A NARRATIVE PASTORAL COUNSELLING APPROACH TO GIVING A VOICE TO CHILDREN WITH ADHD WITH ANXIETY

by

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DECLARATION OF ORIGINALITY

I, Anna Susanna Niemann, ID: 6606180018085 declare that the research study, **A narrative pastoral counselling approach to giving a voice to children with ADHD with anxiety,** is my own work and that all sources were referenced appropriately.

A. S. Niemann

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ABSTRACT

Children with ADHD is not a new phenomenon in South Africa. An increasing trend of anxiety in children with ADHD in the middle childhood age group of 6 to 12 years, is prevalent in South Africa schools. Existing research on ADHD and anxiety indicates that children with ADHD react differently. They tend to withdraw. This also happens in school where they have to endure stress and pressure. They tend not to communicate to resolve their problems. They are already faced with many challenges and when anxiety is added to the list of problems, they struggle to cope. Children with ADHD experience emotional distress on a different level than other children and it also lasts longer. The condition of ADHD makes them especially prone to anxiety.

The study investigates the problem of children with ADHD who suffer from anxiety. The aim is to identify or develop an effective pastoral approach to support these children. Parent and family dynamics are factors that can contribute to anxiety in their lives. If the parent-child relationship is positive and constructive, it can contribute to these children making progress. Working toward a better parent-child relationship in the family system, is a significant aspect of counselling with children with ADHD. Long-term stress can lead to depression and other emotional distress. From a family perspective the parent-child relationship plays an important role in the child`s psychological development. The power dynamics in families is also investigated to ascertain what role this plays when it comes to anxiety in children with ADHD.

The study explores early attachment behaviour and behavioural problems in children in the middle childhood of 6 to 12 years. Internal working models give an indication of how early attachment behaviour influences people`s social relationships later in life. This study explores how the side-effects of anxiety influence children with ADHD in all aspects of their lives. It also explores the possible causes of anxiety in children with ADHD. Cognitive development theories focusing on the middle childhood period are utilised in order to come to a better understanding of the effect of emotional distress on children with ADHD and their cognitive, academic and social development.

This literature study aims to identify or develop a suitable and effective pastoral approach to children with ADHD who suffer from anxiety. Narrative pastoral

counselling models, the narrative hermeneutical model and the shepherding model are utilised to explore the possibilities of storytelling to facilitate in the re-authoring of their problem story and coming to a new preferred story for their lives. Storytelling is generally an effective way of communicating with children. The question is whether this approach will also be affective with children with ADHD who suffer from anxiety. The aim is to identify or develop an effective pastoral care approach to support children with children with ADHD who suffer from anxiety. The aim of the counselling journey with anxious children with ADHD is to guide them toward a better understand of their condition and to affect positive change.

KEYWORDS

- narrative pastoral counselling
- pastoral care
- power discourse
- cognitive development
- ADHD
- middle childhood
- learning barriers

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CHAPTER 1

CHILDREN WITH ADHD AND ANXIETY

1.1 Introduction

The study explores whether there is a correlation between early childhood attachment and anxiety in children with ADHD. The focus of this study is to explore whether narrative pastoral counselling could be an effective pastoral response to children with ADHD who suffer from anxiety. There are many factors underlying this anxiety. The family and community environment also plays a significant role. Therefore, early childhood attachment is investigated. It is important for pastors and counsellors to understand the multi-layered dynamics of anxiety in children with ADHD in order to guide the children who experience anxiety to change their thinking patterns and cope more effectively with anxiety.

The middle childhood age group is comprised of children between 6 and 12 years old. This is the time when the frontal lobes of the brain that are responsible for reasoning, develop. At this age, children strive to make sense of the world. Children with ADHD who suffer from anxiety struggle to articulate what they experience. This is partly due to the stress that was the cause of the anxiety in the first place. Children with ADHD with anxiety often struggle with relational, educational and behavioural problems. They do not fit in at school. This exacerbates their learning difficulties, poor cognitive development and social problems. Children with ADHD do not react in expected ways. They experience emotional distress on a more intense level and for much longer than other children. One of the difficulties is that they cannot always express their feelings and make known to others what they experience. In this sense, they are “voiceless”.

The aim of this pastoral study is to find a way to give a voice to children with ADHD who struggle with anxiety. The study explores the potential of narrative pastoral counselling for bringing a child to voice their experience. It entails a process of asking questions, telling the story, and then re-storying and re-framing the problem. In narrative counselling, the counselee determines the direction taken in the conversation (Morgan 2000:4). Narrative pastoral counselling is also a suitable way to address the parent-child relationship. This relationship is particularly important for the

psychological wellbeing and development of children with ADHD. Parent and family dynamics are factors that can contribute to anxiety in their lives. The power dynamics in families are also investigated to ascertain how this can contribute to anxiety in children with ADHD. The aim of the study is to develop an effective narrative pastoral response to children with ADHD who suffer from anxiety in order to facilitate them to re-connect with others and their environment.

The study evaluates various pastoral approaches in order to identify what could be effective in this particular instance. This study explores the problem and contributing factors in order to come to an effective pastoral approach. ADHD can be seen as an illness, which makes them prone to anxiety. Some of the effects of anxiety are under-achievement in the cognitive, academic and social field.

Storytelling is generally an effective way of communicating with children. Through narrative pastoral counselling children can develop their social skills and find ways to cope with their anxiety. In a narrative approach, the problem is seen as separate from the person. The point of departure is that people have skills, competencies, beliefs, values, commitments and abilities that will assist them to change their relationship with the problems in their life, Morgan (2000:4).

Children with ADHD struggle with many challenges. When anxiety is added, the problem is exacerbated and they have difficulty coping. Children with ADHD who suffer from anxiety experience severe insecurity. They find an environment with large groups of people especially challenging. Their poor social skills and development affect their relationships in school. They tend not to be able at articulate how they feel. The first sign that something is amiss is when they struggle to keep abreast of the work. Because children are not able to articulate their experience, thoughts and worries, parents find it difficult to identify the problem. Emotional and social problems and a sense of insecurity are generally the leading causes for poor educational development and progress.

The pastoral support of the children focuses on developing and advancing their interpersonal and communication skills. The study explores pertinent theories in order to come to a better understanding of the effect of emotional distress on children with

ADHD and their cognitive, social and academic development. Often parents also suffer from anxiety, due to financial distress for example. The Covid-19 pandemic led to unemployment and exacerbated gender-based violence. The children sense the fear and anxiety of parents. The dynamics in the home then contribute to their anxiety, fear and discomfort. Long-term stress can lead to depression and other emotional problems. Children with ADHD are affected most by anxiety because of their sensitivity to emotional instability and long-term stress.

The aim of the study is to find effective ways of guiding children with ADHD to deal with their anxiety and regain emotional stability. The potential of narrative pastoral engagement is explored. The point of departure of a narrative approach is to provide respectful, non-blaming counselling, which acknowledges that the people themselves are the experts in their own lives (Morgan 2000:4). In narrative counselling children with ADHD can tell their story. In this way the problem can be uncovered. Constructing a counter-story with the child is a process. Once the landscape of the problem has been broadened through deconstructing questions, there are numerous vantage points that can lead to unique outcomes or “sparkling events”. Freedman and Combs (1998:124) describe it as follows: “Sparkling events would be those experiences that lie outside of the problem and the saturated narrative would not be predicted by it, but instead brought forth”. The study investigates whether this approach is suitable for children with ADHD who suffer from anxiety.

1.2 Research problem

Anxiety is part of being human and occurs in all stages in life, from childhood to adolescence to adulthood. For the purpose of this study, the focus is on the middle childhood age 6 to 12 years. Anxiety effects children with ADHD in numerous aspects of their lives. Adequate solutions are needed to address the problem effectively. The study explores whether childhood attachment behaviour has an influence on anxiety in children with ADHD. It then investigates whether narrative pastoral counselling could constitute an effective pastoral response to anxiety in children with ADHD.

One of the reasons for elevated levels of anxiety is when the home environment, which is supposed to be a safe space conducive to the wellbeing of children, does not fulfil that role. The effects of financial distress on the lives of parents and families is also a

factor. If parents themselves suffer from anxiety, depression and fear due to financial stress or perpetrate gender-based violence, this has a detrimental effect on children. Children mirror the anxiety of their parents. This has a negative effect on the personal and educational development and progress of the children.

This literature study aims to evaluate pastoral approaches in order to identify a suitable pastoral approach to children with ADHD who suffer from anxiety. The potential of a narrative pastoral counselling approach specifically, is explored. The focus is on children with ADHD in the middle childhood age group of 6 to 12 years who suffer from anxiety.

1.3 Literature overview and research gap

Anxiety in children with ADHD has increasingly become a social problem in schools. Through pastoral care and counselling the anxiety and its negative effect on the lives of children, can be addressed. Family and community are two major factors that contribute to anxiety in children. A problematic home environment, abject poverty, a sense of insecurity, the absence of positive role models all have a negative effect on children's ability to learn. Children who suffer from anxiety and stress often feel rejected and neglected by parents due to parents` own struggles. This could lead to attention seeking behaviour in children.

Children`s earliest social environment mostly consists of parents and siblings. The environment influences the formation of their emerging self-concept. Personality and self-theories show that parent-child interaction plays a crucial role in the socialisation process, particularly as it influences children`s self-concept. Children`s view of themselves is often a reflection of how they think their parents view them (Middlebrook 1980:59-60). There is a correlation between parents` and children`s behaviour. Parents who are supposed to provide the safe space for children have the power to generate anxiety, stress and despair in children. There is a strong connection between what happens to children and what the children do (Middlebrook 1980:52). Children experience stress and anxiety if their parents experience stress and anxiety.

There is a strong connection between what happens to children and their subsequent behaviour (Middlebrook 1980:52). Stress and anxiety due to an unstable home

environment can lead to attention seeking behavioural problems. Children`s earliest social environment, composed of parents and siblings, influences their emerging self-concept and self-worth. Most of the time people are assumed to be in the state of mind of subject-self-awareness. They attend to the outside environment, external stimuli, tasks and activities and other people (Middlebrook 1980:52). Personality and self-theories agree that the parent-child relationship plays a crucial part in the socialisation process, particularly as it influences children`s self-concept. Children`s views of themselves is a reflection of how they think their parents view them (Middlebrook 1980:59). This study focuses specifically on the age group 6 to 12 years. Certain behaviours are more influenced during certain development stages and therefore the particular age group also plays a role when it comes to the problem of anxiety in children with ADHD.

Narrative pastoral counselling involves re-authoring or re-storying conversations (see White 2007:289). Curiosity and the willingness to ask questions to which the answers are unknown, is the point of departure (Morgan 2000:4). In asking questions about the process, the narrative counsellor invites people to notice what went into the event. As people retrieve the sequence of important elements involved, unique outcomes can be identified: those ways of coping with the event that were positive and can be available to them during future challenges. As they review their own actions, this can contribute to stories of personal agency (Freedman and Combs 1996:13).

Behaviour is the result of inborn characteristics (nature) or environmental factors (nurture) or both (Louw & Louw 2014:4). Certain behaviours are more influenced during certain development stages. From a learning theory perspective, the infant`s mind is seen as a blank slate on which experiences writes (Louw & Louw 2014:23). John Watson (1878-1958), the “father of behaviourism”, explains that behaviour is primarily learned from the environment. This also applies to child development. Skinner (1904-1990) calls it “operant conditioning”. This is the process where children operate in their environment in such a way as to attract rewarding reactions and to avoid punishment. The basic principle is that behaviour that is rewarded is more likely to be repeated.

According to Albert Bandura's (2002) *Social Cognitive Theory,* children learn by imitation, modelling and observation. They tend to follow the lead of their parents or those who constitute the main influence on their lives. Both social and cognitive factors play a role in the process of learning. The theory was later refined to place a greater emphasis on children`s ability to decide which behaviour to emulate. This decision is influenced by children`s own expectations of what the consequences of imitating the model`s behaviour would be. The child`s own personal standards, beliefs and value system determine how powerful and dynamic the influence of the model would be in their life. Children`s self-efficacy, their beliefs about their own abilities and potential, plays a role in their decision whether or not to imitate a specific other. Learning theories made a valuable contribution to child psychology especially regarding the significance of environmental factors (Louw & Louw 2014:25).

The *cognitive development* perspective of Piaget (1977:17) focuses on how children think and how their thinking changes over time. Proponents of this perspective include the information processing theorists. Piaget`s theory, however, is probably the best known. For him, children act like scientists. They create "theories" about their physical and social world. They try to weave all that they know about objects and people into a complete picture. Their theories are tested daily by the experiences they have. Piaget also emphasises that children are naturally curious. They want to make sense out of their experiences and in the process construct their understanding of the world. They come to understand the world by using schemes, which can be described as a psychological template (structure, framework or plan) to organise encounters. This is based on prior experience and memory. Their thinking becomes more sophisticated as they develop.

The support system of children plays a crucial role in their development. If the support system is strong and stable, they can experience safety and learn to trust. The parent-child relationship is therefore important for their social development. Uncertainties and distress in parents' or caregivers' lives affect the support system of children in a negative way. This can include financial distress or changes in the family composition. Caregivers who change, siblings who are separated, parents who divorce can have a detrimental effect on the sense of safety and stability of children. Where aged relatives take care of children or caregivers become ill, it is possible that a situation of mutual

dependency will develop. This is not conducive to the development of children. Their role changes from being a child to becoming the caregiver for parents, grandparents or siblings. These kinds of responsibilities not only deny children their childhood, but also limits their opportunities. It can have a negative effect on their life. Concern about parents and siblings and financial instability then also affect their school experience and achievement. Constant worry can lead to depression. With gender-based violence there is the added fear that the primary caregivers could be hurt or even killed. Children who grow up with fear and insecurity are at higher risk of developing psychological problems.

Parents who experience distress due to a variety of factors are often not capable of providing emotional support to children. The lack of empathy and emotional engagement can lead to children exhibiting antisocial behaviour. The reaction to trauma and the symptoms they exhibit differ from child to child. Symptoms may not occur immediately after the traumatic experience. The incident could have a “sleeper effect”. The child then only manifests a trauma reaction months after the event. The reactions of children to trauma correlates with their stage of development since they experience and interpret that experience within the capabilities of that specific stage of cognitive and emotional development (Louw & Louw 2014:427).

Trauma and financial instability lead to a high level of anxiety especially in children with ADHD. If there are changes in the family composition because of relocation, death and financial hardship, the children suffer from heightened levels of anxiety, fear and depression. Specific factors that play a role in how children understand death, financial hardships and other traumatic experiences, include their age, their level of cognitive development, the nature of the relationship of the person who died, cultural influences and the way in which parents communicate with them about the events (Louw & Louw 2014:424).

The study aims to shed light on factors that lead to anxiety in children and to explore how narrative pastoral support can make a constructive contribution to their lives. The correlation between anxiety and development problems is explored. Younger children often struggle to articulate their feelings. A narrative approach to pastoral conversations with children can connect with them on the level of “story” with which

they are familiar. If they can be drawn into the story-telling mode and participate in the storytelling, this can be a way for the pastoral caregiver to gain insight into the children`s innermost feelings, experiences and their interpretation of that experience. The children can then be guided to create a positive counter-story with more positive outcomes. The target group for this study is children between the ages of 6 and 12 years.

Research has shown that a power imbalance in the family unit can lead to anxiety in children. The correlation between insecure attachment and a poor image of the self and others should be further investigated, according to Van der Watt (2014:256). Children who experience negative parental behaviour such as rejection could react negatively when confronted in a similar situation with their peers. Early childhood attachment plays a role in the way children externalise behavioural problems (Bosman et al. 2006:374). Children express their feelings through words and actions. These expressions can either be through constructive or destructive means. The nature of a child`s attachment and the emotional bond between the child and a caregiver could influence anxiety. Williams and Kennedy (2012:321) point out that a lack of parental involvement and support could contribute to the stressful behaviour in children. Insecure children often suffer from poor self-esteem, have poor emotional control and poor social problem-solving skills.

Children with ADHD experience emotional distress on a more intense level. Insecure childhood attachment could be one of the factors related to anxiety. Therefore, the role of parent-child attachment relationships should be investigated further. Peer attachment is in some respect similar to parent attachment. However, this study focuses on parent-child attachment since this is the foundational relationship on which all others are built. The cracks and flaws in this formative relationship can affect other relationships negatively. Often children with ADHD are seen as “naughty” because of their poor social skills.

From a pastoral perspective, the *narrative hermeneutical* approach of Charles Gerkin (1997:24) is grounded in God`s care for God`s people. Pastoral caregivers therefore address issues of justice and moral integrity. Pastoral care involves three aspects: individuals and families, the community, and the tradition that shapes the Christian

identity. The pastor, as the shepherd of the people, pays attention to the needs of the individuals, their families, the community and the church.

The *narrative approach* (see Ganzevoort 2012:214) connects the stories of people with the stories of and about God. The biblical stories of God and people resonate with human experiences. They give expression to and validate human experience. The biblical stories of people`s interaction with God challenge people to review their own stories. Pastoral caregivers provide guidance and support which include the spiritual dimension of being human. Through stories of people`s interaction with God a safe space can be created for people to tell their story and reflect on it.

The pastoral counsellor creates a safe space also for children who suffer. In this safe space they should be able to tell their story freely. Individuals give meaning to their lives and relationships through telling stories in which they are active participants in shaping their lives and relationships. The aim of narrative therapy is the re-authoring or reconstruction of stories. Stories compromise of a beginning (past), middle (present) and end (future). Specific experiences of past, present and future events are connected to create a narrative (White & Epston 1990:13; see Morgan 2000:2). People construct their own reality through their stories. These stories are situated within a political and social context and therefore are socially constructed (Theron & Bruwer 2006:449).

