

**EMOTIONAL REGULATION AND LIVING WITH ATTENTION-DEFICIT
HYPERACTIVITY DISORDER: INTERPRETATIVE PHENOMENOLOGICAL
ANALYSES OF ADOLESCENT AND PARENTAL EXPERIENCES**

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(RESEARCH)
PSMA8900**

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STUDENT DECLARATION

I, Antonina Mamontov, hereby declare that the dissertation I submit for the degree Master of Psychology (Research Masters) at the University of the Free State is my personal, autonomous work. This dissertation has not been submitted previously at/in another university or faculty. Furthermore, I cede the copyright of this dissertation in favour of the University of the Free State.



Antonina Mamontov

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STRUCTURE OF THE RESEARCH DISSERTATION

Section 1: This section comprises the contextualisation of the study, which includes discussions based on the problem statement of the research, the rationale and motivation for the research, the research goals and objectives of the study, the research methodology, the value of the study, as well as the key terms that are crucial to the research.

Section 2: Section 2 encompasses the research article, *Emotional Regulation in Attention-Deficit Hyperactivity Disorder: The Experiences of Young Adolescents*. The formatting of this article will be adjusted, if necessary, from the APA 7th edition, according to journal guidelines, once a suitable journal has been identified prior to submission for publication.

Section 3: Section 3 includes the research article, *Emotional Regulation in Attention-Deficit Hyperactivity Disorder: The Experience of Parental Caregivers*. The article will be adjusted, if necessary, from the APA 7th edition, according to journal guidelines once a suitable journal has been identified prior to submission for publication.

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DECLARATION

I, Anneke-Jean Diesel, hereby declare that I did the language editing of the dissertation of Antonina Mamontov (title: *EMOTIONAL REGULATION AND LIVING WITH ATTENTION-DEFICIT HYPERACTIVITY DISORDER: INTERPRETATIVE PHENOMENOLOGICAL ANALYSES OF ADOLESCENT AND PARENTAL EXPERIENCES*). This dissertation is submitted in accordance with the requirements for the degree of MASTER OF PSYCHOLOGY (RESEARCH) in the Faculty of the Humanities at the University of the Free State. All the suggested changes, including the implementation thereof, were left to the discretion of the student.

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“To be nobody but yourself in a world that’s doing its best to make you somebody else is to fight the hardest battle you are ever going to fight. Don’t stop fighting.” E.E. Cummings

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SECTION 1

INTRODUCTION AND ORIENTATION TO THE STUDY

Introduction and Overview of Section One

The first section of the dissertation presents an integrated background and overview of the research. This section comprises existing literature and theoretical concepts that apply to the second and third sections of the study. The aim and methodology sections will be presented that outline the methodological procedures utilised in both articles, which will be presented in the third and second sections of the study, respectively.

Background

Attention-deficit hyperactivity disorder (ADHD) is an example of a neurodevelopmental disorder which is typically diagnosed at a school-going age (American Psychiatric Association [APA], 2022; D'Souza & Karminiloff-Smith, 2016). Other examples of neurodevelopmental disorders include autism spectrum disorder (ASD), communication disorders, and intellectual disability. The aetiology of ADHD is an intersection between polygenetic and environmental factors (APA, 2022; Jendreizik et al., 2023). Three presentations of ADHD have been acknowledged (APA, 2022), including a primarily inattentive presentation (associated with distractibility, difficulty sustaining tasks and difficulty concentrating), a primarily hyperactive and impulsive presentation (associated with increased movement, fidgeting, restlessness, interrupting, and finding it difficult to wait turns), as well as a combined presentation in which both hyperactive and inattentive features are present (APA, 2022; Felt et al., 2014). All the presentation types have underlying deficits in executive functioning tasks such as planning, organising and time management (APA, 2022; Sudre et al., 2021). In neurodevelopmental disorders such as ADHD and ASD, difficulties with executive functioning can limit psychological flexibility and effective emotional regulation (Cai et al., 2018; Shaffer et al., 2023).

To be diagnosed with ADHD, the associated symptoms must impair general functioning in multiple domains, such as occupational, academic, social, and familial domains and must be considered developmentally inappropriate (APA, 2022; Faraone et al., 2019). ADHD has also specifically been associated with emotional difficulties, such as deficits in regulating emotions, emotional impulsivity, and inadequate social cognition (APA, 2022; Faraone et al., 2019; Tarle et al., 2021). The severity of an adolescent's ADHD can influence the extent to which certain symptoms or impairments present (Woods et al., 2021).

Emotional regulation is the ability to alter or sustain the type, trajectory, intensity, and appropriateness of one's emotions (Ford & Gross, 2019). This may require specific executive functioning tasks related to emotional evaluation, which can be impaired in individuals with ADHD (Christiansen et al., 2019). Young adolescents diagnosed with ADHD might have specific difficulties with impulsivity and sensitivity to criticism (Christiansen et al., 2019) and are at risk of experiencing social impairment and high-risk behaviours resulting from emotional dysregulation (Bunford et al., 2015). Despite emotional regulation difficulties being evident in both comorbid and non-comorbid cases and findings in support of an emotional subtype of ADHD in adults, emotional regulation difficulty is not included as a formal diagnostic criterion of ADHD (Faraone et al., 2019). Further research is still required to understand the adolescent's experience of emotional impulsivity and emotional dysregulation in the specific context of ADHD. Their direct accounts in the form of a narrative description of their lived experiences of the impact of ADHD on their emotional regulation could deepen such an understanding.

Additionally, ADHD diagnosis impacts the entire familial social microsystem (Bhide et al., 2019). Parental behaviours and parental involvement may be influenced by the child's emotional difficulties (Martin et al., 2019). Therefore, a direct account of the adolescent's parental caregivers (either biological and/or legal) could be important in understanding the

emotional regulation challenges experienced by adolescents with the diagnosis. Moreover, South African data on the lived experiences of those with ADHD, and all the more those of their caregivers, is sorely lacking in the current body of ADHD research.

Research Aim

This study's research aim was to explore how young South African adolescents (aged 12-14) living with ADHD experience their own emotional regulation, as well as how their parental caregivers perceive the emotional regulation of their dependents living with ADHD.

Methodology

Research Design and Approach

Qualitative research generally describes the immediate thoughts, meaning and perceptions of a phenomenon or experience (Philander, 2018; Smith, 2004; Zygmunt & Naidoo, 2018). In contrast, quantitative studies test quantifiable variables and value objectivity (Bloomfield & Fisher, 2019). Phenomenological qualitative research specifically explores a specific population's lived experiences and their various immediate meaning-making processes (Smith, 2004; Zygmunt & Naidoo, 2018). These experiences are not generalisable and are associated with specific people, with the aims of interpretative phenomenological analysis (IPA) being to explore how participants experience and make meaning of a particular phenomenon and to note the discrepancies and/or similarities between these lived experiences (Smith, 2004; Zygmunt & Naidoo, 2018). The research study utilised a qualitative socio-constructivist design to analyse the narrative data necessary to answer the research questions outlined above once data saturation has been reached and no new literary themes can be generated (Hennink & Kaiser, 2022). Social constructivism as a research paradigm emphasises the concept that knowledge is socially constructed, requires the collaboration of participants and researchers in the meaning-making and research processes, that humans

understand reality by creating schemas of the society and language is vital to facilitate this understanding and the creation of knowledge (Amineh & Asl, 2015; Kim, 2014).

Conducting a phenomenological study happens in three phases. The collecting of budgets phase of the phenomenological study requires the researcher to address any biases they might have in the form of a reflexivity journal (Guillen, 2019) (see Appendix G for an extract from the researcher's reflexivity journal). The collecting of the lived experiences phase of a phenomenological study requires researchers to collect phenomenological data in the form of interviews or focus groups that are recorded and transcribed (Guillen, 2019). The researcher utilised semi-structured interviews to obtain phenomenological data in this research study (for an outline of the interview structure, see Appendix H). Third is the reflection on the lived experiences phase of the study (Guillen, 2019). This phase requires researchers to interpret and familiarise themselves with the phenomenological data they have obtained (Guillen, 2019; Nel, 2011; Nel & Fouché, 2017; Smith, 2004).

Interpretive phenomenology is a research methodology that allows for the idiographic, interpretive, and interrogative analysis of the participants' lived experiences, narrative descriptions, and meaning-making processes (Smith, 2004). After engaging in the interviews, the participants received a brief writing prompt to reflect upon their interview responses. Thereafter, the interviews were transcribed for further analysis. Two separate IPA studies were conducted to explore the perspectives and experiences of the parental and adolescent participants. Given that the research aim involved interpreting individual lived experiences that revealed broader themes, multiple-case IPA (Smith, 2004) was an appropriate research method for this study.

Participants and Sampling

Sourcing participants is done based on how much information they can provide on the research question (Smith, 1995). In this study, a non-probability convenience sampling approach was used. Participants were recruited from a short-term semi-remedial school located in the eThekweni Municipality in South Africa, specialising in the educational needs of learners with various presentations of ADHD. They were also sourced from private practices of healthcare practitioners specialising in ADHD. One parental caregiver (biological and/or legal) for every sampled learner was selected as a parental participant in the existing study.

Additionally, non-probability quota sampling (Taherdoost, 2016) was used to ensure that sourced participants were in Grades 6 and 7 (aged 12-14) and included different racial and gender groups. A diagnosis of ADHD, of any severity, served as the inclusion criterion, and a known diagnosis of intellectual disability served as an exclusion criterion. All the participants are fluent in English and participated in their interviews in English. Recruitment took place by third-party invitation as potential participants who met the stipulated inclusion and exclusion criteria received an invitation letter circulated by the school and healthcare professionals. Seven learner-and-parent pairs (14 participants in total) were selected. As the learner participants are minors, their parental caregivers had to provide written informed consent prior to participating in the study (see Appendix D). The adolescent participants also had to assent before participating in the study (see Appendix C). Before collecting phenomenological data, the researcher had to acknowledge any biases that could impact the research process by demonstrating reflexivity in a reflexivity journal, known as the collecting budget stage of phenomenological research (Guillen, 2019).

Data Collection

Phenomenological research aims to produce subjective statements as opposed to objective statements (Smith, 2004). The role of the researcher is acknowledged as making sense of the participants' descriptions and lived experiences (Nel, 2011). Collecting the narrative data requires using individual recorded semi-structured interviews (Smith, 2004). Semi-structured interviews are an appropriate technique of data collection given that they provide insight into the participants' subjective experiences, are a flexible means of data collection that will be guided by both the participants and researcher, and reflect the participants' direct words (Nel, 2011). If necessary, the participants can also clarify any ambiguous or unclear responses given to the interview questions (Nel, 2011). Although Guillen's Hermeneutical Phenomenological process is not specific for a study utilising IPA as its form of analysis, the researcher is only referring to the three broad stages of the research process (Guillen, 2019) which are the stages followed in the existing study with the only point of digression being the data analysis phase. Conducting the semi-structured interviews (see Appendices E & F) is known as the stage of collecting lived experiences (Guillen, 2019). In addition, the IPA methodology allows for reflective writing in which participants will reflect upon their interview responses (Nel, 2011). Participants between 12 and 14 years of age were judged to have expressive language proficiency to provide detailed narrative accounts of their experiences of emotional regulation. However, should participants struggle to answer any of the questions as originally posed, the researcher rephrased the questions to be more understandable.

The learner and parental participants participated in individual in-person or online interviews. Parental participants were given the option to participate in an online interview on a platform they were familiar with, or at a physical venue. Adolescent participants were interviewed in person to make them more comfortable sharing their experiences. The

interviews were conducted at a time suitable for the participants, and a secure internet connection was used for online interviews. The school premises were used as a venue for in-person interviews. Participant reflection was encouraged after the interview process as the participants were given an opportunity to reflect upon their experiences of being interviewed. These reflections were encompassed in the transcripts which were analysed.

Data Extraction and Analysis

Analysis and interpretation of the interview transcripts is known as the stage of reflecting upon lived experiences of the phenomenological research process (Guillen, 2019) and was engaged in using interpretive phenomenological analysis (IPA). In IPA, coding and developing themes involve extracting the important aspects of the first-hand accounts that the participants provide (Larkin et al., 2019). IPA requires various steps: familiarisation with the data, preliminary theme identification, identification of theme interconnectedness, systematic tabling of themes and cross-case analysis. Although different authors have different approaches to IPA, the use of themes and the description of the goals of IPA remain consistent (Larkin et al., 2019; Nel & Fouché, 2017) as they were used in this study. IPA requires the extraction and interpretation of the events and meaning-making processes outlined in individual transcripts, as well as extracting and interpreting events and meaning-making processes common across numerous interview transcripts (Nel, 2011).

The third stage of a phenomenological study is the reflecting on the lived experiences phase of the study (Guillen, 2019). This phase requires researchers to interpret and familiarise themselves with the phenomenological data they have obtained (Guillen, 2019). In this study, the researcher analysed the interview transcripts of the adolescent and parental participants by 1) familiarising themselves with the interview transcripts and generating literary themes, 2) using these themes to construct case studies for each parental and adolescent participant, 3) conducting a cross-case analysis of the themes to be able to note contradictory and common

experiences and 4) interpreting these themes by linking the findings to existing literature (Nel, 2011; Nel & Fouché, 2017; Smith, 2004).

