A DESCRIPTION OF THE PORTRAYAL OF *SELF* AND *OTHER* IN CHILDREN DIAGNOSED WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER.

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CHAPTER ONE

INTRODUCTION

1.1 **Background**

Historically, Attention Deficit Hyperactivity Disorder (ADHD) was termed Minimal Brain Dysfunction or MBD (Barkley, 1997) and this historical diagnostic label is a reflection of one of the consequences of the focus of current academic literature on the neuro-anatomical aetiology of ADHD: ADHD has often become associated with cognitive or neurological impairment (Biederman & Spencer, 1999). However, although impairment in intellectual functioning can be comorbid with ADHD (Faraone, Biederman, Lehman, Spencer, Norman, Siedman, Kraus, Perrin, Chen & Tsuang, 1993), it is often the case that children diagnosed with ADHD have no significant intellectual impairment and some are classified as intellectually 'gifted' (Baum, Olenchak & Owen, 1998; Hartnett, Nelson & Rinn, 2004; Webb & Latimer, 1993). This suggests that an understanding of cognitive or developmental-neurobiological factors alone cannot comprehensively account for the symptom triad of impulsivity, inattention and hyperactivity characteristic of ADHD.

Further, despite growing research interest in the area of ADHD in children, research efforts to develop an aetiological understanding of ADHD have met with controversy and there is very little consensus. The literature is divided on whether ADHD is the result of neurological factors (Carte, Nigg & Hinshaw, 2005; Chhabildas, Pennington & Willcutt, 2001; Kalff, Hendriksen, Kroes, Vles,

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Steyaert, Feron, van Zeben & Jolles, 2004; Nigg, Blaskey, Huang-Pollock & Rappley, 2002), family factors (Lindahl, 1998; Marshall, Longwell, Goldstein, & Swanson, 1990; Scahill, Schwab-Stone, Merikangas, Leckman, Zhang & Kasl, 1999) or intrinsic psychological factors (Harris, Reynoso, Phil, Meehan, Ueng-McHale & Tuber, 2006; Krueger & Kendall, 2001; Rucklidge & Tannock, 2001). Even within the various schools of thought on ADHD, research opinion reflects a lack of agreement. The debate in both the literature and clinical practice on the efficacy and appropriateness of the pharmacological treatment Methylphenidate (Ritalin TM) (Singh, 2006; Diller, 2000) is just one example of the lack of clear scholarly opinion on the aetiology and effective treatment of ADHD.

In addition, the prevalence rates of ADHD are high in school-going children and are estimated to be between 5 and 20% of children of school-going age (Carr, 2006). This suggests that a significant percentage of children are struggling with impulsivity, inattention and/ or hyperactivity at crucial psychosocial developmental stages. Research highlights the impact of ADHD on the development of self esteem (DuPaul, Anastopoulos, Kwasnik, Barkley, McMurray & DuPaul, 1996; Hechtman, Weiss, & Perlman, 1980; Kelly, Cohen, Walker, Caskey, & Atkinson, 1989; Treuting & Hinshaw, 2001;), peer relationships (Bagwell, Molina, Pelham & Hoza, 2001; Hinshaw, Zupan, Simmel, Nigg, & Melnick, 1997), parenting problems (Anastopoulos, Guevremont, Shelton & DuPaul, 1992; Breen & Barkley, 1988) and educational outcomes (Murphy, Barkley & Bush, 2002; Rapport, Scanlan, Rapport & Denney, 1999). It has also been suggested that ADHD is a risk factor for the later development of Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD) (Biederman, Faraone, Milberger, Jetton, Chen, Mick, Greene & Russel, 1996; Rey, Walter, Plapp & Denshire, 2000).

Further, the academic debate in the literature around aetiological factors seems to have marginalized the subjective experiences of children diagnosed with ADHD as there is very little literature which

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addresses this research question. The Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition-Text Revised) (DSM-IV-TR) diagnostic criteria for Attention Deficit Hyperactivity Disorder (ADHD) refer to specific psychosocial arenas in which a significant deficit in functioning must be observed in order for a diagnosis of ADHD to be made (A.P.A., 1994). As described in the DSM-IV-TR (A.P.A., 1994) diagnostic criteria, the observed deficits in ADHD are most often characterized by the difficulty with meeting situational and social demands: in the classroom, at home or with peers. Nevertheless, the impact of contextual and in particular relational factors on the subjective experience of children with ADHD seems to have been overlooked. This study aims to attend to this under-researched area of the subjective experiences of children with ADHD.

1.2. **Methodological Considerations**

Employing a qualitative methodological framework, the current study is a descriptive multiple case study design. Descriptive case studies are advocated by Yin (1994) to broaden the field of study, which may be methodologically constrained by experimental or quasi-experimental research designs. Data was gathered through the administration of the projective tool: the Children's Apperception Test-Animals (CAT-A). The CAT-A is a series of ten anthropomorphic depictions of animals engaged in familiar social interactions with one another, example: eating a meal, going on a picnic, etc. It was designed to elicit children's subjective experience of their interpersonal relationships (Bellak & Bellak, 1991).

The narratives gathered from the CAT-A were analysed by means of a thematic analysis of the participants' responses to the CAT-A. Themes relating to the experience and expression of *Self* and *Other* in the participants narrative responses to the CAT-A are of chief concern to the study and were the primary domain of the thematic analysis.

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1.3. **Summary**

As outlined above, conceptualisations of the phenomenology of Attention Deficit Hyperactiviy Disorder (ADHD) have focused on neurological deficit and/ or cognitive impairment. However, these formulations of ADHD have insufficiently and inconclusively addressed the link between subjective experience and behaviour in the case of children with ADHD. The area of the study of the subjective experiences of children with ADHD has been largely overlooked. The current study addresses the gap in the research on the personal experience of children with ADHD.

It is envisaged that the study of the way in which the particular children in this study have subjectively experienced and represented themselves (*Self*) and their significant others (*Other*) will make a contribution to future research in the area of ADHD in that it may contribute to the body of knowledge on the subjective experiences of children with ADHD. Furthemore, the findings of the study may provide impetus for further research into the subjective experience(s) of the child in relation to the behaviours exhibited. The future development of this field of knowledge may have implications for effective treatment of the ADHD, especially since the currently popular treatment strategies of medication and cognitive-behavioural training are not able to address core intrapsychic dynamics (du Bois, 2007; Erdman, 1998), leaving much of the difficulty in interpersonal and social interactions experienced by children with ADHD unresolved. More integrated therapeutic interventions may be able to offer the possibility of more comprehensive and therapeutically effective understandings of ADHD which do not blindside the lived-experience of the child with ADHD.

In conclusion, this chapter will outline the remaining chapters of this thesis. Chapter Two will discuss the psychiatric definition of ADHD as per the Diagnostic and Statistical Manual (Fourth

Edition -Text Revised) (A.P.A., 1994). The chapter will review the literature on the psychological treatment of ADHD, with specific reference to issues of attachment which become relevant within the treatment process. The literature on the relevance and implications of an understanding of Attachment Theory in the formulation of ADHD in children is reviewed along with an in-depth review of Bowlby's (1973) Attachment Theory. Also, the research on the overlaps in the research on Attachment Theory and ADHD is reviewed, paying specific attention to the neurological implication of an insecure attachment experience. Finally, the literature on the relationship between insecure attachment experiences and the presentation of ADHD is reviewed, noting the particular insecure attachment classifications most often associated with the presentation of ADHD, namely the insecure -avoidant and insecure-disorganised attachment classifications.

In Chapter Three, the methodological issues relevant to the current study are outlined. This chapter discusses the research design employed in the study with specific reference to the aims of the study, the selection of participants, the procedure used and the mode of data analysis. Finally, ethical considerations are discussed.

In Chapter Four, the report of the analysis of the themes is presented. The themes of *Self* and *Other* which emerged from the participants responses on the CAT-A are analysed and interpreted. The *Internal Working Models* which emerge from the thematic analysis are classified in terms of the relevant attachment classification and these dominant attachment classifications are presented and discussed.

In Chapter Five, the findings of the study are discussed. The relationship between insecure attachment patterns (particularly that of the insecure-avoidant and insecure-disorganised attachment patterns) and the presentation of ADHD are explored and discussed. Further, the implications of the findings are explored in terms of their significance for further study of the relationship between

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attachment and ADHD. Implications for treatment strategies for ADHD are also discussed. Finally, the advantages and limitations of the methodology are discussed.

CHAPTER TWO

LITERATURE REVIEW

2.1. **Introduction**

Attention Deficit Hyperactivity Disorder (ADHD) has been well researched in current scholarly endeavour although a review of the literature field shows that the majority of studies are of a quantitative, rather than qualitative nature. Furthermore, there is a paucity of studies of the subjective experiences of children with ADHD in general and despite an extensive literature review, the author is not aware of any purely qualitative studies which explore ADHD from a psychodynamic approach.

Smith (1986) suggests that despite the lack of psychoanalytic or psychodynamic research in the field of ADHD, psychoanalytic formulations of ADHD have long been in evidence. He suggests that as early as the work of Anna Freud, symptoms which would now be classified as ADHD were being formulated and treated psychoanalytically. Furthermore, Smith (1986) argues that psychodynamic understandings of the symptoms of ADHD have been marginalized in favour of neurobiological understandings of the condition, reflecting interdisciplinary politics rather than treatment goals. Yeschin (2000) concurs and argues for an object relations vantage point on ADHD, suggesting that the symptomology of ADHD is an externalization of the internal relationship between *Self* and *Object*. The review of the literature on object relations patterns in children with ADHD has shown that within the field of ADHD, research is beginning to suggest that there is a

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relationship between the quality of the internal object world in children and symptoms of ADHD (Leuzinger-Bohleber, Staufenberg & Fischmann, 2007; Stiefel, 1997; Streeck-Fischer & Fricke, 2007). Specifically, recent research suggests that there is a significant relationship between an insecure attachment and the symptoms of ADHD (Clarke, Ungerer, Chahoud, Johnson, & Stiefel, 2002; Pinto, Turton, Hughes, White & Gillberg, 2006).

This chapter will review the literature published on Attention Deficit Hyperactivity Disorder (ADHD), particularly in the area of Attachment Theory. The chapter will address the DSM-IV-TR (A.P.A., 1994) definition of ADHD and circumscribes some of the challenges and implications of ADHD in children. Further, this chapter will proceed to explore the theoretical contributions of Attachment Theory formulations of ADHD. The research on the relationship between the quality of the attachment relationship and the symptoms of ADHD will be reviewed as well as that investigating the neurological implications of secure and insecure attachment relationships. Some of the commonalities of the phenomenological presentation of insecure attachment and the presentation of ADHD in children will also be discussed.

2.2. The Psychiatric Definition Of Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is conceptualised from various approaches and theoretical schools. Currently, the most universally accepted understanding and conceptualization of ADHD, both for the development of research as well as for clinical diagnosis is the psychiatric diagnostic criteria set out in the Diagnostic and Statistical Manual-IV-TR (DSM-IV-TR) (Gaub & Carlson, 1997; Mcburnett, Lahey & Pfiffner, 1993). Although the development and implementation of the International Classification of Diseases – Tenth Edition (ICD 10) is acknowledged, the use of the Diagnostic and Statistical Manual (DSM) remains the dominant practice in both research (Sorenson, Mors & Thomsen, 2005)

and clinical practice (Gaub & Carlson, 1997; Mcburnett, Lahey & Pfiffner, 1993). In keeping with established research practice, the DSM-V-TR definition of ADHD will be the psychiatric definition which is drawn upon in this study. This definition sets forth that ADHD is a disorder circumscribing three separate but related disturbances: that of inattention, impulsivity and hyperactivity, which in the clinical presentation of ADHD are often combined. The DSM-IV-TR (A. P. A., 1994) diagnostic criteria for Attention Deficit Hyperactivity Disorder are as follows:

2.2.1   Table One: Diagnostic Criteria for Attention Deficit Hyperactivity Disorder (ADHD)

Diagnostic Criteria for Attention Deficit Hyperactivity Disorder (ADHD)

A. Either 1 or 2

*1) Six (or more) of the following symptoms of **inattention** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:*

Inattention

a) Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities

b) Often has difficulty sustaining attention in tasks or play activities

c) Often does not seem to listen when spoken to directly

d) Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)

e) Often has difficulty organizing tasks and activities

f) Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)

g) Often loses things necessary for tasks or activities (eg, toys, school assignments, pencils, books, or tools)

h) Is often easily distracted by extraneous stimuli

i) Is often forgetful in daily activities

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*2) Six (or more) of the following symptoms of **hyperactivity-impulsivity** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:*

Hyperactivity

a) Often fidgets with hands or feet or squirms in seat

b) Often leaves seat in classroom or in other situations in which remaining seated is expected

c) Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)

d) Often has difficulty playing or engaging in leisure activities quietly

e) Is often "on the go" or often acts as if "driven by a motor"

f) Often talks excessively

Impulsivity

g) Often blurts out answers before questions have been completed

h) Often has difficulty awaiting turn

i) Often interrupts or intrudes on others (eg, butts into conversations or games)

B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before 7 years of age

C. Some impairment from the symptoms is present in 2 or more settings (eg, at school [or work] or at home)

D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.

E. The symptoms do not occur exclusively during the course of a pervasive developmental disorder, schizophrenia, or other psychotic disorder and are not better accounted for by another mental disorder (eg, mood disorder, anxiety disorder, dissociative disorder, or personality disorder).

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition - Text Revised. (DSM-IV-TR). (A.P.A.,1994).

Although it is acknowledged that the DSM-IV-TR diagnosis has a practical application for clinical diagnosis and treatment as well as for ongoing knowledge production in the field of

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ADHD, this study will endeavour to explore an understanding of ADHD which draws specifically from Bowlby's (1973) Attachment Theory. This understanding of the symptoms of ADHD is commensurate with the aims of this study: to develop a preliminary understanding of the subjective worlds of the participants, particularly their *Internal Working Models* of *Self* and *Other*. Bowlby's (1973) Attachment Theory provides the theoretical scaffolding from which to glean insight into the subjective meanings of the participants' outwardly observable signs and symptoms of ADHD, namely: impulsivity, inattention and hyperactivity.

2.3. <u>Attention Deficit Hyperactivity Disorder (ADHD) and Attachment Theory</u>

ADHD, from an attachment point of view, is conceptualized as the product of both the child's particular genetic predisposition in conjunction with the quality of the child's earliest relationships with primary caregivers. Some authors suggest that using Attachment Theory to make sense of the symptomology of ADHD allows for an integrated understanding of the development of ADHD symptoms (Erdman, 1998; du Bois, 2007), and that Attachment Theory informs treatment strategies which allows for a comprehensive understanding of the psychological development of the child as both the product of a genetic predisposition as well as of a particular psychosocial environment (Leuzinger-Bohleber, Staufenberg & Fischmann, 2007; Streeck-Fischer & Fricke, 2007).

The literature on the relationship between ADHD and attachment is growing as clinicians and researchers alike are beginning to contextualize the development of ADHD and to explore the nature of the psycho-social circumstances in which the symptoms of ADHD develop. Some academic work in the field of ADHD is endeavouring to make sense of the subjective experiences of the child with ADHD in efforts to understand how these subjective experiences contribute to the development of the observable symptoms of ADHD (Erdman, 1998; du Bois, 2007). As the

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research in this field grows, evidence emerges which suggests that there is a relationship between a sub-optimal attachment relationship and the development of the symptom triad of ADHD (inattention, hyperactivity and impulsivity) (Clarke et al., 2002; Pinto et al., 2006). In fact, the divide between cognitive neuroscience and psychoanalysis is being reconsidered as technological advances make it possible to undertake research which has begun to unearth the way in which the development of the human neurological system is inextricably tied to subjective emotional experience (Damasio, 2003). In light of these developments, ADHD is increasingly being understood in line with other psychological and psychiatric difficulties like depression, anxiety and characterological disturbance in that, while temperamental or biological predisposition may play a part, relational factors also contribute (Erdman, 1998; du Bois, 2007; Leuzinger-Bohleber et al., 2007; Streeck-Fischer & Fricke, 2007). It is these relational factors that the current literature review will focus on and specifically, the primary attachment dyad.

2.3.1. Bowlby's Attachment Theory

John Bowlby's Theory of Attachment (1973) suggests that the most important relationship in any human being's life is the primary attachment dyad. Like many of his object relations contemporaries, Bowlby felt that the experiences of infancy and childhood laid the foundation for the climate of human interrelationship into adolescence and adulthood (Holmes, 1993). Unlike the theories of Winnicott, who believed that the impetus for the quality of the earliest relationship came primarily from the ability of the mother to adequately make sense of the infant's needs ('holding') and perhaps unlike the work of Klein, whose theoretical standpoint placed the infant's earliest phantasies at the centre of the earliest relationship, Bowlby suggests that both mother and infant contribute to the quality of the primary relationship (Gomez, 1997). Bowlby's Attachment Theory suggests that the infant's genetic predisposition and temperament contributes to the primary

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relational dyad by being hardwired to seek relationship and then seeking the relationship in temperamentally-specific ways (Holmes, 1993). According to Attachment Theory, the primary caregiver contributes to the primary relationship in terms of his/ her ability to respond appropriately to the infant's needs for closeness (Holmes, 1993).