1.4 Methodology

For the purpose of this study, a qualitative literature investigation will be done from both a psychological and pastoral perspective with the intent to develop a pastoral care approach to addressing anxiety in children with ADHD. From a psychological perspective, British psychologist Mary Ainsworth`s (1993) patterns of attachment will be utilised. From a pastoral perspective, the focus is on pastoral narrative counselling. The narrative counselling approach of Michael White (1995; 2007) is applied to pastoral counselling. People construct their life experiences through the stories as they seek to give meaning to experience. Narrative counselling aims to create a safe space where individuals are guided to re-author or reconstruct their life events. The stories constitute making sense of and interpret life events. In pastoral care, personal stories are connected to the story of the Christian tradition and community. This connection

facilitates people to discover a deeper meaning to their behaviour and situation. Pastoral caregivers then also create a space where children with ADHD can share their story in a caring environment and reflect on how their story is affecting their behaviour and experience. The goal is to guide them to find a more productive and meaningful way of coping with their condition and anxiety.

The sequential detail of how the study is conducted is as follows (see Swartz et al. 2016:43). It is a qualitative literature investigation, which aims to come to a deeper understanding of a specific facet of human experience. Narrative pastoral counselling is explored for its possibilities to be an appropriate approach to providing pastoral support to children with ADHD who suffer from anxiety. The world of “story” is familiar to them. The narrative approach will therefore be explained.

One of the aspects of a narrative approach that is appropriate to the support of children with ADHD who suffer from anxiety is that there is a relative absence of control and structure in the pastoral conversation. In this instance, children are guided in the process of becoming the author of their own story. The focus of narrative pastoral engagement brings insight into the experience and behaviour of the child. Insights from the field of psychology will be utilised to come to an understanding of how qualities such as personality characteristics and intelligence affect experience, the interpretation of that experience, and the subsequent behaviour of the child. The narrative approach and insights from psychology are combined to identify guidelines for the pastoral support of children with ADHD who suffer from anxiety and encounter development problems.

Power dynamics in families are investigated to ascertain how this contributes to anxiety in children with ADHD. Children should have a safe environment be able to develop and flourish. Adults under duress do not always provide such an environment. Their anxiety and stress are is invariably transmitted to children. Some children react with intense fear and anxiety. The power dynamics in families will be investigated, as well as the effect of meanings that are contradictory and ambivalent on children (see Swartz et al. 2016:39). Insights from the field of developmental psychology will be gained from the theories of Piaget (1977) on cognitive development and John Watson

(1914) on behaviourism. John Bowlby`s Attachment Theory and Mary Ainsworth`s (1993) patterns of attachment will be utilised.

Regarding the narrative approach and methods, the works of White (1995), Freedman and Combs (1996) and Morgan (2000) are utilised. Children construct their life experiences through the stories they tell in their search for meaning. Through a narrative approach, the caregiver can gain an understanding of how they make sense of themselves, their experiences and their actions (Swartz et al. 2016:39). Through a narrative approach, a safe space is created for children with ADHD who suffer from anxiety. In pastoral care, the personal stories of children relate to Christian tradition and the faith community. For this focus, the work of Ganzevoort (2012) is utilised. The pastoral caregiver aims to create a space where children can tell their stories. The goal of pastoral care with children with ADHD who suffer from anxiety, is to function in support of other treatments and therapies. The broad aim is to guide the children to find ways to manage their condition and challenges more effectively.

1.5 Chapter outline

Chapter 2 explores the phenomenon of anxiety in children with ADHD. The discussion includes psychological, physical and emotional aspects. The chapter glean insights from psychology by utilising Bowlby`s Attachment Theory and Ainsworth`s styles of attachment. The point of departure is that the parent-child relationship plays an important role in children`s psychological development. Ainsworth`s Strange Situation Technique provides an indication of how children behave when in a stressful situation. Internal working models, which show how early childhood-attachment influences people`s social relationships, will be discussed. The chapter applies early childhood attachment theories to children with ADHD who suffer from anxiety. The influence of parents or caregiver and the dynamics in the home are discussed. Children`s development is traces in order to gain insight into how they make sense of the emotional, physical, psychological and historical aspects of what they experience in a specific life stage.

Chapter 3 discusses three approaches to supporting children with ADHD who suffer from anxiety. Solution-focused Brief Therapy and Strategic Structural Family Therapy are discussed briefly. Michael White`s narrative counselling model is discussed in

greater detail. The aim is to come to a deeper understanding of how the telling of stories can be utilised effectively in a pastoral counselling context. Aspects such as the role of narratives in children`s lives and the function of externalising the problem will be discussed. White`s maps of narrative counselling will be critically evaluated and applied as a counselling tool. In this chapter, the work of Alice Morgan, Freedman and Combs and Maree is also utilised. It explains how storytelling can provide access to the inner life of people and how their problem stories can be transformed into counter-stories with a more positive outcome. Through storytelling children are given a voice to tell their own story. Another useful strategy is discussed briefly, namely Strategic Structural Family Therapy. The enhancement of life-skills and spiritual growth are explored.

Chapter 4 discusses the pastoral perspective and the role of the pastoral caregiver. The focus of pastoral caregivers is both emotional and spiritual. Pastor care can be provided both to children with ADHD who suffer from anxiety and to families who play a crucial role in helping these children.

Chapter 5 presents the findings of the study.

CHAPTER 2

PSYCHOLOGICAL PERSPECTIVES

2.1 Children with ADHD

ADHD refers to the Attention-Deficit-Hyperactivity-Disorder, which differs from ADD which refers to Attention-Deficit-Disorder. ADHD is the official medical term for the condition, regardless of whether a patient demonstrates symptoms of hyperactivity or not. ADD is a type of ADHD where the child is not hyperactive but has all the other symptoms of ADHD. ADD has symptoms including disorganisation, lack of focus and forgetfulness. It is possible to have both ADD and ADHD. ADD refers to inattention and ADHD refers to hyperactivity. ADHD is not worse than ADD, there is simply a difference in behavioural patterns. When properly treated, there will not be a difference between ADD and ADHD, as the treatment will target the specific areas of difficulty in children's lives and work to improve their lives.

The best estimate is that ADHD affects about five percent to nine percent of all school-age children. The diagnosis of ADHD is about two to three times more common in boys than in girls. Girls with ADHD have a significant disorder, clinic-referred girls with ADHD display many of the same features and outcomes as boys with ADHD. ADHD occurs across all socio-economic levels and has been identified in every country where it has been studied. Symptoms of ADHD change with development. A difficult temperament as an infant may be followed by hyperactive-impulsive symptoms at 3 to 4 years of age, which are followed, in turn, by the increasing visibility of symptoms of inattention around the time that the child begins school. Although some symptoms of ADHD may decline in prevalence and intensity as children grow older, for many individuals ADHD is a lifelong and painful disorder.

Theories about possible mechanisms and causes for ADHD have emphasised deficits in cognitive functioning, reward/motivation, arousal level and self-regulation. There is strong evidence that ADHD is a neurodevelopmental disorder, however biological and environmental risk factors together shape its expression. Findings from family, adoption, twin and specific gene studies suggest that ADHD can be inherited, although the precise mechanisms are not yet known. Many factors that compromise the

development of the nervous system before and after birth maybe related to ADHD symptoms, such as pregnancy and birth complications, maternal smoking during pregnancy, low birth weight, malnutrition, maternal alcohol or drug use, early neurological insult or trauma, and disease of infancy. ADHD appears to be related to abnormalities and developmental delays in the frontal circuitry of the brain and pathways connecting this region with the limbic system, the cerebellum, the thalamus, and the default mode network. Neuroimaging studies have shown that in children with ADHD there are differences in structure, connectivity, or activity in certain regions of the brain. The known action of effective medications for ADHD suggests that several neurotransmitters are involved, with most evidence suggesting a selective deficiency in the availability of both dopamine and norepinephrine. Dietary research on ADHD is now focussing on micronutrients with an interest in essential fatty acids. Lead exposure in combination with other factors may increase a child`s risk for ADHD. Psychosocial factors in the family do not typically cause ADHD, although they are important in understanding the disorder. Family problems can lead to greater severity of symptoms and to the emergence of co-occurring conduct problems. ADHD is likely the result of a complex pattern of interacting influences, perhaps giving rise to the disorder through several nervous system pathways.

Children with ADHD do not react in expected ways. ADHD is a condition with symptoms such as limited attention, hyperactivity, and behavioural problem such as aggression, excitability, fidgeting, hyperactivity, impulsivity, irritability, lack of restraint, or persistent repetition of words and actions. Other signs include cognitive symptoms, such as absent-mindedness, having difficulty focusing, forgetfulness, problems with paying attention, or a short attention span. Mood symptoms include anger, anxiety, boredom, excitement or mood swings, depression and learning disability. The three categories of symptoms of ADHD are summarised as *inattention*, a short attention span for the age of the child and difficulty sustaining attention. They also find it difficult to listen to others. The second category is *impulsivity*. They tend to interrupt others. The third is *hyperactivity.* The child seems to be in constant motion, running or climbing with no apparent goal other than the motion itself.

Children with ADHD struggle with many challenges and experience emotional distress on a more intense level and for much longer than other children. ADHD has related

conditions such anxiety disorder. This causes the child to worry and be nervous much of the time. It can also lead to physical symptoms such as a rapid heartbeat, sweating and dizziness. Children with ADHD deal with depression and have problems with sleep due to their long-term stress and anxiety. Children with ADHD also ten to have difficulties in their bodily functions and metabolic system.

The age group 6 to 12 years has significance for children with ADHD, because of their hormonal changes. They can be more susceptible to immune dysfunctions and can experience higher levels of stress. There is a relation between fatigue (atypical poliomyelitis which leads to epidemic neuro-myasthenia), mental dysfunction and problems with concentration. Children with ADHD can suffer from fatigue due to medication, depression, anxiety or other symptoms. They can become tired very easily because of cognitive dysfunction, depression and opposing behaviour (Goldberg 2014:43).

ADHD as a condition makes the children more prone to anxiety. Factors that contribute to anxiety in children with ADHD are an expeditious, accelerating lifestyle and environment. A traumatic, daunting environment in the family unit and home life, and experiencing stressors such as aggravation, inconvenience, pressure, situations that cause apprehension, and most of all the power dynamics in families, are investigated to ascertain how this can contribute to anxiety in children with ADHD. The home and family dynamics should provide security, comfort, and stability, but are often the cause of the child`s problems. No single theory can explain the many difficulties associated with ADHD. Children with ADHD may show differences in the kinds of problems they experience related to response inhibition, arousal, and response variability (Fair et al. 2012). The exploration of the nature of ADHD leads to theories about possible mechanisms and causes. Identifying the influences of the process emphasised by each theory contributes to a better understanding of ADHD and the development of more integrative models (Shield & Hawk 2010). Interrelated theories of ADHD include the following:

- **Cognitive functioning deficits**

Children with ADHD display specific cognitive deficits in sustained attention, response inhibition (inability to delay initial reactions to events or to stop behaviour once it gets

going), working memory, and executive functions. These in turn can lead to other cognitive, language and motor difficulties. Cognitive deficits are important for understanding ADHD. Fifty percent of children with ADHD do not show major impairment on any specific cognitive task, the evidence does not support a single cognitive deficit as the cause of ADHD (Nigg 2005).

- **Reward/motivation deficits**

Children with ADHD display an inordinate sensitivity to rewards. They have a higher reward threshold. They usually also have a heightened sensitivity or an aversion to delay. As a result, they have difficulty motivating themselves to perform well when rewards are unavailable or delayed. In support of this theory, some research has connected ADHD with disruptions in the dopamine reward pathways of the brain (see Volkow et al. 2009).

- **Arousal level deficits**

Children with ADHD have a level of arousal that is either too high or too low. Hyperactivity-impulsivity reflects an under-aroused child`s effort to maintain an optimal level of arousal by excessive self-stimulation (Zentall 1985).

- **Self-regulation deficits**

Children with ADHD have a significant deficit in their ability to self-regulate. Self-regulation is about using thought and language to direct their behaviour. Deficiencies in self-regulation and control lead to impulsivity, poor maintenance of effort, poor modulation of the level of arousal, emotion dysregulation, and attraction to immediate rewards. Self-regulatory theories examine the interplay among cognitive, arousal, and the reward/motivational process to understand how individuals with ADHD regulate their behaviour in specific contexts (Douglas 1999; see Martel 2009).

2.2 Anxiety

Children`s responses to stress, fear and anxiety vary from mildly timid to being paralysed with terror. If they are paralysed with terror they are silent and withdrawn. This has a detrimental effect on their intellectual, social and cognitive development. The cause of the anxiety can either be the presence of something threatening or the

absence of something that should have provided safety and security. Their predisposition is influenced by context, unique individual characteristics and experience. Many children mirror the anxiety of parents (Louw & Louw 2014:185).

The intensity of anxiety is also influenced by individual biological aspects, individual experiences, and the socio-cultural context. Children are influenced by the behaviour of parents or caregivers. The information they absorb in this way can contribute to a feeling of insecurity. This is worsened by the behaviour or reactions of the parents. Muris et al. (2008:1510-1515) point out that negative information is the most prominent pathway to fear and anxiety. It is necessary to proactively guide the emotional development of the child. The potentially debilitating effects of unnecessary anxiety and fear should be recognised since this has a long-term effect on their mental wellbeing as they progress into adulthood (Louw & Louw 2014:187). The power dynamics in families are also explored to ascertain how this contributes to anxiety in children with ADHD. However sometimes parents themselves are the reason why children suffer from anxiety. Some main factors can cause or exacerbate anxiety in children with ADHD. Children with ADHD need emotional guidance when it come to their development. The emphasis should specifically be on recognising and coping with anxiety and fear. Fear and anxiety affect not only the development of children, but also their mental well-being as adults (Louw & Louw 2014:187).

2.3 Factors that lead to anxiety

Some factors that lead to anxiety or exacerbate anxiety are now discussed briefly.

- **Long-term stress**

Any intrinsic or extrinsic stimulus that evokes a biological response is known as stress and the reaction to stressors is known as stress responses. Based on type, timing and the severity of the applied stimulus, stress can exert various actions on the body, ranging from alterations in homeostasis to life-threatening effects, or death. The pathophysiological complications disease arises from stress, and people and children exposed to stress have the likelihood of experiencing a variety of disorders. Stress can be either a triggering or an aggravating factor for many diseases and pathological conditions. Hormones can elicit a biological effect on different parts of the central

nervous system and play an important role in behaviour and cognition (De Kloet 2000:22).

Stress can cause structural changes in the parts of the brain that affect cognition and memory. The intensity of the change differs depending on the stress level and the duration of stress. The structural changes in the brain caused by stress can have long-term effects on the nervous system. Memory is one of the important functional aspects of the central nervous system (Reznikov 2007:89). Stress has a negative effect on learning. Chronic stress impairs the functioning of the brain in multiple ways. It can disrupt synapse regulation, resulting in the loss of sociability and the avoidance of interaction with others. Stress can kill brain cells and even reduce the size of the brain. A single incident that triggers a stress reaction can improve concentration with the release of chemicals such as adrenaline and dopamine, but that is not the case with long-term chronic stress. Acute stress can lead to emotional (fear and anger), psychological (anxiety attacks, increase blood pressure, palpitations and trembling) and cognitive reactions.

Human stress and cognition are related (Lupien 2009:26). Stress has an adverse effect on an individual's health. Long-term chronic stress can have a variety of adverse effects on daily work, life in general, and learning specifically. Long-term stress can also affect behaviour patterns. It can begin with attention-seeking behaviour in children who will then often be classified as "naughty". Children with attention-deficient disorder are especially prone to this. Long-term stress has a devastating effect on children's attention span and their academic achievement. Children with ADHD are even more severely affected by long-term stress. Chronic stress is seen as a form of prolonged stress, which can have a detrimental effect on the individual's mental health and cognitive function. People who are exposed to many stressors can exhibit a range of physiological and psychological responses, including distraction, anxiety, insomnia, muscle pain, hypertension and an impaired immune system. The effect of stress on memory is depends on the length of exposure to stressful stimuli.

Cognition is another important feature of brain function (Sandi 2013:95). Cognition refers to the reception and perception of perceived stimuli and the interpretation of these stimuli. This includes learning, decision making, attention, concentration and

judgement. Adverse effects of stress on cognition are diverse and depend on type, timing, intensity and duration. The disruption to memory and judgement is the result of stress on the hippocampus and prefrontal cortex. Age and gender can also play a role in some cognitive disorders. Stress triggers ADHD episodes. Conversely, ADHD can cause a perpetual state of stress. Children with ADHD cannot successfully focus and filter out excess stimuli. This increases stress levels. Anxiety and stress exacerbate symptoms of ADHD such as feeling restless or having trouble concentrating. Chronic stress makes symptoms of ADHD worse and can even causes chemical and architectural changes to the brain, which affects the brain's ability to function.

Children with ADHD are often exposed to stressful conditions such as failure at school, family conflict and financial problems. The core problems of ADHD are attention problems, hyperactivity, impulsivity, a lack of control, emotional dysregulation such as irritability, extreme reactions and frustration, and internalising problems which leads to depression, anxiety and somatic complaints. ADHD has no distinct physical symptoms. It can only be identified by characteristic behaviours that differ from child to child (Mash and Wolfe 2019:226). A high level of exposure to stress between childhood and young adulthood strongly correlates with persistent ADHD and comorbid problems such as emotion dysregulation which exhibits as irritability, extreme reactivity, or frustration. Findings suggest that a bi-directional, continuing, cycle of stressors leads to more intense symptoms of ADHD. Stressful conditions should be taken into account when children with ADHD are supported with the aim to prevent or interrupt adverse trajectories. Peer conflict and financial problems are also stressors that have a severe effect on children with ADHD. If they are to be supported effectively, lessening their exposure to stress and managing stressful circumstances, are crucial. Children mimic the parent`s behaviour. When parents exhibit a more positive attitude, the children's behaviour can be affected positively.

