5. Conclusion and recommendations

The present study endeavoured to encapsulate and elucidate fathers' experiences of parenting a child that presents with dyspraxia. The impetus for the current investigation was the dearth of available literature surrounding the topic of dyspraxia within the South African context and more specifically the focus on the subjective experiences of fathers. The overarching aim of the study was to provide an exploration of the subjective experiences of fathers parenting a child that presented with dyspraxia. Moreover, the objectives of the study were to understand these subjective experiences, explore the challenges and finally to identify those support structures available as well as those required by fathers. The study was approached qualitatively and analysed using a thematic analysis. The analysis demonstrates the fluidity and complexity associated with the role of a father specifically in relation to having a child with a learning disability and thereby the various implications on the family unit. The findings of the study contribute towards the current gap in literature surrounding fathers' experience of parenting a child that presents with dyspraxia.

This concluding chapter will provide a summary of the findings as well as a discussion of the implications thereof. This will be followed by a consideration of the limitations of the study and thereafter some suggestions will be made with regard to future research as well as some practical implications of the study. Finally, this chapter will provide the concluding remarks of the investigation.

5.1 Summary of findings

This section will provide a summary of the various emergent themes and the encompassing thematic domains. The three thematic domains included the *experiences* of fathers, the *challenges* that fathers faced as well as the *support* that fathers used in parenting a child that presents with dyspraxia. Four themes encompassed the thematic domain of experiences namely; the initial reaction towards the disorder, father's emotional responses, having to be innovative in terms of teaching their children as well as the expectations of fathers. The second thematic domain comprised five themes which explain the health literacy surrounding the disorder, the sense of helplessness that culminated, the circumscribed interactions faced, the acquiescence of schools as well as the lack of support available. This was superseded by the final thematic domain of support which incorporated the external and internal support structures available to fathers.

The initial reactions of parents can be expressed as a critical juncture within the lives of the family unit. The initial reaction of each parent seems to be experienced differently. Mothers tended to respond with a greater sense of panic and therefore fathers responded by downplaying their reactions in order to accommodate and hold a space for their spouses. However, participants also experienced a greater sense of denial in an attempt to cope with the diagnosis. The denial stemmed from both external (denial from schools, family, health professionals and organisations) and internal sources (the father himself). Furthermore, the initial reactions of each parent are pivotal in the subsequent dynamics that ensue within the family unit either positively or negatively. These dynamics thereby become the platform for what is to transpire however, family resilience can off-set the reactions and responses of each family member.

The emotional responses experienced by participants were linked to 'survivor guilt' symbolically as the ways in which their child 'survives' the disorder creates a sense of guilt within the participants. Notwithstanding, participants indicated that their emotions were secondary to that of their child and spouse and therefore entirely dependent on their children's' needs expressed by each respectively. Subsequently, this highlights the contradiction where participants expressed minimal emotion as well as cases where they were perhaps more forthright in their expression. Although the former may appear to be callous, perhaps it indicates a stronger sense of sensitivity towards their partners to not reveal their devastation. Notably this reaction may come across as stereotypical however it indicates a deeper level of caring for the other. Therefore we cannot make the assumption that because men don't show emotions that they don't feel.

Participants described that they had to find innovative ways in which to convey various messages and to teach their child. Furthermore, participants expressed that they often had to introduce various routine behaviours in order to create various habits and therefore teach through extensive repetition. The difficulties associated with this are the disruptions caused by holidays and the inevitable re-establishment of the various behaviours of the child which ultimately causes great disruptions within the family unit. The paradox that was highlighted was in having to teach your child practically when they struggle with practical skills thereby illustrating the nature of the disorder itself. Subsequent to this, parents experience a greater level of stress and fatigue in having to revisit and reteach a number of behaviours. In addition, the component of teaching one's child may form part of the therapeutic intervention and therefore a father's acceptance or unacceptance of the disorder may have a grave impact

on the parental subsystem as well as the family unit as a whole. The link is therefore placed upon the earliest theme in exploring parents' initial reactions.