The primary tenet of Attachment Theory is one of proximal closeness (Holmes, 1993). It is suggested that the physical distance between infant and mother is important: the experience of physical closeness to the mother allows the baby to experience a sense of safety. Through this experience of safety, the infant feels comfortable to explore its environment and develop new experiences of its self and its environment. While proximal closeness is of fundamental importance, also of significance is the way in which the infant perceives how her need for closeness is met by the mother. This continual reciprocity between the infant's need for closeness and the mother's response to this need sets up and regulates the quality of relationship between mother and child. Further, this interrelationship becomes the model for an internal template of interrelatedness for other relationships. Bowlby (1973) asserts that it is this earliest relational template (the 'Internal Working Model') that reflects the quality and emotional climate of interpersonal relatedness between *Self* and *Other*.

2.3.1.1   *The Importance of Secure Attachment*

Bowlby (1973) suggests that the emotional climate of the primary attachment relationship has a significant impact on the psychological development of the child. With a primary attachment figure who is reliably available and psychologically present for the infant, the infant will experience and internalize a template of relationship where her need for closeness is met and she can safely continue to explore and play within her environment, knowing her primary attachment figure will

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be available to mediate her distress or discomfort should she need this during the course of her play and exploration, i.e: she is safe in her experience that the primary attachment figure is available and need not constantly check to establish this availability. Bowlby (1973) termed this 'secure attachment'.

However, in the instance of what Bowlby (1973) termed 'insecure attachment', the caregiver is experienced as psychologically and/ or physically unavailable and the infant develops attachment behaviours that replicate her experience of this unreliable or unavailable closeness. Through anxiety around the perceived dangers of abandonment, the infant feels the need to constantly establish closeness with the primary attachment figure and does not feel safe enough to explore her environment.

The broader experience of the *Self* in relationship to the *Other* as first set down in the primary attachment relationship is what Bowlby (1973) termed an *Internal Working Model*. According to Bowlby (1973), the *Internal Working Model*, is the internalized template of the interrelationship between *Self* and *Other* (or infant and mother/ primary caregiver) which includes the reciprocal experience of the *Self* in relationship to the experience of the *Other*. Bowlby (1973) suggests that the emotional climate of the *Internal Working Model* and the particular way in which *Self* and *Other* are experienced is largely influenced by whether the attachment relationship is secure or insecure.

According to Bowlby, the difficulty and the roots of pathogenesis lie in the internalized template or *Internal Working Model* of *Self* and *Other*, laid down by these earliest exchanges between primary caregiver and infant/ developing child (Holmes, 1993). If these patterns of interaction between the infant and caregiver are maladaptive, Bowlby suggests that they repeat themselves in ongoing relational patterns which are maladaptive, causing the repetition of states of anxiety within the child

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as well as the experience of relationships wherein the need for the secure base and the capacity for play and exploration is continually frustrated (Homes, 1993).

In an insecure attachment pattern, the *Self* is experienced as unloved and unlovable, insignificant and perhaps even as 'bad' or causing discomfort and pain to others, while the *Other* is experienced as unknowable, punishing or unpredictable, perhaps even as malevolent or hostile (Holmes, 1993). Without effective intervention, the way in which the relationship between *Self* and *Other* is experienced repeats itself as the unconscious *Internal Working Model* regulates which modes of interrelationship are possible and likely, so that the child unconsciously elicits behaviours that follow the *Internal Working Model* and behaves in accordance with the primary experience of the *Self*.

An *Internal Working Model* developed through an insecure attachment may manifest as an outward inability to engage with others in a co-operative, adaptive and fulfilling way for fear of compounding the originally painful experience of the *Self* (Gomez, 1997). Behaviours reflecting an insecure attachment or *Internal Working Model* of *Self-Other* relationship were observed in infants and small children as the inability to participate co-operatively with others, the inability to initiate and remain engaged in activities without the presence of the *Other* and in more severe cases of insecure attachment, sometimes a complete disengagement from the *Other*, manifested either in engaging significantly more often in dissociative behaviours or in remaining unable to moderate behaviour in conjunction with external demands (Main & Solomon, 1993).

Children with ADHD show outward behaviours that can be understood as an inability to participate adaptively with others. Central to the diagnosis of ADHD is the inability to remain engaged in focused activities or tasks (inattention) (A.P.A., 1994). Also, children with ADHD often seem to show signs of dissociation ('daydreaming' or inattention) as well as being characteristically unable

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to inhibit inappropriate behaviours based on external demands (impulsivity) (A.P.A., 1994). This raises the research question central to this study: how the participants in the study have internalized an *Internal Working Model* of relationship between *Self* and *Other*. In the case where a significantly insecure *Internal Working Model* is evident in children with ADHD, this disturbance in the model of relationship is likely to contribute to and exacerbate the outward signs and symptoms of ADHD. In the case where a significantly insecure attachment is evident, the subjective experience and externalization of the *Internal Working Model* in relationships with others may offer a new avenue for understanding the role of subjective experience in the outward manifestation of the symptom triad of ADHD.

2.3.1.2   *The experience of Self and Other in Insecure Attachment Patterns*

With the contribution of Ainsworth's (Homes, 1993; Main & Solomon, 1993) research on mothers and infants in the 'Strange Situation', two categories of insecure attachment were identified. These are: insecure-avoidant and insecure-ambivalent (Insecure-Resistant). Later attachment research identified a further category: insecure-disorganised attachment (Main & Solomon, 1993).

The literature on the relationship between attachment and ADHD suggests that the behavioural symptoms associated with ADHD are associated with either an insecure-avoidant or a disorganised attachment experience. This literature will be reviewed in depth later in this chapter. The current section of this chapter will review the literature on the experience of *Self* and *Other* in insecure-avoidant and insecure-disorganised attachment patterns.

Main & Solomon (1993) identified insecure-avoidant attachment patterns by the limited obvious separation protest by the infant on the departure of the primary attachment figure and the infant's

refusal to acknowledge the primary attachment figure on her return. The infants with an insecure-avoidant attachment pattern remained vigilant and watchful of the primary attachment figure and were not able to engage in spontaneous, explorative play, even on their mother's return (Main & Solomon, 1993).

In the insecure-avoidant attachment relationship, the child denies his/ her need for attachment in order to avoid the pain and humiliation of rejection and abandonment by the *Other* (Holmes, 1993). Bowlby (1973) called this kind of defense a 'defensive exclusion' where the need for attachment as well as the perceived rejection by the *Other* is removed from consciousness. This may have implications for understanding children with ADHD. du Bois (2007) asserts that some of the behaviours symptomatic of ADHD, like daydreaming and an inability to adaptively interpret and respond to situational demands are motivated by the defensive need to protect the *Self* from the *Other* who is perceived as punitive and rejecting. This exclusion of the *Other* from the *Internal Working Model* in these cases would not facilitate a mode of interaction which facilitates mutual co-operation and fruitful engagement.

Insecure-disorganised attachment patterns usually manifest in a wide range of chaotic and disorganised attachment behaviors (Main & Solomon, 1993). Responses towards the attachment figure tend to be confused, odd and without any consistency. Often, too the infant remains frozen in the presence of the primary attachment figure, unable to respond at all to her. In an insecure-disorganized attachment, the experience of the *Self* is one without coherence or perhaps without enough coherence in the face of an experience of the *Other* which is bewildering and traumatic. There is no predictable, coherent pattern to the relationship by which the infant can experience cause and effect in relationship and no model from which to begin to learn to integrate and regulate the experience of the *Self* (Main & Solomon, 1993). In the disorganized attachment relationship, Lyons-Ruth, Melnick, Bronfman, Sherry & Llanas (2004) suggest that chaotic mental

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representations never become sophisticated enough to be able to include a self-monitoring function. This means that there is an absence of defensive attempts to identify and cover up or undo explicitly stated disorganized or disoriented *Internal Working Models*. Later in the child's development, chaotic or disorganized attachment behaviour becomes organized into a pattern of dialectical or opposing relational representations. Internal representations and processes are maintained in parallel yet contradictory states so that there is limited integration of these states into any coherent, whole experience of *Self* and *Other*.

Lyons-Ruth et al. (2004) further assert that these disorganized *Internal Working Models* are characterized by a hostile-helpless relational model, where the needs of one party in the dyad are prioritised over the needs of the other. The dynamic moves away from the child seeking the satisfaction of her own needs for comfort and protection and moves towards maintaining engagement with the *Other* on the *Other*'s terms. The authors suggest that this quality of *Internal Working Model* is least likely to be able to provide adequate protection from threats of loss or trauma and that it is most likely to contribute to a relational model containing unintegrated, contradictory representations and processes.

Although the behaviours of children with ADHD are not always chaotic and grossly disorganized, they seem to reflect something similar to the characteristics of a disorganised attachment. Children with ADHD are diagnostically described as struggling with abstract organisation and with the development of a system of pro-social and adaptive coping mechanisms. This may reflect some contradiction and lack of integration in the *Internal Working Model* of *Self* and *Other* and seems to reflect something of a hostile-helpless relationship diathesis pattern.

2.3.2   Attention Deficit Hyperactivity Disorder (ADHD) and Attachment

2.3.2.1   *Attention Deficit Hyperactivity Disorder and Insecure Attachment*

A review of the literature on attachment and ADHD suggests that there is scholarly consensus that the symptoms of ADHD occur within the context of a disrupted or insecure primary attachment relationship. Clarke et al.'s (2002) quantitative study establishes a strong association between ADHD and attachment insecurity.

The researchers compared the relationship between the attachment security in 19 boys with a DSM-IV-TR diagnosis of ADHD and that of 19 control children. The study measured attachment security using three measures of the *Internal Working Models* of attachment: 1. Separation Anxiety Test; 2. Self Interview; and 3. Family drawing scored using an attachment-based scoring system. The study found a strong association between scores on the three measures of attachment security and the DSM-IV-TR diagnosis of ADHD, with children diagnosed with ADHD performing poorly on all measures. The study also showed that the attachment quality associated with ADHD was characterised by heightened emotional expression and was consistent with an insecure-avoidant or insecure-disorganised pattern of attachment.

Erdman's (1998) discussion of the parent-child interactions of families of ADHD children, also suggests that the behavioural patterns symptomatic of ADHD may reflect the coercive patterns of children with a disrupted or insecure attachment relationship. She suggests that the behavioural symptoms of interrupting others, inattentiveness, difficulty engaging with peers, fidgeting and excessive movement are similar to the patterns of behaviours of children reacting to attachment problems. She suggests that ADHD occurs within the family system and that the interrelationship

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between parent and child, and often the parent's controlling behaviours contribute to and exacerbate the behavioural difficulties of ADHD. She also suggests that behavioural management strategies like token-reward systems often reinforce a punitive, controlling dynamic between parent and child, not adequately dealing with the underlying attachment difficulty. She suggests that rather than seeing the problem of ADHD as isolated within the individual child, that the problem be understood as a relational one. In this way the contributions of the parental figures to the attachment difficulties can be adequately addressed alongside those of the child, in efforts to provide more adaptive ways of relatedness between parent and child. The author advocates for further research into the context of ADHD and attachment, particularly with regard to the function of behaviours from within an attachment theory context.

du Bois (2007) concurs with Erdman's (1998) discussion on the relational component of the development of ADHD, suggesting that the symptoms of ADHD are the natural expressive repertoire of the infant and that the movement from the developmentally appropriate expression of needs to pathology is mitigated by the relationship: by the early interactions between infant/ child and primary caregiver(s). du Bois (2007) asserts that the symptoms of ADHD reflect flawed early attachment relationships and the subjective experience of early childhood trauma. It is also suggested that the developmental trajectory of children with ADHD into adolescence and beyond is either exacerbated or ameliorated by inter-relationships with others. The study suggests that the impulsive-aggressive outbursts and restless inattentive behaviour are modes of interaction the child uses to gain or ward off attention, to both express hurt and take revenge. du Bois (2007) suggests that the symptoms of ADHD are a defence against a depressive breakdown and further suggest that medication can hide the development of sadistic fantasies behind a well-mannered façade.

In further accord with the assertion that ADHD occurs within the context of an insecure attachment relationship, Stiefel (1997) presents three cases of ADHD which occur within the context of poor

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parental attention in infancy and which resulted in escalating negative cycles of interaction between child and parents. She suggests that the particular stressors faced by the families in the study contributed to their inability to provide an adequate attachment relationship with the children in the study. She concluded that attachment difficulties may contribute to the development of ADHD symptoms and that aetiological understandings of and treatment programmes for ADHD would benefit from a more integrated perspective on the various developmental pathways to ADHD.

It must be noted however, that while the research into the area of ADHD and attachment is suggesting a particular direction for further research in the field, not all studies are conclusive in their findings. Pinto et al. (2006) conducted a longitudinal quantitative study investigating the relationship between insecure-disorganised attachment in infancy and signs and symptoms of ADHD at seven years old. A sample of 53 children identified as having significantly insecure-disorganised attachment in infancy were compared to a control group for ADHD at seven years old. No significant association was found between insecure-disorganised attachment in infancy and the later diagnosis of ADHD. However, there was a close to significant association between teacher-reported signs and symptoms of ADHD and insecure-disorganised attachment in infancy. A robust predictor of ADHD was unresolved mourning in the mothers of the children in the sample who had been bereaved. Levels of unresolved mourning were assessed using the Adult Attachment Interview.

Although there was no significant relationship between the child's attachment patterns and the symptoms of ADHD, the attachment patterns of the children's mother predicted ADHD. Further, what the study by Pinto et al. (2006) suggests is that the fundamental issues of separation and loss might be key in an understanding of the context in which ADHD develops. Given that these are the fundamental concerns of Bowlby's (1973) Attachment Theory, it might offer much to the study of

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ADHD to begin to understand how ADHD develops within specific contexts and under particular emotional and interpersonal climates.

2.3.2.1.1 *Attention Deficit Hyperactivity Disorder (ADHD) and insecure-avoidant or insecure-disorganized attachment patterns*

While there is a developing consensus in the academic literature that there is a relationship between insecure attachment and the symptoms of ADHD, some of the exploratory literature on attachment and ADHD has begun to suggest that ADHD occurs within the context of a specific type of insecure attachment pattern. The findings of Clarke et al.'s (2002) study suggested that ADHD is consistent with an insecure-avoidant or insecure-disorganised pattern of attachment. There is some agreement across the literature that ADHD occurs within the context of an insecure-avoidant or insecure-disorganised attachment pattern and the findings of Finzi-Dottan, Manor and Tyano (2006) study are in line with that of Clarke et al. (2002).

Finzi-Dottan et al.'s (2006) study investigated the impact of temperament and parenting styles on attachment patterns of children with ADHD. The sample used consisted of 65 children diagnosed with ADHD. The parents of the participants in the study completed the Emotionality-Activity-Sociability-Shyness Survey (EAS) which is a parent's rating scale consisting of 20 items assessing the four dimensions of temperament (Emotionality, Activity, Sociability and Shyness) in respect of the children in this study. The parents of the participants also completed the Parent's Report Questionnaire (PR) which is a self report measure designed to assess parents' perceptions of their parental style. Finally, participants completed the Children's Attachment Style Classification Questionnaire. One-way multiple analyses of variation (MANOVA) were conducted for attachment, temperament and parental style variables. The study found that children with combined or

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Hyperactive-Impulsive subtype ADHD showed higher scores for insecure-avoidant attachment patterns as well as higher emotionality and scored higher in the activity dimensions of temperament. Their parents showed higher levels of controlling parenting style. Hierachic regression showed that the parental promotion of autonomy predicted anxious attachment patterns in children with temperamental emotionality. Parental restriction of autonomy in children with high temperamental activity predicted an insecure-avoidant attachment. This study seems to suggest that the experience of attachment is an important consideration in the presentation of ADHD and also that parental styles are related to the presentation of specifically hyperactive and impulsive behaviours in ADHD. It must be borne in mind, however, that regression analysis cannot determine causality but rather indicates that there is an association between variables: parental styles cannot therefore be said to cause the symptoms of ADHD with which they are associated inasmuch as ADHD behaviours cannot conclusively be said to cause controlling parental behaviours. However, of significance to the current study is that Finzi-Dottan et al.'s (2006) study found a significant relationship between subjective experiences of an insecure-avoidant attachment relationship and the symptoms of ADHD.