- **Exposure to stress**

ADHD symptomatology includes problems with emotional regulation, such as a low tolerance of frustration and explosive anger. Traumatic incidents and stress that affect children`s health and well-being usually involve actions by adults or circumstances beyond the child`s control (Mash and Wolfe 2019:407). Children with ADHD who find

themselves in stressful circumstances can experience problems with emotional regulation rather than that they internalise the problems. They are more emotionally intense and less proficient in anger management during frustrating, stress-inducing tasks than children who do not have the condition. High exposure to stressful life events is related to a more persistent and complex form of ADHD. Feelings of frustration, being different, not fitting in, and hopelessness may overwhelm a child with ADHD (Mash and Wolfe 2019:227). *Attention problems* include problems with concentration and the failure to finish tasks, as well as being easily distracted. *Hyperactivity and impulsivity* manifest as the inability to sit still, impulsiveness, acting before thinking, being loud and talking too much. If a child *internalises problems* it manifests as anxiety, depression, or medically unexplained somatic complaints. Anxiety problems include clinging behaviour, being too dependent on adults, phobias, the fear of school being anxious, nervous and worrying incessantly. *Affective problems* include sadness, the loss of pleasure, feelings of guilt, low self- esteem, thoughts of or attempted self-death, reduced energy, tiredness, eating and sleep disruptions. *Somatic problems* include nausea, pains, stomach or bellyaches, vomiting, eye problems, headaches and skin problems. *Emotional dysregulation* can be detected in behaviour such as irritability, arguing, screaming, mood changes and temper tantrums. *Extreme reactivity* manifests as overreacting to things and people, drawing excessive attention to themselves, sudden mood changes, becoming angry quickly and remaining angry for a long time, stubbornness, not accepting to be corrected, making a fuss of little things and going on and on about things. *Frustration* shows when children are annoyed by peers, cannot accept criticism, are not given what they want, when people do not agree with them, and when they make a mistake at school. Difficulties that cause long-term stress include chronic illness or a handicap, high work pressure at school, problems at home, problems in the neighbourhood, the unemployment of parents, financial difficulties, not having friends, being bullied, and incessant conflict. Short-term stress such as with an examination, has a different effect to long-term emotional stress. In short-term stress situations the chemicals dopamine, adrenaline and serotonin can help memory. Long-term stress, anxiety and depression on the other hand have a negative effect on academic progress and leads to under-achievement. Learners with a high level of long-term anxiety score lower on IQ and achievements tests than their peers.

- **Trauma**

A traumatic experience is emotionally painful, distressing or shocking. It often has a lasting mental and physical effect on people. Children can be traumatised as a result of abuse, domestic violence, or political violence. This can be traumatic for children with ADHD and the response can be constant fear and anxiety. Children`s method of adapting to or coping with immediate environmental demands, such as avoiding an abusive caregiver or enduring angry outbursts of family members, can later compromise their ability to form relationships with others. It can also affect their physical health. Signs of stress include increased illness, symptoms of fear and anxiety, or problems with peers and authority at school (Mash and Wolfe 2019:408).

- **Poverty**

Poverty is about more than insufficient income, a lack of money and material needs. It affects the whole person. It can also have a negative effect on the physical and psychological development of children. Factors in this regard include health, nutrition, housing, education, employment, access to various services and facilities. People`s psychological well-being, self-esteem and mental health can be affected. It is difficult to break the cycle of poverty if it has been a way of life for many years. In South Africa, poverty affects more than 50% of the population (UNICEF 2011). Approximately eleven million South African children live in poverty. Approximately two million children live in informal settlements with poor sanitation and insufficient access to clean water and other basic services. More than four million children live in overcrowded households. This increases the risk of sexual abuse. One of the consequences of the Covid-19 pandemic is the loss of employment, financial distress, poverty and hunger. Parents suffer from anxiety as they must deal with these realities. Children who live in an environment of worry, stress and anxiety, absorb and mirror it. Poverty is about more than insufficient income and material needs. It also affects the physical and psychological development and health of a person: health, nutrition, education, employment, access to various services and facilities, as well as the person`s psychological well-being, including self-esteem and mental health. It is very difficult to win the struggle against poverty, especially when it has become a cycle and a way of life for several generations.

2.4 Parent and family dynamics

The family environment is where children are taught how to behave responsibly in society and how to resolve personal and interpersonal problems. Children's first relationship is with their parents or caregiver. All other relationships build on this experience. Therefore, early attachment behaviour is relevant. Children internalise the positive and negative behaviour of the parents. How they internalise this, affects how they see themselves as a person. This in turn influences their behaviour. Children whose parents are uninvolved and detached, are prone to anxiety and depression.

- **The influence of parents**

Parents and the circumstances in the home have an effect on children. It is a social responsibility of parents and caregivers to provide a safe space for children in which to develop and grow. However, this not always the case. Parents and the home environment are often not a safe space, but is rather a cause of fear and anxiety in children's lives. When parents themselves experience anxiety, fear, stress and problems due to an unstable financial, emotional and physical situation, this affects the environment in which the children live.

The earliest social environment of a child is mostly composed of parents and siblings. This environment influences the development of a child`s self-concept. Parent-child interaction plays a crucial role in the socialisation process (Middlebrook 1980:59). Self-concept emerges from interactions with significant others. An early articulation of this idea was that the self reflects the imagined reactions and appraisals of others (Cooley 1902). Later the theory was expanded to explain that children imitate the reactions of significant others (Mead 1925). Self-concept is to a great extent formed by comparing oneself to significant others. As they do so, they absorb the reactions of others. People then see themselves as they believe that others see them. Parents, peers and psychologically compelling situations, therefore, have a profound impact on the individual`s self-concept.

Cognitive factors, people`s beliefs and interpretations of a situation, play a significant role in their experience. The experience of pain, expectations and interpretations influence the intensity of how the pain is experienced. According to the cognitive theory of emotions, the level of emotional psychological arousal depends on the situation. The

psychological reactions are inextricably tied to the situation (Middlebrook 1980:59). The significance lies in the fact that if a situation affects parents, their anxiety will in turn affect the child.

The influence of parents and the effect of their disposition on children is explained by Bowlby`s (1988) Attachment Theory. When children experience threat or discomfort, they seek out the caregiver for protection and comfort (Tesser 1976:314). Parents have the task of protecting and comforting children. The process of forming the relationship with the primary caregiver is described as “attachment”. The primary caregiver is the “attachment figure”. Children have expectations of how others will respond and how dependable they will be. These beliefs are incorporated into their mental model of themselves and others. They have an effect on children’s relationships with others. If the attachment figure is available and responsive, children internalise the general belief that people are responsive and dependable and they themselves are worthy of others` attention. However, if the attachment figure is unavailable or inconsistent in response to the child, or if the child observes that the attachment figure is not stable and does not provide protection, they internalise the general belief that others are not responsive and dependable and that they themselves are not worthy of the attachment figure`s attention.

Secondary literature building on Bowlby`s work has focused on individual differences in the attachment experience. Ainsworth`s (1993) developed a “strange situation” methodology for assessing infants` attachment. The observers focus on children`s reactions to being separated from and then being reunited with the primary caregiver. Three patterns of attachment were identified, namely secure, anxious/ambivalent and avoidant (Tesser 1976:314). *Secure* patterns reflect a well-functioning attachment relationship. Children exhibit distress at separation from the attachment figure. At the reunion they seek comfort and are willing to explore in the presence of the attachment figure (Tesser 1976:314). Primary caregivers of secure infants tend to be sensitive and responsive to the infant`s needs. *Anxious/ambivalent* and *avoiding* patterns of attachment are grouped together under the label of “insecurity” (1976:314). Caregivers of children in the group of anxious/ambivalent respond inconsistently to children`s needs. At times they are unavailable or unresponsive to the child. At other times they are intrusive or overly demanding. These children become pre-occupied with the

caregivers` availability. They are distressed already before separation and upon reunion are unable to be comforted. They are also unwilling to explore in the caregivers` presence. Caregivers in the avoidant group reject infants` attempts at proximity and avoid close bodily contact. These children exhibit little overt distress during separation and little reaction to reunion. They intend to focus their attention on toys or other objects rather than the caregiver. These reactions are referred to as detachment. An active, defensive response is formed due to the caregiver`s unavailability, be it physical or emotional. According to the Attachment Theory, there would be a degree of continuity in attachment experiences from infancy to childhood. The theory places great emphasis on early relationships. The assumption is that these experiences play a critical role in the development of cognitive models of relationships later in children`s lives (Tesser 1976:315).

- **Family as a unit**

Family is a topic of investigation in sociology, psychology, economics, law and theology. Family as a social institution is to be found in all cultures (Cloete 2016:2). Traditionally, family is defined as a unit made up of two or more people who are related by blood, marriage or adoption and live together, form an economic unit and bear and raise children (Benokraitus 2005:5). From a social perspective, family is defined as an intimate environment in which two or more people live together in a committed relationship, see their identity as importantly attached to the group and share emotional ties and functions. From a theological perspective, family is the primary context where children come to an understanding of the world, themselves and God. In such a mutual existence the development of self-identity, personal maturity, and the acquisition of moral values can be nurtured. It can also nurture spiritual formation.

Family is more than a structure, it constitutes a process where identity, character and spiritual formation can take place (Cloete 2015:5). When there is detachment between caregivers and children, which lead to anxiety, stress, depression and emotional instability, there a suitable solution is needed to support the children, especially those with ADHD who experience higher levels of emotional distress in unstable situations.

- **Family as a space for understanding**

Family is also a hermeneutical unit, where children need to feel safe, and where they can live, learn and understand. Hermeneutics is the theory of interpretation. Children try to make sense of their experiences and interpret them. Inside the safe space of the family unit, the parent-child relationship develops and a relationship of trust is built. A further function of the family as a hermeneutical unit is that this is where child develop an understanding of God. The family hands down their knowledge and experience of God from generation to generation (Nel 2018:82). Parents and guardians are the primary Christian educators in the context of the faith community. Knowing and trusting God gives children a sense of security. God works in the realm of relationships. Practical theologian Malan Nel (2000:20-21) argues for an integrating approach to relational groups in congregational ministry. A family is such a relational group.

Family ministry is the process of the intentionally and persistently coordinating of a congregation`s proclamation and practices so that parents are acknowledged, trained and held accountable as the primary disciple-makers in their children`s lives (Nel 2018:85). The trust relationship with God is part of the understanding of the child`s safe space. The other part is trust in the parent-child relationship. Children cannot fully express their feelings. They need to feel comfortable and protected. A safe space within a safe environment and a stable family unit, which encourages trust in God, can foster the experience of being loved and accepted. On factors such as these, depend the progress and development of children. When the family unit is the cause of anxiety, stress and depression, this can have disruptive effect on children`s social, cognitive and academic development and progress.

- **Family as the primary agent of socialisation**

Family can be described as a bonded group of interacting and inter-dependent individuals sharing common goals and resources, who share a living space at least for some part of their life cycle (Hill 2001:252). Family is an agent of socialisation and the primary source of influence behind the formation of the personality and the growth of a child (Villegas 2013:2). Children learn the norms and values of their society from the family unit. The family equips children with values, skills, and the knowledge necessary for living live in a community. For children in the age group six to twelve years the most influential socialisation agent is the family. Parents and children typically share similar values and attitudes about aspects such as the importance of education. Family is the

organisation of relationships that endures over time and contexts, through which persons attempt to meet their needs of belonging and attachment and to share life purposes, help and resources.

- **Identity formation**

Children have to develop an own identity in the world. A child`s identity is constructed through social processes within the family, school and other cultural environments. This is the focus of development theories. Development and identity formation go together. First children must discover who they are amid the multiple psychological, biological and social changes that take place in their lives. These foundations of identity are interrelated (Davies 2013:60). In the process of the creation of identity children search for answers to existential questions. In doing so, they can be exposed to misleading or erroneous information, or information that does not align to their value system. Children with ADHD experience more intense emotions. If they are exposed to a high level of stress in the family unit, it can lead to behavioural problems. Such problems can in turn can lead to confrontation with peers and teachers.

Middle childhood, the phase between 6 and 12 years, is a phase in which children wrestle with their own personal ideology. They attempt to arrange their beliefs into a cohesive comprehensive consistency. The pursuit of identity often also involves their spirituality. Identity formation is not just about learning life skills, but is also about fundamental and existential questions concerning life and the meaning of life. Identity formation is an essential part of discovering who God is. Many children do not achieve an integrated and Christ-centred view of themselves because of the lack of opportunity and the lack of a nurturing environment. Identity formation and faith formation are interrelated and complementary processes. The family unit still has the greatest influence on the lives of children.

According to Social Cognitive Learning Theory, children are also agents of socialisation. Through socio-emotional developmental processes, they come to an understanding of the complexities of the social context in which they exist. Their sense of self develops into a self-concept, which includes perceptions of their characteristics, strengths, and weaknesses. Self-esteem refers to children`s judgements and feelings about their value and worth. In the age group six to twelve years, children are aware

of and can acknowledge the physical differences between themselves and others. Children must be given the opportunity to develop their identity, gain social skills, experiment with limited settings, social mores, and an appropriate means for emotional regulation in positive ways (Van Hook 2018:98).

- **Early childhood attachment**

Weiss (1993:66) identifies three characteristics that distinguish the parent-child attachment from other relational bonds: seeking proximity, secure base effect, and separation protest. With *seeking proximity*, the child stays within the range of the caregivers whose presence gives children a sense of security and allows them to explore their environment freely. After exploring children *return to the secure base*, who is the caregiver. Some children *protest when separated* from the attachment figure. They attempt to reunite with the attachment figure through the behaviour such as crying. Therefore, attachment, which is an intimate emotional bond between two people, is first formed during infancy (Feeny & Noller 1996:2; see Bowlby 1997:177). This affectional bond during infancy is the foundation for all other affectional bonds. Infants` affectional bond with their caregivers affect how they relate and interact with their siblings, peers and later romantic partners. Individuals yearn for intimacy, contact, security and comfort with those with whom they have affectionate bonds. Infants who depend on their caregivers for food and care, desire contact and intimacy in order to feel secure. When this need is not satisfied, they can become anxious and feel insecure. Infants not only require feeding, but also that their need for affection and physical contact be satisfied.

Childhood attachment theory plays an important role in the understanding of the family unit and parent-child relationship. The central theme of attachment theory is that the primary caregivers who are available and responsive to a child`s needs allow the child to develop a sense of security. The child learns that the caregiver is dependable, which creates a secure base for the child to explore the world. Attachment theory focusses on relationships and bonds between people, especially long-term relationships. These include the relationship between the parent or caregiver and the child. Parenting behaviour as rooted in biology is strongly connected to emotions. Attachment behaviour, parenting behaviour, and emotions form a triad and are all connected. Children are directly influenced by attachment behaviour. Unstable parent-child

relationship can cause stress and anxiety. The parent-child relationship should be built on trust, security and safety. When this relationship is not adequate, the child feels insecure, unsafe, and unstable. The child cannot trust the parent. When the parent-child relationship does not provide a safe space, the child suffers from anxiety, stress and other problems related to emotional instability. Children with ADHD are affected more intensely because they experience emotions in a more intense level and the emotions also last much longer.

- **Bowlby`s ethological attachment theory**

A stable home where parents devote sufficient time and attention to children is needed for children to be healthy, happy and self-reliant (Bowlby 1988:1). Bowlby takes an ethological approach to understanding parenting as a human activity. The ethological approach is the study and recording of behavioural actions in children. With children aged 6 to 12 years, the interaction between the teacher and the child can be studied from the same ethological viewpoint. It also involves observing and describing the behaviour patterns of the teacher in relation to the child. The circumstances that influence children`s behavioural patterns and how these patterns evolve are observed. The behavioural patterns play an important role in the child`s physical, psychological and sociological development. Negative behaviour in children is activated when difficult circumstances arise. The child`s attachment behaviour is activated when experiencing pain, fatigue or stress. The conditions of the behavioural problems vary according to the intensity and the severity of the stress, anxiety and depression the child experiences when there is uncertainty, problems and unsafe situations in the family unit and home. The intense reaction of the child to the negative stimulation has to be dealt with.

The kind of emotions aroused by the power dynamics in the family unit, can affect the child with ADHD worse than other children, children with ADHD have difficulty concentrating. When they are aroused on an emotional level they struggle even more with concentration, focus and motivation to finish their tasks. Observing and describing the behavioural patterns and conditions that stop and trigger each pattern and how the patterns can be changed in a positive way, is a way to help the child. The counsellor aims to build a trust relationship with the child. This enables the child who has formed

a healthy attachment to the counsellor, to be more confident and able to confront distressing situations effectively (see Bowlby 1973:208).