Building on the above, fathers began to explain the various expectations they had surrounding the idea of becoming a father and subsequently fathering. Like any father, participants expressed that they had various expectations of how they were going to play and interact with their child ("building go-carts", "playing sport such as rugby"). However, the disability of their child seemed to deprive participants of assuming a more nurturing role when they were ready. This deprivation was exacerbated when their child did not reach that "daddy moment" and as such cast some of the participants into assuming more of provider role. This finding seems to highlight the loss of the "ideal child" they had perhaps envisioned.

In shifting focus, participants alluded to the various challenges that they experience when parenting a child that presents with dyspraxia. The first of which surrounded the lack of awareness of the disorder itself and how this related to receiving a diagnosis, the understanding of others (family, friends, health professionals, organisations) as well as the implications of the disorder for the child, the parents and more broadly the family unit. The lack of awareness and information regarding the therapeutic options can have a major impact on the financial stability of the family which in-turn further casts the father into a more provider role. Notwithstanding, the amount of time that parents spend having to explain the nature of the disorder as well as its various implications to others places undue stress and pressure on the dyad. This is further extended to the acquiescence of schools and the lack of understanding, awareness and knowledge surrounding the disorder which therefore places parents at the forefront of sharing information. Notably this creates added pressures and frustrations for parents who already feel insecure as there is very little information to go on in an attempt to find effective treatment options and organisations that are best equipped to assist.

Due to the above mentioned factors, fathers revealed a sense of helplessness that begins to fester within the family unit. This was experienced when attempting to get their child to engage with the finer things of day-to-day living as well as the amount of time spent (e.g. getting their child ready for school in the morning) which more broadly has various implications for the parent (such as work obligations). Participants also experienced a sense of helplessness when navigating through the issue of discipline as it represents a rather grey area in terms of being able to discern whether their child is being "naughty" or whether a

symptom of the disorder is perpetuating a particular unwanted behaviour. Linking again to the *'initial reaction'* of fathers was the sense of denial which was often experienced, which may further culminate in experiencing total helplessness. This was further extended towards the financial implications of various treatment options needed for their child and the inability to provide financially may result in experiencing feelings of helplessness once again as the father is cast back into the role of the provider.

On the other hand, a child that presents with dyspraxia may experience an increased difficulty in communicating effectively. As a result, parents often dedicate a large amount of time, money and resources towards tailoring a therapeutic intervention for their child. However, in many cases, irrespective of the intensity of the therapy a father is unable to communicate with his child with subsequently gives rise to increased levels of frustration.

However, this further illustrates the disconnect between more traditional gendered roles where men are perceived to not communicate and maintain the tough guise but in my study fathers have emphasised the importance of communication (Conway, 2008). Moreover, the difficulty experienced in communicating exposes families to unwarranted outside criticism and pressure and labelling of the child by those outside the family unit is usually negative in nature thereby creating conflict and unnecessary pressure and stress within the family unit.

The lack of support experienced was emphasised by participants, perhaps largely because of the lack of awareness and understanding of the disorder. Participants also emphasised that support serves as a double-edged sword in offering parents a platform to receive assistance but at the same time also being met with criticism, judgement and undue stress and pressure from outsiders. Moreover, participants expressed that they received very little support from external organisations and being unable to obtain definitive answers from health professionals left them feeling unsupported which may be due to dyspraxia being labelled as a 'hidden disorder' (Gibbs, et al., 2007; Kirby, 2003; Novak, et al., 2011; Stansell, 2007). Perhaps health professionals should begin to consider incorporating a greater sense of support base for parents and families within the tailored treatment plan of the child.

Within the final thematic domain, fathers indicated that they made use of either external sources or internal sources of support. External sources of support were indicated on three levels. The first of which included cases where participants indicated that they felt greater levels of support where they had holistic treatment plans that incorporated a number of health professionals. The second was the influence and assistance of external family members, for

example, in one instance the participant's mother-in-law ensured that his child was able to get to each therapeutic appointment and to assist with the 'homework' that was given by each therapist. The final level of external support was that of siblings that many participants had indicated played a pivotal role in assisting their dyspraxic child with their treatment and day-to-day activities.