2.3.3. Attachment and Neurocognitive Development

The many questions and controversies surrounding the diagnosis and pharmacological treatment of ADHD have resulted in a burgeoning of scholastic endeavour in the field (Streeck-Fischer & Fricke, 2007). The assertion that ADHD is a solely an organic condition is fraught with disagreement on many fronts, primarily from the standpoint that very little objective neurological evidence has yet been found to clearly support this assertion (Spencer, Biederman, Wilens & Faraone, 1994). Moreover, recent developments in the field of cognitive neuroscience are beginning to suggest that earliest subjective experiences, particularly within the primary attachment relationship, provide the both the impetus and the scaffolding for the neurological development of

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infants and young children (Schore, 2001; Siegel, 2001). In light of these developments, in the study of ADHD research has begun to explore the relationship between sub-optimal attachment relationships and the development of the symptoms of ADHD in some children (Clarke et al., 2002; Pinto et al., 2006).

Siegel (2001), in his research on the relationship between attachment and neural integration suggests that the attachment relationship provides the infant with a template for processing and integrating distressing and overwhelming experiences and feelings. The physical and psychological proximity of the mother to the child allows the child to experience a regulation of both positive and negative affect. This subjective experience of affect regulation and inhibition, according to Siegel (2001), contributes to the process of building neural pathways in the malleable neural structures of the infant, providing the infant not only with the experience of affect regulation and inhibition but also with the neural architecture with which to begin to process these subjective experiences independently. Siegel (2001) suggests that when the attachment relationship is sub-optimal, that the infant, and later the child, learns patterns of interaction with others that show difficulties with appropriate social interaction and difficulties sustaining attention. He explains that for infants with difficulties in attachment, the ability to understand and process the implicit social cues in related interaction with others becomes an onerous task, as the development of a theory of mind is impaired. An optimal attachment relationship sets up a model of reciprocal flow in the relationship between *Self* and *Other* that results from the psychological and physical presence and responsiveness of the significant *Other*. However, when the *Other* is experienced as absent or unpredictable, often unknowable, it becomes difficult for the infant/ child to learn how to respond appropriately.

Siegel (2001) also suggests that children with a disorganized attachment often show an inability to function in an organized, systematic manner, often showing signs of mild to severe dissociation,

sometimes also responding to situations experienced as anxiety-provoking with inappropriate aggression and hostility. The dissociation Siegel (2001) describes is not observably different from the 'daydreaming' episodes of children diagnosed with an attention deficit. Furthermore, Siegel (2001) is suggesting that the insufficient or sub-optimal attachment relationship has failed to allow for optimal neurological development, rendering the neurological system of these children immature and unable to accommodate and process stressful experiences in an adaptive way. The behavioural signs of an inadequate attachment relationship as suggested by Siegel (2001) correspond well to the DSM-IV-TR (A.P.A.,1994) diagnosis of ADHD, where the child is often inattentive in situations which demand concentration and attention and further seems unable to respond appropriately to the requirements of the classroom or school situation as well as those requirements which facilitate adaptive peer relationships. The child with ADHD as described diagnostically in the DSM-IV-TR seems unable to process both implicit and explicit social cues and cannot organize a system of response to these requirements in an adaptive way.

Schore's (2001) work on the affects of early relational trauma supports the assertions of Siegel (2001), suggesting that the quality of the early attachment relationship impacts both the structure and function of the brain. He suggests that relational trauma during infancy affects the neurological and thus the psychological functioning of the infant onward into childhood and beyond into adulthood, if not adequately treated. He also clarifies that the experience of trauma is a subjective entity and that to a large degree, this is determined by the temperamental disposition of the infant in conjunction with the adequate attunement of the primary caregiver to the infant. In other words, what would be experienced as traumatic for one infant, may not be so for another infant who is more robust of temperament, or whose primary caregiver is more attuned (Stern, 1985).

Schore (2001), like Siegel (2001), also suggests that within a chaotic or frightening attachment relationship (as subjectively experienced by the infant), the infant's brain develops maladaptive

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ways of managing the overwhelming sense of anxiety and fear. He suggests that the infant develops a state of neurological 'hyperarousal', which is increasingly exacerbated by the anxiety-provoking attachment relationship which results in the infant, and later the child's being increasingly less able to accommodate and adapt his/ her behaviour to stressful and anxiety-provoking situations. He suggests that this prohibits the child from being able to adapt and learn from his or her environment, behaving as if always under threat or attack.

Schore (2001) outlines another possible outcome of attachment disturbance, suggesting that the child enters a developmental vegetative state, which he describes as showing a lack of attention to the world around him or her, as if the external world plays no part in the formulation of cognitive or behavioural strategies.

Schore (2001) re-iterates that the subjective experience of relational trauma is more common than previously thought in populations without diagnosable dissociative disorders and that in these cases, there is a micro-dissociative process which shuts out the external world to preserve the experience of the self. He goes on to say that the right hemisphere of the brain, which is primarily affected by learning through the attachment relationship, is involved in attention systems and that difficulties with sustaining attention as well as with inhibition reflect a disruption in the development of the attention systems of the right hemisphere.

The work of Siegel (2001) and Schore (2001) suggests that instead of viewing ADHD as either a neurological condition or a psychological maladaptation, the disturbance that is made up of the symptom triad of inattention, impulsivity and hyperactivity may reflect disruption in the primary attachment relationship. Furthermore this disruption of primary attachment relationship, beyond disrupting the development of the infant's subjective sense of safety and security, may also disrupt

neurological development and maturity, giving rise to neurological signs and symptoms that may be indiscernible from the phenomenology of ADHD.

2.4. **Conclusion**

Recent development in the literature in the field of attachment and neurocognitive development suggests that neurocognitive development and maturity are not discrete from subjective emotional experiences and that in fact, the early subjective emotional experiences within the primary attachment relationship are key to the optimal development and functioning of vital neural architecture involved with both affect regulation and attention systems in the right hemisphere of the brain. This suggests that the development of ADHD may be mitigated at least in part by the context in which the disorder develops, particularly the context of the primary attachment relationship. The review of the literature suggests that the study of the subjective experiences of the attachment relationship may offer further insight into the nature of the intrapsychic difficulties that may contribute to the presentation of ADHD.

The literature on ADHD and attachment also suggests that a relationship exists between the specific quality of attachment relationship a child experiences and the development of the symptoms of ADHD. The literature in the field concurs that specifically the insecure-avoidant or insecure-disorganised attachment relationship may provide the primary context for the development of the symptoms of ADHD. Authors like Erdman (1998) and du Bois (2007) have suggested that the symptoms of ADHD serve to protect the experience of the *Self* from an experience of the *Other* as harsh and punitive and as ultimately rejecting or in more severe cases, from a traumatic, incoherent and disorganized experience of the *Self-Other* relationship.

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The limitation in the studies on attachment and ADHD is that since all of the studies have been based in quantitative methodology, only a limited understanding of the rich subjective experience of the child with ADHD have been gleaned. Authors like Pinto et al. (2006) have recommended that a more developed and in-depth study of the attachment patterns of ADHD be undertaken. It is envisaged that a qualitative study which explores the *Internal Working Models*, the models of *Self* and *Other* in children with ADHD will make some contribution to the gap in the literature in this particular aspect of the field of study.

CHAPTER THREE

METHODOLOGY

3.1 **Introduction**

The present study was precipitated by the dearth of literature on children's subjective experiences of Attention Deficit Hyperactivity Disorder (ADHD). In particular, a review of the literature on attachment and ADHD revealed that a more developed understanding of the subjective experiences of the attachment relationship may yield important information about the difficulties associated with ADHD. These are the key factors which motivated an endeavour to understand some of the psychosocial difficulties routinely associated with ADHD from the perspective of the child who experiences these difficulties. Under these circumstances, a qualitative methodological perspective, which would facilitate some preliminary understanding of what ADHD means to some individuals who struggle with the symptoms of ADHD, was warranted.

This chapter will provide a detailed discussion of the rationale for the qualitative approach to understand children with ADHD's subjective experience. The chapter will describe the aims, participants and modes of data analysis used to conduct the study. The chapter will also discuss ethical issues and will also explore the pertinent reflexive process.

3.2　　The Qualitative Methodological Approach

Qualitative research methodology, particularly in the social sciences has developed as an important approach to generating knowledge in recent years (Lather, 1992). The move towards a qualitative stance in research practice largely reflects the gaining of sway of the postmodern ontological stance (Gergen, 1992): that a phenomenon or experience is inextricably woven-in with the context in which the phenomenon takes place. The post-modern turn has questioned the ontological assumptions of positivism and particularly the essentialist assumption that phenomena and experiences are objectively observable and measurable and that this objective observation and measurement is the only valid way in which to generate knowledge about these phenomena and experiences (Gergen, 1992). Post-modern ontology suggests that meaning is created inter-subjectively through an interaction between person and social context and that to remove the context within which people create meanings is to distort and to limit a rich and textured understanding of the process and the subjective impact of the meanings made in this way.

Epistemologically, too, post-modernism has moved to acknowledge the subjective attribution of meaning of the researcher in the research process and to highlight the political power of the research process as it attributes certain meanings as truth and in consequence, can marginalize other lived experiences (Lather, 1992). To this end, the shift to acknowledge qualitative methodology has allowed for the study of experiences and phenomena within the context in which these occur. According to Denzin and Lincoln (1994) a basic assumption of the qualitative stance in research is the value of context. In qualitative research, participants and researcher are understood to be located within a particular context and set of inter-subjectively created meanings. These subjective meanings are the focus of study in qualitative research and the qualitative researcher seeks to

reflexively participate in the creation of meaning and ultimately in the representation of these meaning-making subjectivities (Denzin & Lincoln, 1994).

Snape & Spencer (2003) suggest that there are five key elements to qualitative research. Firstly, they suggest that qualitative research methodology is advocated when the research question seeks to develop an in depth, rich or 'thick' description of the participants' experiences. Secondly, they suggest that instead of the large samples used to establish generalisability, qualitative research usually selects a smaller number of participants and selects these participants purposefully, based on salient criteria. Thirdly, in qualitative research, the researcher aims to participate closely with participants in an effort to immerse him/ herself in the context and subjective experiences of the participants, the better to understand and fully describe these subjectivities, without ascribing value to the descriptions. Snape and Spencer (2003) suggest that the fourth component of qualitative research is that the data obtained is rich and extensive, describing as completely and rigorously as possible the subjectivities of the participants. Finally, the fifth component of qualitative research is that qualitative data provides an interpretation of the subjective social meanings of participants, generating knowledge about the subjective experience of the participants.

3.3   **Research Design**

3.3.1   Case Study Research Design

This study is a descriptive multiple case study design. Yin (1994) suggests that case studies are advocated when the research question seeks to provide some interpretation or representation of the subjective meanings attributed by people to their personal experiences. Guided by the theoretical

framework of Attachment Theory, this study develops a rich, detailed description and interpretation of the way in which participants have portrayed their experiences of *Self* and *Other* in their stories.

Yin (1994) also suggests that a case study research design is appropriate when the body of academic research in the particular area of study is substantially dominated by experimental or quasi-experimental research design. In this instance, case studies are advocated by Yin (1994) to broaden the field of study, which may be methodologically constrained by experimental or quasi-experimental research designs as a case study design is able to address "how" and "why" research questions. The current research question would be classified as a 'how' question, since it is primarily concerned with the way in which, or *how* children with ADHD portray their subjective experiences of *Self* and *Other* on the Children Apperception Test protocol. The current research design has much in common with an exploratory or explanatory case study design. However, the current study does not aim to use exemplary or critical cases to explore an undeveloped research field (exploratory case study) nor does it which aim to provide an explanation for a particular phenomenon (explanatory case study). This particular research design intends to describe in rich detail and then to interpret the particular themes of *Self* and *Other* which emerge form the narratives given by participants in response to the Children's Apperception Test (descriptive case study).

3.3.1.1 *Multiple Case Study Design*

Yin (1994) has suggested that case study research is not designed to be statistically generalisable to a population and that only a single case study is necessary in instances where there are few previous case studies in the particular field of study. However, Herriot and Firestone (1983) suggest that multiple case studies lend support to findings, rendering the study more rigorous. Replicated results over multiple cases suggest that findings can be generalized to a theory or theoretical construct

(Yin, 1994). Since this study aims to identify some trends and commonalities between participants, the multiple case study design is an appropriate research design, enabling both the investigation of rich subjective experience by means of a qualitative methodology but also allowing for the emergence of replicated or recurring themes across participants. Further, a case study approach as opposed to a simple thematic analysis, allows for the participants to be placed within context and for this context to be used in order to develop a rich and well developed understanding of the participants' subjectivities. Without an in-depth understanding of the participants' psycho-social contexts, the interpretation of the data would be onerous and significantly less rigorous.

3.4. **Aims of the Study**

The proposed study aims to describe representations of *Self* and *Object* (the *Internal Working Model*) of children with ADHD who do not have any cognitive impairment; developmental delays or specific learning disorder(s) and who are between seven and eleven years old.

3.5. **Participants**

3.5.1. Selection of Participants

The participants were selected by purposive sampling from children who presented for treatment at a children's clinic at a psychiatric institution in South Africa. Inclusion criteria for the study were that the participants be between the ages of 7 and 11 years old and be diagnosed with ADHD. The diagnosis of ADHD was given by a Registrar Psychiatrist or Consultant Psychiatrist registered with the Health Professions Council of South Africa and resident at the children's clinic. A further

inclusion criterion was the participants' similar age cohort. Westen (1990) suggests that psychological maturity, particularly in terms of their experience of Self and Object, is developmental. From this perspective, children within a similar age cohort are placed within similar developmental stages in terms of the maturity of their Self-Object patterns. For this reason, any differences in psychological maturity in the portrayal of *Self* and *Other* (Object) as a result of chronological maturity was minimized by including children of a similar chronological age and within a similar psychosocial developmental stage.

The particular age cohort corresponding with the developmental stage of middle childhood has been selected as children of this age group will be more comfortably able than younger children to complete a CAT as they will be more accustomed to a classroom setting where periods of extended concentration and participation are developmentally appropriate. Also, children in late childhood are more likely to be able to adequately understand the nature of their participation in the study and to be able to give informed assent to participation in the research study.

Exclusion criteria were 1.) concurrent diagnoses of comorbid learning disorder(s) or intellectual disability(ies) as determined by a Full Scale Intellectual Quotient (IQ) of below 90 IQ points as indicated by performance on the Senior South African Individual Scale – Revised (SSAIS-R); and/ or 2.) the presence of any diagnosed specific learning disorder(s).

The participants were either referred by a psychiatrist or psychologist or by their schools following heterogenous presenting problems. They had been referred to the children's psychiatric clinic for psychological assessment in order to gain a more comprehensive understanding of the nature of the child's difficulties to inform treatment. The primary aim of the assessment was to determine the role of cognitive and/ or emotional difficulties in the child's presenting problem(s). The children were

referred to the researcher for psychological assessment as part of the researcher's supervised training as an intern clinical psychologist.

3.5.2   Participants

Four participants were purposefully selected to participate in the study. The participants met all the inclusion criteria and none of the exclusion criteria. Once it emerged that no new themes or thematic categories pertaining to the current study were emergent from the analysis of potential participants' responses on the CAT-A, no new participants were added to the study. The participants were four boys, and their background and context is described as follows (pseudonyms have been given to protect the participants' anonymity):

Luke:

Luke is an 8 year old, Caucasian boy. His home and school language is English. He lives with his mother and half-brother. Luke's parents divorced when he was five years old and Luke no longer has any contact with his father after his father was suspected of physically abusing him.

Vusi:

Vusi is a seven year old African boy. His home language is Xhosa. He currently attends an English school and has attended an English pre-school since he was four years old. He currently lives with his mother and extended family on his mother's side. He has never had any contact with his father. He has stayed with his mother's family since he was five years old, as his mother was required to move cities to take up employment. His mother struggles with depression and anxiety for which she is inconsistently able to receive treatment. In early 2008, Vusi's mother moved back into the family

home with Vusi and her extended family. Vusi was brought to the children's clinic for treatment during the course of 2008.

Adam:

Adam is an eight year old Caucasian boy. His home and school language is English. He currently lives with his mother. His sister is currently at boarding school. His parents divorced when he was five years old. Joshua sees his father regularly. His father is remarried and has another child. Adam had a difficult relationship with his mother's fiancée due to aggressive conflict between Adam and his mother's fiancée which is reportedly initiated by the fiancée.

Lilitha:

Lilitha is an eight year old African boy. His home and school language is English. Lilitha lives with his mother and sister. His parents separated when he was five years old. He has two older half-siblings from his mother's previous relationship. Lilitha does not see his father regularly.

3.6.   **Instrument**

Projective testing emerged from the psychoanalytic tradition and is based on the 'projective hypothesis' (Leichtman, 2003). This projective hypothesis suggests that the examinee's internal experience emerges from the way in which she responds to and interprets ambiguous stimuli. The Children's Apperception Test (CAT) is a projective test of this ilk. The CAT is based on the Thematic Apperception Test (TAT) which was developed by Henry Murray (Bellak, 1975) to test personality and the intrapsychic experiences of adults. The CAT was developed specifically for children and was designed in 1949 by Sonya Sorel Bellak and Leopold Bellak (Bellak & Bellak, 1991).