- **Styles of attachment**

Styles of attachment are either secure or insecure (Walden 2010:7). *Secure* attachment is associated with affectionate, sensitive and sympathetic relationships. Insecure attachment refers to ambivalent, unresponsive and detached relationships. Ainsworth (2015:775) identifies three styles of attachment, namely Group A: insecurely attached avoidant, Group B: securely attached, and Group C: insecurely attached, resistant or anxious ambivalent. These are systematically connected to the quality of the interaction between the caregiver and the child and the sensitivity and responsiveness of the caregiver when addressing the child`s needs. With regard to behaviour, Group A children react in a defensive manner and avoid close contact. Group B children are sociable and eagerly participate in school activities and schoolwork. Group C children display anxious behaviour. Children with ADHD form part of Group C. Children with ADHD struggle to concentrate on schoolwork. Group A and C which are avoidant and resistant, display insecure types of attachment. These insecure attachment styles are associated with bad behaviour and a lack of motivation. Children with securely attachment are likely to be confident and able to confront distressing situations effectively or to find help when necessary (Bowlby 1973:208). In contrast, children whose emotional needs have not been met adequately view the world as harsh and volatile. They respond by either withdrawing or exhibiting destructive behaviour. Children with insecure attachment to the caregiver/parent/family unit are more likely to exhibit bad and even bullying behaviour. The child with secure attachment is confident when confronting difficult situations, whereas the child with insecure attachment reacts in flight or fight mode. Group B constitute secure children who explore their environment from the secure base of the family unit. A positive family unit is one where the parent-child relationship is stable and the parent attends sensitively and responsively to the needs of the child. Such a parent is psychologically accessible to the child. Group A and C parents are not expressive, are insensitive to the child`s needs, appear to be very firm with the child, and interferes with the child`s activities.

The attachment style imitates the rules that guide how an individual responds to an emotional distressful situation (Feeny and Noller 1996:5). Attachment-theory could be described as the theory of emotional regulation. The individual has the ability to control their emotional state and is sufficiently flexible to adapt to a stressful situation. Persons with a secure attachment style are able to acknowledge a distressful situation and look to others for support and comfort. Persons with an avoidant attachment style have difficulty acknowledging distress and seeking support. Persons with an anxious-ambivalent attachment style are hypersensitive towards negative emotions and intense moments of distress.

According to the attachment theory, the early experiences of children with the family unit and parent-child relationship set the stage for later peer relationships and social interaction. Children with secure attachment who had experienced consistent warmth, felt emotionally connected to their parents or caregivers. They tend to grow up expecting to have positive and constructive social relationships. A valuable parent-child relationship models empathy, compassion and kindness to children. Children with insecure attachment styles, on the other hand, have the expectation that others are unavailable. They tend to view social interaction in a negative light. They interpret others` behaviour as hostile and respond to it in a negative manner. Children with unresponsive parents are inconsistent in their response and tend to have feelings of insecurity and low self-esteem.

- **Attachment and temperament**

Attachment, temperament and parenting styles are factors to be considered when explaining emotional and behavioural problems (De Winter 2018:916). Temperament contributes to the children`s emotional and behavioural problems. Children`s temperament and attachment style influence the way in which they behave. Temperament is a predisposition to a behavioural style that is independent of experience. Temperamental characteristics of children can influence the attachment relationship between them and the parents or caregivers. The child`s temperamental characteristics can have a direct or an indirect influence on attachment (Goldberg 2000:68). Temperament is the behavioural style exhibited by a child in a response to a range of stimuli and contexts. Temperament is not a result of the interaction between the parent and the child. It refers only to the way in which the child behaves.

Temperament is a biological expression but it can affect the parent-child relationship. Caregivers and parents respond more positively towards children with an easy temperament. Children with an easy temperament also tend to experience negative situations better than children with a more challenging temperament.

- **The influence of parents or caregivers**

Parents and family should be a safe space for children. However, they often contribute to the problem of ADHD. The influence of the family and community are the two main factors that can contribute to stress and anxiety in children. Family dynamics and the school environment are the main contributing factors to the behaviour and achievement of children. Parents have a significant influence, since children tend to mimic the ways in which parents deal with stress and conflict situations. Children`s earliest social environment is most influential when it comes to the formation of the self-concept. Parent-child interaction plays a compelling part in this. Children`s view of themselves is a reflection of how they think their parents see them. Children with ADHD are more sensitive and tend to experience the stress and anxiety in the home environment more acutely. The more stress and anxiety the home environment generates, the worse the emotional problems and effect on the child with ADHD.

- **The influence of the environment**

Behaviour is the result of inborn characteristics and of nurture. The environment in which children live affects their behaviour (Louw & Louw 2014:4). The influence on behaviour is greater in certain developmental stages. Early learning theorists endorsed John Locke`s view that the infant mind is a blank slate on which experiences are written. John Watson, the father of behaviourism, was the first to apply this point of departure to child development. According to him, behaviour is primarily learned from a person's environment, a process which Skinner (1990:54) calls "operant conditioning". Skinner points out that children operate in their own environment so as to attract rewards from other. Albert Bandura's (2002) Social Cognitive Theory explains that children learn by imitation, modelling and observational learning. Albert Bandura calls it "the theory the social learning" in which cognitive factors play a role. Bandura later refined the theory by placing more emphasis on children`s ability to

decide which behaviour to display. They have their own expectations of what the consequences of imitating the model`s behaviour will be.

- **Family factors**

Family factors that have been seen as a possible cause of children`s antisocial behaviour, include the very young age of mothers, poor disciplinary practices, harsh discipline, a lack of parental supervision, a lack of affection, marital conflict, family isolation and violence in the home (D`Onofrio et al. 2009; see Lansford et al. 2011). Family factors are related to children`s antisocial behaviour in complex ways. Physical abuse is a strong risk factor for later aggressive behaviour. Deficits in the child`s social information processing result from physical abuse (Dodge & Pettit 2003). Marital conflict has an effect on children`s behaviour. The unavailability of parents, inconsistent or harsh punishment, lax monitoring, and how the child interprets conflict between parents, have an effect (Cummings & Davies 2002). The type of conflict between parents also plays a role. Hostility between parents is a stronger predictor of later behavioural problems than the disengagement of parents or the lack of cooperation between parents (Davies et al. 2016). Other conditions associated with marital conflict or divorce such as stress, depression, the loss of contact with one parent, financial hardship, and greater responsibilities on children's shoulders at home, can also contribute to antisocial behaviour (Emery 1999).

An unstable family structure with frequent transitions and changes often has an effect on the behaviour of children. Family instability is related to a heightened risk of anti-social behaviour, academic problems, anxiety and depression, and association with deviant peers. Children mirror anxiety in parents (Louw and Louw 1014:185). The antisocial behaviour of children is often related to family disruption and conflict.

2.5 Middle childhood

The middle childhood age group of 6 to 12 years is when children begin to understand and reason. This is a period of relative calm with respect of physical development. It is an important stage for cognitive, social and emotional development and the development of self-concept (Louw and Louw 2019:225). This is the age group most affected by anxiety. Helping children in this age group to cope with anxiety is crucial, because if effective skills are developed it will contribute to their wellbeing in

adulthood. Children at this age are severely affected by external factors and influences. They do not yet have the ability to evaluate and externalise. They just absorb. This is the time when the body and brain develop significantly. These frontal lobes in brain are responsible for judgement, impulse control, planning, reasoning, emotions, memory and problem solving. This is why it is a crucial time in a child`s development which will have a significant effect later into adolescence and adulthood on their general view in life. It is therefore important to address and resolve issues of lingering fear, anxiety and a sense of insecurity at this stage of a child's development. At this age, children are most vulnerable and prone to be affected by negative influences and ideas. Developing effective ways to cope and re-authoring their problem story at this age can make a difference to their entire life. It is a crucial time to resolve issues of fear and insecurity, because anxiety affects the intellectual, cognitive and social development of children. Children with anxiety problems tend to remain silent, not speak up and therefore having no voice. Finding ways to give these children a voice, is the aim of this study.

The narrative pastoral counselling approach to developing a relationship with young persons in the middle childhood age group can provide them with the opportunity to tell their story in their own way and in their own words. It can enable the pastoral caregiver to come to a better understanding of past events and actions and to gain insight into how they make sense of themselves and their own actions and reactions. Through the process of narrative counselling children can come to voice, begin to construct a preferred alternative story, and allocate meaning to the events and circumstances in their life.

2.6 Anxiety affects development

Children with high levels of anxiety often struggle to function in school and in the social and family environment. They continue to display suffer from anxiety and display other problems into adolescence and adulthood (Louw and Louw 2019:57). This section explores the effects of a constant state of anxiety on the various levels of children`s development. Anxiety can have a long-term or short-term effect on children. Children with anxiety feel depressed and develop a low self-esteem. Short-term effects could include poor academic and cognitive performance. They could also develop psychosomatic symptoms such as headaches and stomach aches, as the result of

continuous anxiety and stress. The long-term effects of anxiety could include behavioural problems, depression and anxiety disorder, all of which can manifest into adulthood. Long-term effects could include stress-related illnesses and high blood pressure in adulthood. The effects of these emotional problems will now be discussed.

- **Motor skills**

Of the most important developmental characteristics of the middle childhood period is the acquisition and refinement of a variety of motor skills. Children in middle childhood become physically stronger and new skills can develop as their strength, coordination and muscular control over the body increase. The development of motor skills also facilitates the development of facets of their personality. In the middle childhood they begin to participate in individual and team sports. This contributes to their social development. Motor development facilitates the development of various facets of their personality (Louw and Louw 2019:227).

- **Cognitive development**

Cognitive development is about mental operations. Major cognitive advances occur in the middle childhood age group between the ages of 6 and 12 years. Patterns, habits, and negative influences established during this phase will not only affect experiences in adolescence but also in adulthood. That is an important reason why children with ADHD in this age group who struggle with anxiety should receive focused help and guidance. The development of information processing skills is crucial to cognitive development. Cognitive development theorists explain how experiences and mental structures interact to produce cognitive growth. Feelings of insecurity and fear can hamper this development.

During middle childhood, children enter a stage of cognitive development that differs from the other stages of childhood. In this concrete operational stage, they begin to use mental operations to solve problems and reason. Mental operations are strategies and rules that make thinking more systematic and powerful. The mastery of skills such as conservation depends on neurological maturation and adaption to the environment (Louw & Louw 2014:229). Neurological maturation enables the development of new skills. It takes practice to develop new skills. If children are fearful or feel anxious and

insecure, new skills are unlikely to develop optimally. Cognitive development theorists explain how experiences and mental structures interact to produce cognitive growth. Information processing theorists find that development and changes occur in several forms, rather than as one single mechanism.

Piaget`s (1977) explanation of cognitive development emphasises the necessity of equilibrium for the process by which mental structures are recognised to assimilate information (Louw and Louw 2019:229). Piaget's theory explains the concrete operational stage of cognitive development, which facilitates understanding. The concrete operational stage spans the ages 6 to 12, which is when children begin to use mental operations to solve problems and to reason.

Concrete operational thinking is much more powerful than preoperational thinking. Piaget (1977; see Louw and Louw 2019:229) points out that the mastery of skills such as conversation depends on neurological maturation and adaption to the environment. Neurological maturation paves the way for new skills to develop. If children with ADHD have many emotional problems these skills cannot develop as they should. The capacity to focus on their work is necessary for children do well in reading and spelling. The information- processing approach has influenced various other theories. The strength of this theory lies in its ability to explain the complexity of thought. It provides a precise analysis of performance and change. The theory does not, however, take the context of behaviour into account.

Miller`s (2011:44) information processing approach is applied in the field of education. Higher-order cognitive tasks include reasoning, decision making, problem solving and thinking, as well as academic skills. The focus is on the processing mechanisms the person brings to the task. The information received, is processed and stored by means of basic cognitive processes is. It is combined, reformatted or manipulated by higher-order cognitive processes. These skills develop significantly during middle childhood (Louw and Louw 2014:233). It does not include the larger setting with factors such as needs, goals, abilities and social influences that the person brings to the task. For example, the socio-economic status of families also contributes to or detracts from basic information processing abilities (Louw & Louw 2014:234). People who grow up in poverty tend to have poor working memory. The high chronic stress of growing up

in such conditions seems to ultimately influence the physiological processes involved in memory functioning (Evans & Schamberg 2009).

It is a priority to reduce anxiety in the lives of children with ADHD, in order to prevent depression, anxiety and other symptoms caused by stress-related circumstances. It is also important to minimise the intake of drugs and foods that can cause neurotoxins, which can damage the brain. Neurotoxins can kill brain cells. A healthy digestive system, body and mind are essential for children who suffer from ADHD. Stress, depression and anxiety have a detrimental effect brain functioning. This is also the case with children with ADHD. Anxiety causes the hippocampus to raise cortisol levels, which impedes the development of neurons in the brain. While other cerebral areas shrink due to high levels of cortisol, the amygdala enlarges. The main subcortical limbic regions implicated in stress, depression and anxiety, are the amygdala, hippocampus and the dorsomedial thalamus. Both structural and functional abnormalities affect these areas. “Grey matter” refers to brain tissue that is made up of cell bodies and nerve cells. Children with ADHD who have been living with stress, depression and anxiety for long periods of time, show thicker grey matter in those parts of the brain that are involved in perception and emotions. The brain is highly sensitive to a reduction in oxygen levels. This can lead to inflammation, brain cell injury and less brain cell functionality. Abnormalities in the brain caused by stressors exacerbate the problems children with ADHD already experience. They further affect the concentration span of the children and their general functionality on a cognitive level.

Narrative pastoral counselling can be an effective approach to supporting children with ADHD. If they find their voice through story, they can begin to express what they experience in their family and how the conditions in which they live, affect them. Children flourish on stories. Story telling is part of childhood. Through narrative counselling, children can find their voice and tell their story in their own words and way. Through story telling unique outcomes are identified. This can be the foundation for formulating a new and preferred story. Narrative counselling provides a stress-free environment in which children can come to grips with their own story. This can facilitate them to cope with better with their anxiety. The purpose is to empower them so that they can deal with their difficulties and predicaments in a way that enables them to function and concentrate in school and while doing school work. For effective pastoral

care, it is necessary to understand what the development of children in this age group entails on the different levels. This will now be discussed briefly.

- **Physical development**

The physical development of children in middle childhood is of great significance because not only the limbs grow, but also the brain. By the end of middle childhood, the brain has almost reached the size of an adult brain. The development of the frontal lobes takes place during middle childhood. This section of the brain is responsible for functions such as judgement, impulse control, reasoning, memory and problem solving. These lobes have been called the “essence of our humanity”, because they regulate these essential human functions. Increasing interconnections within the brain enable children to master increasingly difficult tasks (Louw & Louw 2014:227). The brain controls emotions and a sense of happiness. It is greatly affected by anxiety.

Body and mind work together in harmony. That is the reason why children with ADHD also experience emotional problems. The brain controls emotions, but is also affected by emotions. The emotion of anxiety has a particularly detrimental effect on the brain. Anxiety leads to unhappiness. That depressed mood keeps children from engaging in pleasant activities and doing healthy things such as exercise. Anxiety therefore has a snowball effect, and also hinders the physical development of children. Because body and mind work in harmony, when that harmony is disturbed, everything is affected.

- **Psychological development**

Middle childhood from the ages of 6 to 12 is generally a life stage of relative calm and stability. The development of persons of this age is not as accelerated as in the earlier preschool period, or in later adolescent years. Psychologists agree that this is an important period in children`s cognitive, social, emotional and self-concept development. The formation of self-concept is of crucial importance. Unencumbered development in all of these areas equips children to better understand and cope with the world. Development in these areas help children to come to a better understanding of the world. The social environment offers children new opportunities for socialisation and learning experiences. The influence of parents and social development are of cardinal importance (Louw & Louw 2014:225). The development that takes place as

children go through a variety of experiences, prepares them for the adjustments and challenges of adolescence.

The middle childhood age group is crucial to cognitive, social, emotional and self-concept development. They develop the ability to discern and reason, as well as to solve problems. A balanced development during the middle childhood years serves as a good foundation for later development and for dealing with the difficulties that they will face later in life. Children, who experience chronic stress because they grow up in a negative environment, can experience the negative consequences not only on a psychological level, but also in the functioning of their memory (Evans & Schamberg 2009:118). A positive parent-child relationship and a stable family unit where the home is a safe and supportive space, play a crucial role in the psychological development of the child. It lays a solid foundation for later development. If children with ADHD suffer from anxiety in the middle childhood stage, it can have a negative influence on their life, and they could be prone to anxiety into adulthood.

- **Academic achievement**

Anxiety affects children`s cognitive development and functioning. Anxiety it will have an even greater detrimental effect on the academic achievement of children with ADHD. How well a child does at school, depends on various factors. Other than the child`s own characteristics, the context also plays a role. This includes the immediate family environment, the classroom environment, the acceptance of peers, and cultural influences (Louw & Louw 2016:234). The cognitive theories explain why emotional problems such as depression, anxiety and stress affect the ability to concentrate of children with ADHD. Apart from quality educational practices, other factors that affect achievement include motivation and a learning orientation, the influence and encouragement of parents, the socio-economic status of the family, the school environment, the home environment, the involvement of the teacher and educational policies. If parents suffer from anxiety and depression and the environment at the house is difficult, the child is not motivated to achieve academically. Because of the own anxiety, the child will probably lose interest in learning. Motivation refers to the degree to which a person chooses to engage in and keep trying to accomplish challenging tasks (Cook & Cook 2010; see Galotti 2011). Children`s achievements also depend on their beliefs and values. Their psychological goals play a role as they

attribute their success or failure to something. That has an effect on their achievement (Louw & Louw 2016:239). In addition to a child`s own characteristics, the various level of the context also influences their academic achievements. The attributions a child makes about performance have important effects on the child`s achievement (Louw and Louw 2016:239).

- **Social achievements**

Studies have shown conclusively that emotional problems can influence children`s social behaviour toward peers, teachers and caretakers. Attachment Theory places great emphasis on early relationships, since these play a critical role in the development of cognitive models of relationships (Tesser 1976:315). Narrative counselling can help children with ADHD to resolve their emotional problems. If they have dealt with the emotional problems of anxiety, stress and depression effectively they will be able to function socially in more constructive ways. They will no longer “act out” in social groups or withdraw completely from social interaction. When emotional problems have been resolved, the improvement of social interaction can be one of the results.