Finally, participants indicated that internal sources of support included conducting their own research to find answers to some of the questions that they may have. This included researching on the internet in order to become proactive in their pursuit of answers, understanding and treatment options available to better assist their child.

Having summarised the core findings of my study, I will now turn to my reflections on the limitations of my study.

5.2 Limitations

Upon reflection of the current study, it is imperative to discuss the limitations of the study as it relates to the theoretical framework and the methodology of the study. This section will therefore provide a discussion of the limitations pertaining firstly to family systems theory which will be followed by the limitations of the methods employed within the study.

The first limitation of family systems theory is the acute emphasis on the role of the mother within the family unit (Miller, Anderson, & Keala, 2004). However, owing to the nature of the current study, a focus on the subjective experiences of the father has been the platform for investigation thus highlighting the need for this theory to focus on both the roles of the mother and father within the family unit.

Furthermore, the theory has been criticised for its patriarchal assumptions of the roles of both males and females, and family organisation which the theory fails to recognise. This translates into the socially prescribed roles of women becoming pathologised without acknowledging that these societal norms have 'schooled' females into undifferentiation by constantly teaching them to place the needs of others above their own (Brown, 1999). Within the current study, constant reference has been made in order to illustrate the acknowledgement that traditional gendered roles of both parents can have a critical influence on the ways in which one parents.

In addition, Bograd (2013) has critiqued family systems theory for ignoring the importance of feelings which has rather been emphasised within the current study and the role that one's

emotions have on the functioning or dysfunction of the family unit. Moreover, family systems theory emphasises that males are often distant and assume a more periphery position towards family functioning (Bograd, 2013). This notion has been supported within literature surrounding fathers but has been refuted by the participants within the current study.

With reference to the utility of Erikson's stage of industry versus inferiority, the theory is negligible with regard to the population of children in this study. Children with dyspraxia during this chronological age appear inhibited in terms of their emotional, physical and speech development. For this cohort of children to be expected to resolve the crisis of competency within this stage of development is therefore a tall order.

While parents do not consciously parent so that children can successfully resolve crises at each stage, these fathers would be no exception. What becomes apparent from the analysis is that they key feature in fathering a child with dyspraxia is to assist their child to become functional and independent in its own practical endeavours, in order to achieve the same level of mastery of a neuro-typical child.

In terms of the methodology of the study, owing to the nature of dyspraxia, obtaining participants whose child has received an 'official' diagnosis proved to be challenging. As such the study aimed to include fathers of children who rather present with dyspraxia. Upon review of the demographics of the participants within the current study, a more diverse sample of black fathers as well as fathers with female children that present with dyspraxia may have added to the findings of the study. Once again, the difficulty in obtaining participants proved to be challenging in an attempt to obtain a more diverse sample.

It is also noteworthy that all the children of the fathers within the study were either engaged within a treatment intervention or had received some kind of therapy prior to each interview. As a result, participants were more likely to be more resilient as opposed to a father that has less financial stability or access to health services, professionals and therapeutic interventions. While the limitations have been acknowledged, my study revealed many strengths which will be discussed below.

5.3 Strengths

Adopting a similar format to the limitations of the study, this section will provide a description of the strengths of the theoretical framework before extending further to the methods employed in the current study.

Family systems theory highlights the importance of the entire family unit and subsequently allows for an investigation of the subjective experiences of fathers in parenting a child with a particular disability. The theory further highlights the importance and role of resilience and its influence on the ability of the family to cope with and adjust when faced with a particular adverse event.

Moreover, the theory takes into account the social and cultural diversity which was imperative for the current study in linking to the varied and multiple fluid ways in which is fatherhood is constructed. This was critical when taking into account the diverse context in which the current study is located.