Existing recommendations for enhancing trustworthiness and rigour have been outlined in existing literature (Levitt et al., 2017) that the researcher adhered to. Reviewing existing literature on research topics was recommended to enhance the researcher's theoretical understanding of the phenomenon (Levitt et al., 2017). The researcher reviewed existing studies on emotional regulation and analysed existing research within ten years of publication (for their theoretical dependability) as recommended by existing literature (Levitt et al., 2017). The research underwent a critical review process by the University's Psychology department. Interviewing participants from different racial and gender groups ensured that various lived experiences and social contexts were represented (Levitt et al., 2017).

Ethical Considerations

Ethical considerations included informed consent (obtained from the parental caregivers for the participation of their children and themselves) and additional assent (as the learner participants were minors) prior to participation (see Appendices C and D). Ethical approval from the General Human Research Ethics Committee of the University of the Free State under the ethical approval number UFS-HSD2022/1381/22 (see Appendix A), was obtained prior to data collection. Permission to recruit learners at a semi-remedial school specialising in ADHD was obtained from the KwaZulu Natal Provincial Department of Education (see Appendix B). Participants were compensated for costs incurred through data use for online interviews.

Furthermore, the researcher demonstrated respect for the participants by developing rapport with them, engaging in briefing, and debriefing, and ensuring confidentiality and anonymity in the research report by using pseudonyms. It was not foreseen that participating in the interview would have caused psychological distress. However, due to the nature of the

research objectives, the participants were to recall negative emotions they had experienced in the past. Therefore, the contact details of the school counselling service were provided to any participants sourced from the school. Additional community resources, such as the South African Depression and Anxiety Group (SADAG), were shared to address any distress caused by recalling negative emotions experienced in the past. This option of including resources was specifically aimed at parental participants, given that they might not have had access to the psychological resources offered by their child's school. However, no adverse emotional experiences were noted by the participants during the data collection or afterwards. Limitations to internal anonymity were mitigated (Larkin et al., 2019) as the participants had the autonomy to choose the parental caregiver whom they would be most comfortable with, to reduce the risk of them being uncomfortable with the caregiver potentially being able to identify their responses in the study.

Value of the Study

Most existing research done on ADHD is quantitative in nature and explores the more externalising and behavioural symptoms of ADHD (Melegari et al., 2021; Van de Weijer-Bergsma et al., 2012). Understanding the emotional implications of living with ADHD might add to the theoretical and diagnostic understanding of ADHD during a developmental stage that is already associated with physical, emotional, and psychological development. The study demonstrates the individual and personal implications and experiences of living with ADHD. Therefore, this study added to the qualitative knowledge in the field of psychology by exploring how emotional regulation is experienced by young adolescents with ADHD and their parents. Given how diverse the South African population is, qualitative research conducted among the local population is of value for its ability to represent various lived experiences and contexts.

Summary of the findings

This study's findings regarding ADHD's perceived impact highlight the importance of a holistic biopsychosocial management plan. Overall, most participants attributed difficulties with emotional regulation to ADHD, although this was not the case for all participants. From both parental and adolescent accounts, the academic challenges that result from the ADHD diagnosis was highlighted as significant a factor impacting on the child's emotional experiences, particularly their anxiety. The findings further shed light on some of the complexities of pharmacological treatment in adolescents with ADHD, with the adolescent participants reporting more perceived negative effects of their methylphenidate treatment than their parents, who, in turn, reported poorer treatment compliance during this developmental stage. The need for sufficient and ongoing psychoeducation for parental caregivers throughout the child's development was also highlighted.

The emotional regulation strategies described by the participants in this study provide depth to our understanding of the experiences of both adolescents with ADHD as well as their caregivers. Their perceptions regarding the utility of skills-based interventions and external role players, such as teachers and therapists in helping the adolescent develop more effective strategies, as well as their accounts of parental strategies to that are seen to support the adolescent with ADHD, highlight the potential positive impact of different social systems on the child with ADHD.

Limitations and Recommendations for Future Research

The study is a cross-sectional study. Although in the interviews, the researcher did ask participants to reflect on their pasts, future longitudinal qualitative research that encompasses qualitative data from different time periods might better explore how emotional regulation changed over time. Furthermore, although fathers were referenced and their participation not excluded from the study, the parental participants in the study are all female. Future research

could encompass the lived experiences of male parental caregivers to encompass a broader range of lived experiences. Although IPA is conducive to a small sample and was appropriate for the study, as the study reached data saturation, future research could be designed to encompass a larger sample size. A larger sample size might be beneficial in its potential to depict a broader scope of lived experiences. In future research, these lived experiences could be interpreted by the primary researcher and the participants, and these interpretations could be used in a meta-synthesis for the purposes of generating new insights (Duden, 2021; Sim & Mengshoel, 2023).

Another limitation of the study was that potential participants with co-morbid disorders that could impact their emotional regulation were excluded. This limitation did not render the research study redundant as this was done to ensure that there were not too many extraneous factors that could influence how the participants perceived their emotions, but future research could explore the experiences of individuals diagnosed with ADHD and co-morbid disorders. Moreover, the age ranges of the participants were specifically chosen given the psychological development that occurs during adolescence, but future research could explore the experiences of participants that fall within a larger age-range. In addition, the study interviews were only conducted in English. Future research could address this limitation through the use of a translator to allow participants who speak home languages other than English to participate.

Outline of the Dissertation

In the second section of the dissertation, one article (*Emotional Regulation in Attention-Deficit Hyperactivity Disorder: The Experiences of Young Adolescents*) from this study is presented. This includes the rationale, methodology and findings of the data collected from the adolescent participants, presented in journal article format. Section 3 presents the research article, *Emotional Regulation in Attention-Deficit Hyperactivity Disorder: The Experiences of*

Parental Caregivers. This section presents, in journal article format, the rationale, methodology and findings of the data collected from the parental caregivers who participated in the study.

Conclusion

This section introduced and contextualised the research study. This study aimed to explore how young South African adolescents (aged 12-14) living with ADHD experience their emotional regulation and how their parental caregivers experience the emotional regulation of their dependents living with ADHD. Interpretive phenomenological analysis (IPA), as a type of thematic analysis (Larkin et al., 2019), was used to analyse the data collected in the study, during which the important aspects of the first-hand accounts were used to generate themes for further analysis and interpretation. Qualitative research conducted on ADHD is of value to the field of psychology because of its ability to improve insight into the emotional experiences of individuals with ADHD.

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SECTION 2

EMOTIONAL REGULATION IN ATTENTION-DEFICIT HYPERACTIVITY DISORDER: THE EXPERIENCES OF YOUNG ADOLESCENTS

Abstract

Attention-deficit hyperactivity disorder (ADHD) is a common neurodevelopmental disorder which may entail deficits in emotional regulation. To explore the lived experiences of young adolescents with ADHD related to emotional regulation and living with the disorder, seven young adolescent participants with an ADHD diagnosis were sourced from educational and healthcare settings in Durban, KwaZulu Natal. Data was collected using individual semi-structured interviews and analysed through the application of interpretive phenomenological analysis (IPA). The themes include 1) *Perceived impact of ADHD on emotional regulation*, 2) *Perceptions of negative emotional experiences*, 3) *Strategies for regulating negative emotional experiences*, 4) *Perceptions of positive emotional experiences*, and 5) *Strategies for facilitating positive emotional experiences*. Participants described negative and positive emotions as intense and unpredictable. Generally, the negative impact of ADHD on emotional regulation related to the ADHD symptoms, some impact attributed to the associated pharmacotherapy. However, reports of positive impact attributed to ADHD were also found. Some participants reported that they regulated negative emotions quickly. The findings highlighted the adolescents' use of various cognitive, behavioural, and interpersonal emotional regulation strategies, offering deeper insights into the emotional experiences of individuals living with the disorder.

Keywords: ADHD, adolescence, emotional regulation, interpretive phenomenological analysis, lived experience, neurodevelopmental disorders

Background and Rationale

Attention-deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder typically diagnosed at school-going age, which may persist into adulthood (American Psychiatric Association [APA], 2022; Basiri & Hadianfard, 2023; D'Souza & Karminiloff-Smith, 2016; Felt et al., 2014; Tarle et al., 2021). Higher levels of impatience, emotional excitability and a slower return to emotional baseline are potential emotional dysregulation features that may be observed in adolescents with ADHD (Bunford et al., 2015; Faraone et al., 2019). Young adolescents (between 12 and 14 years of age) with ADHD can have particular difficulty regulating their emotions (Ford & Gross, 2019), which may be associated with the internalising symptoms associated with ADHD, such as anxiety and may result in interpersonal difficulties (Bodalski et al., 2019). Poor peer functioning and socialisation can accompany the impulsivity and irritability associated with ADHD (McQuade et al., 2021). Additionally, comorbidities such as oppositional defiant disorder and conduct disorder have been observed (Steinberg & Drabick, 2015). These social and emotional impairments associated with the disorder can result in low self-esteem and depression (Asadi et al., 2021; Nasab et al., 2022). As young adolescents diagnosed with ADHD might have specific difficulties with impulsivity, sensitivity to criticism (Christiansen et al., 2019), and emotional dysregulation (Ansarinassab et al., 2022; Bunford et al., 2015), they are at risk for social impairment, high-risk behaviours, and psychological distress (Ford & Gross, 2019). Risk-taking behaviour, defined as behaviour that may result in adverse consequences or outcomes, can further contribute to the social and behavioural difficulties associated with ADHD (Asadi et al., 2021). Existing literature has had a predominant focus on the behavioural aspects of ADHD and their implications, but there is less literature on the emotional experiences of adolescents living with ADHD, which could prove valuable given the emotional difficulties

that can be present during this developmental stage. First-hand accounts might prove beneficial to understanding these specific experiences and enhancing well-being.

Emotional regulation processes are the internal and external processes that are engaged in to appropriately initiate, modulate, and maintain an emotional state by altering its trajectory, type, or intensity (Cheung et al., 2020; Ford & Gross, 2019). Emotional regulation may, therefore, be described as the presence of self-control and inhibitory skills or suppression of outward expression of emotional reactions by distracting oneself from the emotional stimuli (Faraone et al., 2019; Ford & Gross, 2019; Gyurak et al., 2016; Shaw et al., 2014). The failure to change or maintain or change one's emotional state is known as emotional dysregulation (Bodalski et al., 2019). The development of emotional regulation processes relies on the maturation of general executive functioning tasks such as inhibition, working memory and planning as well as specific executive functioning tasks related to emotion evaluation, which can be impaired in individuals with ADHD (Christiansen et al., 2019; Mohammadi et al., 2022; Tarle et al., 2021). The emotional dysregulation associated with the disorder may be the result of deficits among individuals with ADHD in a variety of metacognitive abilities (Faraone et al., 2019; Gyurak et al., 2016; Shaw et al., 2014).

Emotional regulation encompasses the automatic and unconscious, as well as the controlled and conscious processes that influence how individuals perceive, experience, and express their emotions (Gross, 1998, 2015). John Gross' (1998) process model of emotional regulation proposes that emotional regulation includes strategies such as *situation selection*, *situation modification*, *attentional deployment*, *cognitive change*, and *response modulation* (Bucich & MacCann, 2019; Gross, 1998). *Situation selection* refers to the process of influencing one's emotions by avoiding or approaching certain people, places, or objects (Ford & Gross, 1998). *Situational modification* refers to actively changing a situation to alter its emotional impact based on understanding the distressing aspects of a situation (Bucich &

MacCann, 2019; Gross, 1998). This problem-focused form of coping requires establishing control in a situation by changing one's environment to fulfil emotional needs (Gross, 1998). *Attentional deployment* refers to the process of selectively focusing on an aspect of a situation through distraction and rumination (Gross, 1998, 2015; Keltner & Gross, 1999). In distraction, attention is given to a non-emotional aspect of a situation or completely diverted from the immediate situation (Bucich & MacCann, 2019; Gross, 1998, 2015), whereas rumination involves focusing on the emotional consequences of a situation (Gross, 1998, 2015). *Cognitive change* refers to the process of actively choosing the meaning attached to a situation and changing one's belief regarding one's capability to manage a situation or change its associated emotions (Gross, 1998; Massah et al., 2016). *Response modulation*, which occurs later in the emotional generation process (Keltner & Gross, 1999; Sheppes et al., 2015), refers to the alteration of physiological, behavioural, or experiential responses to an emotion-eliciting situation (Torrence & Connelly, 2019). *Response modulation* involves inhibiting, controlling, or suppressing one's response to an emotion after an emotion has been activated to alter one's typical response (Gross, 1998; Torrence & Connelly, 2019).

The self-determination theory of emotional regulation has also been proposed, describing both an integrative and a controlled approach (Roth et al., 2019). Self-determination theory proposes that individuals either suppress or deny their emotional states or are mindfully aware of their emotional states and changes therein (Benita, 2020; Roth et al., 2019). The *integrative approach* requires a person to pay attention to their emotional state in a non-judgemental and mindful way – emotions are not suppressed, denied, minimised, or ignored but explored actively and with curiosity (Roth et al., 2019). In contrast, the *controlled approach* involves ignoring, avoiding, and hiding negative emotions through denial or suppression. Suppression includes emotional avoidance or distancing to minimise the

emotional impact of a situation, with experienced emotions left not fully explored (Roth et al., 2019).