- **Emotional regulation**

The ability to regulate emotions is important to a child`s social-emotional development (Louw and Louw 2014:191). There are various strategies for regulating emotions. One strategy is the *avoidance* of situations. Another is a *language* strategy where the persons speak comforting words to themselves. Children can, for example, tell themselves that the parent will be coming soon. *Cognitive* strategies are about trying not to think about negative things. The strategy of *masking* is where they strive to show a better emotional state that the one they are actually feeling. Children with ADHD react more strongly to emotional problems and experience the disequilibrium for longer. Parents can help children by being careful how they themselves express negative emotions such as anger, frustration, or sadness (Louw and Louw 2014:191).

2.7 Psychology and anxiety in children with ADHD

Different approaches are investigated in the study in order to identify an appropriate approach to pastoral care with children with ADHD who suffer from anxiety. The three

main approaches are psychology are the psychodynamic approach, the humanistic approach and the behavioural approach. These three main approaches each support a number of individual therapies. The four goals of counselling are: changing behaviour, establishing and maintaining relationships, enhancing the ability of people to cope and facilitating decision-making. These core therapeutic principles include providing people with the opportunity to help others, motivating them to emulate others who are successful in the group, and offering friendship and support. This contributes to a positive sense of self-worth, which can improve people's confidence and allows them to focus on others rather than on their own problems. The perspectives of these approaches and therapies on children will not be discussed briefly.

According to the *psychodynamic approach* child psychopathology is determined by underlying unconscious and conscious conflicts (Lesser 1972:55). The focus is on helping children develop an awareness of unconscious factors that cause or contribute to their problems. With children in the age group of 6 to 12 years, this takes place by means of verbal interaction with the counsellor. As the underlying conflicts are revealed, the counsellor facilitates the child to cope with these conflicts.

The point of departure of *behavioural approaches* is that problematic child behaviour is learned. The focus of treatment is on re-educating the child through positive reinforcement, modelling, and systematic desensitisation (Morris 2007:139). Behavioural treatments often focus on changing the child`s environment by collaborating with parents and teachers. The therapist can use role-play or modelling.

For *cognitive approaches* problematic child behaviour is the result of deficits and/or distortions in the child`s thinking. This includes perceptual biases, irrational beliefs and faulty interpretations (Kendal 2011).

Cognitive-behavioural approaches view psychological disturbances as the result of faulty thought patterns and faulty learning and environmental experiences. The basic premise is that the way children think about their environment determines how they will react to it. Combining elements of both the behavioural model and the cognitive model, the cognitive-behavioural approach grew rapidly as behaviour therapists focused on the important role of cognition in treatment for both the child and the family

(Kendal 2011:193). Faulty thought patterns have to be changed. These include distortions in cognitive areas, such as irrational thinking and faulty problem solving. Related problems are including depression, problematic behaviour, and anxiety disorders. The main objectives of cognitive-behavioural treatment are to identify maladaptive cognitions and replace them with more adaptive ones, to teach the child to use both cognitive and behavioural coping strategies in specific situations, and to facilitate children to regulate their own behaviour. Treatment may also involve how others respond to the child`s problematic behaviour. The main goal is to teach the child with ADHD to think more positively, and to acquire more effective social skills and coping strategies.

The *comprehensive and integrative approach* explains the causes and effects of various childhood disorders from an integrative perspective that recognises biological, psychological, social and emotional influences and their interdependence. The strategy is concerned with the developmental processes that shape and are shaped by the expression of each disorder. Insight into the broader context of family, peers, the school, community, culture, and society that affect development is crucial to understanding child disorders (Mash & Wolfe 2019). Both categorial and dimensional descriptions of disorders are made because each method offers unique and important definitions and viewpoints.

Both treatment and prevention form an integral part of any response to a particular disorder. A focus on the child rather than the disorder is crucial. The child`s problem should be understood in the particular context. This contextual understanding provides a framework for exploring the nature of the disorder. The focus on the child and understanding the child`s behaviour in the context of their peers, family, community, and culture is the object of therapy.

2.8 Treatment for children with ADHD

Primary treatment begins with stimulant medication with which to manage the symptoms of ADHD at school and home. Another focus of primary treatment is training parents how to manage disruptive behaviour of the child at home. An effective response to the difficult behaviour will reduce conflict between the parent and the child and will promote a more pro-social and self-regulating mode of behaviour. In the same

vein managing disruptive behaviour in the classroom effectively can lead to improved academic performance and the teaching pro-social and self-regulating behaviour.

Primary treatment approaches in the home and at school can be enhanced by additional, more intensive treatment programmes. One such possibility is family counselling. The family learns to cope more effectively with individual and family stresses associated with ADHD, including mood disturbance and marital strain. Another possibility is support groups. Connecting adults with other parents of children with ADHD, sharing information and experiences about common concerns, can provide practical and emotional support. Individual counselling can provide a supportive relationship in which the young person can discuss personal concerns and feelings.

2.9 Psychological models

Client-centred models view child psychopathology as the result of social or environmental circumstances that are imposed on children and interfere with their basic capacity for personal growth and adaptive functioning. The interference causes children to experience a loss or impairment of self-esteem and emotional wellbeing. This outcome often causes further problems. These therapists relate to the child in an empathetic way, providing unconditional, non-judgmental acceptance of the child as an individual. Therapists often use play activities with younger children and verbal interaction with peers (Axline 1947:163). The counsellor respects children`s capacity to achieve their own goals. The therapist does not serve as an advisor or coach.

Family treatment models challenge the views of psychopathology that the problem resides within the individual child. They find that child psychopathology is determined by variables that operate in the larger family unit. There are various kinds of family therapy models, nearly all of which view individual child disorders as a manifestation of disturbances in family relations (Rivett 2008:36). Treatment therefore involves the entire family or selected members of the family. Family treatment models focus on family issues underlying the behaviour of the individuals. Depending on the approach, counsellors could focus on family interaction, boundaries, alliances, communication, dynamics and contingencies. It is essential to adapt family interventions to the cultural context of the family (Kumpfer 2002). In some cases, the focus on the child`s

helplessness and physical symptoms can be the parents' way of avoiding their own difficulties. The therapist facilitates the family to identify and change the dysfunctional ways in which family members relate to one another.

Neurobiological and medical models see child psychopathology as the result of neurobiological impairment or dysfunction. Treatment consists of pharmacological and biological medicines. Medical intervention can be useful for severe cases of ADHD. There is a growing interest in developing pharmacological substances that target basic mechanisms such as gene expression, neurotransmission abnormalities and other biological factors underlying to the disorder (Vitiello & Grabb 2013). Other more controversial forms of biological intervention include electroconvulsive therapy (ECT) for severe depression, and the elimination of food additives and preservatives from the diets of children with ADHD. Children with ADHD struggle with depression, phobias, panic attacks and other anxiety disorders. They can be prone to bed-wetting, eating disorders, obsessive-compulsive disorder, and post-traumatic stress syndrome. Selective serotonin reuptake inhibitors (SSRIs) are the frontline medication for children with ADHD who are exposed to stressors. Medication is used along with other forms of intervention such psychotherapy, parent training and counselling.

Combined treatments refer to the use of two or more interventions, each of which can stand on its own as a treatment strategy (Kazdin 1996:101). Combinations of stand-alone approaches and interventions can consist of different conceptual approaches. For example, behavioural parent training can be combined with pharmacological treatment for children with ADHD. Cognitive-behavioural treatment can be combined with family therapy. On the other hand, combined treatments can also be derived from the same conceptual approach. Social skills training can be combined with cognitive restructuring in a group treatment program. Behaviour management and family behaviour therapy can be combined to help children with ADHD. The combined treatments derive from evidence-based interventions for depression, anxiety and behaviour problems within a framework of the five core principles of therapeutic change (Weisz 2017).

Internal working models shoe how early attachment behaviour influences social relationships later in life. They are mental representations that children construct of

themselves, their caregivers, parents and the world around them. The attachment history of the child influences and shapes their internal working models of how they perceive their environment (Walden & Beran 2010:7). Early experiences shape attachment behaviour and are encoded in internal working models. Through these models, early experiences influence the child`s personality and behaviour later in life. These models include cognitive and affective information as well as conscious and unconscious information. These become more complex as new experiences arise.

Children construct working models of how the parent-child relationship should be, how the parents are expected to behave and interact with each other, how the world is expected to react, and how the children expect to interact with the people in their lives (Bowlby 1997:254). It is within these frameworks of the working models that children evaluate their situation and make their plans. The attachment working models of children are based on real life experiences of day-to-day interactions with their parents. The working models are relationship specific and constructed within interpersonal relationships.

Models of the self and attachment figures are complimentary of each other and are mutually beneficial. If the parent is loving and protective, the child feels loved and secure (Walden 2010:7). Internal working models of secure and insecure attachment relationships go through two processes when conveyed from parent to child. It is about the quality of the interaction between the parent and the child. The child should experience open and honest conversations about emotions and relationship with the parent. Parents should help the child to construct and revise working models through emotionally open conversation. Parents imitate the communication style of their family of origin when they engage with their own children. The attachment-working models are communicated from parents to children through behavioural and emotional interactions.

Children whose parents encourage open and honest communication about relationships are able to develop attachment working models that are flexible and adaptable (Bretherton & Mulholland 2008:107). With daily communication between parent and child, the child develops expectations about the caregiving of the parents that are progressively organised into an internal working model of the parents, of the

self in relation to the parents, and of the attachment relationship as a whole (Cassidy & Appleyard 2008:333). Sensitive caregivers and parents are conducive to the formation of secure attachment and internal working models of the parents as supportive and trustworthy, the self as deserving of the parents` support and the relationship as a nurturing safe place. Insensitive parents and caregiving lead to the formation of insecure attachment and the development of working models of the parents as being untrustworthy and unavailable, the self as not deserving of the parents` support and the relationship is seen as untrustworthy.

The individual`s internal working models that originated from their earliest attachments guide the development of other relationships. Attachment processes continue to play a vital role in the formation of children`s working models and interpersonal relationships (Van der Watt 2014:258). A child with secure attachment expects that other individuals will be supportive and sensitive. An insecure child will have the expectation that others are insensitive and untrustworthy. Internal working models are not absolute. Experiences such as trauma, loss and new attachments can affect internal working models. It`s important to understand the conditions under which internal working models about relationships change, in order to understand the influence of early attachments on other relationships.

There is a strong influence of early attachments on other relationships characterised by affectional bonds, operating largely through internal working models. There are positive associations between early attachment security and childhood friendships and peer relationships. Child-parent attachment can influence both the quantity and quality of children`s relationship. Infants with secure attachment were more likely to have good friends in middle childhood than those with insecure attachment. There is a definite link between early attachment and other relationships. Positive relationships with teachers and other learners can help children with ADHD to make progress with their cognitive abilities and academic achievements.

The typical goals of treatment are to reduce symptoms, and facilitate substantial changes that will enhance the child`s long-term functioning (Mash & Wolfe 2019:112). Treatment goals often focus on adaption skills in order to facilitate children’s long-term adjustment, rather than to just aim to eliminate problematic behaviour. Other treatment

goals that are crucial to the child, family and society include the reduction or elimination of symptoms. The aim is to enhance the children's functioning, their social competence, and to improve their academic performance. Outcomes related to family life include improved relationships, stress reduction, and the improvement of quality of life, the reduction of the burden of care, and greater support for the family. The following outcomes are beneficial to society as well: better school attendance, reduced truancy, and a reduction in the school dropout rates, less reliance on the juvenile justice system and special services. If physical and mental health are enhanced and quality of life is increased, the accidental injuries, substance use, and mental healthcare costs will decline.

CHAPTER 3

PASTORAL APPROACHES

3.1 Introduction

Various approaches to supporting young persons in the middle childhood age group who have ADHD and suffer from anxiety are evaluated for their suitability in this chapter. *Solution-focused Brief Therapy*, is an approach that has been used in schools as a counselling method. *Narrative Counselling* focuses on the telling of stories. *Structural Family Therapy* aims to improve communication and enhance problem-solving techniques. *Strategic Family Therapy* has as its objective to facilitate change in the home and foster more positive parent-child relations (Butler & Platt 2008:20). The aim of the chapter is to explore which approaches and methods can be useful for providing pastoral support to children with ADHD who struggle with anxiety. Narrative pastoral counselling has already shown to be an effective way of communicating with children. The question is whether this approach will also be effective with children with ADHD who suffer from anxiety or whether insights from psychology will be necessary to amplify the approach. The aim is to develop an effective pastoral approach for the support and guidance of children with ADHD who suffer from anxiety.

Children with ADHD struggle with many challenges. Anxiety further complicates the matter and they can trouble coping with life, relationships and their school work. Children with ADHD do not react in expected ways. ADHD makes them more prone to anxiety. They experience emotional distress at a level of greater intensity and for longer periods than would usually be the case. Cognitive development theories with regard to the middle childhood stage provide insight into the effect of emotional distress on children with ADHD and their cognitive, social and academic development. Children with ADHD who suffer from anxiety tend to withdraw, not express their struggles, and become “voiceless”. The effect of medication on children with ADHD further exacerbates their voicelessness.

The first approach to be discussed and evaluated is the structural family approach with its solution-focused method. This approach with its focus on communication and problem resolution techniques fosters a positive parent-child relationship

(Butler & Platt 2008:20). This aspect of the approach is particularly valuable. However, the emphasis of this approach on the child`s past successes, existing skills and personal qualities is not entirely appropriate for children with ADHD who suffer from anxiety. It is important for children to identify and believe in their personal qualities and skills, and define who they are. However, this solution alone is not sufficient for children with ADHD who suffer from anxiety. They first have to identify the root of their problems before effective solutions can be sought. Focus-based therapy does not bring the root causes to the surface. It is necessary for the learner and the counsellor to journey together and devise strategies that the child can utilise when confronted with a situation to which they would usually react with problematic behaviour.

Another possibility with potential is the hermeneutical approach, since the family is a hermeneutical unit with an interpretative function. If the family unit is stable and balanced, children can flourish in all aspects of their lives.

The narrative approach is explored for its potential to bring children with ADHD to voice. The question is whether children who are under severe emotional distress and anxiety can benefit from such an approach or whether a greater psychology component would be required. The overall aim is to give the child a voice in order to tell their own story at their own pace. The narrative therapy models of Michael White, Alice Morgan and Freedman and Combs are evaluated for their applicability to pastoral counselling with children with special challenges such as ADHD and anxiety. The approaches that have the most promise are now discussed in more detail.

3.2 The Structural Family Therapy approach

Family is a social institution that is to be found in all cultures (see Cloete 2016:20). A traditional family is seen as a unit made up of two or more people who are related by blood, marriage or adoption and who live together, form an economic unit, and have children (Benokraitis 2005:5). They share close emotional ties and find their identity in the group. From a theological perspective, family is seen as the primary framework in which children come to an understanding of themselves, the world, and God. In this mutual human existence, a sense of self-identity and personal

maturity develop, and moral values are acquired. This close network of relationships can also nurture spiritual formation. Family is therefore more than just a structure. It constitutes a process in which identity, character and spiritual formation can take place (Cloete 2012:5).

Structural Family Therapy focuses on communication and problem-solving techniques. The aim is to bring about change and facilitate a positive parent-child relationship. Children`s view of themselves is a reflection of how they think their parents view them (Middlebrook 1980:59). Understanding how family structure functions is useful to counsellors who identify that the parent-child relationship is affecting the child in a negative way and is contributing to anxiety.

The emphasis of the approach is on effective communication. The four main components of structural family therapy include joining, setting boundaries, unbalancing, and rebalancing (Butler & Platt 2008:20). The first step in counselling is to get the family together to work through their problems. The counsellor aims to understand their perspectives and dynamics. The counsellor responds with empathy. Boundaries should be clear, though flexible. The boundaries of each family structure are different. Unreasonable or inappropriate boundaries are revisited. The third and fourth aspects of the counselling method entail the re-organisation of the family through the technique of unbalancing and re-balancing. Through unbalancing, the power relations are shifted. Through the re-balancing of power relationships, a sense of support and trust among the family members can be restored. An imbalance of power is often found in families where children suffer from anxiety. Young children are not able to assert boundaries or stand up to an unreasonable parent.

The family unit or family structure as well as the parent-child relationship inside the family structure form the crucial basis from which the child functions, builds relations, and acts in the outside world. This basis is also the foundation of their self-esteem, motivation, functioning and reactions. The crucial base of the family unit and parent-child relationship effects the child`s development in all aspects of their lives – socially, cognitively and academically.

The traditional family structure is seen as a support system that consists of two married individuals who provide care and stability for their biological offspring. This ideal is far from the norm in today's society. Therefore, seven family structures have been identified, namely: the nuclear family, single parent families, extended families, childless families, step-families, grandparent families and unconventional families. Because of these different family structures, the term "family structure" refers to the combination of persons who comprise a family. These include legally married persons or common law partners, children and other relatives. Psychological, social and cultural influences affect the family unit and parent-child relationship. These should be kept in mind when problems in the family unit are addressed.

Strategic or Structural Family Therapy is a particular method in family therapy. This type of therapy can be effective in helping families to cope with internal problems within the family structure. It focusses on effective communication and conflict resolution skills. Misunderstanding and miscommunication can lead to conflict. If conflict is not resolved effectively, this can lead to destructive behaviour and academic underachievement.

