

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

KIM ROONEY

Thesis submitted to the Department of Psychology,  
University of the Western Cape, in partial fulfilment of the  
requirements for the degree of MPsych.

**SUPERVISOR: KAMAL KAMALOODIEN**

**JULY 2009**

**KEY WORDS**

**Attention Deficit/ Hyperactivity Disorder, Disruptive Disorders, Self, Other, Object Relations,  
Children's Apperception Test, Attachment Theory, projective testing, psychodynamic, infant-  
mother relationship.**

THES



## TABLE OF CONTENTS

<b>CHAPTER ONE</b>	<b>3</b>
<hr/>	
<b>INTRODUCTION</b>	<b>3</b>
<hr/>	
1.1 BACKGROUND	3
1.2. METHODOLOGICAL CONSIDERATIONS	5
1.3. CONCLUSION	6
<b>CHAPTER TWO</b>	<b>9</b>
<hr/>	
<b>LITERATURE REVIEW</b>	<b>9</b>
<hr/>	
2.1. INTRODUCTION	9
2.2. THE PSYCHIATRIC DEFINITION OF ATTENTION DEFICIT HYPERACTIVITY DISORDER	10
2.2.1 TABLE ONE: DIAGNOSTIC CRITERIA FOR ATTENTION DEFICIT HYPERACTIVITY DISORDER	11
2.3. ATTENTION DEFICIT HYPERACTIVITY DISORDER AND ATTACHMENT THEORY	13
2.3.1. BOWLBY'S ATTACHMENT THEORY	14
2.3.1.1 THE IMPORTANCE OF SECURE ATTACHMENT	15
2.3.1.2 THE EXPERIENCE OF SELF AND OTHER IN INSECURE ATTACHMENT PATTERNS	18
2.3.2 ATTENTION DEFICIT HYPERACTIVITY DISORDER AND ATTACHMENT	21
2.3.2.1 ATTENTION DEFICIT HYPERACTIVITY DISORDER AND INSECURE ATTACHMENT	21
2.3.2.1.1 ATTENTION DEFICIT HYPERACTIVITY DISORDER AND INSECURE-AVOIDANT OR INSECURE-DISORGANIZED ATTACHMENT PATTERNS	24
2.3.3. ATTACHMENT AND NEUROCOGNITIVE DEVELOPMENT	25
2.4. CONCLUSION	29
<b>CHAPTER THREE</b>	<b>31</b>
<hr/>	
<b>METHODOLOGY</b>	<b>31</b>
<hr/>	
3.1 INTRODUCTION	31
3.2 THE QUALITATIVE METHODOLOGICAL APPROACH	32
3.3 RESEARCH DESIGN	33
3.3.1 CASE STUDY RESEARCH DESIGN	33
3.3.1.1 MULTIPLE CASE STUDY DESIGN	34
3.4. AIMS OF THE STUDY	35

3.5.	PARTICIPANTS	35
3.5.1.	SELECTION OF PARTICIPANTS	35
3.5.2	PARTICIPANTS	37
3.6.	INSTRUMENT	38
3.7.	PROCEDURE	40
3.8.	DATA ANALYSIS	41
3.8.1.	RATIONALE FOR THEMATIC ANALYSIS	41
3.8.2.	THE PROCESS OF THEMATIC ANALYSIS	42
3.9.	ETHICS	45
3.10.	REFLEXIVITY	47

---

**CHAPTER FOUR** 48

---

**THEMATIC ANALYSIS** 48

4.1	INTRODUCTION	48
4.2.	THEMATIC ANALYSIS	49
4.2.1	UNSEEING <i>OTHER</i> AND UNSEEN <i>SELF</i>	50
4.2.2.	HOSTILE <i>OTHER</i> AND VULNERABLE <i>SELF</i>	54
4.2.3.	ATTACKING <i>OTHER</i> AND RETALIATING <i>SELF</i>	58
4.2.4	OMINOUS <i>OTHER</i> AND FRIGHTENED <i>SELF</i>	65
4.2.5.	CONTROLLING <i>OTHER</i> AND IMPOTENT <i>SELF</i>	69
4.3.	SUMMARY	72
4.3.1	UNSEEING <i>OTHER</i> AND UNSEEN <i>SELF</i>	72
4.3.2.	HOSTILE <i>OTHER</i> AND VULNERABLE <i>SELF</i>	73
4.3.3.	ATTACKING <i>OTHER</i> AND RETALIATORY <i>SELF</i>	74
4.3.4	.OMINOUS <i>OTHER</i> AND FRIGHTENED <i>SELF</i>	75
4.3.5.	CONTROLLING <i>OTHER</i> AND IMPOTENT <i>SELF</i>	76
4.4.	CONCLUSION	76

---

**CHAPTER FIVE** 78

---

**DISCUSSION** 78

5.1	INTRODUCTION	78
5.2.	SUMMARY OF RESEARCH FINDINGS	78
5.3.	INDICATIONS FOR FUTURE RESEARCH AND TREATMENT IMPLICATIONS	80
5.4.	ADVANTAGES OF QUALITATIVE METHODOLOGY	83
5.5.	SIGNIFICANCE OF THE STUDY	84
5.6.	LIMITATIONS	85

---

**REFERENCES** 86

# 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,