Research describes two primary dysfunctions of emotional regulation in young adolescents with ADHD: an *inhibitory deficit* (manifesting in socially inappropriate behaviour) and a *self-regulatory deficit* (resulting in insufficient self-soothing) when negative emotions are experienced (Bunford et al., 2015). Emotional regulation has been observed to be irregular in young adolescents with ADHD, as the clinical presentation of ADHD can impact goal-directed acts and result in impulsive verbal and emotional behaviour (Oddo et al., 2022). This can result in interpersonal problems, peer problems, depression, suicide, sleep disturbances and substance abuse (Oddo et al., 2022). Not only do young adolescents with ADHD often find it difficult to regulate negative emotions (e.g., anger and frustration), but they also struggle to regulate positive emotions such as excitement and happiness (Bunford et al., 2015).

In addition to these deficits, early adolescence is a critical period of emotional development, during which psychological, physical, and emotional challenges commonly occur (Oddo et al., 2022). Young adolescents navigate transitions such as identity formation, school transitions, peer transitions and the attainment of psychological autonomy that might result in an enhanced vulnerability to internalising problems such as depression and emotional dysregulation (Cheung et al., 2020; Oddo et al., 2022). Children's individual differences in their ability to regulate their emotions are associated with developmental outcomes (Cole et al., 2020). As children develop cognitive and language skills, their ability to mediate their emotional responses also develops as children can better verbalise their needs, seek information from adults and redirect their emotional responses (Cole et al., 2020). Other factors, such as gender and parental behaviour, may influence how effectively they engage in their emotional regulation processes. Gender can be associated with different levels

of problem-solving, cognitive restructuring and emotional regulation (Cheung et al., 2020). Furthermore, disclosing communication strategies and honesty within the child-parent relationship can sometimes enhance parental warmth and the quality of the relationship between parent and child, resulting in more effective emotional regulation (Cheung et al., 2020; Cumsille et al., 2010; Keijsers & Laird, 2010). In contrast, concealing information can increase parental monitoring, resulting in poorer child-relationship quality and emotional dysregulation (Cheung et al., 2020; Hein et al., 2020).

Although emotional regulation difficulties are evident in both comorbid and non-comorbid cases, and extensive findings in support of an emotional subtype of ADHD in adults, emotional regulation difficulties are not formal diagnostic criteria of ADHD (Faraone et al., 2019). Further research is still required to better understand the adolescent's experience of emotional impulsivity and emotional dysregulation in the specific context of ADHD (Faraone et al., 2019).

Research Questions, Aim and Objective

This study's research aim was to explore how young adolescents living with ADHD experience emotional regulation. The research questions relating to this objective were:

- How do young South African adolescents (aged 12-14) with ADHD experience emotional regulation in the context of their diagnosis?
- Which emotional regulation strategies do they report using?

Methodology

An interpretive phenomenological approach was utilised to answer the outlined research aim and objectives. The following section outlines the research design, data collection and analysis procedures, ethical considerations, as well as considerations pertaining to trustworthiness and rigour.

Research Design and Approach

The study utilised a qualitative socio-constructivist research design to obtain the narrative data necessary to answer the research objectives outlined above (Hennink & Kaiser, 2022). Interpretive phenomenology is a research methodology that allows for the idiographic, interpretive, and interrogative analysis of the participants' lived experiences, narrative descriptions, and meaning-making processes (Smith, 2004). Given that the research objective involved interpreting individual lived experiences that could reveal broader themes and that the sample size was small, multiple-case interpretive phenomenology was considered an appropriate research method to address it.

Participants and Sampling

In non-probability purposive sampling, participants are recruited based on their adherence to specific characteristics (Campbell et al., 2020). Purposive sampling was used to recruit potential participants from a semi-remedial school in eThekweni, South Africa, that accepts learners of at least average intelligence with ADHD and through private healthcare practitioners who distributed an invitation letter to those adolescents who would meet the inclusion criteria. Inclusion criteria were a diagnosis of ADHD, as well as falling within the stipulated age group (12-14) to ensure they had the expressive language proficiency to provide detailed narrative accounts of their experiences. An exclusion criterion was an established history of intellectual disability. Furthermore, quota sampling (Taherdoost, 2016) ensured that the sourced participants represented different demographic groups.

Data Collection

Phenomenological research aims to produce subjective statements as opposed to objective statements (Smith, 2004). Collecting the narrative data needed to answer the research question required the use of recorded individual interviews (Smith, 2004). In-person semi-structured interviews (Roberts, 2020) were conducted in a private venue at their school, or the

office of the healthcare professional involved in recruiting them. The interviews lasted between 20 and 40 minutes, during which the researcher first briefed the participants on the study objectives, asked general opening questions to gauge the general context of each participant, used follow-up funnelling questions to explore the research objectives and finally debriefed each participant. Afterwards, each participant had an opportunity to reflect on their responses. The interviews were transcribed for further analysis (see Appendix E for the interview transcripts). Data saturation was reached when themes were repeated, and the research objective was fully explored.

Data Extraction and Analysis

Interpretive phenomenological analysis (IPA) as a type of thematic analysis (Larkin et al., 2019) was used in the study. In IPA, coding and developing themes is done by extracting the important aspects of the first-hand accounts that the participants provide (Larkin et al., 2019; Nel, 2011; Nel & Fouché 2017; Smith, 2004) (See Appendix H for the outline of the interview and methodological process and Section 1 for an overview of IPA).

Ensuring Trustworthiness and Rigour

Producing trustworthy and rigorous research ensured that the researcher answered the existing research gap in an ethical, credible, and replicable manner. Different qualitative studies have different goals and whilst some have the goal of demonstrating reliability, others prioritise the extent of a researcher's engagement (Levitt et al., 2017). *Trustworthiness* describes the degree to which a claim can be trusted (Levitt et al., 2017). *Integrity* is used to refer to the methodological procedures that enhance the trustworthiness of a study (Levitt et al., 2017). In this study, the researcher demonstrated integrity by reviewing existing studies on emotional regulation with a focus on research within ten years of publication (for their theoretical dependability) and submitted their research to be critically reviewed by their department to ensure that the research is methodologically appropriate and would address the

outlined research aim. The researcher conducted interviews using stipulated guidelines and questions to ensure the accuracy of the data collection process. Thick and diverse narrative data also enhance the integrity of a study (Levitt et al., 2017). The researcher interviewed participants of different racial and gender groups to represent a variety of experiences related to living with ADHD and emotional regulation. *Utility* refers to the extent to which findings can meet specified goals (Levitt et al., 2017). Research that has been contextualised is considered to have utility (Levitt et al., 2017). In this study, the researcher provided the demographic characteristics of the participants, their age range and home languages.

The role of the researcher is acknowledged as making sense of the participants' descriptions and lived experiences (Nel, 2011). Before collecting phenomenological data, the researcher acknowledged any biases that could impact the research process by engaging in reflexivity. This is known as the collecting budget stage of phenomenological research (Guillen, 2019). Reflexivity is the process of the researcher acknowledging and demonstrating how the researcher's previous roles, attitudes, beliefs and the relationship between the participants and the researcher can influence various aspects of the research process (Peat et al., 2019) (see Appendix G for a summary of the reflexivity journal).

Ethical Considerations

Ethical clearance was obtained institutionally from The University of the Free State (see Appendix A). Permission was obtained from the participants' school (see Appendix B), the provincial Department of Basic Education (see Appendix B) and the relevant healthcare professionals (see Appendix I). The researcher paid careful attention to the ethical considerations of informed consent, respect for participants and their autonomy, briefing and debriefing before and after the data was collected, anonymity, confidentiality, and privacy during the study (Husband, 2020). Given that the participants were minors, consent from their parental caregivers and assent from the adolescents (see Appendices C and D) were obtained

prior to participation. Furthermore, the researcher informed participants that there would be no repercussions if they retracted their participation in the research. The participants were fully briefed on the research objectives before engaging in the interview. No identifying information was included in the data.

Moreover, the privacy of the participants was protected using pseudonyms. The adolescent participants were debriefed after completing the interview and were given the opportunity to ask further questions. Moreover, the risk of distress associated with participating in the research should be considered (Husband, 2020; Pilbeam et al., 2022). Although psychological distress was unlikely to result from participation, contact details of the school counsellor were shared in the event participants required support after recounting negative emotional experiences.

Interview transcripts should be kept private and transcribed accurately (Husband, 2020). Therefore, the interview recordings were stored safely and deleted once the transcripts were verified for accuracy. Contextual considerations should be acknowledged when interacting with research participants (Öster et al., 2020). As such, the researcher considered that the clinical features of ADHD might require participants to take breaks between questions. Clarification, asking standard questions, and participant reflexivity should be considered during interviews (Husband, 2020). Therefore, the researcher allowed participants to demonstrate reflexivity and clarify any of their responses. The participants were asked the standard set of questions and informed that they could ask for questions to be clarified.

Results and Discussion

This section presents the results in the form of extracted themes. Firstly, a within-case analysis was conducted by writing individual case studies based on the prevalent ideas and themes from the interviews. Following this, the results from a cross-case analysis are presented, considering the similarities and differences found regarding the themes and

subthemes coded during the within-case analysis. Moreover, during the cross-case analysis, the findings were interpreted through the lens of existing literature, specifically Gross' process model of emotional regulation and a self-determination model of emotional regulation.

Within-case Analysis

First-order within-case analysis (Love et al., 2020; Nel, 2011; Smith, 1995) first required the researcher to re-read the interview transcripts, conduct cumulative coding, and create notes and thematic codes in the margins of the individual transcripts. The codes were substantiated by the most detailed and appropriate direct quotes and clustered into themes. The results of this first-order clustering are provided in Table 1, in which the researcher included, for illustration, the most representative quotes from the transcripts. For easy reference, the bracketed citation refers to the relevant Appendix, as well as the case and paragraph numbers.

Table 1*Summary of Themes with Associated Quotes*

Case	Themes	Associated Quotes [most representative]
Debby	1. Perceived Impact of ADHD on Emotional Regulation	“I can’t control them as much as other people can” (E1, 4). “When I am not on Ritalin, I am more happy, chirpy and have a zest for life, and when I’m on Ritalin, I’m very down... When I’m not on Ritalin... I tend to stress about everything” (E1, 2).
	2. Perceptions of Negative Emotional Experiences	“It becomes so overwhelming that I feel like I can’t breathe” (E1, 9). “When I get sad, I cry to the point of my stomach hurting” (E1, 7). “If you tell yourself not to stress, it doesn’t help very much. I don’t think that you can change the way you feel” (E1, 3). “Basically, until I get reassurance from someone, it will always bother me” (E1, 5).
	3. Strategies for Regulating Negative Emotions	“If you and I were bickering, I would walk out the door... If my friend and I are fighting over WhatsApp, I’ll block him because I can’t do it anymore” (E1, 9). “Sleep is an escape from reality” (E1, 10). “I have to sit down and think about what happened” (E1, 9). “If I’m sad about something, I will speak about it with my psychologist or mom” (E1, 8).
	4. Perceptions of Positive Emotional Experiences	“Calmness is a weird one for me. For me, as someone who has battled with anxiety and ADHD, being calm makes me forget about those two things” (E1, 10).
	5. Strategies for Facilitating Positive Emotional Experiences	“When I’m most happy is when I’m around my animals... I feel incredible around them” (E1, 10). “I’ve been going to therapy since the age of three... When I went to see a doctor before I was properly diagnosed, he told me that my life would never be the same. He said, “you have ADHD”. There was nothing more comforting than my therapist saying that he was talking nonsense. You are more than that! I feel like having someone to talk to other than your mom, brother, or sister is incredible for anyone” (E1, 11). “Having someone who won’t break that trust is important” (E1, 11).
Matt	1. Perceived Impact of ADHD on Emotional Regulation	“I think that it’s made me less sensitive” (E2, 5). “Usually, with my emotions, when I don’t take my pill, it’s not actually that bad. When I take my pill, I can focus on it and think about it. When I’m not on my pill, I don’t think about it, and it doesn’t change” (E2, 5). “When I’m on my pill, I have more energy, but I can just go down quickly, which is frustrating. When I’m not on my pill, I can get really hungry really quickly... I can have four burgers, and when I’m on my pill, I can only eat one. That can be annoying” (E2, 11). “I’m calmer on my pill” (E2, 3).
	2. Perceptions of Negative Emotional Experiences	“They can change very quickly. One minute, I can go from being happy and then angry for no reason” (E2, 2). “Sometimes I’m angry for no reason... I’m frustrated because I don’t want to be angry, but that actually makes me become angrier” (E2, 7).
	3. Strategies for Regulating Negative Emotions	“... You can make yourself feel better by playing with a pet or something” (E2, 4). “I was just not in a good mood and had to watch videos to feel happier” (E2, 4). “Usually, I just try to calm myself down with a couple of deep breaths, think of something happy, and just push past it” (E2, 7). “...If I’m around someone I don’t like, it’s harder” (E2, 8). “If I’m at school, I can’t really react because I know that I would get in trouble...” (E2, 8).
	4. Perceptions of Positive Emotional Experiences	“Happiness...Excitement.” (E2, 9).