Counsellor who facilitates the process of reconciliation in the family should understand their perspectives on the current situation. The aim is to come to an understanding of the family dynamics. Counsellors show respect for the family system and to not impose their own values upon the family. Setting boundaries is a reorganisation technique. The counsellor emphasises that boundaries are important and should be protected, but should also be flexible. Appropriate boundaries that are already there are strengthened in the therapeutic interaction, whereas inappropriate boundaries are challenged and reduced or removed. Unbalancing is also a reorganisation technique. The counsellor temporarily bonds with a certain family member in order to shift the power relations. The counsellor ignores the family member who holds the power. The powerful person is obligated to step back and allow the power to shift to other family members. Once the power shift has occurred, the therapist rebalances the system by re-joining with the ignored person. This restores feelings of support and trust with other family members.

The purpose of Structural Family Therapy is therefore to shift and balance an imbalanced family structure. A power imbalance is often found in families where children suffer from emotional distress and anxiety. One family member exerts power over another family member. Structural Family Therapy facilitates the family to come to a better balance by focusing on effective communication, the dynamics of the family system, and boundaries. Strategic Family Therapy aims to restore the balance in a family unit. Unreasonable boundaries are addressed, the family system is re-organised, and strategic planning is done to bring about change toward a greater equilibrium in the family unit (Butler and Platt 2008: 20).

3.3 Narrative hermeneutical approach

Children need adults in order for them to come to an understanding of life, God, their history, and problems they face. A family has a unique hermeneutical function. Family is about handing down knowledge from generation to generation (Nel 2000:19). People are always interpreting and trying to make sense of their experiences, whether pleasant or unpleasant. The stress of parents influences children who can then become anxious. The development of children is affected directly by their social environment (Mash & Wolfe 2019:48). Child psychology focuses on the role of the family system, the complex relationships within families, and the mutual influence of various family systems (Mash & Wolfe 2019:50). A family functions as a unique hermeneutical unit.

The hermeneutical approach holds that the most basic fact of social life is the *meaning* of an action. Social life consists of social actions. The hermeneutical perspective focuses on people's subjective *interpretations* and how they attach meaning to experiences and actions. Hermeneutics concerns the theory and methodology of interpretation. Interpretation is about coming to a justifiable understanding of things. Close observation of the family unit is necessary if one is to come to and understanding of the family as a unique hermeneutical functioning unit.

The point of departure of the *narrative hermeneutical* approach is a family has a hermeneutical function. Children try to make sense of the world and their experiences. The experiences can be positive or negative. The experiences and

how children interpret them has an influence other family members and on the parent-child relationship. Where the family structure is imbalanced, unsafe and unmanageable, the aim of therapy or counselling is to address the hermeneutical function of the family in such a way that the family unit is restored. If the parent-child relationship is positive, the family can function constructively as a unique well-integrated hermeneutical unit. The family the hermeneutic sphere provides a safe space for children. If this is not the case children can experience anxiety, depression and develop related emotional problems.

Children with ADHD experience many challenges and their condition makes them prone to anxiety. Their experiences inside the family unit shape their narrative and how they want to relate it. Their life story is shaped by a variety of factors that influence the hermeneutical unit of the family. The hermeneutical aim is understanding, which opens up possibilities of a more effective response to the realities of life.

3.4 Narrative analysis

Narrative analysis focuses on the sequence of a story (Riesman 2008:54). It traces how the story changes over time. It can be useful for explaining how families understand past events and actions, and how they make sense of themselves and their own actions. The pattern of meaning is found in research and practice (Maree 2007:10). The problem is not solved immediately but the person explores wider meanings. The composition of meaning that is formed, is called a life theme (Maree 2007:10). A life plot is formed. Specific patterns and several pivotal elements in the structure of meaning are identified (Maree 2007:10). By understanding the type of plot that is forming counsellors can begin to discern how change can be facilitated. A plot show the measure of resilience, vulnerability and constructiveness that has to be taken into account. When people are able to overcome their difficulties and to begin enacting the desired role in the life plot, their experiences will become more meaningful, productive and fulfilling.

3.5 Narrative pastoral counselling

The insights of narrative therapy in psychology have been applied fruitfully to pastoral care and counselling. The pastoral focus implies the inclusion of

spirituality and faith in an integrated approach to human lives and struggles. The aim of narrative pastoral counselling is to connect two narratives, namely the story of God and the story of the person. Ganzevoort (2012:220) identifies six dimensions of narrative pastoral counselling: structure, perspective, tone, role assignment, relational positioning and justification for an audience.

- *Structure* is about the way in which the elements of the story are connected.
- *Perspective and tone* are about the attitude and tone of the storyteller, which give an indication of how the person feels.
- *Role assignment* refers to the role that the storyteller assigns to themselves and the other role players.
- *Relational positioning* is the process whereby people use their story to establish, maintain and shape relationships.
- *Justification for an audience* is about a wider audience who witness the story.

Narrative pastoral counselling is about coming to an understanding one's life through story. The primary focus is on the two aspects of narrative and social construction. The concern is more with the attitude that with technique. The story is about the person's own development in a particular time and space. The specific practices of narrative counselling include locating problems in their sociocultural context, opening space for alternative stories, developing stories, questioning, reflecting, thickening the plot, and searching for unique outcomes. Each practice is described, located in relation to the ideas and attitudes that support it. Through questions alternative, preferred realities are developed. Narrative therapy uses accessible language, a concise structure and a broad spectrum of narrative practices including externalisation, re-remembering, therapeutic letter writing, rituals, and reflecting teams.

Narrative conversations are interactive and always done in collaboration with the consulting person and the counsellor (Morgan 2000:3). A counsellor needs to understand what is of interest to the person consulting them and how the journey suits the person's preferences. Narrative counselling is a respectful, non-blaming encounter, which locates people as the expert of their own life. A point of departure

of the narrative approach is the persons are separate from the problem. The assumption is that people have the necessary skills, beliefs, values, commitments, competencies, and abilities to change their relationship with the problem in their life. The person determines the direction of the conversation.

Narrative pastoral counselling conversations are re-authoring and re-storying conversations (Morgan 2000:5). Stories consist of events linked in sequence across time according to a plot. Stories are created by linking events together in a particular sequence over a specific period and then finding a way to make sense of the events. The process of making meaning out of experiences forms the plot of the story. A narrative is the thread that weaves the events together to form a coherent story. Personal agency and the capacity for responsible action are discovered in social collaboration. The persons learn about themselves (White 2007:289). Curiosity and the willingness to ask questions about the unknown, are principles of this work (Morgan 2000:4). People review their own actions and the questions contribute to stories of personal agency.

3.6 Implementing a narrative approach

People have different stories about themselves and their abilities, their struggles and competencies, their actions, desires, relationships, work, interests, achievements and failures. The way in which they develop their narrative depends on how they link events together in a particular sequence and on the meanings, they attribute to it. People give meaning to their lives and relationships through storytelling. Stories must follow a certain sequence to make sense. A narrative has a beginning (past), middle (present) and end (future) (White & Epston 1990:13; see Morgan 2000:2).

The narrative approach to pastoral guidance and support is respectful of the person who is seen as the expert of their own life story. The problem is regarded as separate from the person. The technique of externalisation is used to achieve this. It alters the relationship between the person and the problem. People learn to see the problem as only one component of their lives, not as their identity. The point of departure of this approach is that people have skills, competencies, beliefs, values, commitments and the ability to change their relationship with the problem

in their life. The person, not the counsellor, gives direction to the conversations. Through the process of storytelling, they find their own voice. The problem is deconstructed and the story is re-authored. New meanings are allocated to events and experiences. New beginnings with positive outcomes become possible.

All life stories have a political and social context. They are socially constructed (Theron & Bruwer 2006:449). Social interaction with others is the basis of how people construct their reality. Experiences take place in a social context; therefore social factors have to be considered when dealing with problems. This also goes for the problem of children whose experience of insecurity, fear and anxiety impede their development in a variety of areas. Children construct their identity through their interaction with others. The environment to which they are exposed, has an influence on how they function. In narrative pastoral counselling with children who are anxious, the aim is to create a safe space and build a relationship of trust. Through storytelling the children can find their own voice. In the narrative paradigm, the counsellor listens from a “not-knowing” position. The children are the author of their own story and the expert on their own experiences. The root of the problem can be traced by means of the story (Morgan 2000:33). Then the effects of the problem can be explored and clarified. Deconstructing the problem and discovering unique outcomes are part of the process. Unique outcomes are those achievements that have already become apparent during the telling of the problem story. Building on these achievements, constructing a positive alternative to the story becomes possible. The various facets of narrative counselling conversations will now be unpacked.

- **Unique outcomes**

A unique outcome, such as a dream, plan, desire, action, feeling, statement thought, or belief which contradicts the dominant story, is identified (Morgan 2000:52). They can be described as “sparkling moments”. Unique outcomes are always present in people`s lives but are often neglected or ignored as the problem story dominates (White 2007:232). Re-authoring conversations explore the context in which conclusions about identity originated. The contradictions in the dominant story are exposed and different outcomes can then be imagined. An alternative story is the culmination of the unique outcomes. The therapist makes the person

aware of the unique outcome by linking them to other events in order to re-author a new, preferred story. The alternative story highlights people`s abilities, skills, commitments and competencies. These are always present but are often obscured by the problem story. Through highlighting unique outcomes, the person can reconnect with their dreams, hopes and ideas.

- **Scaffolding conversation**

Narrative approach is effective for getting to the root of the problem (Powell & Ladd 2010:201). Scaffolding conversations is about moving from the known to the unknown, from the familiar to the unfamiliar. In the process people can discover a new sense of agency and control over their own lives. There are five categories of enquiry which require the following five scaffolding tasks (White 2007:275):

- *Low-level distancing tasks*

Low-level distancing tasks are about characterising the unique outcomes. Through questions, new meaning is allocated to unfamiliar or ignored events.

- *Medium-level distancing tasks*

Medium level distancing tasks entail to first relate the events and then make associations. In this way, connections are made between the events. They can be compared and categorised and differences and similarities distinguished.

- *Medium-high-level distancing tasks*

Medium-high-distancing tasks are about reflecting, evaluating and learning from a chain of events.

- *High-level-distancing tasks*

High-level-distancing tasks are about expressing concepts of life and identity, and learning from their concrete circumstances.

- *Very-high-level distancing tasks*

Very-high-level distancing tasks encourage a plan of action and constructing this plan by means of the newly developed concepts of the child`s life and identity.

- **Externalisation and questioning**

The technique of externalisation aims to establish that the problem is the problem – the person is not the problem (see White 2007:9). Through this technique, distance is created between the problem and the person. White (2007:38) identifies four stages of the process: the counsellor encourages the person to externalise and personify the problem; the counsellor maps the effects and sequence of the problem; the counsellor and the person evaluate the effects, and the justification of the person's behaviour is evaluated.

Narrative counselling can be an effective means of coming to the root cause of the problem. It elicits the person's active participation in finding a solution to the problem (Powell & Ladd 2010:201). The person is facilitated to re-author their story, which can then become a more positive narrative. Through story-telling, the dominant problem story is deconstructed and the person comes to the realisation that the problem story does not define who they are. Then the individual and the counsellor explore a new identity as the new story is constructed. In the case of children, they can come to the realisation that they are not the problem, but the behaviour is the problem.

- **Re-authoring conversations with children**

Of the variety of stories children have of their lives, some are dominant whereas others are alternative stories. Children share the dominant story with the counsellor. Re-authoring conversations invite them to continue to develop and tell their story (White 2007:61). Unique outcome provides the point of entry for re-authoring conversations to the alternative storyline of the child`s life. The counsellor poses questions to encourage the children to recount their lived experience, to use their imagination, and to employ their meaning making resources (White 2007:62). In the process, the problem story is deconstructed and an alternative story with new meanings begins to take shape (White 2007: 61). Counsellor formulates questions from the landscape of identity and the landscape of action to facilitate the construction of an alternative story. A re-authored alternative story provides new ways of seeing the problem. Actions that do not fit with the new story are identified. The landscape of action shows the significance

of the experience for the child. With the landscape identity the child is encouraged to reflect on attitude, beliefs, values, dreams and purposes (White 2007:99).

- **Re-remembering**

White (2007:129) explains that in remembering events and interactions, a life that extends back in the past and forward into the future, takes shape. Re-remembering gives people the opportunity to revisit events and conversations that influenced the way in which they see themselves and construct their identity. It is a rearrangement of the past and present. This is useful for future relationships.

Re-remembering conversations are about engagement with the child's history with significant figures, the identity of the present, and projected future. The figures and identities do not have to be known personally in order to be significant. Re-remembering conversations provide the opportunity for children to revisit past events and conversations that influenced the way they see themselves and construct their identity. Identity is formed through interaction with significant entities past and present (White 2007:129). These entities can be a person, pet, toy, or someone who influenced the child's life in a positive way.

Four different emphases in narrative counselling will now be discussed briefly.

- **The approach of Freedman and Combs**

Freedman and Combs (1996) emphasise that people's interpersonal reality is constructed through interaction with persons and institutions. Social realities have an influence on the meaning they allocate to the events and experiences in their lives (Freedman & Combs 1996:1). Power discourses are a socialised embodied phenomenon. The discourse of a society determines whether a story is remembered and told or whether it remains untold (Freedman and Combs 1996: 42). Narratives are structures of meaning and power. Language is an instrument of power. Children construct their reality through language. The discourses in a society determine what knowledge is accepted as right, true or proper in that context (Freedman and Combs 1996: 38). Deconstructing questioning takes place within externalising conversations. Questions expose elements that form part of

the problem-saturated story. As people liberate their past from the grip of problem-saturated stories, they can envision, expect, and plan for a less problematic future (Freedman & Combs 1996:38).

In narrative pastoral counselling with children, they are asked questions that guide them to review their own actions. They are guided toward stories that demonstrate their personal agency. Details of an event make the event vivid (Freedman & Combs 1996:13). The narrative approach explores the child's history in order to facilitate a paradigm shift and the transformation to a new preferred story. The goal of narrative exploration is to construct and actualise optimal narratives in the concrete situations of the child's life.

- **The approach of Michael White**

Michael White made use of case studies, detailed transcripts and therapeutic conversations to demonstrate the therapeutic possibilities that can grow out of the problem story. The person comes to a better understanding and interpretation of the own story. The journey begins with what is known and familiar to the person and ends with a new perspective on the problem story from which a new alternative story can be created.

Michael White lists the areas of narrative practice as: externalising conversations, re-authoring conversations, re-remembering conversations, definitional ceremonies, unique outcome conversations, and scaffolding conversations. He explains how these can be employed in narrative practice and explains the practical implications of each. He illustrates how story development and therapeutic healing become possible with narrative therapy.

- **The narrative counselling of Alice Morgan**

Alice Morgan (2000) applies narrative ideas and makes use of ritual, reflecting teams, and therapeutic documentation. For example, declarations, certificates, textbooks, notes and pictures from sessions are used. Conversations can be forgotten, but these documents have can be used repeatedly. The drawing or

therapeutic document exposes the contradictions of the dominant story. In this way, unique outcomes are elicited.

Narrative counselling entails a respectful, non-blaming approach, which honours people as the experts of their own lives (Morgan 2000:4). Through deconstructive questions people are facilitated to unpack their story in order to see it from a different perspective. How the story has been constructed, becomes apparent. Deconstructing questions open up people's history, context and the effect of events on their lives. By telling their story they broaden their scope and end up seeing things differently (Morgan 2000:4). By asking questions about the problem story, people are invited to share their experience, contemplate it, and notice what went into it.

- **Narrative pastoral counselling with children**

Narrative pastoral counselling with children utilises the strategies of narrative counselling which include externalisation, deconstruction, identifying unique outcomes, and mapping the effects of the dominant story (Maree 2007:91). The aim is that children become more confident and courageous to face their emotions and experiences in a constructive way. They are facilitated to face intellectual and social challenges in their lives. Through this focused attention their level of concentration and academic achievement can improve and they can began to flourish.

Counselling with children requires patience, love and building a relationship of trust. From a pastoral perspective, they are approached with love, compassion and the assurance of the love of God. Jesus emphasises the value of children in Matthew 19:14: "Let the little children come to me and do not hinder them for the kingdom of God belongs to them." With the constructive support that narrative counselling can provide, insecure, anti-social children can become more responsive and begin to communicate. They can begin to reciprocate and show warmth towards others. Love, compassion, patience, creating a bond of trust and providing a safe space are essential to narrative pastoral counselling which aims to facilitate and empower children to become the agent of their own life.

3.7 Narrative practices

The counsellor aims to form a clear picture of the person's life story. The areas of narrative practice must be understood and interpreted in order to scaffold the journey from the known to the unknown. What can be improved, redefined and changed is identified. The counsellor must be able to track and decipher what the person means in order to bring new understandings into the picture and sustain hope in the person. The narrative practices foster story development which can eventually lead to healing. A narrative approach and narrative practice represent theoretical and clinical innovations that have influenced the field of family therapy, children therapy and behaviour therapy. Some pertinent areas of narrative practice, include definitional ceremonies, an understanding of power discourses, unique outcome conversations, scaffolding conversations, externalising conversations, re-authoring conversations, and re-remembering conversations. Areas of narrative theory and practice will now be discussed.

The first area to be discussed, is *storytelling*. Life stories are multi-faceted. Many stories occur at the same time and different stories can be told about the same event. No story is completely free of contradiction and no single story shapes a person's life and future. People live their lives by several types of stories about the past, present and future. Stories can also belong to individuals or communities. There are family stories and relationship stories (Morgan 2000:8). The stories could occur simultaneously. Events contribute to the plot or meaning that is dominant at the time. If children with ADHD are given a voice in narrative counselling, the history of the problem is traced. As the effects of the problem are explored harmful discourses are be deconstructed and unique outcomes identified. The problem is externalised and named, explored and personified. In the process of unique outcomes are identified. They form the basis of the alternative story. Thickening of the plot happens when there is re-remembering conversations. Documents, declarations, certificates, handbooks, notes from the session, and pictures can be utilised in re-remembering conversations.