The qualitative nature of the study and the individual interviews conducted allowed for the researcher to obtain in-depth information surrounding the subjective experiences of fathers in parenting a child that presents with dyspraxia. In addition to this, the interviews allowed for a deeper level of engagement with each participant and further allowed for the opportunity to explore the emotions of fathers in parenting a child with a learning disorder. Conducting individual interviews provides the opportunity for the researcher to clarify various issues and interpretations made throughout the data collection process.

5.4 Directions for future research and practice

In light of the limitations of the study this section will provide some considerations for future research as well as some practical suggestions as indicated by the fathers within the study.

Future studies should consider adopting a masculinity focused framework in order to determine the influence that learning disorders have in constructing and challenging traditional gendered constructions of what it means to be a man and subsequently a father.

Therapists and various health professionals should be acutely aware of the impact that learning disorders have on the entire family unit. As such it should be standard practice to ensure that options are made available to assist families who may be struggling to cope with and adapt to the diagnosis of their child thereby providing family systems therapy.

With reference to Erikson's psychosocial stages of development theory, professionals working with children with disabilities should begin to rethink theses stages of development, particularly with the crises outline at each stage. Professionals should therefore be cognisant and critical of these developmental theories when applied to children with disabilities.

Although there has been an increase in research examining the experience of siblings when a child has been diagnosed with a learning disorder, within the South African context this is still an under-researched area. As such future studies should examine the experience of siblings especially as revealed within the current study, the importance of the sibling interaction and support function that siblings offer to parents.

Moreover, a number of studies focus solely on the experiences of one particular member within the family unit and perhaps future studies should seek to examine the entire family unit. Conducting focus group discussions with fathers, mothers and siblings may shed some much needed light in developing various treatment options that families may utilise in assisting their child with a learning disorder.

Future research should also examine how mothers and mothering informs and influences the role of fathers and fathering and visa-versa. Developing alternative understandings of mothering and fathering may prove to be critical especially in light of the fact that these understandings will enable new and more equal ways of being fathers and mothers and more generally men and women as well. This is necessary in order to challenge various essentialist notions that limit what it means to be a man, a woman and more specifically a father and a mother. Encouraging workshops that focus specifically on facilitating greater dialogues between mothers and fathers may best assist in developing these alternative understandings.

In a number of interviews, participants indicated various practical suggestions to better assist parents with children with dyspraxia. The first of which indicated that health professionals should seek to contain parents' initial reactions as it may play a pivotal role in the ways in which the family unit it able to cope and mobilise into action.

Fathers within the study also suggested that a "less clinical", more informal support network needs to be developed to better assist parents. This was emphasised by one father (Participant 8 p.13) *"I think there's a, there's a wealth of information out there that people just don't have the forum really to share it with so ja. I think it's a good idea, its finding the right forum I like the clinical side not out, so I think a lot of people just want to speak honestly you know like I struggled with my child in this area and this is what I did with it you know. I mean my child couldn't go to a normal school he was chucked out of some school once or twice, this is what we did, this is what works."* As such it was suggested that creating a network hub or

forum to share information and practical suggestions between parents that health professionals also had access to would be key in this regard. This was further indicated by the same participant where he highlights the value of the knowledge that parents have obtained through their own experiences; *"I mean if you think about it a lot of people actually take 2 years before they, they sort of, sort of find the right people. It would be nice to know that there's some people that you can talk to from day 1 and possibly save your child 2 years of battling and you just going sideways and not forward."* This may in-turn facilitate a practical guide for parents to utilise in treatment of their child at home, and instead of indicating what parents should not do, rather indicating what parents can do.

5.5 Conclusion

In conclusion, fathering a child with dyspraxia challenges the foundation of parenting, the parental subsystem, sibling subsystem, the spousal subsystem and more broadly the family unit holistically. Dyspraxia challenges the nature of traditional parenting as well as the notions of how traditional conceptions of fatherhood have been constructed.

My study on fathering a child with a disability further subjugates the construction of parenting and dismantles the traditional roles of both mothers and fathers when rearing a child with a disability.