Case	Themes	Associated Quotes [most representative]
	5. Strategies for Facilitating Positive Emotional Experiences	“Sports make me happier for longer. Say I score a try, I’ll be happier for longer. Maybe for a day or so. It’s mainly sports that I like. Doing well on a test too” (E2, 10). “I’ll just try to live in the moment and experience them” (E2, 10).
David	1. Perceived Impact of ADHD on Emotional Regulation	“I wouldn’t say that being hyperactive has influenced how I experience my emotions” (E3, 4). “I’m not generally an emotional person” (E3, 4). “People see having ADHD as a bad thing. I don’t think that it always is. It can be a good thing. I have more energy than others... I can become happy very quickly. I find it quicker to be happy than sad” (E3, 11). “I don’t talk as much on Ritalin, and it impacts my appetite. I have low tolerance when I’m not on Ritalin... I don’t feel confident when I take Ritalin” (E3, 10).
	2. Perceptions of Negative Emotional Experiences	“They are normally in check” (E3, 2). “When things don’t go my way, I can get very sad. When I get sad, I get very sad. I feel as though my emotions are almost doubled. I almost feel as though there is this flood” (E3, 2). “I hate feeling scared. I also hate when my friends tease me. I don’t like that” (E3, 6).
	3. Strategies for Regulating Negative Emotions	“Normally, people just get with things by surrounding them with things to help them feel happy” (E3, 3). “I know that when I’m angry at someone, it takes a while. I need to take some time to be away from them” (E3, 5). “I just play with my dogs..... I will normally just speak to my friend” (E3, 7). “If someone teases me constantly, I get ticked off. Before doing something, I will ask myself if it is okay” (E3, 8). “Sometimes, negative emotions can motivate me. If someone tells me that I can’t do something, I will spend time to prove them wrong” (E3, 5).
	4. Perceptions of Positive Emotional Experiences	“Being happy. I also sometimes like the feeling of butterflies in my stomach for some reason” (E3, 9).
	5. Strategies for Facilitating Positive Emotional Experiences	“I will do some research. I’ll obsess about the things that make me interested or passionate” (E3, 10). “I must feel comfortable around the other person. It can’t just be anyone” (E3, 7).
Neil	1. Perceived Impact of ADHD on Emotional Regulation	“My emotions are different, and I suppose that is because I tend to forget things” (E4, 4). “The tablets that I take stop me from eating, which isn’t nice. That impacts me emotionally. When I don’t eat, it makes me get emotional” (E4, 4).
	2. Perceptions of Negative Emotional Experiences	“I’m mainly frustrated most of the day...I can sometimes get annoyed” (E4, 2). “I would say that it usually takes me about half an hour to an hour” (E4, 5).
	3. Strategies for Regulating Negative Emotions	“I suppose that people can change how they feel by doing something they enjoy and something that they know will make them feel happier” (E4, 3). “I try my best to forget about it and move on.... Being active is something that often helps me. I like to play soccer, hockey, and tennis...I like to run and ride my bike” (E4, 6). “I try to laugh about the situation and accept the situation for what it is” (E4, 7).
	4. Desired Positive Emotions	“I mainly like to feel happy. I love feeling excited and energetic too” (E4, 8).
	5. Strategies for Facilitating Positive Emotional Experiences	“I like to remember positive emotions and think about them often and throughout the day... Feeling positive in short bursts helps me to feel happy for a long time” (E4, 9).
Jacob	1. Perceived Impact of ADHD on Emotional Regulation	“I’m emotionally happy. I’m usually excited and talkative... I’m generally positive” (E5, 2). “I also worry that people are looking at me. It makes me feel a bit of anxiety” (E5, 4). “I worry and feel like everybody is looking at me and what I look like... The thought of being judged...when my new school started... ” (E5, 4).

Case	Themes	Associated Quotes [most representative]
	2. Perceptions of Negative Emotional Experiences	“I will wake in the morning feeling tired, happy, or scared for the school day. I overthink things on school days. I will wake up thinking about what I have done, what needs to be done, and what are the consequences if there is something that I haven’t done” (E5, 2).
	3. Strategies for Regulating Negative Emotions	“It happened during the New Year break. My friends went off together, and I was sometimes at home and didn’t get invited unless I asked. I was left alone a lot. What I would do to cope is swim. Sometimes my best friend would come over, and we would go skating together. I would be on my phone... I would focus on my chores. That’s it” (E5, 6). “Going to lessons to get help and be helped. Generally, just talking to people who have recovered” (E5, 3). “Usually, I can do that quickly. If I got in trouble for something stupid, like forgetting to do my chores, I would get shouted at, go to my room, and feel upset. Let’s say I saw something on YouTube. I would look at that, and the emotion would just go. My thoughts would automatically just change to something else that pops into my head. That allows me to almost forget about that emotion...” (E5, 5). “If I’m sad and something positive enters my mind, that’s quick. If I’m feeling angry, frustrated or like I want to get revenge on a person and get them back for what they’ve done to me, it won’t leave my head that easily” (E5, 5).
	4. Perceptions of Positive Emotional Experiences	“Joy, happiness, and being around my people my age” (E5, 7).
	5. Strategies for Facilitating Positive Emotional Experiences	“I like to be able to speak freely and speak to people who would understand what I am going through” (E5, 7). “I haven’t done this for a long time. I used to have a diary. I love drawing. It makes me happy. I enjoy writing... I like writing things on a page in an expressed manner that can pop my personality out. That would make me happy and find myself” (E5, 7). “I can’t go too long without my friends or family by my side” (E5, 5).
Elsa	1. Perceived Impact of ADHD on Emotional Regulation	“Sometimes school can be stressful. The stress and anger associated with ADHD can make your emotions worse...” (E6, 4). “Being a teenager is hard. Sometimes we need some help to manage things like anxiety and depression” (E6, 9).
	2. Perceptions of Negative Emotional Experiences	“I’ve lived with strong emotions my whole life. I will sometimes... just want to burst into tears for no reason or get angry for no reason. Lately, I’ve noticed that I can feel this rush of happy energy after school. I just go to through roof” (E6, 2). “If I’m angry or upset, it will usually last the whole day. I can’t control it” (E6, 5). “Sometimes I might forget that I’m upset and be happy quickly...” (E6, 5). “I can get angry over anything. My sadness pops out of the blue now and again. I also feel stressed...” (E6, 6). “I feel normal at the beginning of the day. If I know that I have a lot of work to do, I can become stressed...I can get angry at times. I know that after school, I can get angry when I must do Maths... I get stressed out the most when I must write tests and exams” (E6, 2).
	3. Strategies for Regulating Negative Emotions	“I must finish something and can’t focus on anything else until it’s done. If someone asks me to focus on something else, I need to tell them that I can’t” (E6, 4). “I can’t get angry in certain places. I sometimes must let it go. I do sometimes scream in my head to let it out. At home, I go to my room until it goes away because I don’t want to say the wrong thing at the wrong time... I tend to calm myself down so that I don’t say something that I don’t mean” (E6, 7). “I will sometimes stress eat. Eating helps. I sometimes sleep it off, watch TV or sit on my phone” (E6, 6). “My friends don’t know exactly what I go through. Only my best friend knows” (E6, 6). “Having some help to deal with mental disorders like ADHD can be helpful” (E6, 9).
	4. Perceptions of Positive Emotional Experiences	“My random outbursts are things that I like a lot. I don’t always think of myself as having lots of energy” (E6, 8).

Case	Themes	Associated Quotes [most representative]
	5. Strategies for Facilitating Positive Emotional Experiences	“I tend to continue doing what I did to make me feel happy in the first place. If I am happy, I won’t let it all go at once” (E6, 8).
Keat	<p>1. Perceived Impact of ADHD on Emotional Regulation</p> <p>2. Perceptions of Negative Emotional Experiences</p> <p>3. Strategies for Regulating Negative Emotions</p> <p>4. Perceptions of Positive Emotional Experiences</p> <p>5. Strategies for Facilitating Positive Emotional Experiences</p>	<p>“ADHD is like an untamed river, but you do have the ability to tame it. That’s what I would experience in my life” (E7, 4). “It depends on if I have taken my Ritalin or not. If I don’t take my Ritalin, I tend to feel intense emotions” (E7, 2).</p> <p>“When I’m alone, I tend to feel alone and depressed... At night, I will think about something hurtful that happened earlier in the day, and the feelings will still be very tense. I think that I always experience loneliness and upset at night. My emotions are generally very intense” (E7, 2). “Because I don’t feel angry a lot when I do feel it, I don’t know how to control it. When I’m angry, I’m angry” (E7, 5).</p> <p>“I can change my emotions in a heartbeat. If I’m alone, sitting on my bed and feeling sad, I can call someone and feel better. If I feel hatred or animosity, I can call the person I hate or talk to them, and those feelings will go away. I do feel that it is possible” (E7, 3). I know that other people can do it because I see myself do it. If I’m feeling lazy, I can change my mood by getting up and doing some exercise. If I’m doing a project and really don’t want to do it, I will get up, listen to some music, and feel more energetic” (E7, 3). “I used to go through a phase of flipping my bed over and screaming at my mom. I used to do so badly at school. I was the class clown... That releases dopamine for me. I moved away from that and became an academic. I learnt how to control it...” (E7, 4). “I... stay away from the thing that’s made me angry. Physical distance helps... I’ve learnt to distance myself from the thing that has made me angry” (E7, 6).</p> <p>“Genuine happiness. Love as well. That is an emotion I enjoy feeling. Productivity is not really an emotion. It’s more of an action” (E7, 7).</p> <p>I would find the things that make me happy and continue to do them. For example, spending time with my friends and being around my family. It allows me to feel love more” (E7, 7).</p>

Debby's Case

Debby is a fourteen-year-old female of Indian descent whose home language is English. Her father and younger brother have both been diagnosed with ADHD. After the interview, Debby's reflection included: "This is how I feel. Everyone is different. It's important not to generalise. People are complex. Being a human is difficult, and being a teenager is difficult. Ultimately, every human is just a human" (E1, 14).

Theme 1: Perceived Impact of ADHD on Emotional Regulation. Debby shared her perception that ADHD has negatively impacted her ability to regulate her emotions. Firstly, she attributed some difficulties regarding this to ADHD itself. The participant stated that her ADHD has resulted in her not being able to "control" (E1, 4) her emotions "as much as other people can" (E1, 4). If she is "having a fight with [her] friend" (E1, 4), Debby has noticed that her friend will "be able to stop" (E1, 4), but she will not. Debby said that her "best friend" (E1, 7) without ADHD does not get "as sad" (E1, 7) as she does. She highlighted that feeling sad "becomes painful" (E1, 7). Debby commented on the intensity of her negative affective experiences by sharing that she cries to the point of her "stomach hurting" (E1,7). Secondly, she reflected on the impact of medication. Debby mentioned that whether she has taken her medication or not determines how she experiences emotions. When not on medication, she feels "a zest for life" (E1, 2) but tends to "stress about everything" (E1, 2) because "her mind is everywhere" (E1, 2). When she has taken Ritalin, she can focus but feels "very down" (E1, 2). Debby added, "Being on medication can cause anxiety" (E1, 8).

Theme 2: Perceptions of Negative Emotional Experiences. Apart from the intensity of her feelings, which she attributed to having ADHD, Debby also reflected on the persistence of a negative affective state for her. She described that when she had been fighting with "a good friend of [hers]" (E1, 5), she spent "all day....crying" (E1, 5) and "could not stop thinking about it until he messaged [her] and apologised" (E1, 5). She also commented on her

perception of changes or shifts in her emotional state. When asked, she agreed it does not “take a lot to trigger that sadness” (E1, 7). The feeling of sadness was often associated with feelings of guilt, and she explained that if she were to feel that she had not answered adequately during the interview, she “would go home feeling guilty, and that guilt would make [her] cry” (E1, 7).

Theme 3: Strategies for Regulating Negative Emotions. Debby does not seem to believe that people can change how they feel by changing how they think. Highlighting her mistrust of the use of cognitive coping strategies for emotional regulation, Debby said, “If you tell yourself not to stress, it doesn’t help very much” (E1, 3). At school, she was told that having a “positive attitude” (E1, 3) can help one to feel better, but she does not believe it is true. Although she later described having a cognitive strategy in place to regulate her emotions (she has “to sit down and think about what happened” (E1, 9) before she reacts), she stated that she has not “found a strategy to help (her)” (E1, 8) and is still searching for other effective ways to regulate her emotions. Debby’s later reflections indicate her use of distraction and suppression in her response modulation: “If I’m angry, I’m not the type of person to react. I know that it doesn’t make much sense. I don’t react” (E1, 9), explaining further through the following examples: “If you and I were bickering, I would walk out the door... If my friend and I are fighting over WhatsApp, I’ll block him” (E1, 9). Debby also commented on sleep as a possible strategy: “I love to sleep. I will sometimes sleep all day and all night. Sleep is an escape from reality” (E1, 10). She laughed when she commented that “breathing exercises don’t work for me” (E1, 10) and admitted to getting frustrated by them.

Debby reflected on the importance of interpersonal strategies in dealing with negative emotions. A strategy she adopts to regulate her emotions through an integrative exploration approach includes talking with people: “If I’m sad about something, I will speak about it with

my psychologist or mom” (E1, 8). Debby highlighted that these people must be trustworthy, stating that people with ADHD should “have someone they trust” (E1, 11) and emphasised that trust “should never be broken” (E1, 11). She reported that therapy helps regulate her emotions. She describes that “having someone to talk to” other than her “mom, brother or sister is incredible” (E1, 11). Debby reported that her ability to feel better after experiencing negative emotions depends on the ability of other people to reassure her. She depends on reassurance “not from [herself], but from other people” (E1, 6).

Theme 4: Perceptions of Positive Emotional Experiences. Debby described “being calm” (E1, 10) as a desired positive affective experience: “For me, as someone who has battled with anxiety and ADHD, being calm makes me forget about those two things” (E1, 10), which she then went on to link with using sleep as a means of “escape” (E1, 10).