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The CAT is a series of ten ambiguous anthropomorphic depictions of animals engaged in interactions with one another, example: eating a meal, going on a picnic, *et cetera*. It was designed to elicit important themes in children's subjective experience of themselves and their interpersonal relationships (Bellak & Bellak, 1991). Bellak & Bellak (1991) originally developed the CAT using animal depictions as they found that the anthropomorphic animal depictions in the Children's Apperception Test - Animals (CAT-A) may be preferred identification figures for children older than 3 years old. Bellak & Bellak later developed the Children's Apperception Test-Animals (CAT-A) for use in the testing of older children or for children who had difficulty interpreting the animal depictions of the CAT-A (Bellak & Bellak, 1991).

The CAT-A is a well established clinical instrument, often used in child assessment (Elbert & Holden, 1987) to draw out psychoanalytic themes. In the interpretation guidelines in the manual for the CAT (Bellak & Bellak, 1991), the authors suggest that the analysis of the narrative data elicited by the presentation of the pictures should take into consideration the elements in the story told that concern the 'hero' or main character. The depiction of common family experiences enables the experience of the child in relation to familiar family relationships to be elicited. The way in which the main character (usually the depiction of a child anthropomorphic figure) is portrayed is used to understand the way the child experiences herself in relation to her most significant others. The primary needs of the main character in the context of the relationship between the main character and her environment is also an important projective portrayal of the subjective experience of the significant other(s) as well as of the emotional climate of his/ her most intimate relationships (Bellak & Bellak, 1991). Although not specifically designed for Object Relations analysis the way in which the manual guides interpretation lends itself well to the exploration of the internal experience of *Self* (main character) and *Other* (relationship with and climate of the interpersonal environment).

3.7.   **Procedure**

A psychological assessment was undertaken within the scope of the researcher's training as an intern clinical psychologist at a children's psychiatric clinic in Johannesburg, South Africa. The assessment was made at the participants' parents request following referral or recommendation by psychiatrists, psychologists or school in the best interest of the participant and to facilitate more effective treatment of the presenting problem(s). The participants' parent(s) made an appointment with the researcher for psychological assessment via the secretary of the children's clinic. Participation in all tests was voluntary and the participant's right to withdraw at any time was upheld.

The administration of the psychological tests followed the format of a standard psychological assessment for school-going children: Administration of the Senior South African Individual Scale– Revised (SSAIS-R) followed by the administration of the projective tests (Goodenough-Harris Draw-A-Person, Kinetic Family Drawing and Children's Apperception Test).

During the individual administration of the CAT-A, responses given by the participants were transcribed *verbatim*. Each transcript was then typed verbatim from the hand-written transcripts and notes and were then analysed using a thematic analysis.

3.8.   **Data Analysis**

3.8.1.   Rationale for thematic analysis

Boyatzis (1998) suggests that a thematic analysis is a kind of "pattern recognition" (Boyatzis, 1998, p7). These patterns of meaning-making or experience are identifiable (Aronson, 1994) and seen together, give a rich and detailed portrait of the participants' experience (Taylor & Bogdan, 1984). A thematic analysis, according to Braun & Clarke (2006) at a minimum, provides a rich description of the experiences or processes under the research question but can also interpret the data. Braun and Clarke (2006) identify two distinct approaches to thematic analysis: deductive or inductive approach. The deductive approach takes an open-ended approach to the analysis of the data, whereby the analysis is undertaken in an exploratory manner, without being specifically framed by a particular theoretical construct. On the other hand, an inductive approach to the analysis of themes is guided and framed by a particular theoretical orientation. Themes are selected as relevant because they explain or expand upon a particular theoretical position (Braun & Clarke, 2006). Since the current research question is particularly focused on understanding the data within a particular theoretical framework, (*i.e*, that of Bowlby's (1973) Attachment Theory), the approach to the thematic analysis was an inductive one, where the data was coded for themes which pertain to, explain or expand upon Attachment Theory, i.e: a description of the participants' *Internal Working Model*.

Braun and Clarke (2006) further suggest that another fundamental decision in the process of a thematic analysis is whether the themes will be explicit (semantic) or interpretive (latent). The authors suggest that in order to hold with a rigorous approach to the analysis, that an analysis will focus primarily on either the explicit (semantic) or interpretative (latent) level. Patton (1990)

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suggests that latent themes seek to understand something of the significance or meaning of the themes and that this method of thematic analysis is particularly useful within a psychoanalytic approach. The analysis of the data for this study seeks to understand something about the subjective meanings of the patterns in the data, with the focus on the participants' subjective experience of their attachment relationship. This makes the analysis of latent themes, rather than explicit themes a suitable analytic tool for gleaning knowledge in regard to the psychodynamic theoretical framework of Bowlby's (1973) Attachment Theory. The appropriate themes sought were therefore latent themes: themes which signify and speak to deeper, underlying subjective experience, which experience is primary to the research question. The study is intended to develop an understanding of the meanings of the subjective experiences of the individual participants. The scope of the current study does not, however, extend to making any inferences about the external circumstances of the parent-child relationship.

3.8.2.   The Process of Thematic Analysis

A thematic analysis requires that qualitative data be analysed for re-occuring thematic elements (Braun & Clarke, 2006). Standard guidelines for interpretation of the data obtained from administration of the CAT-A suggest an analysis of recurrent themes in the various standard categories of analysis (Bellak & Bellak, 1991). In this particular study, the thematic analysis was guided by the projective representation of the following elements in the participants' stories: 1) Main theme; 2) Main hero; 3) Main needs of the hero 4) The conception of the environment; 5) Perception of main figures; 6) Significant conflicts; and 7) Nature of anxieties (Bellak & Bellak, 1991). The standard categories of analysis of the CAT-A relating to psychological drives were not used since the main theoretical stance of this study does not extend to the inclusion of Drive Theory.

Further, drawing from Braun and Clarke (2006), a six-phase approach to thematic analysis was used. These six phases were used as a template to guide the process of analysis in the current study. Although the authors have separated the phases for the sake of clarity and ease of reference, they do iterate that the process of analysis is reflexive and recursive and that it is a process during which the researcher may often return to earlier phases of the analysis to revisit and refine themes. The six phases of the analysis are enumerated and described in detail as follows:

According to Braun and Clarke (2006) the first phase of thematic analysis begins after the data has been collected and is the initial process whereby the analyst becomes familiar with the narratives through a process of immersion. During this phase of the analysis, the researcher transcribed the stories that the children told in response to the administration of the CAT-A and read and re-read the stories until they were familiar and the researcher had developed a broad, rich understanding of the data. Throughout this phase, from the transcription to the reading and re-reading of the data, potential themes were identified and what Boyatzis (1998) suggests are "important moment(s)" (Boyatzis, 1998, p1) were recognized and noted. Detailed interpretative notes were made for key elements, guided by the overarching theoretical frame of Attachment Theory. During this phase, the researcher would often refer back to the participants' context to re-familiarise herself with the case information about the child's emotional and psychological context in order to confirm her impressions and primary analysis.

In the second phase of analysis, the active and systematic process of coding salient features of the data was engaged with. The transcribed data were systematically read and coded. The data were coded where an important feature of the data relating particularly to the research question emerged. In this way the data were organized into key components with some initial interrelationships identified. Detailed notes were made regarding each code and why each item was coded. Each line

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of data was attended to and equal attention given to each participant's narratives. Inconsistencies or contradictions were equally noted and coded. Codes were given by using a word processing program and coded items were highlighted with notes made in the digital margin of the documents, tagged to the individual highlighted code in the transcript.

In stage three of the analysis, codes were collated into potential themes. Themes were identified and the codes which contributed to themes were then collected together under an overarching theme. The highlighted and tagged codes, including the relevant data from the original word processing files were cut and pasted together in new documents. These new documents containing the collated, coded data were then saved and given prospective names. Names for the overarching thematic categories were given which were suggestive of the primary quality(ies) within the themes. The original transcripts were then re-read for any further themes or any additional thematic elements or sub-themes which could be added to and included in the already-coded themes. Contradictory codes, when they emerged, were coded and included within the most appropriate theme. At this point, as Braun & Clarke (2006) have suggested, relationships between themes became evident and these relationships were noted and detailed notes were made in each word processing file about the relationships between the themes that had been identified and possible meanings and understandings of these relationships in terms of Attachment Theory.

In stage four of the analysis, the themes were reviewed and closely examined for internal consistency and coherence. New themes were created and other themes included as sub-themes within larger, overarching themes. In line with Braun and Clarke's (2006) suggestions, thematic maps were drawn for each theme, refining the themes. This also served to build a deeper understanding of individual themes. Further an overarching thematic map was drawn, mapping out the relationships between each theme to build a broad, overarching whole from which to be able to

interpret the analysis in a meaningful way. At this point, each theme began to tell part of a story and each theme contributed to the developing picture of the overall schema of the data.
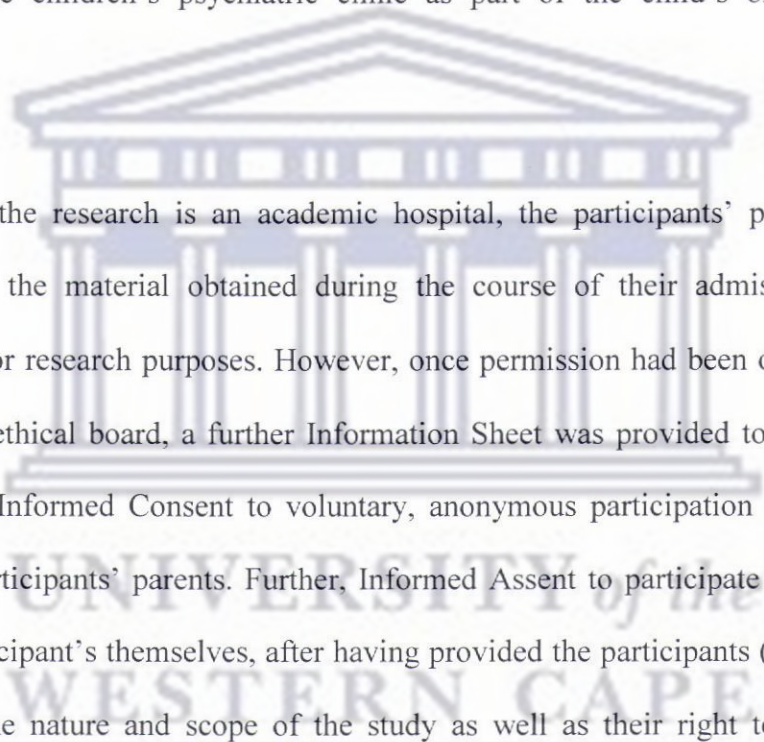
In the fifth phase of the analysis, the active interpretation of latent themes was engaged with. The themes were analysed in terms of what they might suggest about the children's subjective experiences and moreover what this might suggest about their experience of *Self* and *Other*. The analysis was not intended to explain external circumstances but was intended to remain focused on the participants' subjective experience. This process informed an understanding of the way in which each theme and each participant's contribution developed the overarching narratives which were emerging from the participants' stories.

Finally, in the sixth phase, the thematic analysis report was written, using the word processor theme files as a template and drawing from both the extracts which had been coded as salient as well as the overarching analysis and the theoretical framework. The data was interwoven with insights and meanings gleaned from the analysis within an Attachment Theory framework. Implications for the subjective experiences of the children were teased out and the latent meaning of the data explored more fully. During this stage of analysis, the reflexive process became most pronounced. This stage in particular demanded a deeply reflexive exploration of the participants' experiences in order to develop an empathic understanding of the experiences and meanings which had emerged from the data.

3.9.   **Ethics**

The importance of strict ethical practice throughout the study is recognized and the study was conducted in the most ethical manner possible. No known or expected harm has resulted from the

proposed study and every effort has been taken to ensure that participants have been protected from harm throughout the course of their participation in the study. Should any part of the research process have necessitated any participant or parent's need for counseling for any reason, these services will have been made available by an intern clinical psychologist/ clinical psychologist/ registrar psychiatrist at the children's psychiatric clinic. Furthermore, should the participant and/ or their parents indicate at any point that they would require and benefit from further psychological or psychiatric intervention, this will continue to be brought to the multi-disciplinary team, and the necessary psychiatric, psychological or occupational therapy or social work intervention will be made available by the children's psychiatric clinic as part of the child's ongoing treatment programme.

Since the setting for the research is an academic hospital, the participants' parents had given informed consent for the material obtained during the course of their admission/ out-patient treatment to be used for research purposes. However, once permission had been obtained from the psychiatric hospital's ethical board, a further Information Sheet was provided to the participants' parents and a further Informed Consent to voluntary, anonymous participation in the study was requested from the participants' parents. Further, Informed Assent to participate in the study was required from the participant's themselves, after having provided the participants (via their parents) with full details on the nature and scope of the study as well as their right to withdraw from participation in the study should they so wish. The researcher has ensured that all identifying data is removed from all raw data and that access to all electronic data is password protected. In all references to the all participants in the study, pseudonyms have been given to ensure the participants' privacy and anonymity.

Ethical clearance for the study was obtained from the children's clinic's Board of Ethics and from University of the Western Cape's Board of Ethics.

3.10. **Reflexivity**

The topic of ADHD is one that has personal significance for me as members of my immediate family have struggled with the difficulties of living with ADHD. While these personal experiences provide much of the impetus for my commitment to knowledge-making in this particular area, I also recognize the importance of remaining aware of any personal biases, particularly in the analysis of the data. Much of the data was highly evocative and reflected much intrapsychic pain and discomfort on the part of the participants and this often became difficult and painful for me to witness. I became acutely aware of how difficult it might be for children who struggle with overwhelming emotional difficulties which impacted deeply on their ability to interact with others, even close family members. These deeply felt counter-transferences were brought to my clinical supervision and my own psychological process routinely, both for the sake of retaining clarity of thinking during the process as well as to be able to bracket my own meaning-making process in order to better facilitate the understanding of the participants in this study.

During the course of my professional training in psychology, my own clinical work and supervision in the area of ADHD has provided me with many opportunities to examine and reflect on my views and beliefs about ADHD. The insights I have gleaned both personally and professionally have enriched my experiences as clinician, researcher, parent and individual. The profound impact of this study and my clinical work with children struggling with ADHD on all areas of my life continues to motivate me to continue to reflexively explore my own experiences of ADHD, both for my own professional development as well as to ensure that the conjunction between the personal and the professional is mutually enriching and instructional.

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CHAPTER FOUR

THEMATIC ANALYSIS

4.1 <u>Introduction</u>

The report of the thematic analysis will be set out in this chapter. The themes which emerged from the participants' narratives in terms of their subjective experiences of *Self* and *Other* are discussed and quoted examples from the participants' narratives are given. Although a process of categorizing the attachment patterns and behaviours in terms of Bowlby's (1973) classification of attachment is an important part of the current research, it remained equally important to allow for a full description of the meanings and rich textures of the participants' subjective experience of the *Internal Working Models* demonstrated in their narratives. To this end, then, the themes were categorized according to similar subjective experiences of *Self* and *Other*, rather than solely in terms of attachment classification. This more descriptive approach to the analysis facilitates the rich, detailed descriptions of the *Internal Working Models* of the participants that is commensurate with the aims of the study.

The descriptive categories of themes used in the thematic analysis are not intended to be exhaustive or to be a rigid classification system. For the purposes of this research, the descriptive categories used to label the kinds of *Internal Working Models* which emerged from the study are simply to serve as overarching, organizing thematic categories, which categories, as Braun and Clarke (2006)

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suggest, are named to be evocative of the central dynamics of the main thematic elements. To this end, the themes which emerged were analysed, interpreted and then collected together according to the qualitative communalities in the themes relating to the experience of *Self* and *Other* in the participant's stories.

From the thematic analysis, five such collections of thematic congruencies in *Internal Working Model* emerged. The labels for the thematic categories were carefully considered and chosen to descriptively yet succinctly convey something of the quality of the internal experiences of *Self-Other* interaction that emerged from the participants' stories. These emergent thematic categories of *Internal Working Model* are descriptively labeled as follows:

1. Unseeing *Other* and Unseen *Self*;

2. Violent *Other* and Vulnerable *Self*;

3. Attacking *Other* and Retaliatory *Self*;

4. Ominous *Other* and Frightened *Self*; and

5. Controlling *Other* and Impotent *Self*.

4.2. **Thematic Analysis**

The thematic analysis sought to describe and interpret the participants' responses to the presentation of the Children's Apperception Test -Animals (CAT-A). The themes which emerged in the participants representations of *Self* and *Other* were collated and analysed in terms of attachment patterns, behaviours and classifications. The representation in the narratives of *Self* and *Others* was understood to be:

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Self: All that is experienced as internal or owned in the narrative. The *Self* is the character in the narrative with whom the participant identifies (Bellack & Bellack, 1991).