My study further illuminates the disconnect between conventional constructions of fatherhood in South Africa that positions fathers in a rigid and fixed role that is presented in a negative light (Conway, 2008; Makusha & Richter, 2015; Mavungu, 2013; Shefer, et al., 2010). The study thus illustrates that fathers' roles are inextricably more complex, shifting between more traditional conceptions such as the provider towards the all giving and nurturing carer. This in-turn disrupts the entire family structure and function as roles subsequently become more blurred rather than clearly distinct and defined.

However, it is important to indicate that although awareness has increased and traditional gendered roles have become blurred, there are many indicators that show how many parents still operate from a very heteronormative male headed, male authority based model of families. This is evident within literature that points to the fact that a father's acceptance or rejection largely determines how the family will function (Dyson, 1997; Seligman & Darling, 2007).

Findings seem to suggest that fathers who parent a child with dyspraxia have to navigate their way through taking on multiple roles (i.e. at some point they take on a teacher role, at other times they take on a provider role). However, the findings highlight the constant negotiation and renegotiation of multiple, fluid and shifting roles that hinge on the needs of their child.

Participants therefore indicate a great sense of mindfulness in determining the role that they will assume. It is through the bidirectional influences of the parent-child dyad, the spousal dyad and the complexities thereof, the family structure and the homeostasis thereof as well as the continuous dance between roles (teacher, nurturer, provider etc.) before ultimately assuming a particular stance.

"The real enigma for developmental coordination disorder now is not so much what it is, but what can be done, and which is the best approach to help these children?" (Gibbs, et al., 2007).

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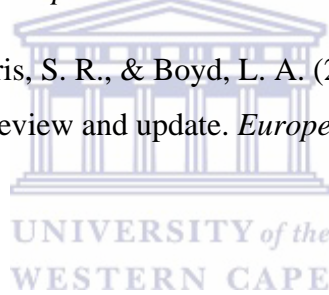
WESTERN CAPE

Appendix A: Consent form

UNIVERSITY OF THE WESTERN CAPE

Department of Psychology

Private Bag X 17, Bellville 7535, South Africa

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E-mail: kyle.kj88@gmail.com

<u>**CONSENT FORM**</u>

Title of Research Project: An exploration of fathers' subjective experiences of parenting a child that presents with Dyspraxia during middle childhood.

The study has been described to me in a language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name………………………..

Participant's signature…………………………….

Date………………………

Appendix B: Information sheet

UNIVERSITY OF THE WESTERN CAPE

Department of Psychology

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INFORMATION SHEET

Project Title: An exploration of fathers' subjective experiences of parenting a child that presents with Dyspraxia during middle childhood.

What is this study about?

This is a research project being conducted by Mr Kyle Jackson at the University of the Western Cape. We are inviting you to participate in this research project because you are a father of a child that presents with dyspraxia. The purpose of this research project is to explore fathers' subjective experiences, challenges and support in parenting a child that presents with dyspraxia. There is a lack of knowledge on dyspraxia in South Africa especially knowledge surrounding the father's subjective experiences of parenting a child presenting with dyspraxia.

What will I be asked to do if I agree to participate?

You will be asked to participate in an interview with Mr Kyle Jackson, discussing your different experiences, the challenges that you and your child may face as well as what areas of support is available as well as needed. The interviews will be approximately 45-60 minutes at a place and time that is most convenient for you as the participant.

Would my participation in this study be kept confidential?

The researchers undertake to protect your identity and the nature of your contribution.   To ensure your anonymity, pseudo names will be used to so that participants will not be identified. The researcher is the only person that will have access to this information. No

identifiable information will be recorded or asked during the interview to further ensure your anonymity and to maintain confidentiality.

To further ensure your confidentiality, only the researcher and the supervisor will have access to the data that is collected. Each file will be password protected, identification codes will be used on all data forms and any hard copies of the data will be locked in filing cabinets and storage areas.