Theme 5: Strategies for Facilitating Positive Emotional Experiences. Debby reflected on experiences linked to her positive emotional experiences, revealing a possible situation selection strategy: “When I’m most happy is when I’m around my animals... I feel incredible around them” (E1, 10). Another experience that stood out for her for its positive emotional impact was an interchange with a therapist:

When I went to see a doctor before I was properly diagnosed, he told me that my life would never be the same. He said, ‘You have ADHD’. There was nothing more comforting than my therapist saying that ‘He was talking nonsense. You are more than that!’ (E1, 11).

Matt’s Case

Matt is a thirteen-year-old White male participant whose home language is English. He was diagnosed with ADHD before entering Grade R. Matt stated that the “interview was nice” (E2, 11). He is ambitious and wants “to do better in sports and school” (E2, 11). Matt commented that being diagnosed with ADHD “can make some stuff annoying” (E2, 11). He

added that being on medication “can be annoying” (E2, 11), particularly as it suppresses his appetite.

Theme 1: Perceived Impact of ADHD on Emotional Regulation Matt stated that he thinks that living with ADHD has made him “less sensitive” (E2, 5). Matt has noticed that he cannot ruminate or focus on an emotion when he is not on medication. Matt said:

Usually, with my emotions, when I don’t take my pill, it’s not actually that bad. When I take my pill, I can focus on it and think about it. When I’m not on my pill, I don’t think about it, and it doesn’t change. (E2, 5)

Matt stated that his treatment for ADHD can be frustrating as it suppresses his appetite. However, he added, “I’m calmer on my pill” (E2, 3). He explained:

Having ADHD can make some stuff annoying. When I’m on my pill, I have more energy, but I can just go down quickly, which is frustrating. When I’m not on my pill, I can get really hungry really quickly. When I don’t take my pill, I can have four burgers, and when I’m on my pill, I can only eat one. That can be annoying. (E2, 11)

Theme 2: Perceptions of Negative Emotional Experiences. Matt has noticed that his emotions “can change very quickly” (E2, 2) and that he can experience “being happy and then angry for no reason” (E2, 2). For Matt, his anger is unpredictable, which frustrates him. Matt explained: “Sometimes I’m angry for no reason. It’s frustrating. I would say that I’m frustrated because I don’t want to be angry, but that actually makes me become angrier” (E2, 7).

Theme 3: Strategies for Regulating Negative Emotions. Matt mentioned that he generally thinks changing a negative emotional state to a more positive one is difficult. He added, however, that he does believe being proactive makes emotional regulation possible and that he does “know that you can make yourself feel better by playing with a pet or something” (E2, 4), indicating the presence of both distraction and cognitive change as

strategies. Matt described making himself feel better by watching online videos: “I was just not in a good mood and had to watch videos to feel happier” (E2, 4). Matt added that he tries to regulate negative emotions proactively by breathing techniques and actively trying to think of something pleasant: “Usually, I just try to calm myself down with a couple of deep breaths, think of something happy, and just push past it” (E2, 7). Matt mentioned that having pleasant people around him can help with regulating his emotions, particularly his response modulation: “If I’m around a person I like, I can easily control [my reactions to an emotion]. If I’m around someone I don’t like, it’s harder” (E2, 8). Importantly, Matt has noticed that his environment can impact his ability to control his reaction. Matt said, “If I’m at school, I can’t really react because I know I would get in trouble” (E2, 8).

Theme 4: Perceptions of Positive Emotional Experiences. Matt identified “happiness” (E2, 9) and “excitement” (E2, 9) as enjoyable emotions that he desires to feel often.

Theme 5: Strategies for Facilitating Positive Emotional Experiences. Matt mentioned the importance of situation selection by being physically active and doing well academically are ways for him to sustain positive emotional experiences: “Sports make me happier for longer. Say I score a try, I’ll be happier for longer. Maybe for a day or so. It’s mainly sports that I like. Doing well on a test too” (E2, 10). Matt also described sustaining positive emotions through mindfulness: “I’ll just try to live in the moment and experience them” (E2, 10).

David’s Case

David is a fourteen-year-old Indian male whose home language is English. He was diagnosed with ADHD when he was around the age of six. His father also has ADHD, and his younger brother has been diagnosed with autism spectrum disorder. The interview process was “perfectly fine” (E3, 12) for him. He finds “it easy to talk about having ADHD. These

conversations are normal” (E3, 12) for him, and he feels that he is “an honest person” (E3, 12). He has learnt to “accept who [he is] and the fact that [he has] ADHD” (E3, 12).

Theme 1: Perceived Impact of ADHD on Emotional Regulation. David mentioned that he does not feel as though his ADHD impacts his emotional experiences, adding that he is “not generally an emotional person” (E3, 4). David said, “I wouldn’t say that being hyperactive has influenced how I experience my emotions” (E3, 4). David added valuing living with ADHD:

People see having ADHD as a bad thing. I don’t think that it always is. It can be a good thing. I have more energy than others. I can participate in sports for a long amount of time because I have ADHD. I can become happy very quickly. I find it quicker to be happy than sad. (E3, 11)

However, David mentioned that taking Ritalin impacts him socially and makes him more easily frustrated. David said:

I don’t talk as much [when I’m] on Ritalin, and it impacts my appetite. I have a low tolerance when I’m not on Ritalin. When I am on Ritalin, I have even less tolerance for teachers going off-topic... I don’t feel confident when I take Ritalin. (E3, 10)

Theme 2: Perceptions of Negative Emotional Experiences. David described his emotions as “normally in check” (E3, 2) but reported that sadness and frustration are challenging to regulate once he feels them: “When things don’t go my way, I can get very sad. When I get sad, I get very sad. I feel as though my emotions are almost doubled. I almost feel as though there is this flood” (E3, 2). Feelings of fear or embarrassment are also negative experiences for David: “I don’t like feeling scared. I hate feeling scared. I also hate when my friends tease me. I don’t like that” (E3, 6). He noted that anger takes longer to regulate: “I know that when I’m angry at someone, it takes a while. I need to take some time to be away from them” (E3, 5).

Theme 3: Strategies for Regulating Negative Emotions. David said that, generally, people need an understanding of what will make them happy to change a negative emotional state: “Normally people just get with things by surrounding them with things to help them feel happy” (E3, 3). He added that distraction had been a useful strategy for him: “I know that when I’m angry at someone, it takes a while. I need to take some time to be away from them” (E3, 5) and later added, “I just play with my dogs” (E3, 7). David added that when he explores his emotional state, sharing with a close friend is helpful to him: “I will normally just speak to my friend. He understands me well” (E3, 7). David furthermore indicated instances of response modulation, saying that he considers the negative implications of actions: “If someone teases me constantly, I get ticked off. Before doing something, I will ask myself if it is okay” (E3, 8). David also explained the role of cognitive change for him: “Sometimes, negative emotions can motivate me. If someone tells me that I can’t do something, I will spend time to prove them wrong” (E3, 5).

Theme 4: Perceptions of Positive Emotional Experiences. David mentioned that being happy and excited are positive emotions that he desires to feel. David added, “I also sometimes like the feeling of butterflies in my stomach for some reason” (E3, 9).

Theme 5: Strategies for Facilitating Positive Emotional Experiences. David reflected on his situation selection strategy to facilitate positive emotional experiences: “I will do some research. I’ll obsess about the things that make me interested or passionate” (E3, 10). In addition, sharing his feelings with others can also influence his mood positively. However, David said that he “must feel comfortable around the other person” (E3, 7) and that it “can’t just be anyone” (E3, 7) who he shares his emotions with.

Neil’s Case

Neil is a White, English-speaking fourteen-year-old male. He was diagnosed with ADHD before Grade 1. He lives with his mom, dad, and younger brother, who also has ADHD. He

reported that he was not distressed during the interview, explaining that he is used to being honest and “talk about [his] emotions” (E4, 10). Neil expressed that he does not know what it is “like to not have ADHD” (E4, 10) because he is not “like other people” (E4, 10), and he does not “really compare” (E4, 10) himself to others “or get frustrated” (E4, 10) with himself.

Theme 1: Perceived Impact of ADHD on Emotional Regulation. Neil mentioned the impact of being inattentive to his emotions: “My emotions are different, and I suppose that is because I tend to forget things” (E4, 4). Neil also reflected on the impact of taking Ritalin: “The tablets that I take stop me from eating, which isn’t nice. That impacts me emotionally. When I don’t eat, it makes me get emotional” (E4, 4).

Theme 2: Perceptions of Negative Emotional Experiences. Neil mentioned that schoolwork triggers frustration and anger: “I’m mainly frustrated most of the day...I can sometimes get annoyed” (E4, 2). Commenting on the persistence of negative emotional experiences, Neil estimated that “it usually takes [him] about half an hour to an hour” (E4, 5) to regulate these emotions.

Theme 3: Strategies for Regulating Negative Emotions. Neil’s description of regulating negative emotions suggests the use of distraction strategies that, generally, people can change their negative emotional states by being aware of the things and “that people can change how they feel by doing something they enjoy and something that they know will make them feel happier” (E4, 3). Neil stated that he tries to forget negative emotions and commented on the positive impact of being physically active: “I try my best to forget about it and move on.... Being active is something that often helps me...I like to play soccer, hockey, and tennis... I like to run and ride my bike” (E4, 6). Neil also described attempts at cognitive change in challenging situations, as he tries his best to “laugh about the situation and accept the situation for what it is” (E4, 7).

Theme 4: Perceptions of Positive Emotional Experiences. Neil mentioned that he desires to feel happiness and excitement. He said, “I mainly like to feel happy. I love feeling excited and energetic too” (E4, 8).

Theme 5: Strategies for Facilitating Positive Emotional Experiences. Neil facilitates positive emotional experiences by reflecting on and contemplating positive experiences as part of a rumination strategy: “I like to remember positive emotions and think about them often and throughout the day” (E4, 9). He added, “Feeling positive in short bursts helps me to feel happy for a long time” (E4, 9).

Jacob’s Case

Jacob is a fourteen-year-old English-speaking White male. He is adopted, his younger brother has ADHD, and his mother and father are in the process of separating. He was diagnosed with ADHD before Grade 1. He attended a primary school specialising in ADHD and moved to a mainstream high school. He reflected that he enjoyed the interview process as it was “helpful and nice to get things off [his] mind” (E5, 8) and “talk about things and know that other people won’t know” (E5, 8) and his identity.

Theme 1: Perceived Impact of ADHD on Emotional Regulation. Jacob mentioned that his emotions are generally positive. Jacob said, “I’m emotionally happy. I’m usually excited and talkative... I’m generally positive” (E5, 2). For Jacob, living with ADHD impacts him “harshly” (E5, 4), and for him, living with ADHD is “a negative thing” (E5, 4). Jacob stated, “In school, you must get extra attention, and you must pay extra attention because you know that something is not going to be taught twice” (E5, 4). Jacob said that living with ADHD means that he must physically move to be able to concentrate, and this makes him self-conscious. Jacob said that when focusing, he must “be active at the same time by fidgeting, boredom eating” (E5, 4) and that “focusing is a major problem” (E5, 4), adding, “It’s incredibly hard to focus without medication or movement. I can’t just sit down and listen or

read” (E5, 4). This results in a negative emotional state: “I doze off, daydream. I also worry that people are looking at me. It makes me feel a bit of anxiety” (E5, 4). Jacob highlighted feeling judged by others in his new mainstream school as he felt they do not understand what it is like to live with ADHD:

I worry and feel like everybody is looking at me and what I look like... The thought of being judged entered when my new school started. When I was in primary school, I was in a special school. Everyone was different in a special needs way and had ADHD, autism, or something like that. In my new school, it’s not like that. Not many people have ADHD or understand what it’s like. You are the only one in that place, and many people don’t have it. (E5, 4)

Jacob stated that “people have thoughts about the disorder, having ADHD and being different” (E5, 8) and that he “compare[s] myself to other people who are smarter” (E5, 8). Jacob stated that “[t]here are fewer opportunities in life” (E5, 8) because he lives with ADHD and that he could not “have an office job” (E5, 8). Jacob said that he has noticed that living with ADHD means that he can “shift a conversation without even knowing” and “zone out in very important situations” (E5, 8). He feels apprehensive to ask people to repeat themselves because he has “become scared of their reaction” (E5, 8). Jacob highlighted being on Ritalin as frustrating, as it can impact his diet.

Theme 2: Perceptions of Negative Emotional Experiences. Early in his interview, Jacob said that it is uncommon for him to experience negative emotions as he is “emotionally happy” (E5, 2) and “generally positive” (E5, 2). He mentioned that academic demands and going to school could make him ruminate on things that could potentially be forgotten:

I will wake in the morning feeling tired, happy, or scared for the school day. I overthink things on school days. I will wake up thinking about what I have done, what needs to be done, and what are the consequences if there is something that I haven’t done. (E5, 2)

Theme 3: Strategies for Regulating Negative Emotions. Jacob said that feeling socially excluded makes him feel negative. His strategies to cope with this would include distraction and selecting situations by spending time with peers who want to spend time with him. Jacob stated:

It happened during the New Year break. My friends went off together, and I was sometimes at home and didn't get invited unless I asked. I was left alone a lot. What I would do to cope is swim. Sometimes my best friend would come over, and we would go skating together. I would be on my phone. I don't read, so I wouldn't read. I would focus on my chores. That's it. (E5, 6)

Jacob said he can usually regulate his emotions quickly if they are not intense:

Usually, I can do that quickly. If I got in trouble for something stupid, like forgetting to do my chores, I would get shouted at, go to my room, and feel upset. Let's say I saw something on YouTube. I would look at that, and the emotion would just go. My thoughts would automatically just change to something else that pops into my head. That allows me to almost forget about that emotion. I would know it's there, but I wouldn't feel it. I just generally eventually forget about it. (E5, 5)

Other emotions take him longer to regulate:

If it's a stronger emotion like anger, it takes longer. If I'm sad and something positive enters my mind, that's quick. If I'm feeling angry, frustrated or like I want to get revenge on a person and get them back for what they've done to me, it won't leave my head that easily. (E5, 5)

Jacob added that confronting his feelings and learning from others are generally helpful: Talking to other people who have experienced the same thing as them. Going to lessons to get help and be helped. Generally, just talking to people who have recovered" (E5, 3).