Other: All that is experienced as external to the *Self*. The *Other* is defined as the characters in the story who represent characters that are experienced as not-owned or not-*Self* : the environment and emotional climate, including other characters in the narrative. (Bellack & Bellack, 1991).

4.2.1   Unseeing Other and Unseen Self

One of the primary themes which emerged from the analysis was the experience of a *Self* who is insignificant or unimportant within the family context. The *Self* was experienced as dispensable and easily replaceable. Some of the participants' responses showed a lack of a belief in, or experience of their entitlement to a place of importance and belonging within the family context. This suggests a lack of a consistent experience of the *Self* as valued and important by the *Other*.

In conjunction with this experience of the *Self*, there emerged an experience of the external world, of significant *Others*, who are unable to hold in mind or make adequate sense of the needs and experiences of the *Self*.

Adam: Response to Card One:

"...then a kid came and she came in their house......she ate the baby's (food) all up. The chair broke and she went to bed. She slept in the baby's bed. When they came home, the baby saw his chair was broken."

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Adam's responses to Card One on the CAT contained something of the narrative structure of the children's story of 'Goldilocks and the three bears'. In the participant's version of this story, the 'Goldilocks' character tries out his (the baby's) bed and chair and ultimately destroys these places for the *Self*, usurping his position. This suggests the subjective experience of an *Other* who wishes to and is capable of easily usurping the *Self*'s place in the family constellation so that it is ultimately difficult or impossible for the *Self* to regain his position or re-join his family. This narrative suggests that the *Self* feels significantly overlooked and unseen, perhaps not truly valued as a member of the family. Adam's narrative suggests his experience is that *Others* are unable to acknowledge him as a holding a place of belonging or significance, particularly within the family system.

Vusi: Response to Card Five:

"People were looking for a bed when they saw this house. They saw the bed. When they saw this house, they saw the bed. Then they bought all their furniture inside."

In Vusi's responses to Card Five, he spoke about strangers coming into the home and taking over his home in a way that conveys a lack of understanding or thought by *Others* in regard to those who are supposed to have been already living in the home. It is as if the *Others* in Vusi's story do not see the *Self* (or various selves). These representations of the *Other* in the narrative continue to pursue the fulfillment of their own needs and desires without any acknowledgement or empathic understanding of the impact of their actions on their context or surroundings.

In much the same vein as in the case of Adam's responses to Card One, Vusi's story indicates a subjective experience of feeling quite marginal and of little significance or cogniscance. It seems as if he experiences himself as invisible and dispensable. He seems to feel that he holds no importance

to the external world and that the *Other* acts without holding him in mind. The *Self* for him is experienced as inconsequent: as having little or no effect or impact on the *Other*. His narrative suggests a *Self* that is experienced as without an external presence or an existence at all while the *Other* is experienced as unable or unwilling to acknowledge the physical presence or existence of the *Self* and certainly, in his subjective experience, the *Other* is unable to be 'attuned' (Stern, 1985) to the *Self*.

In this kind of *Internal Working Model*, there is no conception of a *Self* with any agency or impact on the external world. The *Other* is internalized as cause of both psychic and physical suffering. The needs of the *Self* are experienced as disregarded or neglected similarly to the way in which (Lyons-Ruth, Melnick, Bronfman, Sherry *et al* (2004) describe the Internal Working Model characteristic of a disorganized attachment pattern. In the stories which emerged, the *Self* seems to have internalised this as an experience of itself as valueless and of little consequence. The *Other* is also sometimes experienced as psychologically absent from the *Internal Working Model* in a way that conveys an experienced neglect of the *Self* and its needs which is also congruent with a disorganized attachment pattern (Holmes, 1993).

This theme in the *Internal Working Model* was echoed again in Vusi's responses, in the narrative told in response to the presentation of Card 10:

Vusi: Card Ten:

"The dog was with his mom. The dogs lived together …the mommy dog flew away. The little dog went to his kennel and the mom dog had another baby dog."

In this card, Vusi's narrative suggests a deeply-felt anxiety about being replaced and overlooked, about being insignificant and unseen. In his story, the experience of the *Self* echoes the theme of a

marginalized *Self* and has significant similarities to Adam's subjective experiences of *Self* as told to the presentation of Card One. It reflects a similar experience of *Self-Other* where the *Self* is experienced as marginal and without significant value alongside *Others* that consistently represent either: 1) a threat to the *Self*'s well being; or 2) an *Other* that is experienced as unable to provide any experience of closeness and emotional intimacy for the *Self*. These thematic elements may be connected in that the lack of a consistent experience of the *Other* as available and able to appropriately meet the needs of the *Self* may precipitate the fantasy that the *Other* is withholding from the *Self* and actually meeting the needs for closeness and connectedness of *Others* beyond the *Self*. This is reflected in Vusi's story where the mother is imagined to have flown away and found a new baby. Perhaps Vusi imagines that the new baby will get the emotional nourishment and intimacy that he needs but does not get as the mother has 'flown away'. Nevertheless, this *Internal Working Model* holds within it the experience of the *Self* as marginal and marginalized and without a consistent or containing psychological context within which to feel safe and secure. This seems to suggest an *Internal Working Model* characterized by absence of connectedness or closeness between *Self* and *Other* – an *Other* who cannot be relied upon to be psychologically present and available for the *Self* which precipitates an experience of the *Self* as unworthy or faulty in some way.

This *Internal Working Model* elicited in Vusi's responses to Card 10 depicts the *Self* as insignificant and the *Other* as unable to provide for the *Self*'s need for closeness. It also shows the characteristics of an insecure-avoidant attachment pattern where the *Other* is experienced as unavailable or unpredictably available to the *Self* so that although the *Self* denies the need for the closeness of the *Other*, the lack of availability of the *Other* is experienced as the failing or lack of worth of the *Self* (Gomez, 1997). The qualitative difference between the disorganized and insecure-avoidant attachment pattern is seen in this narrative as compared to Vusi's other story and Adam's story. In this narrative, there is an experience of the loss of the *Other*, rather than what emerges in the other

stories where an experience of the complete absence of a psychologically present and nurturing *Other* in the *Internal Working Model* emerges. This complete lack of an experience of a psychologically present and nurturing *Other* reflects the kind of attachment relationship described as disorganized where the experience of a proximal, psychologically present *Other* is so absent from the *Internal Working Model* that the *Self* experiences a degree of subjective trauma and an overwhelming sense of abandonment (Main & Solomon, 1993).

4.2.2.   Hostile Other and Vulnerable Self

A recurrent experience of a primitive and predatory *Other* emerged from the narratives, where the *Other* was experienced as attacking and annihilating, desiring to consume and destroy the *Self*. In various ways this experience of the *Other* was one in which the *Other* is dangerous, something from which protection is required. In some of the narratives, stories depicting attempts to escape from a predatory *Other* also emerged. Failing the successful escape from this predatory Other, the *Self* would be 'eaten up' or subsumed within the *Other*.

Luke: Card Seven:

"The tiger wants to eat the monkey 'cos he's hungry but the monkey doesn't die because he can climb. He will go up the tree but the tiger climbs the tree and eats up....." (The participant stops and points to the monkey. However, no further verbal response is given to the card and the participant's anxiety levels became significantly elevated as suggested by his non verbal behaviours of fidgeting and looking around the room and refusing to re-engage with either the picture or the researcher).

In Luke's stories to the presentation of Card Seven, this predatory *Other* is represented as dangerous and destructive. In his narrative, the *Self* is attacked and killed by the *Other*. The annihilation by the *Other* seems to reflect the concrete survival needs of the *Other* rather than more abstract interpersonal dynamics. The world that is evoked in this narrative is one where primitive needs, particularly somewhat sadistic needs, dominate interpersonal interactions and those with the most prowess must subsume lesser others for survival. This leaves little room for co-operative or mutually beneficial strategies for interpersonal interaction in the *Internal Working Model*.

Although the *Other* is represented as without conscious malicious intent, the felt potential annihilation of the *Self* by the *Other* is experienced by Luke as overwhelming and anxiety-provoking. When this *Internal Working Model* was palpably evoked in the testing situation, Luke's ability to manage these feelings of anxiety was seen to be significantly impaired. He employed a strategy of avoiding and denying the experience and refusing to engage with it at all, much like the monkey in his story who tries, unsuccessfully, to run away from the terrifying *Other*.

Vusi: Card 7

"This is a tiger. The tiger is trying to catch the monkey but the monkey will run and swing through the trees. If the tiger catches the monkey, it will eat it up. But if it's not full, it will hunt for more monkeys but he will run and not catch any. He will wait by the corner 'till the monkeys come, then he will catch one and eat it up"

Vusi's story told to the presentation of Card 7 shows many thematic similarities to Luke's response. In this story, the *Other* is also a predatory *Other* and the *Self* is portrayed as something akin to prey. The *Self* must escape the predatory *Other* to survive the interaction between *Self* and *Other*. Similarly to Luke's responses, the *Other* in Vusi's story is portrayed as dangerous and intent on attacking and destroying the *Self* to satisfy its own desires. The *Self* is portrayed as something which

supplies the *Other*'s needs but is not regarded as holding any value beyond this less developed model of interaction.

The idea that the *Self* is valued only as a supply for the *Others'* aggressive needs and desires to subsume and engulf the *Self* is further exemplified in Vusi's responses to Card Three.

Vusi: Card Three:

"I think the lion is smoking. It's thinking what can it catch. It's gonna go outside to look for something and catch a buck. It will eat the buck. And then it will sleep."

In Vusi's narrative, a model of *Self-Other* interaction is evoked in which the *Self* is overlooked unless it can be taken over and subsumed by the *Other*. There is something akin to an ambivalent relief in the affect tone of the story in having been overlooked in favour of something more desired by the *Other*. However, the *Self* in this story is absent and unacknowledged which does not reflect the consistent experience of a functionally connected attachment.

This theme is re-iterated in Vusi's response to Card 6:

Vusi: Card 6:

"These are foxes. They are sleeping. When they wake up, they will look for something to eat. They will just walk around and if they see something, they will eat it. Then they will call some of they friends then they will come. They will look for something. They will eat it. They will put some away for the next day. Then they will go to sleep."

Here, the family system is seen as unified and connected through their shared predatory role, their collective need to satisfy their hunger for nourishment and nurturance. In their connection to one

another through this collective need, they are able to experience some degree of intimacy with one another. This narrative reflects the theme of primacy of the primitive needs for survival in relationships. There does not emerge from this narrative an alternative way to create and sustain connectedness with significant *Others* beyond a shared identification with a primal need for nourishment which can only be satisfied by subsuming the nourishment imagined as contained in externalized *Others*. There is no model of the family unit or individuals within this unit being able to masterfully and co-operatively meet the needs for nourishment and nurturance in a non-destructive or non-predatory way. There is also no model for using internal resources in order to manage the needs for closeness and emotional intimacy in a functionally connected relationship with others. The kind of world evoked in the narrative is one where resources, even basic resources, are scarce and there is competition within the family system for these resources rather than co-operation among the family members to obtain and share these resources. This kind of *Internal Working Model* suggests that the external world, the *Other*, is withholding the most basic of resources. This withholding is experienced as leaving the *Self* vulnerable to annihilation and consumption by the *Other*. Alternatively, the *Self* is completely overlooked as unworthy of being engulfed and destroyed in this way and experiences itself as a non-entity.

This *Internal Working Model* evokes a rich subjective sense of some of the subjective experience of *Self* in what is referred to under Attachment Theory as 'maternal deprivation' (Bowlby, 1973) where the primary attachment figure is consistently unavailable and/or unable to provide a psychologically present and empathic presence for the infant or child. The experience of the *Self* is likely to be one of an overwhelming sense of abandonment and a consistently unmet need for emotional and physical closeness. Without access to any model of an adaptive, empathic relationship and in order to construct some coherent experience of *Self* that can survive in this environment, the child internalizes a more primitive, hostile and aggressive model of relationship which is based on competition for resources.

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In summary, the quality of experience evoked in the *Internal Working Models* of the participants in this theme suggests a significantly disorganized attachment pattern where there is the *Other* is experienced as destructive and hostile towards the *Self*, and the *Self* is experienced as vulnerable to unpredictable attacks by the *Other*. In many of the narratives which evoke these themes, these attacks are represented as motivated by a consistently unmet need for basic resources for survival.

4.2.3.   Attacking Other and Retaliating Self

In three of the participants' stories the theme of aggressive competitive conflict between *Self* and *Other* emerged. Although the outcome of the conflict varied slightly over each narrative and between participants, this variation was slight, with essential thematic elements remaining consistent across narratives and participants. Central to all of the participants' responses reflecting this theme was something of a 'win-lose' model, where the characters in the story are engaged in a conflict which only one character in the story can win by defeating the other party. This was qualitatively different to the more predatory *Internal Working Model*, as the *Self* was not represented as vulnerable prey nor the *Other* as a predatory *Other*. This theme tended to reflect a more competitive element between *Self* and *Other*, where the contest was a test of potency and prowess. There was a clear need to win and to avoid losing against the *Other*.

In these narratives, sometimes the 'winner' is the *Self* and sometimes it is the *Other*. Sometimes the conflict or competition is between the *Self* and *Other* and sometimes between two *Others* external to the *Self*. However, the central thematic element to the plot of these narratives is that one party will win by defeating and sometimes completely destroying the other party. This suggests a specific

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quality of internal experience of *Self* and *Other* which, in turn, reflects something of the internal dynamics of the participants, both individually and as a group.

Vusi: Card Two:

"Two bears. They trying to get the rope. I dunno what for. I think they need it to hunt. They'll catch the animal and eat it. The two will fall and the one ('father' bear) will laugh at them."

In Vusi's responses to Card Two, this theme is exemplified in that the narrative reflects the theme of a competition or contest where one party must lose to enable another party to win. The most prominent theme in this particular narrative was the competitive aspect between *Self* and *Other*. In the narrative, the competition is between the dyad of the 'mother' bear and *Self* on the one hand and the 'father' bear on the other hand. The representation of the paternal *Other* reflects a kind of malignant, malicious quality set against the Mother–*Self* dyad. There is no playful tone to the narrative, rather a sinister, threatening quality, which quality seems specifically located within the representation of the paternal *Other*.

In the *Internal Working Model* evoked by Card Two, the *Self* has identified with the maternal *Other* in a way that supports the maternal *Other*'s efforts against the paternal *Other*. The paternal *Other* is represented as being intent on causing harm to both maternal *Other* and the *Self*. There is no sense of the paternal *Other* being protective or even serving a somewhat harsher, though loving, limit-setting function in the *Internal Working Model*. The paternal *Other* is punitive and malicious in this *Internal Working Model* and the *Self* is ineffectual in the face of these qualities of this *Other*.

Luke: Card Two:

"They playing tiger-war (tug-o-war). This one ('mother' bear) is struggling to get all the rope. This one ('father' bear) is also....but this one ('father' bear) is happy. At the end he ('father' bear) falls and these two take the whole rope."

Similarly, Luke's responses to Card Two reflected this theme of competitive conflict and a 'winner-loser' dynamic. However, in variation to Vusi's narrative, the conflict in Luke's narrative is between the paternal *Other* and the maternal *Other*. The maternal *Other* is portrayed as trying to 'get all the rope': to win, while the paternal *Other* 'is also'. There is a battle between the maternal and paternal *Other* for pre-eminence in this narrative. In Luke's narrative, as in Vusi's narrative, the maternal *Other* and the *Self* are allied. However, in Luke's story, the maternal *Other* and *Self* win the competition for pre-eminence. They 'take the whole rope' from the paternal *Other* as the he 'falls'.

Although the *Self* is on the 'winning team' in Luke's narrative, winning still involves defeating the *Other*. In other words, success or mastery is achieved at the *Other*'s expense. This translates to a very specific kind of *Internal Working Model* governing how interactions with *Others* will play out and what strategies can be employed to achieve self-esteem and mastery and may result in behaviours which may not always be appropriate or effective interpersonally.

Adam: Card Two:

"There was two bears and one bear. They were practicing to pull the rope. Whoever pulls the guy past the guy wins. They were practicing and one day there was a challenge. The grumpy bear said (to the other bear) "You won't beat me!" We'll see about that! (said the other bear). His son helped (the other bear) so they won the medal."

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In Adam's story to the presentation of Card Two, the narrative reflects a conflict or competition between two dialectical representations of a paternal *Other*. This paternal *Other* is experienced as either: 1) the 'good but weak' paternal *Other*: inept and in need of the *Self*'s support in order to survive conflict; or 2.) the 'bad but potent' paternal *Other* who is aggressive and hostile. The *Self* imagines that it could assist the 'good but weak' paternal *Other* to overcome and destroy the 'bad but potent' paternal *Other*. In so doing the *Self* imagines an experience of acclaim and an affirmation of its own potency. It seems that agency or personal mastery is affirmed through an attacking response to the *Other*'s subjectively experienced threats to the *Self*.