The second area to be discussed is *power discourses*. Discourses represent a system of meaning and understanding through certain language practices. Knowledge and power are connected through the discourse. A discourse is a

system of statements, practices and institutional structures that share common values (Hare-Mustin 1994:19). Discourses reflect a prevailing structure of social and power relationships. Discourses therefore have the power to shape individuals' life choices, the events they narrate as part of their life story, and how they choose to narrate it. The various stories that make up their life story are shaped by a variety of discourses. One discourse in the educational system emphasises punishment rather than constructive intervention with regard to problematic behaviour and underachievement. Children who struggle are often labelled as "difficult". This does not have a positive outcome for them.

The philosopher, Michael Foucault (1978) investigated the ways in which Western societies label people. Societies decided what they accept as normal and what not. There is a set of rules for "normal" behaviour. Those who deviate from the rules for normal behaviour are labelled as "abnormal" and difficult. Such labelling marginalises children. It becomes an obstacle to progress and achievement. Rather than punishment and labelling children who suffer emotional distress, should rather be given a safe and accepting space where they can deal with their problems constructively and make progress. Giving these children a voice through narrative counselling can change their attitude towards their life in general. With a more positive attitude and a sense of accomplishment they can flourish, achieve their goals, and lead a "normal" life according to the values of society.

Power is not only imbedded in situations and structures, which perpetuate the dominance of some groups over others (Foucault 1978:94). Power is everywhere and comes from everywhere. Power is not an agency or a construct, but a system of truth that permeates society. Establishing power through forms of knowledge, understanding and truth reinforces the system of truth through education, the media, and political and economic ideologies. Power discourses transmit and produce power. It can also reinforce or expose power. The battle for truth is not about discovering and accepting absolute truth. It is about the rules that separate true and false. Specific effects of power are attached to what is seen as being true. Power on the other hand is also necessary and can be positive and productive. Power can be a source of social discipline and conformity. Power is an everyday socialised and embodied phenomenon. Power only becomes a problem in society

when it is used to degrade and oppress some groups of people in society. This also applies to children.

Parent-child relationships are affected by the power dynamics in the family. Parents are in a position of power. They should provide a safe space and security for children. In some cases, there is instability in the family unit. In such an environment, children do not feel safe and protected. They do not flourish. An example is where parents assume absolute authority and children are allowed no say or opinion. Parents' actions can be harmful to one another or to children. In the case of gender-based violence, the parent who is supposed to "protect" the family is the one who causes the harm. Some parents are also violent towards children. The children then do not trust the parent and are afraid of the parent. Such children can begin to experience depression, become anxious and exhibit behavioural problems.

Parents themselves can experience high stress due to various circumstances in their lives. If they who are in the position of power do not cope, it causes instability in the family unit and affects the parent-child relationship. Children who are constantly exposed to violence can become desensitised and display aggressive and violent behaviour themselves. Children in unstable homes find it difficult to cope with family life. Often their unruly behaviour is a means to attain control. Children with ADHD experience life's difficulties even more intensely than others. They can be prone to hyperactive episodes and seek attention in negative ways.

For a pastoral counsellor it will then be necessary to explore the context, environment and relationships in the family situation with the child. Constructing the individual`s identity through their interaction with others and the relationships in the lives of children who exhibit bad behaviour provides clues as to why they operate in that manner. The context and environment can have a decided influence how they function and behave.

Language is an instrument of power (Freedman & Combs 1996:37). People construct their reality through language. Therefore, language plays a key role in narrative counselling. Since there is a strong connection between knowledge, truth

and power, social discourses have the power to determine what knowledge is seen as right, true or proper in that society. Those who control the discourse have power. People tend to internalise the dominant narratives of society and create their identity accordingly. Those who do not act according to accepted social norms, are labelled, marginalised and even ostracised. People express meaning and their understanding of things by means of stories. Social discourses can influence their story and can even determine whether a story is remembered and told, or whether it remains untold (Freedman & Combs 1996:42).

3.8 Pastoral care models

Psychology and biblical theology deal with different dimensions of human life, use different methods of study, ask different questions, and view human life from different perspectives. Pastoral care models such as the shepherding model, the narrative hermeneutical model and the narrative model are grounded in storytelling, interpretation. The aim is to make sense of people's life stories in the course of the pastoral engagement.

Storytelling is the heart of pastoral care. Stories help people connect with one another, with God, and with God's creation. Stories are especially appropriate in pastoral care and counselling with children. Stories can make children feel comfortable and safe to express themselves. Life stories reflect the stress and challenges of the 21st century. Pastoral caregivers respect the religious beliefs, practices and values of those in need of care (Doehring 2015:1). They enter the person`s story in the same respectful way as they would a sacred space. The story itself is also a sacred space that should be treated with reverence. Pastoral and spiritual care involves listening and being compassionately present with the person. People's lived theology entails the values, beliefs and spiritual practices that are enacted or put into practice in their everyday lives (Doehring 2015:4). This lived theology triggers specific emotions in people who are strongly connected to their values, beliefs, spiritual practices and the ways in which they cope with their problems. Pastoral care involves sustaining others through prolonged difficulty or immediate need, enabling a journey of healing and wholeness. It also entails supporting someone through a process of reconciliation with God, self and others. Guidance about resources and different perspectives are brought to the story.

Pastoral care is more than a religious experience. It should also be understood in the context of theological ethics (Browning 1976:54).

Pastoral care plays a leading role in the dialogue between the story of the Christian tradition and the life stories of people (Gerkin 1997: 23). A narrative is an oral or written account of events. People interpreting and make sense of their experiences, be they positive, negative or even traumatic. Pastoral care facilitates this process of making connections and allocating meaning. It can be powerful when a connection is made between the person's life story and the Christian story of God`s grace and love, when life stories are interpreted through the lens of the Christian faith.

The four critical components of pastoral care with learners, include: promoting their health, wellbeing and resilience, providing academic support, and developing social capital within the school community and faith community. Pastoral care is not merely a complementary practice, it`s policy and practices are fully integrated throughout the teaching and learning and structural organisation of a school and the faith community. The aim is to effectively meet the personal, social and academic needs of the children and foster positive attitudes. The health and wellbeing of children is closely connected to conditions and relationships in the school environment, as well as to a sense of fulfilment and good health (Miller 2004:102). Subsequently pastoral care has an inclusive function. The quality of teaching and learning, the relationships with other children, teachers, parents, and caretakers are all relevant components. Pastoral care has the umbrella function of monitoring the overall wellbeing and progress of learners. Special attention should be given to children with special challenges, such as those with ADHD.

Through pastoral care children with ADHD can be facilitated to develop positive self-esteem, as well as goal setting and negotiation skills. Enhancing their strengths can contribute much to their resiliency. They can then develop a sense of social cohesion. This can improve their overall health and wellbeing (Nadge 2005:77). Pastoral care focuses on the whole child – the personal, social, spiritual and cognitive. The whole community can become a caring community. Pastoral care can contribute to this by actively involving the whole community in consistent,

comprehensive, multi-level activities for the wellbeing of all. Pastoral care is not merely a complementary practice, but an integrating practice with the main focus is on the child (Bernard 1993:300).

Pastoral care policies and practices can be mapped against the school`s strategic plan and key pastoral care outcomes to identify existing overlaps and gaps. This stage also assesses the appropriateness and effectiveness of current systems, practices, policies and services and the extent to which these achieve the identified wellbeing outcomes. In the assessment of the adequacy of care in schools it is important to identify which practices should be terminated, initiated or retained. Staff are involved in evaluating what is working well, what is not working well, what is lacking and what has potential for enhancing wellbeing. Such evaluation and decision making considers policies and practices related to the five key pastoral care tasks in the school environment:

- proactive, preventative pastoral care;
- developmental teaching and learning;
- a supportive and collaborative environment;
- reactive casework;
- the management and administration of pastoral care.

The roles and responsibilities of all members of the school community for the promotion of a safe and supportive environment should be carefully delineated, clearly understood by all, and disseminated widely. The cooperation and contribution of all can serve to reduce the burden on the pastoral caregivers in the school. Parents, families, staff and caretakers can contribute to a positive, safe and supportive school culture. Communication with regard to progress can contribute to a sense of purpose among the staff and other members of the school community. Updates on pastoral care activities demonstrate the contribution and importance of this aspect of care for the whole school community.

Three pastoral care models will now be evaluated for their usefulness in the school environment. The first is the shepherding model of Charles Gerkin (1997), the

second is the narrative hermeneutical model, and the third is the narrative counselling model.

- **Shepherding model**

The pastor as a shepherd plays various roles, namely teaching, caring, preaching and counselling. The aim is to empower members of the faith community to care for one another and for the needs of people in the broader community. Shepherding is the metaphor for taking care of and guarding the flock. The pastor is the shepherd who cares for and nurtures all members of the faith community, irrespective of their age, social status or capabilities. The church in return becomes a community of care that confronts social and moral issues that concern the members of the faith community. Gerkin (1997:23) identifies four biblical models for pastoral care: priestly, prophetic, wisdom and shepherding. The *prophetic* model is based on examples such as the prophet Jeremiah, who confronted the people of Israel when they lived in a way that was not according to God's will. The *priestly* model is based on the role of the priests, who facilitated worship and the observation of the holy days and traditions. The *wisdom* model is centred on the teachings and moral guidance in the life of the community. The fourth and most significant model is the *shepherding* model of care. In Psalm 23, the image of God as the Good Shepherd who guides the people, restores their soul, and is present with them when they despair.

It is also the task of the pastor to empower members of the faith community to take care of the needs of the people in the community. Pastoral care is also the social ministry of the faith community, including taking care of the poor, marginalised, homeless, victims of gender-based violence, and those who suffer political and economic injustice. The pastor is called to lead the Christian community to better care for one another and to take care of the greater community's needs (Gerkin 1997:128). The role of the pastor and faith community has both an inward and outward focus, namely care for members of the faith community and care for the broader community. The faith community should be involved with community problems of the 21st century where the faith community should be a place where everyone feels accepted and receive the care they need.

Children are included as the recipients of pastoral care. The pastor as shepherd guides them to accept God`s forgiveness and love. Together the pastor and the child search for an authentic connection between the troubled story and the larger faith story of love, care, forgiveness and acceptance.

- **Narrative hermeneutical model**

Pastoral care plays a vital role in the dialogue between the story of the Christian tradition and the life stories of people (Gerkin 1997:111). A narrative is an oral or written account of events and hermeneutics is the theory of interpretation. People are always interpreting and trying to make sense of their experiences, both the positive and the negative ones. How they interpret their experiences can become a crisis in a person`s life. People in crisis they need support. The pastor can provide the support by facilitating the process of making connections and interpreting the life story of people and connecting the story to the Christian story of God`s grace and love. The pastor facilitates the dialogue between the individual story and the story of faith. Pastoral care is about the individual, the community and the gospel message. The pastoral conversation includes sharing stories and feelings and searching for an authentic connection between the individual`s story and the faith story.

With regard to the hermeneutical function, Osmer (2008:21) calls the pastor an “interpretive guide”. Pastoral care is about journeying with people who find themselves in a crisis and mapping the way forward together. The pastor`s task is also to be an interpretative guide for the faith community (Gerkin 1997:116). In the task of interpretative guide, the various sub-functions of the pastor merge. This creates consistency and unity of purpose. Pastoral care embraces theological norms and traditions that form the Christian identity. Pastoral care is about building and maintain relationships. These relationships are between the pastor and individuals and families within the church and in the community. Though pastoral care is seen more broadly as care also for culture and society, the main focus is on care for the congregation as a community that is loyal to the Christian tradition it professes. Gerkin (1997:122) identifies five dimensions that contribute to the life of the congregation:

- *Community of language*

Communication helps to give a Christian group identity. The Bible becomes the language of communication within the church. Gerkin (1997:122) puts it as follows: “biblical imaginary is the mother of tongue of the Christian people”. Authority is given to the language of the Bible in which congregation members are accountable. Constant interpretation of this language is necessary in relation to whatever issues or problems the Christian community faces. The pastor interprets biblical texts and stories. Through the process of interpretation, the pastor cultivates the relationship between the stories of the Bible and the stories of people`s lives. Pastoral work does not aim to control the behaviour and thoughts of the people but to empower them to use biblical themes and images as the compass of their life.

- *Community of mission*

It is the task of the pastor to empower members of the faith community to care for the needs of the people in the world. Pastoral care is connected to the social ministry of the faith community, namely care for the poor, marginalised, homeless, victims of gender-based violence. Gerkin (1997:128) puts it as follows: “The pastor is called to lead the Christian community to better care for one another and to care for larger world of human need.” The role of the pastors and the faith community has both care for members of the faith community and for the broader community in focus. Pastoral caregivers and caring faith communities should therefore be actively involved in caring for children, especially those who suffer. This includes children with ADHD who suffer from anxiety. The faith community should be a place where both all can feel safe and accepted, and receive the care they need.

- *Community of mutual care*

Those who struggle in life often feel alone and long for relationships where they feel accepted and loved. However, there is much prejudice, labelling and intolerance in human relationships, also in families and Christian communities. People with specific problems and inabilities are often the target of such prejudice, labelling and intolerance. One of the main functions of the Christian community is to form and maintain an environment where members are understood and receive the care they need. Faith communities should therefore be a nurturing environment

of mutual care for all. It is the task of all members, not only of pastors, to provide pastoral care. Pastors and spiritual leaders guide the process of care within the faith community by empowering members to care for one another.

- *Community of enquiry*

The pastor facilitates both individuals and the Christian community to probe the meaning of their actions and the effect of the actions of others on them. For Gerkin (1997:127), to care deeply for people is to inquire with them, search with them and question with them the meaning of their life events. Pastors facilitate people to articulate their own questions and guide them to find their own answers. It is not the pastor`s task to provide the answers.

- *Community of memory*

To be able to speak the language of Christian tradition, people should be secure in their Christian identity. To be a community of memory is to remember the stories that have come down from generation to generation of believers. It is the retelling of those stories and the celebration of events that remind God`s people of who they are, in other words of their identity. The pastoral caregiver is the nurturer of memory. In pastoral care, the community of memory is also the “ministry of presence”. The pastor is present for the person who needs care. The person needing care may remember something painful from their past and the pastoral caregiver’s presence could bring some comfort.

Hermeneutics is the theory and methodology of the interpretation of biblical texts, wisdom literature and philosophical texts, whether written or spoken and is an activity that interests biblical scholars and philosophers. The primary need of hermeneutics is to determine and understand the meaning of content within biblical text. In the history of biblical interpretation four major types of hermeneutics have emerged: the literal, moral, allegorical, and anagogical. Literal interpretation asserts that a biblical text is to be interpreted according to grammatical construction and historical context. The purpose of hermeneutics is to bridge the gap between our minds and the minds of the biblical writers and that is applicable to the family unit as a hermeneutical unit where there needs to be an understanding between the parent-child and pastor relationship. The family unit is also a

hermeneutical unit. People are always trying to make sense of their experiences and interpreting them. The pastor facilitates the dialogue between the child and the family system and God. The Narrative Hermeneutical Model has great success to accomplish a better parent-child relationship inside the family hermeneutical unit.

The narrative hermeneutical model for pastoral care and counselling focuses on the use of language in order to connect the story of the person with the faith story of God and about God. The pastoral caregiver is an interpretive guide who shepherds, nurtures and shows empathy with people as they journey together towards wholeness. The faith community should be the safe space where the person and the pastoral counsellor come to a deeper understanding of the person's life story. Then they can explore the roots of the problem together.

- **Narrative pastoral counselling model**

The act of narrating the life story is an important part of pastoral counselling. The pastoral caregiver invites the person to tell the story as a way of making sense of what has happened (Ganzevoort 2012:218). By means of the Narrative Model, the pastoral caregiver connects the story of the person with the story of God. Through narratives people interpret their experiences. Ganzevoort (2012:220) identifies six dimensions of narrative pastoral counselling, namely structure, perspective, tone, role assignment, relationship position and justification for an audience. These will not be discussed briefly.

Structure is about how the elements of the story are connected. The person is encouraged to tell the story. This can be in a chronological order or not. The structure can be logical or fragmented. Through the various connections that are made, a story line emerges. *Perspective* considers the attitude of the storyteller. The pastoral caregiver evaluates the person's situation as the story unfolds. The *tone* will depend on the genre of the story. The story can, for instance, be sad or cheerful. The tone of the storyteller can give the pastor an indication of how the person feels, for example hopeful or helpless, angry or comforted. *Role assignment* refers to the role that storytellers assign to themselves and to the other role-players who are important to the narrative process. *Relational positioning* is

the process whereby people use their story to establish, maintain and shape relationships. *Justification for an audience* is the dimension where the pastor can facilitate a meeting between the counselee and the affected party. Counselees have the opportunity to explain or justify their behaviour or situation.

Of all the available pastoral care models, the narrative model is appropriate for engaging with children and problems in the family unit. Firstly, the child is encouraged to tell the story, whether logical or fragmented. Through the various connections made, a storyline emerges. The perspective and attitude of the storyteller become clear and the pastor caregiver can evaluate the child`s situation as the story is being told. The tone of the story as it is told by the child gives an indication of the mood and the feelings of the child who tells the story. The pastoral caregiver listens for how the children assign roles to themselves and other characters in their story. The conflict or harmony among the characters in the story is important to the narrative process. The pastoral caregiver also listens for relational positioning, namely how the child goes about establishing, maintaining and shaping relationships. If necessary, the pastoral caregiver can facilitate a meeting where children can relate their experiences and feelings to the relevant persons.