Theme 3: Perceptions of Positive Emotional Experiences. Feelings of happiness and being accepted are desired feelings for Jacob: “Joy, happiness, and being around my people my age” (E5, 7).

Theme 4: Strategies to Facilitate Positive Emotional Experiences. Jacob said that he enjoys speaking honestly to other people to positively influence his emotions: “I like to be able to speak freely and speak to people who would understand what I am going through” (E5, 7). Jacob also reflected on the importance of social interaction, such as being around his family: “I can’t go too long without my friends or family by my side” (E5, 6). His use of situation selection as a strategy also includes engaging in creative pursuits:

I love drawing. It makes me happy. I enjoy writing. It’s just my spelling that is a problem. I like writing things on a page in an expressed manner that can pop my personality out. That would make me happy and find myself. (E5, 7)

Elsa’s Case

Elsa is a thirteen-year-old White female whose home language is English. She went to a remedial primary school and moved to a mainstream school. She was diagnosed with ADHD before the first grade. Elsa lives with her mother, and both her father and grandmother passed away recently. Elsa’s older sister also has ADHD, with a hyperactive presentation. For Elsa, the interview questions “were easy to answer” (E6, 9) and understandable, adding, “[s]ometimes people just need to feel understood and need help to deal with the things that they are going through” (E6, 9).

Theme 1: Perceived Impact of ADHD on Emotional Regulation. Elsa said that being in school can cause stress and feelings of anxiety associated with living with ADHD: “Sometimes school can be stressful. The stress and anger associated with ADHD can make your emotions worse. It’s hard to describe” (E6, 4). Being stressed causes Elsa to “get really worked up” (E6, 4). Elsa mentioned that the appropriate dosage of ADHD treatment is

important: “I drift off less on my medication since I have adjusted how much Ritalin I take” (E6, 4).

Theme 2: Perceptions of Negative Emotional Experiences. Elsa mentioned that she experiences intense emotions, which fluctuate throughout the day:

I’ve lived with strong emotions my whole life. I will sometimes be talking to someone and just want to burst into tears for no reason or get angry for no reason. Lately, I’ve noticed that I can feel this rush of happy energy after school. I just go through the roof. (E6, 2)

She added:

I feel normal at the beginning of the day. If I know I have a lot of work to do, I can become stressed...I can get angry at times. I know that after school, I can get angry when I must do Maths. I don’t like the subject, and it stresses me out. I get stressed out the most when I must write tests and exams. (E6, 2)

Elsa reported difficulty regulating anger, which tends to persist: “If I’m angry or upset, it will usually last the whole day. I can’t control it” (E6, 5). She added, “Sometimes I might forget that I’m upset and be happy quickly, but it does depend on the situation” (E6, 5). Elsa commented on how quickly she experiences feelings of anger, sadness and overwhelm:

I can get angry over anything. My sadness pops out of the blue now and again. I also feel stressed. I failed two Maths tests because of my stress last year. I can’t control it. It’s just something that happens. (E6, 6)

Theme 3: Strategies for Regulating Negative Emotions. Elsa reflected on her strategy to deal with academic anxiety as finishing one academic task before completing another. She stated, “I must finish something and can’t focus on anything else until it’s done. If someone asks me to focus on something else, I need to tell them that I can’t” (E6, 4). Elsa mentioned that she considers her environment when engaging in response modulation:

I can't get angry in certain places. I sometimes must let it go. I do sometimes scream in my head to let it out. At home, I go to my room until it goes away because I don't want to say the wrong thing at the wrong time. I might hurt my mom, or I could get in trouble. If I were to tell my mom to shut up, I would get in trouble. If I were to say something hurtful to my mom, she would be upset. I tend to calm myself down so that I don't say something that I don't mean. (E6, 7)

Elsa tries to speak to her best friend: "My friends don't know exactly what I go through. Only my best friend knows" (E6, 6). She also distracts herself: "I will sometimes stress eat. Eating helps. I sometimes sleep it off, watch TV or sit on my phone" (E6, 6). Elsa mentioned that teenagers, in general, often require mental health assistance: "Being a teenager is hard. Sometimes we need some help to manage things like anxiety and depression. Having some help to deal with mental disorders like ADHD can be helpful" (E6, 9).

Theme 4: Perceptions of Positive Emotional Experiences. Elsa mentioned that unpredictable feelings are desirable for her to feel as she does not always think of herself as being energetic: "My random outbursts are things that I like a lot. I don't always think of myself as having lots of energy" (E6, 8).

Theme 5: Strategies for facilitating positive emotional experiences. Elsa sustains positive emotions by selecting situations that impact her emotions positively and by ruminating to keep the positive emotions in mind. She stated, "I tend to continue doing what I did to make me feel happy in the first place. If I am happy, I won't let it all go at once" (E6, 8).

Keat's Case

Keat is a fourteen-year-old Coloured male whose home language is English. His parents are divorced, and he lives with his mother and younger sister, neither of whom has ADHD. He has been prescribed Ritalin since primary school. He said that the interview questions

were “easy for [him] to answer” (E7, 9) but that “they might not be easy for everyone” (E7, 9). Keat stated that “there is a goal and something to be achieved” by conducting interviews and that “the questions were deep” (E7, 9). For Keat, his anonymity meant that he felt as though he could “be as open” (E7, 9) as he wanted to be.

Theme 1: Perceived Impact of ADHD on Emotional Regulation. Keat has a positive perception of living with ADHD and calls it a “blessing in disguise” (E7, 8). Keat said that “[i]f you’re able to control [ADHD] and focus on positive emotions, [ADHD is] powerful” (E7, 8) and added, “makes life better than the life of a person without ADHD” (E7, 8). Keat does not think of ADHD as “a disability or mental disorder” (E7, 8) but “something way more powerful than that” (E7, 8). Keat compared ADHD to an untamed river. Keat said, “ADHD is like an untamed river, but you do have the ability to tame it. That’s what I would experience in my life” (E7, 4). According to him, the intensity of his emotions depends on whether he takes his medication. Keat explained, “If I don’t take my Ritalin, I tend to feel intense emotions” (E7, 2).

Theme 2: Perceptions of Negative Emotional Experiences. Keat said that he feels negative when alone, adding that feelings of loneliness and depression are strong at night. Keat said:

When I’m alone, I tend to feel alone and depressed... At night, I will think about something hurtful that happened earlier in the day, and the feelings will still be very tense. I think that I always experience loneliness and upset at night. (E7, 2)

Keat’s emotions “are generally very intense” (E7, 2). Keat said that feeling unmotivated and angry are negative emotional experiences for him:

Laziness. I think that’s because it is so common for me to feel it. I also don’t like anger. I don’t like that emotion and I don’t feel it a lot. Because I don’t feel angry a lot, when I do feel it, I don’t know how to control it. When I’m angry, I’m angry. (E7, 5)

Theme 3: Strategies for Regulating Negative Emotions. Keat mentioned that he does consider it possible for people to change their emotions “even if people have ADHD” (E7, 3), as he can sometimes change his “in a heartbeat” (E7, 3). He conceded difficulties with some emotions: “Because I don’t feel angry a lot when I do feel it, I don’t know how to control it” (E7, 5). Keat mentioned that he has not always had good control of his emotions:

I used to go through a phase of flipping my bed over and screaming at my mom. I used to do so badly at school. I was the class clown. I used to love to make people laugh in class because I couldn’t focus. That releases dopamine for me. I moved away from that and became an academic. I learnt how to control it and get distinctions. (E7, 4)

Keat mentioned the importance of creating distance as a distraction strategy:

I feel that what I do is stay away from the thing that’s made me angry. Physical distance helps. It doesn’t result in physical violence, in me getting physical or anything like that. Not that I have. I’ve learnt to distance myself from the thing that has made me angry. (E7, 6)

Keat mentioned that communicating with people, possibly as an additional attentional deployment strategy, helps him regulate negative emotions. He explained:

If I’m alone, sitting on my bed and feeling sad, I can call someone and feel better. If I feel hatred or animosity, I can call the person I hate or talk to them, and those feelings will go away. I do feel that it is possible. (E7, 3)

In general, Keat would speak about his emotions mostly to close friends, but if someone “were to ask me about my emotions, I would tell them” (E7, 9). Another of Keat’s strategies is taking active steps and selecting situations or activities to make himself feel more positive:

I know that other people can do it because I see myself doing it. If I’m feeling lazy, I can change my mood by getting up and doing some exercise. If I’m doing a project and really don’t want to do it, I will get up, listen to some music, and feel more energetic. (E7, 3)

Keat mentioned that he has not always had good control of his emotions:

I used to go through a phase of flipping my bed over and screaming at my mom. I used to do so badly at school. I was the class clown. I used to love to make people laugh in class because I couldn't focus. (E7, 4)

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Not that I have. I've learnt to distance myself from the thing that has made me angry. (E7, 6)

Theme 4: Perceptions of Positive Emotional Experiences. Keat said that feeling motivated, loved, and productive are emotions that he desires to feel. Keat mentioned, "Genuine happiness. Love as well. That is an emotion I enjoy feeling. Productivity is not really an emotion. It's more of an action" (E7, 7).

Theme 5: Strategies for Facilitating Positive Emotional Experiences. Keat sustains positive emotions by selecting activities that make him feel good, such as spending time with loved ones. He said, "I would find the things that make me happy and continue to do them. For example, spending time with my friends and being around my family. It allows me to feel love more" (E7, 7). Focusing on schoolwork has also affected his emotions positively, as he has "...become an academic. I learnt how to control it and get distinctions" (E7, 4).

Once these prevalent within-case themes were described in case studies, the researcher conducted a second-order within-case analysis (Nel, 2011; Smith, 2004). This entailed identifying relevant subthemes found within the individual cases. As such, all the subthemes were not present in every individual case. The individual themes related to ADHD and emotional regulation are presented below in Table 2. However, as the resultant data was too extensive for a complete presentation, only themes 1, 3 and 5 and their subthemes were

retained for the cross-case analysis and interpretation, as these were most relevant to the research objectives.

Table 2

Themes and Subthemes

Themes	Subthemes
1. Perceived impact of ADHD on emotional regulation	a) Impact attributed to ADHD symptoms b) Impact attributed to ADHD medication
2. Perceptions of negative emotional experiences	a) General experience of negative emotions b) Intensity of negative affect c) Persistence of negative affect and mood lability
3. Strategies for regulating negative emotions	a) Use of cognitive strategies b) Use of behavioural strategies c) Use of interpersonal support
4. Perceptions of positive emotional experiences	a) General experience of positive emotions b) Desired positive emotions
5. Strategies for facilitating positive emotional experiences	a) Use of cognitive strategies b) Use of behavioural strategies c) Use of interpersonal support

Cross-case Analysis and Interpretation

In the cross-case analysis (Nel, 2011; Smith, 2004), the researcher reflected on the common and contrasting experiences according to the selected themes and subthemes presented in the case studies (see Table 2); this study was limited to themes 1, 3 and 5. The presentation of the results of this analysis is integrated with a discussion regarding relevant research findings and interpretations through the lenses of existing theoretical models outlined earlier in the study, namely Gross' process model of emotional regulation (Gross, 1998) and Roth's self-determination model of emotional regulation (Roth et al., 2019).

Theme 1: Perceived Impact of ADHD on Emotional Regulation

The adolescent participants' perceptions of ADHD's impact on their emotional experiences and regulation are presented and interpreted under this theme. It involves the impact of ADHD symptoms as well as the perceived effects of ADHD medication.

Subtheme 1(a): Impact Attributed to ADHD Symptoms. Five out of the seven participants described living with ADHD as being associated with reduced emotional control. For example, Neil and Debby described that they “can’t control their emotions as much as other people can” (E1, 4) and that their emotions are different because they “tend to forget things” (E4, 4). These findings correspond with existing literature regarding poor emotional regulation and emotional control of negative emotional states (Basiri & Hadianfard, 2023; Bunford et al., 2015; Mechler et al., 2020).