In Adam's response to Card 6, this theme emerges again:

Adam: Card 6:

"There was a hunter, hunting for the bears. Is there a bear in water? We must swim – there's no bear. And then he said "I got my trusty gun". He saw a tree and climbed it but didn't see any bear. No bear here. He looked in the cave. He saw bears and he sang a song: "I left my gun, I don't have my trusty gun by my side." He ran saying "I'm so afraid!" I learnt my lesson: Never hunt for bears!"

There is an ambivalent experience of mastery in the experience of the *Self*. The *Self* faces destructive forces located external to the *Self*, which forces are attacking and hostile towards the *Self*. The *Self* responds by imagining that it can withstand and defeat this hostile *Other* but this fantasy is experienced as ineffective as a defense against these anxieties about mastery. What emerges from beneath this defense is a deep fear that the *Other* will destroy the *Self*. This is reminiscent of what Bowlby (1973) suggests when he discusses the ill effects of an insecure attachment where the *Self* is petrified by anxieties and unable to engage with the world since there is an inconsistent subjective experience of having a supportive, psychologically present and

protective *Other* who is invested in the *Self*'s well-being. In this way, then, the *Self* is rendered unable to interact with the world - unable to play and to experience creative, fulfilling interactions within the broader psychosocial environment. The *Self* remains disabled by anxiety which prevents it from being able to access the process of experiential learning which engenders within the *Self* a sense of personal mastery.

This theme is expanded upon in Adam's responses on Card 7.

Adam: Card 7:

"There was a monkey. It was irritating the tiger. The tiger said "Stop irritating me!" The monkey said "You wish!" The tiger said "I will give you one more chance. If you do it again, you will suffer!" The day after he did it again – he was irritating the tiger. He asked him "What did I tell you?!" The monkey said "Tell me again?" but the tiger got irritated and chased the monkey. When the tiger caught the monkey, he locked him in a cage. Then the monkey got the tiger inside the cage and locked him up and ran away. The monkey lived happily ever after".

There emerges from this narrative the imagined successful retaliation against the persecutory paternal *Other*. In this story, the *Self* is liberated by 'caging' the rageful, attacking *Other*, by baiting it and then trapping it within its own punishing actions. By overcoming the paternal *Other*, it is imagined that potency or mastery can be achieved. This theme is evoked again in Adam's responses to Card 3.

Adam: Card 3:

"Once upon a time there was a greedy lion who didn't share stuff with people. A mouse came – he followed him around. The lion got so angry then the mouse was running away

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from the lion. The lion said "Come back here!" The mouse quickly ran into the table into the cotton under the stone. So when the lion trips over the cotton, the stone fell on his head."

The *Self* in this story 'defeats' the terrifying *Other* by outwitting it. The *Self* experiences that he can achieve prowess by using mental agility. The *Self* is imagined as more intelligent than the paternal *Other*. The *Other* is portrayed as aggressive and dangerous but clumsy and mentally slow. In imagining that the *Self* can outwit the paternal *Other*, the experience of the *Self* is defended and preserved from further perceived attack.

Adam: Card 8:

"There were four monkeys and then the wife had a child. His name was Cookoo and then his grandfather and grandma came over for celebration. Then the Cookoo monkey was messing everything up. Then his mom told him "Don't do that!" When he was twenty one years old, he had a wife and then his grandfather and grandmother came over for a celebration and the monkey was so good that the Ape (not in the picture: a 'grown up' extrapolation of the 'child' monkey represented in the card) told him that "When I was little, I was so naughty, but you are so good."

Another element under this theme of competing against the *Other* for prowess and position emerged in Adam's responses to Card 8. This response suggested an elaboration of previous thematic elements. In this story, the *Self* is able to overcome the experience of a faulty, inadequate *Self* and an all-potent, destructive *Other* by identifying and becoming the *Other*. The story suggests that in order to manage the untenable position of being in conflict with the *Other*, the *Self* imagines itself grown up, having become the *Other*. In so doing, the grown-up *Self* is imagined as being able to offer the child-*Self* the acceptance and understanding that it needs. In this story, when the *Self* identifies with the *Other* the new, adult-*Self* brings warmth and a connectedness to the experiences

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of the child-*Self* in a way that offers a possibility for a meaningful, supportive interaction between *Self* and *Other*. This narrative offers some hope of a positive, constructive outcome for both the *Self* and *Other*.

This narrative offers significant insight into the emotional difficulties for this particular participant and gives a poignant account of the way the *Self* is experienced as faulty, as "cuckoo". The hopes of the participant emerge from the story so that it becomes clear that the participant wishes earnestly for an experience for the *Self* which is both tolerated and also 'good'. His only imagined way of achieving this hoped–for experience of *Self* is through becoming an alternative *Other* to an alternative *Self*.

The kind of attachment pattern evoked by the *Internal Working Models* under this theme of an attacking *Other* and a retaliatory *Self* are suggestive of a disorganized attachment where the *Other* is experienced as destructive and dangerous to the *Self* (Main & Solomon, 1993). However, there are also elements of an insecure-avoidant attachment pattern where the *Self* imagines that its actions can keep the *Other* at bay, that the *Self* can wall-off the *Other*, keep it out and away from the *Self* to minimize the impact of the experience of a destructive, aggressive *Other* (du Bois, 2007; Erdman, 1998). It is suggested that this attempt to protect the *Self* through retaliatory actions can be seen as a less disordered attachment pattern and that an insecure-avoidant attachment pattern is more easily worked with in psychological interventions than is a disorganized attachment pattern. Unlike in a disorganized attachment pattern where there is an almost complete absence of an experience of an *Other* who is psychologically present for the Self, in an insecure–avoidant attachment pattern, there is some experience of the *Other* as available and connected to the *Self*, even thought this is an inconsistent experience (Holmes, 1993). In light of Bowlby's (1973) Attachment Theory, then, it might be suggested that this retaliatory fantasy and defense, although behaviourally inapporporiate,

might offer some benefit to the individual as it serves to offer some defense of the experience of the *Self* from further perceived attack by the *Other*.

4.2.4   Ominous Other and Frightened Self

For all of the participants a significant theme which emerged in all their responses to the CAT was the fear of the external world, of the *Other* outside the *Self*. All of the participants' stories contained responses which suggested a deep-seated fear of the world and of being destroyed by ominous, indeterminate *Others*. Although childhood fears about the world are developmental (Fraiberg, 1996), in the instances of the participants in the study, the quality of these fears were not appropriate to the age of the participants and seemed to reflect earlier, unresolved fears appropriate to a younger chronological age (Fraiberg, 1996).

From these stories, the *Self* is shown to have a subjective experience of a deeply-held fear of being destroyed by *Others* and seems to experience this terrifying outcome as inevitable. The *Self* does not seem to be able to access a model of a protective or holding *Other* who can or will intervene in these instances. The *Self* is experienced as terrified about its own survival in the face of a kind of onslaught by the external world.

Luke: Card Five:

(Long hesitation before answering). "All I can see is two bears sleeping in the cot (two 'infant' animals). They having a nightmare about ghosts – the ghosts are killing them. Then they are going to die."

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In Luke's story to Card 5, the *Self* experiences a nightmare which comes true so that although he dreams of being 'killed' by 'ghosts', he will in fact be killed in his real, external life also. The presentation of the card for the participant seemed to provoke significant anxiety and made the participant clearly uncomfortable. He struggled to engage with the picture and it seemed as if the image activated an *Internal Working Model* which worried him deeply. His response, after a long pause, gave some indication of what some of this anxiety is about as well as how difficult Luke finds it to manage this anxiety. His internal experience of the *Self* as potentially 'killed' by unknown and unseen *Others* conveys a kind of *Internal Working Model* where his survival is tenuous and no *Other* beyond the *Self* can help or protect him. This conveys a significant sense of abandonment and aloneness as well as the vulnerability that a lack of secure sense of attachment brings. The world is not experienced as a safe place within which to explore and play safely. It is rather experienced as dangerous and murderous and exploration is to be avoided for fear of incurring the outcome that is feared: either abandonment or a kind of death. This is reminiscent of the disorganised attachment model (Main & Solomon, 1993) where the child is rendered inert and immobilized by anxieties about survival. Main and Solomon (1993) suggest that this reflects a significantly underdeveloped sense of connectedness to the Primary *Other*. This kind of *Internal Working Model* is similarly reflected in Luke's response to Card 9.

Luke: Card 10:

"The rabbit ('child' rabbit) is looking outside the bedroom door and he's in his bed. His ears are straight up 'cos he can hear a noise. He is scared 'cos there's somebody out there trying to kill him. He'll get killed in the end."

Also in Adam's responses to Card 5, this theme in the *Internal Working Model* emerges similarly:

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Adam: Card 5:

"Once upon a time there was a ghost – a spirit. They came into the house and then they were getting the children's souls. Then they children tried to get them back. They built a thing that kills ghosts and spirits. They went to the shop to buy the things – the brother said "I have everything we need. Let's start building." When the spirits came again, they killed the ghosts and got their souls back. Never sleep with the door open!"

This narrative conveys some of the terror Adam feels about the external world and his attempts to defend the *Self* from the feared external world. His *Internal Working Model* for dealing with these fears is by using his mental abilities to fend off the external world and ultimately to destroy those external *Others* who are perceived to threaten the *Self*. Vusi's responses to Card 10 reflected a similar theme:

Vusi: Card 9:

"There's a rabbit sleeping. It will wake up. The rabbit was sleeping in his bed. He heard thunder and lay under his blanket. He was frightened of something coming to eat him up. In the end, the bears will eat the rabbit."

In this narrative, the participant becomes afraid after hearing something frightening to him. His response to this Card is an imagined attack by the external world, the *Other*. The *Self* experiences that it is possible and even likely that the *Other* will attack and destroy him. As in the other narratives under this theme, there is no representation of any *Other* who offers protection or consolation under these circumstances. There is also no favourable or tolerable outcome for the *Self* in this narrative: the end in this scenario sees the *Self* destroyed. Again in Luke's responses to card 9, the theme re-emerges:

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Luke: Card 9:

"There were two rabbits – one was afraid of the dark and one wasn't. The one rabbit thought there were monsters so he crept to the sister's bed, saying, "Monster! Monster! I'm scared on the dark!" The other rabbit said "Ok, I'll let you sleep with me for only one night."

It seems as if the participant experiences the *Self* as vulnerable, especially in contrast to the *Other* who seems to be brave and unafraid 'of the dark' but who is also unable to understand and make sense of the participant's fear. The *Other* in this story seems unaffected by and unattached to the participant's experience of the *Self* and although the participant is able to manage his fear in this one instance by successfully eliciting a kind of connectedness and support from an *Other*, the narrative seems to suggest that in the future, there will be no available *Other* who will be able or willing to connect with the *Self* in a way that allows the *Self* to moderate and make meaning of his anxieties.

This theme reflects an *Internal Working Model* which emerges across many of the narratives of the participants and which emerges in all of the participants' stories. The *Internal Working Model* is one where the *Other,* is unpredictable and unknowable but is also destructive and malign. The external world is portrayed as dangerous and interaction with this external world is experienced as ultimately dangerous, without the possibility of creative and enriching engagement. Further, there emerges from these narratives no experience of any *Other* who is consistently able to remain close to and attuned with the *Self*. In the stories, it seems as though the *Self* has no experiential knowledge upon which to draw of a relationship with an *Other* which can moderate these difficulties through a supportive, engaging interaction. This lack of an experienced secure attachment limits the experience of a connectedness to an *Other*, which connectedness functions to increase the *Self*'s ability to cope with challenges and setbacks (Holmes, 1993).

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This kind of *Internal Working Model* reflects the disorganized attachment patterns where the *Self* is experienced as vulnerable to a threatening, destructive *Other* (Main & Solomon, 1993). The *Self*, as set out in the patterns for disorganized attachment, experiences the external world and the *Other* as randomly and unknowably destructive and malign, while the *Self* is experienced as vulnerable, impotent and without any adaptive coping strategies (Lyon-Ruth et al., 2004).

4.2.5.   Controlling Other and Impotent Self

A theme that emerged in three of the four participants' stories reflected an *Internal Working Model* where the *Self* is prohibited in various ways by the *Other* from expression and creativity. From the stories told, the *Other* is experienced as disabling or prohibiting the *Self* from creative, self-generated acts of interaction, expression and creativity. In various ways, the *Other* is portrayed as placing prohibitions on the *Self*'s need for personal expression, though not always maliciously. The *Other* is consistently portrayed as struggling with its own anxieties about expression and in some stories seems to be trying to care for the *Self*, but in ways that are overly controlling (Erdman, 1998).

Lilitha: Card 10:

"Two dogs, one is big, one is small and the small one wants to run and the big one doesn't want to so he's holding the small one."

In Lilitha's response to Card 10, the story told reflects a *Self* that wants to be separate, to explore his own abilities without the *Other*. However the *Other* is portrayed as preventing the *Self* from doing this, as holding the *Self* back.

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Luke: Card 10:

"Two- dogs – one is sneaking off to the toilet. One (adult/ 'mother' dog) feels bad 'cos the child wants to go and use the toilet. But the mother wants to groom the child. The mother grooms him quickly and he goes to the toilet"

In Luke's narrative to the same card (Card 10), themes emerge which reflect an *Internal Working Model* that is similar in significant ways to that reflected in Lilitha's stories. Once again, the *Self* is portrayed as desiring to express itself, to exercise mastery over its own creative ability and need for self-expression. However, this need has a negative effect on the *Other*. The *Other* in this narrative prohibits the *Self*'s need for self-expression by exercising a kind of controlling behaviour that seeks to make the *Self* look better before it is able to engage in the process of expression. It seems as if the *Other*'s impulse to preserve and manage appearances interferes significantly with the *Self*'s need to find mastery through self-expression and creativity. The *Self*'s need for expression is made contingent upon his seeming good in the process. The *Other*'s anxiety around the 'good' appearance of the *Self* becomes the mechanism portrayed in this story that interferes with the optimal developmental process for the *Self*.

Adam: Card 10:

"There was a kid that needed the toilet so badly and then the toilet was broken – all the toilets were broken in his house. His mother said "You need to hold it" So the baby said "Okay, I'll try." Then she called the plumber and then after hours the plumber came and fixed the toilet and then the mother said "Goodbye". The mother said to her son, "So? What are you waiting for? Go!" Then he said, "I have already" and his pants were wet.

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In Adam's story to Card 10, an *Internal Working Model* reflecting these similar themes of a prohibitory *Other* and a prohibited *Self* emerges. However, in this particular narrative, the *Other* has a particularly malignant and sadistic quality where the *Other*'s controlling of the *Self* is experienced as a kind of punishment or attack. The *Self* in this story does achieve self-expression but does so through rebellious, oppositional means. The *Self*'s achievement of self expression is not met with an internal experience of satisfaction and mastery within the *Self*, but rather a sense of shame and anger is directed towards both the *Self* and the *Other*.

In this narrative, the *Other*'s response to the *Self*'s need for expression is experienced as rejecting and disempowering so that the *Self* feels shame and anger for this need. Adam's narrative shows a lack of a sense of acceptance and positive regard or support for his need to find a way to express his internal world in a masterful and appropriate way.

The *Internal Working Model* that emerged under this theme suggests that the *Self* wishes and needs to find appropriate and masterful ways with which to express itself and that the prohibition of and control by the *Other* of this need for self-expression results in frustration and aggression: the *Self* can find no outlet for its need to interact and express itself as this experience is actively disallowed by the *Other*. Under this *Internal Working Model*, too, there emerges a sense of the *Self* as having been rejected for acts of self-expression or alternatively of having contingencies placed on self-expression so that this self-expression is controlled and delineated by the *Other*. This impacts on the development of a *Self* which can masterfully interact with and creatively learn from experience with external *Others* and the world beyond the *Self*. This experience prohibits and limits developmental learning by limiting access to the natural occurrence of situations where the *Other*'s presence as well as necessary and supportive boundary-setting can be felt as moderating negative outcomes and affects. The lack of this kind of attachment experience would translate to a kind of *Self* which is rendered inert and trapped within its own internal experience so that the concrete demands and

requirements of the external world remain unknowable as efforts to engage with the world beyond the *Self* are fraught with fear of rejection and possibly attack by the *Other*.

This *Internal Working Model* has significant similarities to the model of insecure-avoidant attachment, with elements of a disorganized attachment experience. In this insecure-avoidant model, the *Self* has unpredictable experiences of the *Other* as psychologically present for the *Self*. The *Self* rebels against and denies its need of the approval and support of the *Other* while the experience of the *Self* is characterised by fear of rejection and shame (Lyons-Ruth et al., 2004). For the participants, the *Other* is also experienced as attacking or harmful to the *Self*, reflecting elements of a disorganized attachment experience. The *Self* that develops in relation to this *Other* is a *Self* that is experienced as inherently bad and shameful, with limited ability to interact and build relationships with others that have positive, rewarding outcomes.