The function of the narrative is to give meaning to life and events. In narrative counselling with children, they are active participants in the shaping of their own lives and relationships. Through storytelling, they express themselves and relate their own perspectives to the counsellor (see Ganzevoort 2012:218). They can direct the story in any way that they find comfortable. Narrative pastoral counselling gives the children a voice. They can tell their problem-story. It will be listened to with respect by the counsellor. Together the counsellor and the child can develop a preferred story.

Narrative pastoral counselling provides a safe platform for rich story development and unique outcomes. The narrative model has successful outcomes with children, especially children with ADHD. It gives them a voice to tell their story. Children in general struggle to articulate emotions and problems. This is especially the case if they feel unsafe in an environment that they do not experience as trustworthy or in

unstable relationships. The parent-child relationship is particularly important to the child`s development. If this relationship is not stable and children do not feel safe, it can have a detrimental effect on their emotional state of mind and cause anxiety, stress and depression. Many external factors can cause stress for parents, which then has an effect on children. The Covid-19 was a factor that in many instances cause much harm to the stability and livelihood of the family unit. Fear, anxiety and stress were experiences more intensely due to the death of loved ones, fear of the illness itself, the situation of lockdown and unemployment. This was a global problem that affected everyone.

CHAPTER 4

PASTORAL PERSPECTIVE

4.1 Pastoral care and counselling

Feeling unloved and unsafe is the root of emotional distress in children. If they are fearful, depressed and exposed to difficult circumstances in the family unit, they are prone to suffer from anxiety. Children who experience their caregivers as unloving and abusive can grow up believing that God is also unloving and uncaring. Wimberley (1999:51) refers to this feeling of believing that you are unloved by God, as “the root of shame”. Children`s first experience of feeling loved is with the primary caregiver. They experience the caregiver’s love when their needs are met and they receive the necessary attention. However, children who grow up experiencing detachment from caregivers can feel unloved. They grow up believing that they are not worthy of being loved. In his counselling practice, practical theologian Ed Wimberley (1999:52) observed that young people in their middle childhood and adolescent years who grew up feeling unloved, also believed that God had abandoned and rejected them. If they are not worthy of the love of their caregivers, then they are also not worthy of the love of God. If caregivers have abandoned and rejected them, then so did God. This story of abandonment and rejection becomes the dominant story in their life. The pastoral caregiver partners with them to deconstruct the destructive dominant story and find new meaning.

From a pastoral perspective, the faith community can also support young people who experience crises in their lives. The pastor can engage with parents or caregivers on behalf of the children, because pastoral care is not only about care for the individual, but also for the community. Care is contextual. It is about listening to, knowing and understanding children in their environment. Pastoral care is engaging with the youth, couples and adults in a formal and informal way (Browning 1985:5). Informal communication can take place anywhere and at any time. To do effective pastoral care, the pastor should be aware of what is happening in both the faith community and in the broader community, which includes institutions such as schools. Pastoral care starts when the pastor engages with people in whichever context or life-situation they find themselves. It is also

about engaging with issues that affect the community and society. They should fulfil their calling by challenging communities to love their neighbour as themselves Doehring (2015:164). Pastors should raise awareness of social oppression and the effect that has on people. They can make people aware of how prejudice influences the way in which people are perceived and treated. From a postmodern perspective, the task of both pastoral care and the faith community is to create a space where people love and care for one another. One of the key elements is to address social injustices and the exploitation of people, which includes poverty and gender-based violence.

Formal communication is when people make a formal request to meet with the pastor. People do this for various reasons, including to procure help with their life situation and the issues with which they struggle. In pastoral counselling, the emphasis is on the person and possibilities for change for the better. Pastoral care includes the spiritual aspect of human life. However, for Browning (2000:96) pastoral care is more than a religious experience. It should also be understood in the context of theological ethics.

Given this broad understanding, it is also within the scope of pastoral care to attend to children who suffer in the family and in the school environment. Children with ADHD already have to cope with many challenges and struggles. If an unstable family environment and unloving relationships cause further suffering and anxiety, their lives are severely affected. This then causes problems with regard to their behaviour and it affects their relationships in general. Pastoral care should be available also for children with ADHD and especially those who suffer from anxiety. The pastoral caregiver can be a significant voice speaking for them and doing advocacy for them. The pastoral caregiver can also, through the narrative approach to counselling bring the children themselves to voice, so that they can articulate their own story, hopes and dreams and take agency over their own lives. In the bringing together of the child's story and God's story, they can (re-)discover the unfailing source of love and acceptance who is their Creator-God.

4.2 The pastor and spiritual care

Story telling is at the heart of pastoral care. Stories enable people to connect with others. People`s life stories revolve around life experiences. Many of these experiences are difficult, such as the death of a loved-one, the betrayal of a spouse, the use harmful substances, children who feel rejected because of the stress in the family dynamics. Spiritual care involves listening and being compassionately present with the person, Doehring (2015:4) describes as “lived theology”. People’s values, beliefs and spiritual practices are put into practice in everyday life situations. For Doehring (2015:4), lived theology is “an extension of a narrative approach to spiritual care”.

However, people’s theological beliefs and spiritual experience can also be negative and have a negative impact not only on their own life, but also on the loves of those who share their lives with them. This includes children. For example, a parent who is filled with anger can harbour a distorted theology – the belief for instance that God is distant, unloving and punishes. If this is they way in which the person perceives God’s power, they as parent and spouses can exerts their power in a similar way. Pastoral caregivers should listen attentively for the lived theology, which is deeply rooted in people’s story. Together the pastoral caregiver and the person identify triggers, many of which have to do with feelings of fear, shame, anger and guilt. Together they explore the person’s story, and reflect on lived theologies in order to move to a life-giving intentional theology.

Doehring (2015:87) describes embedded theology as beliefs, values and spiritual practices formed during childhood. Some of these beliefs and values are discarded in adulthood. Some embedded values, beliefs and spiritual practices trigger emotional reactions and body language without the person being aware of it. If a person grew up believing that God is vengeful and punishes those who do “bad things”, then a traumatic event later in life can be interpreted as punishment for something they have done. Embedded theologies formed in childhood by family and social systems can reappear when a person is under stress even though they may have moved on to more intentional theologies.

According to Doehring (2015:188), intentional theologies are expressed through a theologically reflexive, integrative and liberative process, which involves the following three steps:

- connecting with God and the goodness of self and others through compassion based spiritual practices;
- identifying and integrating a person`s embedded theologies;
- generating flexible and complex meaning across interconnected systems of self, family, community and culture.

4.3 Pastor care and the family

Parents can be described as the “architects of the family”. They are responsible for creating a family system in which both adults and children can flourish. They are teach children about social evils such as racism, sexism and violence. Parents play a significant role in shaping the behaviour and attitude of the children. The pastoral caregiver`s role is to facilitate parents to promote healthy relationships and provide effectively for the needs of the children. These needs include not only food, shelter, security, and healthcare, but also a need for love, a sense of belonging and faith that gives meaning to life. Children who grow up in a home where their needs are met adequately, can be psychologically and emotionally healthy.

Children are one of the largest so-called “vulnerable groups” in society. The wellbeing of children can be an indicator of the parents` wellbeing and society as a whole. Children in families that are caught up in a vicious cycle of poverty and abuse have limited opportunities to break out of this cycle and foster a healthier lifestyle. Clinebell (2011:305) identifies the following characteristics of healthy families:

- They communicate and listen.
- They affirm and support each other.
- They teach respect for others.
- They develop a sense of mutual trust.

- They have a sense of playfulness and humour.
- They share responsibility.
- They teach values and a sense right and wrong.
- They have a religious core and a healthy sense of family identity.
- They respect one another`s privacy.
- They value and practice service to others.
- They admit to having problems and seek help when necessary.
- They accept differences and tolerate one another`s mistakes.
- They have implicit rules that are fair and flexible.
- They form an open system in which people are mutually supportive of one another, of other people, and of other families and institutions.

Though the birth of a child is mostly associated with joy, there can be issues that require particular care and support from the faith community. An unwanted pregnancy can create a problem in the family unit. Sometimes a family struggles financially and cannot afford to have a child. Sometimes children are born with genetic dysfunctions and other physical or cognitive disabilities.

The health of family systems is affected by the social system in which it exists and by which it is shaped. The social system includes the extended family, church, community, culture, and economic and political systems (Clinebell 2011:308). Pastoral caregivers have an understanding if the impact that society has on individuals and families. The needs of families differ as their socio-economic position in society differs. Different groups tend to have different challenges. In some families, their troubles are engrained in their social, economic and educational deficiencies. Families from the rural areas who move to cities are confronted with the realities of urbanisation and globalisation. This can result in the collapse of traditional cultural means of social support and caregiving. Families often function in isolation, without any support. Pastoral caregivers have the task of taking pastoral care beyond church and into the community.

From a theological perspective, the church is seen as the *body of Christ* (Rom 12:4). Families form part of the body. If one member of the body is injured and

does not function optimally, the whole body is affected. Family systems consist of a variety of sub-systems such as husband-wife, father-children, mother-children, grandparents-parents and grandparents-grandchildren, for example. The family system is shaped by the values, attitudes, behaviours and relationship patterns of individual family members. The family system is dynamic and can help or hinder the growth and healing of its members. It is important that healthy families are strengthened and the unhealthy family members receive the help they need. The pastoral caregiver deals with networks of individuals that include the current family and the family origin. Where the pastoral caregiver engages with children with ADHD who suffer from anxiety, it is necessary to include the family.

Gender-based violence and child abuse is an ever-increasing problem. This is a problem that occurs on all social strata. There are three forms of child abuse (Gerkin 1997:166). The first where parents are unable to control their hostility and aggressive behaviour. The child is then the recipient of the aggressive behaviour. The second is the abuse of children in the form of harsh punishment for something that they have done wrong. The physical punishment could include whipping, slapping and spanking. This form of punishment can leave long-lasting emotional scars. Such behaviour of parents indicates to children that hitting and slapping others is an acceptable form of behaviour. The third form of child abuse, which has devastating effects on children, is sexual abuse. Sexual abuse within families is rarely brought to the attention of the pastor. One of the reasons is that the perpetrator threatens the victim and other family members and compels them to silence. Pastoral caregivers have a duty to report such crimes to the police and provide adequate care for the child and the family.

People who use destructive means to deal with tension and conflict often respond to a trigger event in a violent way. Afterwards the parent can experience remorse, denial or shut down emotionally. The aim of pastoral care is to prevent the cycle from escalating and continuing. Doehring (2015:139) identifies the following phases in the cycle of violence:

- **Phase 1**

Persons who are at risk of becoming violent feel psychologically overwhelmed. They lack the psychological resources to control these intense emotions. This leads to internal conflict, which increases their sense of helplessness.

- **Phase 2**

The sense of helplessness, interpersonal conflict and the need for power should be dealt with in a healthy way. It is not, then the parent is likely to revert to violent behaviour is they are triggered by an event. Children who do not know of constructive and healthy ways to deal with these emotions can resort to behaviour problems.

- **Phase 3**

Acts of violence can include physical, psychological and sexual harm done to others in order to exert power over them. Another form is to neglect to care for those who need care, such as children or the elderly.

- **Phase 4**

After the incident, some parents feel remorseful, apologise for what they have done, and ask forgiveness. Others deny that the violence took place or downplay their actions. An abusive parent can refer to physical abuse as “disciplining” the child.

In an environment of conflict, the cycle of violence repeats itself because violence is perceived as an effective means to end the power struggles. Family violence can be part of a lived theology of violence supported directly or indirectly by patriarchal theologies (Doehring 2015:138). Such theologies emphasise the idea that the man is the head of the household. As such, he has the right to punish his wife and children if they “disobey” him. Pastoral caregivers should be aware of the role that patriarchal beliefs and values can play in shaping gender roles and power struggles in the family and how religion is used to justify gender-based violence and child abuse.

The pastors` role includes counselling, education and bringing the good news of the gospel message to others. Pastoral care according to the narrative hermeneutical model is about guiding the person to interpret their experiences. The pastor acts as an interpretive guide who shepherds, nurtures, empathises with and cares for people and children as they journey together toward wholeness.

CHAPTER 5

FINDINGS

This literature study aimed to evaluate some pastoral methodologies in order to identify a suitable pastoral approach to children with ADHD who suffer from anxiety. The focus was on children in the middle childhood phase between the ages of 6 and 12 years. At this stage in their lives when children try to make sense of the world and their experiences in the world. This is when the frontal lobes of the brain have developed sufficiently that they can start to reason. The study investigated the problem of ADHD and anxiety, identified causes and explored an effective pastoral approach. Narrative pastoral counselling was identified as an appropriate approach since storytelling is generally an effective way of communicating with children of this age group. This study focused on narrative pastoral counselling as a suitable approach for children with ADHD who suffer from anxiety. The aim was to give children with ADHD a voice in order to stimulate and enhance their agency over their own lives.

This study explored cognitive development theories on order to gain insight into the life stage of the middle childhood period and to come to a better understanding of the effect of emotional distress on children with ADHD and their cognitive, social and academic development. ADHD is a condition that causes children to be more prone to anxiety. The parent relationships and family dynamics are factors that can contribute to anxiety in their lives. Children with ADHD experience emotional distress more intensely and for longer than other children. Some of the effects of anxiety include academic underachievement and social deficiencies.

The power dynamics in families were explored to ascertain what role it plays in causing and escalating anxiety in children with ADHD. Long-term stress can lead to depression and other forms of emotional distress. Children with ADHD do not react in the usual ways since they struggle with a variety of challenges. Anxiety exacerbates these problems and the children struggle to cope. The anxiety and stress of parents are transmitted to children. This not only affects their sense of wellbeing, but also has a negative effect on their cognitive development. Children feel insecure and afraid if their parents feel insecure and afraid.

The aim of narrative pastoral support of children who suffer from anxiety is to give them a voice so that they can tell their story in their own way. Children with ADHD do not always speak freely. They tend to be especially withdrawn when feeling anxious. Narrative counselling is about storytelling, which is an effective method of engaging with children because stories are a familiar part of their world. Narrative pastoral support facilitates them to become the author of their own story. The narrative pastoral environment is a safe space to do so. The problem can become clear as children relate their own experiences in story form once they have found their own voice. Children understand and enjoy stories. They become creative when it comes to characterising and often quite naturally role-play and act. Therefore, a narrative approach is an appropriate means of pastoral support for children with ADHD who suffer from anxiety.

From a psychological perspective, the work of Piaget was utilised to identify ways to foster resilience in children, who are in many ways naturally resilient. Piaget`s resilience mechanisms can be used effectively to enable children with ADHD to better endure strain, stress and emotional pressure and recover more quickly when the cause of the stress is eventually removed. Resilience, the ability to cope with or recover from difficult life experiences, is especially needed when the situation will not change. With resilience, the child can cope better in the inevitable stressful situation. Resilience is one of the major focus points of positive psychology with its focus on optimal functioning and wellbeing. It is aspects such as endurance, virtues and skills that enable individuals to thrive. The resilience of children with ADHD can be strengthened by working on positive personal characteristics such as cognitive abilities, critical thinking skills, a positive outlook on life, a sense of meaning in their lives, a sense of humour, self-efficiency and positive self-esteem. Fifty to eighty percent of children are able to overcome the negative influences to which they have been exposed. Resilience is necessary also for adults who are faced with difficult situations. The aim is not only to cope, but also to thrive as human beings despite the situation. Through narrative pastoral support resilience can be enhanced and coping skills developed.

A strong, loving, positive parent-child relationship is crucial for the wellbeing of all children and especially children with ADHD. Parents should be actively involved in

lives and education of children and build a relationship of trust. Working to a better parent-child relationship inside the family structure or family system, is significant in the support of children with ADHD. Parents who struggle to cope and transpose their anxiety onto children should seek counselling support for themselves in order to do no more harm.

Children with ADHD are already challenged. If the also have to endure a violent home environment, they are prone to anxiety, depression and emotional distress. Pastoral care and counselling can play a role not only through individual counselling, but by also providing guidance for the family unit as a whole. Pastoral engagement provide the safe space in which anxious child can experience a measure of comfort. Bringing the story of God and the child or family's story together can result in a sense of support, stability and provide the peace and tranquillity that only God can give. God`s un-conditional love gives hope and strengthens a sense of self-worth.

The Strategic Family Therapy approach, with its aim to shift imbalances in the family power dynamics can be useful in counselling with parents. The objective is to provide support, restore people's ability to trust, and bring balance to the family structure. A strategy to restore the power balance is for the counsellor to not allow the dominant person all the say, but to elicit the voices of all the members of the family. These voices should be listened to by all with the necessary respect. If all members of the family are respected equally and their story is heard, a there will be a better balance in the system. A feeling of support and trust can be regained.

The narrative hermeneutical approach aims to facilitate a better understanding of people's life stories and the world in which they function. The family system functions as a hermeneutical unit. The hermeneutical model is the theory of interpretation. This method is useful for supporting the family as a unit. It can also be useful for counselling with children of the age group 6 to 12 years, because their brains are developing the capacity to reason. They try and make sense of their experiences and circumstances.

The study has shown that the pastoral model that is most suitable for supporting children with ADHD and especially those who suffer from anxiety, is the narrative model. Children are comfortable with stories. Storytelling is part of their life experience and their frame of reference. A narrative pastoral counselling environment, children are facilitated to author their own story and find their own voice. This can be life-changing for children with ADHD who suffer from anxiety and have withdrawn completely from social interaction. The study has shown that the narrative pastoral approach is effective with children with ADHD. It facilitates children with ADHD tell their problem story in their own way and with their own voice. Withdrawn and anxious children can then communicate. Their experiences are validated. Together the child and the counsellor gain a better understanding of the elements of the story and work toward healing.

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