Participants also reported increased anxiety as associated with their ADHD, specifically related to academic and social stressors such as being negatively evaluated by others. Academic stress was attributed to drifting off, forgetfulness and problems with understanding content. Jacob, for example, explained that “in school, [he] must get extra attention” (E5, 4) and “pay extra attention” (E5, 4) because he knows that “something is not going to be taught twice” (E5, 4). Jacob also worries that people “are looking” (E5, 4) at him as “not many people suffer with ADHD or understand what it’s like” (E5, 4) at his new school. These findings correspond with existing literature regarding poor emotional regulation and emotional control of negative emotional states (Basiri & Hadianfard, 2023; Bunford et al., 2015; Mechler et al., 2020). Individuals with ADHD may experience rapid and intense fluctuations in moods, which may make them a population vulnerable to feelings of anxiety, depression, and aggression (Bodalski et al., 2019; Faraone et al., 2019; Jackson et al., 2023; Karalunas et al., 2023; Lau et al., 2020). This is consistent with existing literature that has found that individuals with ADHD can sometimes experience poor academic functioning, feelings of depression, anxiety, and peer rejection, which can escalate if symptoms are left untreated (Conway et al., 2019; Jackson et al., 2023; Karalunas et al., 2023; Tamm et al., 2020). Individuals living with ADHD are vulnerable to experiencing feelings of shame and guilt associated with feelings of anxiety, depression, and other mood symptoms (Faraone et

al., 2019; Hendriks et al., 2022; Leaberry et al., 2019). Literature suggests that the associated emotional symptoms such as depressed mood, disturbed sleep, oppositional behaviour, and emotional dysregulation may further adversely affect psychosocial functioning for individuals with ADHD (Basiri & Hadianfard, 2023; Bunford et al., 2015; Harris-Lane et al., 2021; Mechler et al., 2020).

In contrast, some participants perceived ADHD to have had a negligible impact on their emotional experiences and emotional regulation. Keat, for example, explained that he has good control of his ADHD symptoms and said that “ADHD is like an untamed river, but you have the ability to tame it” (E7, 4). David and Jacob described being “emotionally happy” (E5, 2), “excited and talkative” (E5, 2) and expressed that they can “become happy very quickly” (E3,11). David expressed that he does not believe that “being hyperactive” (E3, 4) impacts his emotions or that he is “not generally an emotional person” (E3, 4). Additionally, ADHD was also perceived by some to have a positive impact, particularly a decrease in emotional sensitivity or an increase in energy and the intensity of positive affect. Keat, for example, described ADHD as being a “blessing in disguise” (E7, 8) as he was able to “love deeply” (E7, 8). It has made him “different from other people” (E7, 8) and can make “life better than the life of a person without ADHD” (E7, 8). Matt expressed that living with ADHD has meant that he is “less sensitive” (E2, 5) and less easily offended than people without ADHD, as he can forget about negative emotions. Studies that have explored the adaptive aspects of living with ADHD outlined cognitive dynamism (the ability to engage in non-sequential thought processes), courage (the ability to cope with uncertainty), increased energy (the capacity to engage in physical activities), humanity (an acceptance of self and recognition of feelings) and resilience (the ability to cope with uncertainty or stress) are adaptive aspects associated with ADHD (Grønneberg et al., 2023; Sedgwick et al., 2019). Existing research has shown that divergent thinking in ADHD facilitates innovative ideas and

thought processes (Grønneberg et al., 2023; Sedgwick et al., 2019). Factors such as having access to interpersonal support, positive parental relationships, and cultural awareness of ADHD were all shown to be potential factors that might enhance psychological well-being and encourage adolescents with ADHD to think about their strengths (Grønneberg et al., 2023; Sedgwick et al., 2019).

Subtheme 1(b): Impact Attributed to ADHD Medication. All the participants described being on some form of stimulant medication to manage their ADHD, with six reporting taking Ritalin and one, Neil, taking Concerta. The symptomatic control achieved through medication was experienced positively by participants. Matt stated that he is “calmer on (his) pill” (E2, 3), and negative emotions are something that he can “focus on” (E2, 3) and change. Stimulant medication has been shown to potentially reduce disruptive behaviour in classrooms and enhance attention but is proven more effective when used in conjunction with psychological and psychosocial behavioural programmes (Parsley et al., 2020). The belief that pharmacological medication can control or improve ADHD symptoms could be a factor that influences the extent to which adolescents take their medication, whilst concerns about side effects and long-term effects might lead adolescents to resist taking their medication (Emilsson et al., 2017).

However, participants attributed some of ADHD’s negative emotional impact to the medication, including increased levels of anxiety, self-consciousness, depressed mood, and increased levels of frustration. Neil, David, and Matt mentioned that they perceived the medication to decrease their appetite, which they described as frustrating or upsetting. The stimulant medication was also described to impact mood by enhancing frustration, depression and anxiety and decreasing confidence for some participants. Debby described herself as being “very down” (E1, 2) on Ritalin, and David said that he has “even less tolerance for teachers going off-topic” (E3, 10) on Ritalin than when he is not and does “feel confident”

(E3, 10) when he takes Ritalin. This is consistent with existing literature, which states that sleep, decreased appetite, lowered mood, and feelings of dissociation are potential side effects associated with stimulant medication (Bryant et. al., 2022; Lugo-Candelas et al., 2021; Ophir, 2022).

Theme 3: Strategies for Regulating Negative Emotions

This theme pertains to how participants described the regulation of negative emotions and includes using both cognitive and behavioural strategies, as well as making use of interpersonal support.

Subtheme 3(a): Use of Cognitive Strategies. Cognitive strategies of emotional regulation included *attentional deployment* and *cognitive change*. *Attentional deployment* requires individuals to regulate their emotions by choosing where their attention is being directed in an emotionally distressing situation. Both *cognitive change* and *attentional deployment* require the individual to regulate their emotions to reflect. *Attentional deployment* requires an evaluation of the aspects of a situation that are being focused on, whilst *cognitive change* requires an evaluation of the extent to which a situation or the reaction to a situation can be controlled. *Cognitive change* requires a re-evaluation of the belief that one has in one's ability to control one's emotions in situations (Gross, 1998). Engaging in cognitive change requires believing that one's emotions are malleable and can be changed and controlled (Gross, 1998; Veilleux et al., 2021).

Attentional deployment through distraction from their negative emotions was described and included participants using their phones, stress eating, watching television, or distracting others. Jacob described that “focus(ing) on (his) chores” (E5, 6), “being on (his) phone” (E5, 6), or “watching something on YouTube” (E5, 5) distract him from negative emotions. Elsa said she would “stress eat” (E6, 6) to distract herself from her negative emotions. Distraction allows negative emotions to “change to something else” (E5, 5) and for participants to “move

on” (E4, 6), think about something happy and “just push past” (E2, 7) them. In contrast to examples of distraction used by Jacob and Elsa, Keat said that he used to distract other people in situations. Keat said that he used to be “the class clown” (E7, 4) and “used to make people laugh in class” (E7, 4) because he did not want others to notice that he was finding it difficult to concentrate. Debby and Elsa also utilised cognitive deployment through rumination. Debby said that in conflict situations, she must “sit down and think about what happened” (E1, 9) to regulate her negative emotions. Elsa regulates her academic anxiety by ruminating on academic tasks. She must “not focus on anything else until it's done” (E6, 4).

Some participants also reported cognitive change, stating they can cognitively re-evaluate their perception of a negative emotional experience to control their emotions in specific situations. Neil said that he must “laugh about the situation and accept the situation for what it is” (E4, 7). A helpful means to feel confident in one's ability to manage one's emotions in a situation was to ask “if it is okay” (E3, 8) to react in a specific way and remember the fact that when upset at school, one “can't really react” (E2, 8) because of the potential repercussions of doing so.

Subtheme 3(b): Use of Behavioural Strategies. Behavioural forms of emotional regulation encompass proactive forms of coping in which individuals actively engage in behaviours that will modify a situation's emotional intensity or nature (Gross, 1998). *Situation modification* is an integrative form of emotional regulation as it requires individuals to demonstrate awareness of their own emotional state and the potential adverse emotions that might be elicited in a situation (Gross, 1998). *Response modulation* encompasses behaving in a way to suppress, deny or lessen one's reaction to an emotional stimulus, which is a controlled form of emotional regulation as it requires people to suppress and not act upon one's emotion (Gross, 1998; Roth et al., 2019). Engaging in behavioural strategies in the existing study included modifying the emotional intensity of a situation by physically

changing one's environment to be more conducive to emotional regulation or engaging in behaviour that might modify the emotional intensity of a situation. *Situation modification* in the existing study was either engaged in by a physical environmental alteration or change or through behaviours that might modify the emotional nature of a situation, such as interacting with their pets, listening to music, engaging in sports, or sleeping. It was described that being away from an emotional stimulus effectively modifies one's environment (Gross, 1998; Roth et al., 2019). Debby mentioned that in conflict situations, she would “walk out the door” (E1, 9) to be different from the other person involved in the conflict. Like Debby, Keat added that he has learnt to “distance” (E7, 6) himself from “the thing that has made (him) angry” (E7, 6) and, like David, “take some time to be away” (E3, 5) from sources of emotional distress. Elsa shared that when she cannot be on her own, she will “sometimes scream” (E6, 7) in her head to “let it out” (E6, 7). Keat stated that when unmotivated to work on a project, he will “get up, listen to some music, and feel more energetic” (E7, 3). Like Debby, David said that he would “play with (his) dogs” (E3, 7) to regulate negative emotions. Matt believes that “playing with a pet” (E2, 4) can be a way to regulate one’s emotions. Neil mentioned the importance of physical activity and engaging in sports such as “soccer, hockey, and tennis” (E4, 6). An example of *response modulation* in the existing study includes Elsa’s attempts at inhibition as she does not want to “say the wrong thing at the wrong time” (E6, 7) as she “might hurt” (E6, 7) her mother. Matt also considered what “would get in trouble” (E2, 8).

Subtheme 3(c): Use of Interpersonal Support. Using interpersonal support to regulate one's emotions is a form of *situation selection* that requires individuals to approach individuals, situations, and objects that they know might be conducive to their emotional regulation and avoid people, objects and situations that might not facilitate their emotional well-being (Bucich & MacCann, 2019; Gross, 1998; Roth et al., 2019). Utilising interpersonal support is an integrative form of emotional regulation as it requires individuals

to understand who might facilitate their psychological well-being (Roth et al., 2019). In the existing study, participants found approaching specific individuals (e.g., parental caregivers, friends, and therapists) effective. Emotional trust and comfort were outlined as significant when selecting the individual to receive support from. Debby described that she would speak to her “psychologist or mom” (E1, 8) when upset and that “having someone to talk to other than” (E1, 11) one’s “mom, brother or sister is incredible for anyone” (E1, 11). Like Debby, Jacob shared that he cannot go too long without “friends and family” (E5, 6) by his side. David expressed that his friend “understands (him) well” (E3, 7). Jacob added that he also believes that communicating and seeking support from others is an effective means to receive emotional support. Approaching and interacting with individuals more generally was also described as an effective way to receive interpersonal support. Jacob reported that “meeting new people” (E5, 3), “talking to other people who have experienced the same” (E5, 3), “going to lessons to get help” (E5, 3) and just “talking to people who have recovered” (E5, 3) are generally effective ways to acquire social support. Keat expressed that engaging with people who have caused him to feel negative emotions, “hatred or animosity” (E7, 3) can allow those feelings to “go away” (E7, 3) and not impact his psychological well-being.

Theme 5: Strategies for Facilitating Positive Emotional Experiences

The following theme describes how participants facilitate their positive emotions using cognitive strategies, behavioural strategies, and interpersonal support.

Subtheme 5(a): Use of Cognitive Strategies. A form of cognitive deployment described by participants was rumination. Actively thinking about positive emotions and remembering positive emotions was described to be an effective way to facilitate positive emotional experiences. Ruminating and thinking about positive emotions is an integrated emotional regulation strategy as it requires individuals to be aware of their emotional states (Gross, 1998; Roth et al., 2019). Neil mentioned that he likes to “remember positive emotions and

think about them often and throughout the day” (E4, 9) and that feeling positive emotions in “short bursts” (E4, 9) helps him to feel happy for a “long time” (E4, 9). Similarly, Elsa said she does not let all her positive emotions “go at once” (E6, 8). David engages in rumination by researching topics and allowing him to “obsess about things that make” (E3, 10) him “interested or passionate” (E3, 10). In contrast, Matt said he does not ruminate or think about his positive emotions and likes to “try to live in the moment and experience them” (E2, 10). This correlates with research suggesting that mindful behaviour can facilitate healthy interpersonal relationships, facilitate need satisfaction and decrease symptoms of impulsivity, hyperactivity, and inattention (Lee et al., 2022; Li et al., 2019).

Subtheme 5(b): Use Behavioural Strategies. It was described that engaging in *situation modification* by engaging in behaviours that they know will facilitate positive emotions and require an awareness of one’s emotional state and what behaviours will facilitate positive emotions (Gross, 1998; Bucich & MacCann, 2019; Roth et al., 2019). Modifying their environment to facilitate positive emotional experiences was also described by one participant as being an effective way to facilitate positive emotions. Some behaviours that can alter the emotional intensity of a situation include engaging in behaviours that have already resulted in positive emotions, interacting with animals, and achieving academically. Keat shared that he “would find things that make” (E7, 7) him happy and “continue to do them” (E7, 7), which is similar to Elsa, who said that she likes to “continue doing” (E6, 8) what made her “feel happy in the first place” (E6, 8). Jacob mentioned he likes “writing things on a page” (E5, 7) as a form of self-expression. In contrast to being creative, Matt described that sports make him “happier for longer” (E2, 10) and “doing well on a test too” (E2, 10). Debby said that she is “most happy” (E1, 10) around her “two pets” (E1, 10) and feels “incredible around them” (E1, 10).