4.3. **Summary**

The main findings in terms of the participants' experiences of *Self* and *Other* as portrayed in their stories told to the presentation of the CAT are set out below:

4.3.1 Unseeing *Other* and Unseen *Self*

In the themes of an Unseen *Self* and an Unseeing *Other*, the dominant *Internal Working Model* which emerged reflected an experience of *Self* which was insignificant and unworthy of the *Other*'s attention. The *Other* was experienced as psychologically absent and unable to understand the *Self*'s experiences or to mediate in these experiences in order to enable the *Self* to achieve a sense of

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security and safety. Although some participants' stories reflected an unresolved loss of the *Other*, for the most part, the experience of the *Other* was one of complete absence rather than loss. An *Internal Working Model* in which there is no coherent, material experience of the *Self* and an absence of the psychologically available and empathic presence of the *Other* was reflected in the narratives. This *Internal Working Model* reflects what Main and Solomon (1993) suggest is the most severe form of insecure attachment: disorganized attachment. In a disorganized attachment pattern, there is a significant absence of the experience of a psychologically present and empathically available *Other*. This translates into a disorganized experience of the *Self*, reflecting the subjectively felt trauma of abandonment and isolation.

4.3.2.   Hostile *Other* and Vulnerable *Self*

The dominant *Internal Working Model* which emerged under this theme was one where the *Other* is experienced as hostile and attacking, motivated by need to satisfy primitive needs for survival. The *Self* in relation to this experience of the *Other* is one which is characterized by a vulnerability to the *Other* and an inability to defend itself from the perceived attacks by the *Other*. In one of the narratives, some sense of being connected to the family was represented. This connectedness, however, was based on the shared aggressive impulses to take over and subsume others in a hostile and attacking way.

This reflected some elements of what Bowlby (1973) termed 'maternal deprivation' where there was an absence of the experience of having even the most basic needs for survival having been met in the *Internal Working Model*. The *Self* is experienced as deprived and constantly in need, without any hope of having the need for an empathic connectedness with an *Other* satisfied. The most hopeful outcome of these stories was that the *Self* would be ignored by the attacking *Other* in favour

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of something or someone more worthy of being attacked and annihilated. This reflects a significantly disorganized pattern of attachment where the expectation of psychic pain resulting from the attachment relationship is a constant deterrent to interaction and relatedness (Main & Solomon, 1993). There is no model which allows for a constructive, creative and supportive interaction between *Self* and *Other* which facilitates the experience of the *Self* as loved, lovable and competently able to manage the anxieties of relationship and the demands of the external world.

4.3.3. Attacking Other and Retaliatory Self

In this *Internal Working Model*, there is an element of conflict between the *Self* and *Others* or between *Others* which impacts on the *Self*. In order to manage some of the anxiety that this kind of interaction evokes, the *Self* imagines that it can overcome the attacking hostile *Other* and emerge victorious from these hostile conflicts. However, underneath this imagined retaliation and destruction of the hostile *Other*, there emerged some deep-seated fears of the *Self*'s vulnerability and inability to successfully achieve what it imagines it can. For many of the participants, however, there was no imagined positive outcome for these conflicts and it was feared that the conflict would result in the destruction or humiliation of at least one of the parties involved in the conflict. However, for one of the participants, it was imagined that in becoming a different kind of *Other*, one who is able to understand and empathise with the needs of the *Self*, the *Self-Other* relationship could be transformed into a constructive and rewarding experience where the *Self* could feel valued and acknowledged.

The conflictual relationship between *Self* and *Other*, where a kind of retaliation was imagined as a coping mechanism to manage the anxiety associated with this conflict reflects qualities associated with the insecure-avoidant attachment relationship where the *Self* walls off or punishes the *Other*.

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Erdman (1998) and du Bois (2007) suggest that this kind of relational model may contribute to the behavioural difficulties identified in children with ADHD. du Bois (2007) suggests that hostile/ controlling behaviours towards the child result in an escalation of the conflict and hostility within the family system.

4.3.4   .Ominous *Other* and Frightened *Self*

The kind of experience of *Self* which was evoked in the instances reflecting this *Internal Working Model* was characterized by a traumatic sense of abandonment and fear. There was no model in the stories of any way to cope with this terror at having been abandoned, nor was there any model of a supportive, loving and psychologically present *Other* who mediates this psychological distress. Where an *Other* who offered some comfort was present in these stories, the *Other* was experienced as disconnected from the *Self*'s distress and physically close although emotionally cut-off from the *Self*'s experience. There was no model of a reliable, predictable *Other* who would be available to understand and ameliorate psychological distress in dire circumstances. In the stories, the *Self* was left to experience an overwhelming anxiety about being alone and ill-equipped to manage any of the significant psychological discomfort which emerged in these stories.

This kind of *Internal Working Model* reflects the disorganised attachment pattern as outlined by Main and Solomon (1993) where the experience of the *Other* as empathic and able to meet the *Self*'s needs for closeness is not present. As a result, the broader psychosocial environment is experienced by the *Self* as terrifying and unmanageable. Unlike in the case of the insecure-avoidant attachment pattern, the *Self* is not able to distance itself from the *Other* emotionally or deny its need for the *Other* but is rather in a state of subjectively felt trauma characterized by heightened,

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disabling anxiety about the *Self*'s ability to survive in the world alone, in the face of imagined annihilation by feared but unknown *Others*.

4.3.5. Controlling *Other* and Impotent *Self*

The *Internal Working Model* that emerged from the narrative reflecting this theme suggested an experience of a *Self* that is rejected by the *Other* and which experiences itself as shameful and bad. It is prohibited by the *Other* from expressing itself and in cases where self-expression is allowed by the *Other*, this act of expression is only allowed by the *Other* conditional upon the *Self* seeming good in the process. In some cases the act of expression is experienced as an act of rebellion against the *Other* which does not allow for an experience of this act of self expression as satisfying and masterful but precipitates the experience of the *Self* as shamed, rejected and inherently bad. The *Self* is portrayed as unable to find appropriate ways to express any internal experiences. The expression of particularly difficult or uncomfortable internal experiences which cannot allow the *Self* to seem good and morally correct, are experienced as specifically disallowed. In the narratives, only in aggressive rebellion is there any outlet for an expression of subjectively felt experiences and emotions.

4.4. Conclusion

The current chapter has described the *Internal Working Models* which emerge in four boys with ADHD. The most prevalent attachment classification throughout the participants' responses both within each individual's responses as well as across the participant group was the classification of insecure-disorganised attachment. Although a pattern of disorganized attachment is most prevalent

across the participants, some aspects of the insecure-avoidant attachment model also emerged from the stories told to the presentation of the CAT-A. The experience of the *Self* and *Other* as evoked by CAT-A have been discussed and described. The findings of the study in relation to the study's significance and implications for further research will be discussed in detail in Chapter Five.

CHAPTER FIVE

DISCUSSION

5.1   **Introduction**

This chapter summarises the experiences of *Self* and *Other* which emerged from the participants'
narratives and discusses the dominant attachment classifications characteristic of these *Internal*
Working Models. The study is contextualized in terms of the literature on ADHD and attachment
and the implications of the study in terms of this literature are discussed. The methodological
approach of the study is considered and the contributions and limitations of a qualitative
methodological approach are discussed. Finally, the limitations of the study are set out and
recommendations for future research considered.

5.2.   **Summary of Research Findings**

In the *Internal Working Model* which emerged most often from the participants' narratives, the
Other is experienced as randomly and unpredictably destructive and malign, while the *Self* is
experienced as worthless, without coherence and without an individual identity. The *Self* is
experienced as without any agency or impact on the external world. The *Other* is internalized as
cause of both psychic and physical suffering. Lyons-Ruth, Melnick, Bronfman & Sherry *et al*
(2004) describe this kind of disorganized attachment as the "hostile-helpless" state of mind, where
the *Other* is experienced as destructive and harmful towards the *Self*. The *Self* which is internalized

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in this *Internal Working Model* is felt to be unable to masterfully and effectively act on the external world and unable to protect itself from the perceived damage by the *Other*.

Another key aspect of the dominant *Internal Working Model* which emerged from the thematic analysis is the absence of connectedness or closeness between *Self* and *Other*. The *Other* is experienced as predominantly absent and unavailable and the *Self* is experienced as having no impact on the external world. This kind of *Internal Working Model* also reflects aspects of disorganized attachment, where the *Other* is so absent from the *Internal Working Model* or so destructive within it that the *Self* experiences a degree of subjective trauma. This kind of "hostile-helpless" *Internal Working Model* reflects the core thematic elements in all of the participants' narratives and summarises the main findings of the current study.

Other important findings include the prevalence of the insecure-avoidant attachment pattern in the *Internal Working Models* of the participants which were elicited in response to the CAT-A. This attachment pattern was reflected in the recurring themes in some of the participants' *Internal Working Models*. In these *Internal Working Models* the *Self* imagines that its actions can keep the *Other* at bay, that the *Self* can either retaliate against the Other or wall-off the *Other*: keep it out and away from the *Self* to minimize the impact of the subjective experience of a hostile, aggressive and controlling *Other*.

The predominantly disorganized attachment pattern both within and across all the participants' narratives concurs with Clarke et al.'s (2002) study as well as with that of Finzi-Dottan et al. (2006) where participants in both studies diagnosed with ADHD showed a predominantly disorganised attachment pattern with aspects of an insecure-avoidant attachment pattern emerging also. Further, the findings of the current study lend support to Erdman's (1998) argument that the behaviours associated with ADHD may be defensive attempts to protect the experience of the *Self* from a

punitive, hostile, sometimes controlling *Other*. Also, the current study provides some support for du Bois' (2007) assertion that ADHD occurs within the context of a significantly flawed attachment relationship. Further, the *Internal Working Models* that emerged from the analysis offer some insight into what du Bois (2007) suggests might be defensive behaviours which are often diagnosed as ADHD but which also serve to defend the experience of the *Self* from further subjectively experienced psychological pain associated with the relationship with the *Other*. The findings of the current study also lend support to Stiefel's (1997) suggestion that ADHD may occur within the context of an insecure attachment relationship and that aetiological understandings could benefit from a more psychological understanding of ADHD, rather than a predominantly psychiatric one.

It was beyond the scope of the current study to be able to offer any support for Pinto et al.'s (2006) study, which found an association between the attachment patterns of the mothers of children of ADHD and children with ADHD. Pinto, Turton, Hughes *et al*'s (2006) finding was that ADHD in children was associated with maternal unresolved mourning. The aims of the current study prohibited any contribution to this area of study since its focus was the experience of the children with ADHD rather than that of their parents. The study can therefore hold no implication or make any suggestion regarding the attachment patterns of any supposed parent-figure of the participants. However, it was noted that one of the mothers of the participants would have met the Diagnostic Criteria for Unresolved Mourning in the DSM-IV-TR.

5.3. <u>Indications for Future Research and Treatment Implications</u>

The findings of the current study suggest that an avenue for further study is the relationship between the subjective experience of attachment trauma and the neurocognitive development of ADHD. Schore (2001) has suggested that subjectively experienced trauma impacts on the neurocognitive

systems which facilitate the development of emotional regulatory systems in the brain and Siegel's (2001) study also suggests that the optimal development of the attention systems in the brain are fundamentally affected by the primary attachment relationship. The findings of the current study suggest that for the participants in the study, ADHD occurred in the context of significant relational trauma and a subjectively experienced emotional neglect. An understanding of the impact of these intrapsychic realities on the development of attention and regulatory systems specifically in the case of ADHD may offer a more integrated picture of the complex aetiological factors.

In developing a more integrated aetiological understanding of ADHD in children, the role of psychodynamic treatment modalities may be reconsidered. To this end, Leuzinger-Bohleber et al. (2007) have suggested that the results of the Frankfurt Prevention Study as well as the interdisciplinary contributions of psychoanalysis and neurobiology in conjunction with clinical experience suggest that ADHD reflects a complex combination of factors unique to each child. The authors provide case study evidence which suggests that multiple and various intra psychic difficulties are subsumed under the diagnosis of ADHD and that the effective treatment of each child with ADHD warranted a treatment programme which could provide a complex and rich understanding of the intrapsychic experiences of each child. They suggest that psychoanalytic formulation and treatment of the various intrapsychic conflicts associated with the symptomology of ADHD provides effective and sustained treatment outcomes. In line with the suggestions of Staufenberg and Fischmann (2007), the findings of the current study suggest that ADHD occurs within the context of significant intrapsychic and relational conflicts, specifically a deeply flawed subjective experience of attachment. This advocates for a more psychodynamic approach which addresses these deeper intrapsychic conflicts and is able to offer some understanding of the richer intersubjective meanings the subjectively experienced trauma and psychological pain evident in the stories of the participants.

In support of this assertion, Burgin and Steck (2007) also suggest that aetiology in ADHD is multifaceted and that is specific to individual children rather than easily generalisable. Further, they suggest that psychoanalytic treatments for ADHD can often address attachment and holding or containment difficulties, problems with self-regulation and difficulties with symbolization and ego capacity. The authors present a case in support of their assertions and concluded that in the therapeutic process, containment difficulties are managed by promoting the development of self-regulation, limit setting ability, the languaging of intrapsychic conflicts (symbolization). They also suggest that part of the therapist's role in treating ADHD is to engage in a process of consistently and continuously adjusting to inconsistent ego functions and underdeveloped self-esteem. The authors advocate for the development of the field of research in terms of psychoanalytic treatment for ADHD.

Streeck-Fischer & Fricke (2007) similarly assert a critical point of view of the solely medical model of ADHD and suggest that psychosocial factors play a part in gene expression in ADHD. Further, they suggest that early mother-child interactions are crucial in the psychosocial development of children with ADHD. They further suggest that developmental psychodynamic therapy which focused on strengthening regulatory ability though the therapeutic techniques of de-centration, mentalisation, de-somatisation and symbolization was advocated for the effective treatment of the phenomenology of ADHD. The findings of the current study offers some support for both Burgin & Steck (2007) and Streeck-Fischer & Fricke's (2007) assertion that ADHD can be formulated and managed by means of psychoanalytic therapeutic techniques, specifically in the light of the findings that ADHD occurs within the context of a significantly impaired attachment experience. The sub-optimal attachment experience of children with ADHD may be effectively managed over the long term using techniques like limit setting, thoughtful containment of inconsistent ego function and the languaging and mentalisation of intrapsychic conflict since these therapeutic techniques are well

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accepted treatment modalities for other forms of psychological disturbance often formulated in terms of Attachment Theory.

5.4.   Advantages of Qualitative Methodology

A qualitative methodological framework enabled the study of the rich subjective experiences of the participants and this shed some light on an area of study which has not been extensively researched to date. In light of the limitations of a purely quantitative methodological stance (Yin, 1994), the qualitative methodology used in this study enabled the exploration and description of some of the experiences that some children with ADHD have of *Self* and *Other*. These experiences of a significantly insecure *Internal Working Model* in the participants in this study suggest that emotional and psychological factors may play an important role in the way in which these children interact with peers and adults with whom they are in relationship. The study also enabled the difficulties associated with these children with ADHD to be placed in the context of their experiences of family and other close relationships. The findings of the study suggest that for the participants in the study, the usual treatment plans of medication and cognitive behavioural training would not be sufficiently able to address the deep intrapsychic conflicts and problematic relationship models that the participants brought to the study. This may suggest that further study is needed in the area of the subjective experiences of children with ADHD in order to better understand the complex internal worlds of these children and to contextualize problematic behaviours within each individual's subjective experience of themselves and their relationships.

5.5.   **Significance of the Study**

The findings of this research study suggest that, for the participants in this study, ADHD occurs within the context of a significantly disrupted attachment. This suggests that some of the behaviours routinely diagnosable as ADHD might be reflective of deeper intrapsychic conflict and pain which may not be adequately addressed through behaviour management strategies and medication. Further, given the punitive subjective experience of the *Other* in the participants in this study, more mindful, process-oriented therapeutic techniques may be experienced as less invasive and threatening by the children in this study and in consequence prove more effective in treating the underlying intrapsychic difficulties they experience. By holding in mind the intrapsychic conflicts that seem likely to precipitate behaviours which are less than adaptive, the therapeutic process may be able to understand what these behaviours mean rather than focusing on terminating these behaviours without an understanding of their function.

The findings of this study also suggest that further research is required to better understand the subjective experience of children with ADHD, specifically in terms of the relationship between their subjective experience and their behaviour. In trying to formulate an understanding of the person rather than the symptoms, Attachment Theory may be able to offer new clinical and research understandings of how the subjective experience of children with ADHD translates into the specific behaviours of inattention, impulsivity and hyperactivity. To date, the well-researched field of ADHD has focused least attention on the children it aims to understand and treat. This study suggests that much information can be gained by paying attention to the emotions, thoughts and experiences of children with the disturbance.