Audio taping recordings:

This research project involves making *audiotapes* of the interview. The purpose of recording the interview is so that the researcher may collect the in-depth data that has been provided by you without missing anything stated. These recordings will also be kept in password-protected files on the computer and any information taken from these recording will be done using an anonymous code to identify each interview.

____   I agree to be audiotaped during my participation in this study.

____   I do not agree to be audiotaped during my participation in this study.

If we write a report or article about this research project, your identity will be protected.

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others. *In this event, we will inform you that we have to break confidentiality to fulfil our legal responsibility to report to the designated authorities.*

What are the risks of this research?

There may be some risks from participating in this research study. All human interactions and talking about oneself or others may carry some amount of discomfort and or risks. However, you will be assisted should you experience any psychological or emotional discomfort during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

**What are the benefits of this research?**

This research is not designed to help you personally, but the results may help the investigator learn more about your experiences of parenting a child that presents with dyspraxia. We hope that, in the future, other people may benefit from this study through improved understanding of dyspraxia and more accurately direct possible interventions using the information that you have provided. It is hoped that this study will be able to provide the fathers' of these children a voice and to explicitly share their subjective experiences.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized.

What if I have questions?

This research is being conducted by Mr Kyle Jackson, Department of Psychology at the University of the Western Cape. If you have any questions about the research study itself, you can contact:
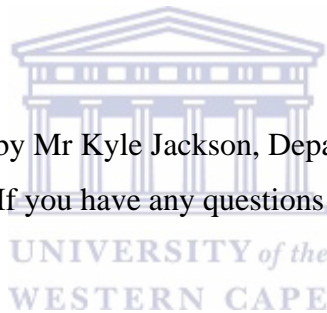
Researcher: Mr Kyle Jackson

                         Dept. of Psychology, UWC

                         060-504-4750

                         kyle.kj88@gmail.com

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Supervisors: **Prof. M. Andipatin**

                         Dept. of Psychology, UWC

                         021-9592283

                         mandipatin@uwc.ac.za

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University of the Western Cape

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Bellville 7535

021-959 2631

jfrantz@uwc.ac.za

This research has been approved by the University of the Western Cape's Senate Research
Committee and Ethics Committee.

Appendix C: Demographic questionnaire

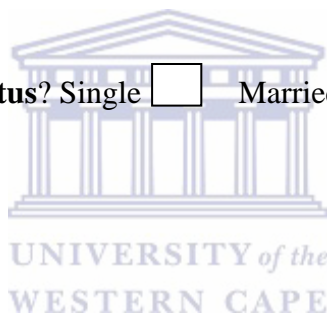This information is for research purposes only and will be kept strictly confidential

Please tick (√) or complete the appropriate box:

1.   **Race:** White ☐   Coloured ☐   Black ☐   Indian ☐
      Other _____

2.   **Current Age:** ☐

3.   **Number of Children:** ☐

4.   **What is your marital status**? Single ☐   Married ☐   Divorced ☐ Widowed ☐

5.   **Highest Qualification:** _____

6.   **Area of Residence**: _____

Appendix D: Interview guide

Title: An exploration of fathers' subjective experiences of parenting a child that presents with Dyspraxia during middle childhood.

1. What are some of the experiences that you have in parenting a child with dyspraxia?

   Probe: What are some of the positive experiences that you have with your child?

   What are some of the more difficult experiences that you have with your child?

2. What are some of the challenges that you face with your child?

   Probe: What are some of the challenges you face at home?

   What are some of the challenges your child experiences at school?

   Are there any challenges or pressures between you, your child and family or friends?

   Are there any other challenges that come to mind that your child may experience?

   As a parent, do you experience any particular challenges in parenting a child with dyspraxia?

3. Are you aware of different support systems or structures that are available for parents of a child presenting with dyspraxia?

   Probe: What are some of the support systems or structures that you have available to you?

   What makes these systems effective and how?

   What systems or structures do you feel would better assist in parenting a child presenting with dyspraxia?