5.6.   Limitations

The limitations of the proposed study are the small sample size which means that that the findings of the study cannot be generalized to the broader population of children with ADHD and would only reflect the experiences of the individual children included in the study. Further, there has been no previous research found by the researcher after extensive literature review in the specific field of study of the subjective experiences of children with ADHD from which to circumscribe the field of study, or against which to compare results.

A further limitation is the analysis and interpretation of the data. As suggested by Braun and Clarke (2006), the analysis and interpretation of data is a subjective process. This suggests that the data may have been analysed and interpreted differently by a different researcher. To ensure some consensus on the analysis and interpretation and to ensure the study was conducted as rigourously as possible, clinical supervision was used to critically examine the analysis and interpretations of each participant's response. It is acknowledged, however, that a different researcher under a different supervisory process may have yielded a different analysis and interpretation of the data.

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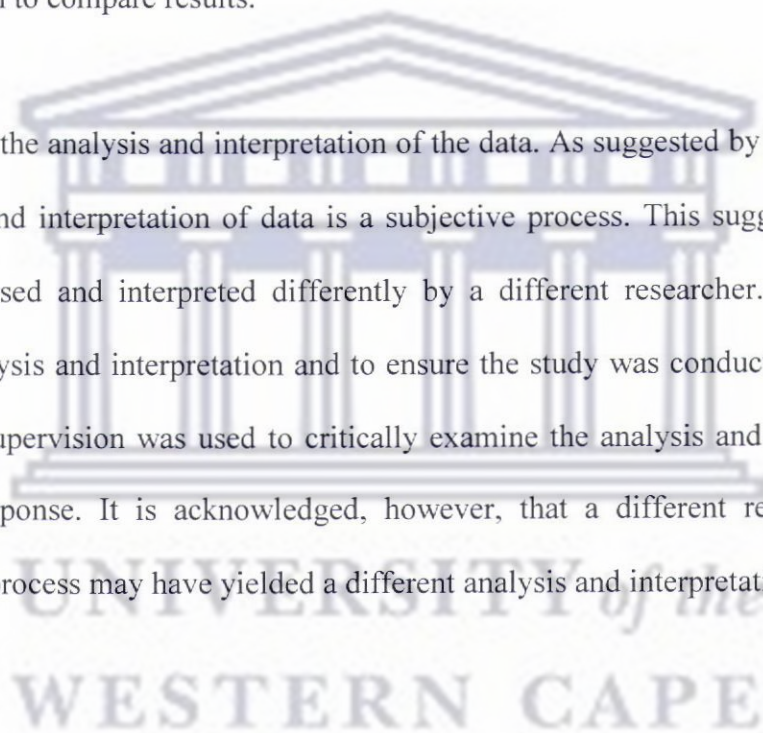
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UNIVERSITY *of the*

WESTERN CAPE

APPENDIX "A"


CONSENT FORM

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Telephone: (021) 959-2283/2453
Fax: (021) 959-3515 Telex: 52 6661

CONSENT FORM

Title of Research Project: A description of the representation of *Self* and *Other* in children

diagnosed with Attention Deficit Hyperactivity Disorder.

The study has been described to me in language that I understand and I freely and voluntarily
agree to participate. My questions about the study have been answered. I understand that
nether mine nor my child's identity will be disclosed and that I may withdraw from the study
without giving a reason at any time and this will not negatively affect me in any way. I have
obtained my child's informed assent to participate in this study.

....
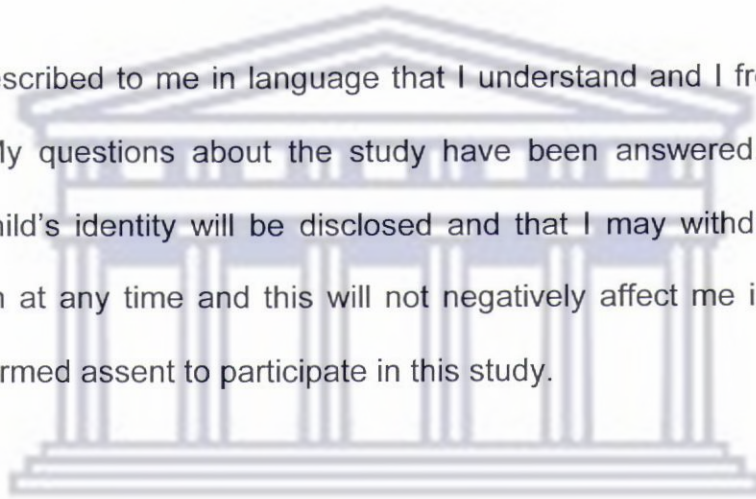
Participant's name

....

Signature of Parent or Legal Guardian

....

Date

Should you have any questions regarding this study or wish to report any problems you have

experienced related to the study, please contact the study coordinator:

Study Coordinator's Name: Kim Rooney

University of the Western Cape

Private Bag X17, Belville 7535

Cell: 0842084513

Fax: (021)

Email: kim.rooney@lantic.net

APPENDIX "B"

TRANSCRIPTS OF PARTICIPANTS' RESPONSES ON CHILDREN'S APPERCEPTION TEST

(CAT)

Participant: Luke
Birthdate: 25 April 2000
Mother-tongue: English
Full Scale IQ: 104 (Average)
Diagnosis(es):   Attention Deficit Hyperactivity Disorder
                         Primary Enuresis
Medication: Ritalin & Imimpramine

Transcript of Children's Apperception Test
Administered: 11 August 2008

1. Chicks eating their lunch. One is happy. This one (points to second small chicken) is also happy – this one is surprised. He is surprised about the lunch – it is very nice.

2. They playing 'tiger-war' (tug-o-war). This one ('mother' bear) is struggling to get all the rope. This one ('father' bear) is also…but this one ('father bear') is happy. At the end he ('father' bear) falls and these two take the whole rope.

3. The lion is an old grandpa. A mouse is looking at him, sitting on his chair smoking. The lion is feeling sad 'cos the mouse keeps on irritating him – takes his cheese. They will become friends.

4. The cat ('mother' kangaroo) on the bicycle wants to fly. The cat can't fly – only a little bit. The kangaroo ('mother' kangaroo) starts to fly and lets go of the bicycle and then the cat falls down and dies. The cat goes to hospital.

5. (Long hesitation before answering). All I can see is two bears sleeping in the cot (two 'infant' animals). They having a nightmare about ghosts – the ghosts are killing them. They are going to die.

6. There's a bear sleeping in the cave to get warm. And it wants to get warm and its hungry. It's very dark.

7. The tiger wants to eat the monkey 'cos he's hungry but the monkey doesn't die because he can climb. He will go up the tree but the tiger climbs up the tree and eats up…..(Stops and after further enquiry points to the monkey. No further verbal response to the picture. A noticeable increase in LF's anxiety levels during the presentation of this picture).

8. That's a family of monkeys. The mother and father monkey are drinking tea. Granny is telling the son ('child' monkey) to go out and play. The son feels sad and the father feels happy. The mother is telling the father something. (When asked what he thinks the mother is telling the father, he shrugs and makes no further verbal response to the picture but appears uncomfortable).

9. The rabbit ('child' rabbit) is looking outside the bedroom door and he's in his bed. His ears are straight up 'cos he can hear a noise. He is scared 'cos there's somebody out there trying to kill him. He'll get killed in the end.

10. Two dogs – one is sneaking off to the toilet. One (asked to clarify points to the 'mother' dog) feels bad 'cos the child wants to go and use the toilet. But the mother wants to groom the child. The mother grooms him quickly and he goes to the toilet.

Participant: Lilitha
Birthdate: 2 October 2000 (8 years 0 months at testing)
Mother-tongue: English
Full Scale IQ: 92 (Average)
Diagnosis(es):   Attention Deficit Hyperactivity Disorder
Medication: Ritalin

Transcript of Children's Apperception Test
Administered: 27 October 2008 by researcher

1. They eating and they happy. There's a dead chicken in the bowl. They will eat him.

2. They pulling a rope. The daddy one is going to fall of the mountain – he will be hurt. The others will also fall and be hurt – all of them. The mother will fall off the top of the bridge.

3. The lion is sitting on the chair smoking. And a rat, he's watching the lion.

4. Kangaroos. One is riding a bicycle. Big one's wearing a hat. There's food inside the basket. They are happy 'cos they are going to eat.

5. It is dark with two beds. One for the little kids and one for the adults. They sleep here (clarifies that the whole family sleeps here).

6. There's a wolf. Come of the wolves are sleeping. They will wake up and look for food.

7. Tiger's chasing a monkey. The monkey's jumping up the tree.

8. Four monkeys, two will drink tea. This one pointing to the small one and laughing. The small one feels bad – he will cry.

9. There's a small rabbit – he's in the bed and the door's open.

10. Two dogs, one is big, one is small and the small one wants to run and he big one doesn't want to so he's holding the small one. There's a toilet.

Participant: Adam
Birthdate: 28 July 2000 (8 years 2 months at testing)
Mother-tongue: English
Full Scale IQ: 108 (Average)
Diagnosis(es):   Attention Deficit Hyperactivity Disorder
Medication: Ritalin (Ritalin prescribed at time of testing. Further medication prescribed
                    after testing following consultants' psychiatric evaluation)
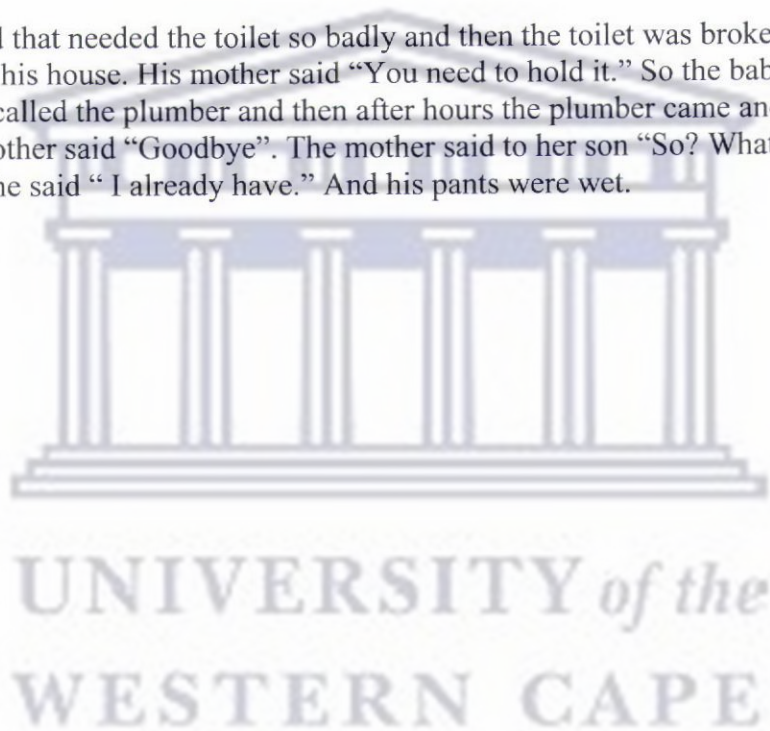
Transcript of Children's Apperception Test
Administered: 13 October 2008 by researcher

1. There were three birds: baby, mommy and daddy. When the baby ate his food, the mom said
    that it is too cold, the dad says his is too hot. The baby says that it is too warm. Then they
    went for a jog then a kid came and she came in their house. She ate the daddy's food, she
    said that the daddy's was too hot and the mommy's was too cold. She ate the baby's all up.
    The chair broke and she went to bed. She slept in the baby's bed. When they came home,
    the baby saw that his chair was broken.

2. There was two bears and one bear. They were practicing to pull the rope. Whoever pulls the
    guy past the guy wins. They were practicing and one day there was a challenge. The grumpy
    bear ('father' bear) said you won't beat me. We'll see about that. His son helped him
    (interprets 'mother' bear as another 'father' bear) so they won the medal.

3. Once upon a time there was a greedy lion who didn't share stuff with people. A mouse came
    – he followed him around. The lion got so angry then the mouse was running away from the
    lion. The lion said come back here. The mouse quickly ran onto the table into the cotton and
    under stone. So when the lion trips over the cotton, the stone fell on his head.

4. There was a kangaroo ('mother' kangaroo). It had two babies. The kangaroo ('child'
    kangaroo) was going off to his grandmother. She met a stranger and then her mother said
    don't talk to strangers. She was talking to an evil bear (no depiction in current picture) that
    likes to eat grannies. Then he said "You'll need my help." But she said "I'm going to my
    grandma's house". The bear said "I know a short cut". Then the girl took the long cut and
    the bear took the short cut. The bear hid the granny and put on the granny's clothes. (No
    further verbal responses to presentation of this picture).

5. Once upon a time there was a ghost – a spirit. They came into the house and then they were
    getting the children's souls. Then they children tried to get them back. They built a thing
    that kills ghosts and spirits. They went to the shop to buy the things – the brother said "I
    have everything we need. Let's start building." When the spirits came again, they killed the
    ghosts and got their souls back. Never sleep with the door open!

6. There was a hunter, hunting for the bears. Is there a bear in water? (Doesn't wait for
    answer). We must swim – there's no bear. And then he said "I got my trusty gun". He saw a
    tree and climbed it but didn't see any bear. No bear here. He looked in a cave. He saw bears
    and he sang a song "I left my gun, I don't have my trusty gun by my side." He ran saying
    "I'm so afraid!" I learnt my lesson: Never hunt for bears!

7. There was a monkey. It was irritating the tiger. The tiger said "Stop irritating me!" The
    monkey said "You wish!" The tiger said "I will give you one more chance – If you do it
    again, you will suffer!" The day after he did it again – he was irritating the monkey. He
    asked him "What did I tell you?!" The monkey said "Tell me again?" but the tiger got

irritated and chased the monkey. When the tiger caught the monkey, he locked him in a cage then the monkey got the tiger inside this cage and locked him up and ran away. The monkey lived happily ever after.

8. There were four monkeys and then the wife had a child. His name was Cookoo and then his grandfather and grandma came over for celebration. Then the cookoo monkey was messing everything up. Then his mom told him "Don't do that!" When he was twenty-one years old, he had a wife and he had a husband and the wife had a baby and then the monkey's name was Ape and then his grandfather and grandmother came over for a celebration and the monkey was so good that the Ape told him that "When I was litte, I was so naughty, but you are so good."

9. There were two rabbits – one was afraid f the dark and one wasn't. The one rabbit thought there were monsters so he crept to the sister's bed saying "Monster! Moster! I'm scared of the dark!" The other rabbit said "Ok, I'll let you sleep with me for only one night."

10. There was a kid that needed the toilet so badly and then the toilet was broken – all the toilets were broken in his house. His mother said "You need to hold it." So the baby said "Ok, I'll try". Then she called the plumber and then after hours the plumber came and fixed the toilet and then the mother said "Goodbye". The mother said to her son "So? What are you waiting for? Go!" The he said " I already have." And his pants were wet.

Participant: Vusi
Birthdate: 14 August 2001 (7 years 2 months at testing)
Mother-tongue: Xhosa
Full Scale IQ: 90 (Average)
Diagnosis(es):   Attention Deficit Hyperactivity Disorder
Medication: Ritalin

Transcript of Children's Apperception Test

Administered: 10 November 2008 by researcher

1. The shadow of a chicken ('mother' chicken). Baby chickens ('child' chickens) are eating and then I think that when they finish, mom will give them some more and then they'll go play outside.

2. Two bears. They trying to get the rope. I dunno what for. I think they need it to hunt. They'll catch the animal and eat it. The two (the 'mother' and 'child' bear) will get the rope. The one ('father' bear) will let go and the two ('mother' and 'child' bear) will fall and the one ('father' bear) will laugh at them.

3. I think this lion is smoking. It's thinking what it can catch. It's gonna go outside to look for something and catch a buck. It will eat the buck. And then it will sleep.

4. This is a mommy kangaroo and a baby one. Then they going back to their house. They went to get food. The mommy one's gonna cook and they all gonna eat and then watch tv. Then they sleep.

5. People were looking for a bed when they saw this house. They saw the bed. ep here. (No further verbal responses however his non-verbal behaviour indicated that the picture made him feel particularly uncomfortable).

6. There's a wolf. Some of the wolves are sleeping. They will wake up and look for food.

7. Tiger's chasing a monkey. The monkey's jumping up the tree.

8. Four monkeys. Two drink tea. This one is pointing to the small one and is laughing. The small one feels bad – he will cry.

9. There's a small rabbit. He's in the bed and the door's open.

10. Two dogs, one is big, one is small. The small dog wants to run and the big one doesn't want to so he's holding the small one. There's a toilet.