Existing research has shown that the potential psychological impact of participating in sports can be an increase in confidence (English et al., 2022; Macniven et al., 2019; Peralta et al., 2018) and self-esteem (English et al., 2022; Peralta & Cinelli, 2016; Peralta et al., 2018; Skerrett et al., 2018). Regular exercise and activity can increase the number of times that individuals with ADHD experience an increased ability to focus, stay on task, and control their impulsivity (Amelia & Dumitru 2022). The positive effects of physical activity on psychological well-being might also be explained by technique learning and the opportunity that doing so might afford to socialise with peers (Kwon et al., 2022; Panday et al., 2023)

Subtheme 5(c): Use of Interpersonal Support. Utilising interpersonal support and approaching individuals who will facilitate positive emotions is known as *situation selection* in the form of social sharing and requires being aware of one's internal emotional state (Gross, 1998; Roth et al., 2019). Debby described the role of therapy in her life. She said that her mother always thought that she “needed somebody to talk to” (E1, 11) and that there was “nothing more comforting” (E1, 11) than the reassurance of her therapist. Trust was framed as being important to Debby as “ADHD people battle with trust” (E1, 11) and “having someone who won't break that trust is important” (E1, 11). Like Debby, Keat explained that he loves spending time with “friends and being around” (E7, 7) his family as it allows him to “feel love more” (E7, 7). Pharmacological interventions and psychotherapeutic interventions such as mindfulness-based therapies, music-based therapies and cognitive behavioural therapies can be useful in managing ADHD symptoms in adolescents who experience internalising problems such as feelings of anxiety and depression (Haugen et al., 2022; Park et al., 2023; Wiersma et al., 2022). Adolescence is a period of development when one's social environment is significant in determining brain development, the development of self-concept and mental health (Boele et al., 2019; Orben, 2020). Social relationships are

characterised by the strength and warmth of peer, parental, and romantic relationships (Boele et al., 2019).

Conclusion

Given that ADHD is a prevalent neurodevelopmental disorder, there has been research conducted on individuals of various ages diagnosed with the disorder. Despite the research done on ADHD, a research gap exists in exploring the emotional implications of ADHD. Most research focuses on externalising and behavioural problems. The existing research study aimed to address this gap by exploring how adolescents aged between 12 and 14 years experience emotional regulation. Given how diverse the South African population is, qualitative research conducted among the local population is of value for its ability to represent various lived experiences and contexts. Qualitative research conducted on ADHD is of value to the field of psychology because of its ability to improve insight into the emotional experiences of individuals with ADHD. Secondly, the direct narrative accounts were obtained by the researcher from participants belonging to various racial and gender groups. Research conducted on a diverse group of participants could demonstrate the need to consider different racial, gender and other contextual factors when developing theories related to ADHD and emotional regulation. Finally, the researcher conducted the research in an ethical, rigorous, and trustworthy way. The researcher's knowledge of ADHD and emotional regulation and ADHD was developed by analysing recent and rigorous academic literature to draw conclusions in a way that was academically sound and relevant. Intervention plans and policies can be developed to address both the emotional well-being of adolescents with ADHD in the classroom and familial settings. Adolescence is a psychologically critical stage of emotional development, and a strength of the study is that it explored the emotional experiences of individuals within a population group most likely to need emotional support.

Educational policies and intervention plans can be developed to allow adolescents with ADHD to access the specific emotional support that they might need.

Most existing research done on ADHD is quantitative in nature and explores the more externalising and behavioural symptoms of ADHD. Thus, this study addressed a research gap in the field of psychology as it explored qualitatively how young adolescents with ADHD experience emotional regulation. Given how diverse the South African population is, qualitative research conducted among the local population is of value for its ability to represent various lived experiences and contexts. Qualitative research conducted on ADHD is of value to the field of psychology because of its ability to improve insight into the emotional experiences of individuals with ADHD. Given that adolescence is a developmental phase generally characterised by emotional difficulties and dysregulation, it is significant to address the emotional experiences of a clinical adolescent sample to better understand the dynamic interaction between a developmentally sensitive period and neurodevelopmental disorder. This could enable researchers and clinicians to better understand emotional dysregulation and its repercussions in this group.

Limitations and Recommendations

The limitations identified in this study did not mitigate the value or strengths of the study. However, they could prove useful in guiding future research. The first limitation of the study is that it was only conducted on a small segment of the South African population from a specific region and socioeconomic circumstances who have access to the healthcare and educational context they were sourced from. Although the researcher focused on selecting as diversely as possible within the study setting, future research could further enhance the diversity of the narrative accounts obtained by sourcing participants from different regions and community or healthcare settings. Secondly, the existing study was a cross-sectional

study, which is a limitation as it does not provide insight into how the responses to the interview questions would change over time. Although the researcher tried to overcome this limitation by constructing interview questions about past experiences of the participants, future research could be longitudinal in nature and explore how the emotional regulation of adolescents with ADHD changes over time.

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SECTION 3

EMOTIONAL REGULATION IN ATTENTION-DEFICIT HYPERACTIVITY DISORDER: THE EXPERIENCES OF PARENTAL CAREGIVERS

Abstract

Attention-Deficit Hyperactivity Disorder is a neurodevelopmental disorder which may entail deficits in emotional regulation (Kretek et al., 2022). Little is known regarding the lived experiences of parental caregivers of young adolescents with ADHD and their perceptions of their children's emotional regulation strategies and abilities. Seven parental caregivers of young adolescents with an ADHD diagnosis were sourced from educational and healthcare settings in Durban, KwaZulu Natal. Data were collected using individual semi-structured interviews and analysed through the application of Interpretive Phenomenological Analysis (IPA). The themes include parental caregiver's perceptions of their child's emotional regulation and the perceived implications for their parenting. Caregivers described that ADHD symptoms, ADHD-related pharmacological treatments and the developmental stage of adolescence all impact the emotional regulation of adolescents, with some parents perceiving ADHD's impact as negligible. Findings further included parental reflections on the degree of independence with which their children engaged in emotional regulation strategies, the impact of ADHD on the family and broader social system, as well as parental coping strategies. As young adolescents could still rely on their parental caregivers to aid with emotional regulation, it is of value to consider and interpret these experiences to aid the understanding of the emotional difficulties associated with ADHD.

Keywords: ADHD, adolescence, emotional regulation, interpretive phenomenological analysis, lived experience, neurodevelopmental disorders, parenting

Background and Rationale

Existing research on attention-deficit hyperactivity disorder (ADHD) has predominantly focused on how ADHD impacts the person living with the disorder rather than their social systems. Caregivers of adolescents with ADHD may face stigma, financial instability, and social isolation due to its intensely time-demanding nature that may not allow caregivers enough time to have social contact (Dong et al., 2022; Lovell et al., 2015). Children with ADHD, as well as their siblings without ADHD, can have unfulfilled needs, and the relationship between them can be complicated by experiences of fear and anxiety, as well as disruptive behaviours (Nathwani et al., 2022; Peasgood et al., 2016). Furthermore, children without ADHD are perceived to be responsible for some of the caretaking of their siblings with ADHD (Chang & Gau, 2017). It has been suggested that adolescents with ADHD can have difficulty regulating both negative and positive emotions and that the quality of their relationships with parents and teachers can be impacted by such difficulties (Kretek et al., 2022).

Emotional regulation is the ability to alter and appraise one's emotional state and is measured across factors such as lability and the social appropriateness of affect (Silverman et al., 2022). Developmental outcomes can predict an individual's capacity to engage in emotional regulation and the strategies they select, implying that as children develop in other domains, so too does their ability to engage in more complex and purposeful emotional regulation (Cole et al. 2020). Emotional dysregulation can be recognised as aggression, anxiety, self-harm, and negative emotional states (e.g., an anxious or depressed emotional state) (Shaffer et al., 2023).

Emotional regulation difficulties in children with ADHD can impact the entire family system, with indicators for parental stress including factors such as maternal sensitivity, parental engagement, parental behaviours, marital/family aggression, and parental mental

health (Martin et al., 2019). ADHD's clinical presentation and associated social, emotional and scholastic challenges may influence parental caregivers' experience of the emotional regulation skills of their young adolescents (Ayano et al., 2020; Bhide et al., 2019).

Externally, the degree of support from and interaction with other social systems may also influence parental perceptions of regulation abilities (Martin et al., 2019). Protective factors like social support and an emotionally supportive family system can influence how parenting a young adolescent with ADHD is experienced (Mastoras et al., 2018).

A particular aspect of familial functioning that the clinical presentation of ADHD includes its specific impact on parenting (Condo et al., 2022; Montes & Montes, 2021; Ogg et al., 2022). Young adolescents' relationships with their parents and teachers can influence factors such as motivation, behaviour, and learning (Kristanto, 2023). Parental involvement refers to a parental caregiver's participation in school and home-based activities with their dependent and can have positive impacts on academic performance as it encompasses two-way, meaningful participation communication and engagement between parental caregivers and their children (Condo et al., 2022; Montes & Montes; 2021). Parental engagement and interaction refer to the amount of time that parental caregivers spend and interact with their children as well as the perceived levels of parental warmth and acceptance that is encompassed in these engagements (Mendo-Lázaro et al., 2019; Ogg et al., 2022; Wang et al., 2020). Parental behaviour can be external or internal, including modelling behaviour, guiding, reflecting on parental practices and parental affect regulation (Constantino et al., 2023; Ravi et al., 2023). Parenting styles are observable behaviours and practices that parents demonstrate to socialise their children and have varying levels of warmth, responsiveness, and demandingness (Kuppens & Ceulemans, 2019). A recent study found that authoritarian parenting, permissive parenting, and authoritative parenting do not mediate anxiety symptoms in adolescents and children with ADHD (Meyer et al., 2022). Parental

overprotection was, however, found to be significantly associated with symptoms of anxiety in young adolescents with ADHD (Meyer et al., 2022).

The socio-ecological theory (Bronfenbrenner, 1994) can be a useful theoretical framework for understanding the impact of living without ADHD on various social systems, familial functioning, and parenting as the specific experience of emotional regulation that adolescents with ADHD could potentially be seen in all of the social systems. *Microsystems* represent the most immediate social systems and interactions and include family and peer systems that become increasingly more complex as they interact with other social systems (Akoto et al., 2022; Bronfenbrenner, 1994; Cala & Soriano, 2014). Some interactions within a family *microsystem* include the interaction between dependents in the family, interactions between caregivers within the same family system and interactions between dependents and their parental caregivers (Bronfenbrenner, 1994) and emotional dysregulation might impact sibling relationships. *Mesosystems* represent an interaction between two *microsystems* that the dependent is a part of and can include the interaction between home and school, which might encompass interactions between teachers and parents in the case of emotional or academic difficulties (Bronfenbrenner, 1994; Cala & Soriano, 2014). *Exosystems* are similar to *mesosystems* in that they represent the interaction between more than one *microsystem*, but the dependent is not part of the interacting systems, and the impact of *exosystems* on an individual is indirect in nature (Akoto et al., 2022; Bronfenbrenner, 1994; Cala & Soriano, 2014). An example of an *exosystem* can include the interaction between a dependent's household and their parental caregiver's place of work (Bronfenbrenner, 1994) and parents whose children experience emotional dysregulation might worry about their child whilst at work. A *macrosystem* encompasses *microsystems*, *mesosystems* and *exosystems* and represents their characteristics, including the resources, knowledge, and lifestyles of these social systems (Bronfenbrenner, 1994). Examples of *macrosystems* include religious systems,

cultural beliefs, and legal systems (Bronfenbrenner, 1994; Cala & Soriano, 2014) which might prove to be a source of social support for parents whose children experience emotional dysregulation. *Chronosystems* encompass changes in social systems and family structure over time (Bronfenbrenner, 1994) and include changes due to death, divorce, changing schools or going to university which could impact the emotional functioning of a family unit.

Young adolescents' emotional support needs, coupled with the additional potential impact of ADHD on their emotional regulation and familial functioning, warrant further exploration of the experiences of caregivers of young adolescents with ADHD. Currently, a research gap exists regarding the qualitative exploration of how the parental caregivers of young adolescents with ADHD perceive their dependents' emotional regulation abilities and the impact of ADHD on their emotional functioning.

Research Questions, Aim and Objective

This study's research objective was to explore how the parental caregivers of young South African adolescents with ADHD perceive their adolescent's emotional regulation. The research questions related to this objective were:

- How do the parental caregivers of young South African adolescents living with ADHD experience their adolescent's emotional regulation in the context of the diagnosis?
- How do parental caregivers perceive the emotional regulation strategies of their young adolescents with ADHD and the impact thereof?

Methodology

Research Design and Approach

This qualitative study utilised a socio-constructivist design (Peterson, 2019), namely interpretive phenomenological analysis (IPA) (Smith, 2004), to obtain the qualitative accounts needed to answer the research questions outlined above. Interpretive multi-case phenomenological analysis interprets the meaning-making processes and events of the individual participants that could reveal broader themes (Errasti-Ibarrondo et al., 2018). It allows for interrogative analyses of narrative descriptions obtained through semi-structured interviews (Smith, 2004).

Participants and Sampling

Non-probability quota and purposive sampling strategies recruit participants based on their adherence to specific characteristics (Campbell et al., 2020). Parental caregivers of young adolescents living with ADHD who had consented to their child's participation in the study presented in Section 2 also provided informed consent for their own participation. These participant pairs were sourced from a short-term semi-remedial school or private healthcare practice. To qualify for inclusion in this study, parental participants living in the same house as their adolescent dependent with ADHD were considered. All parental and adolescent participants had to state they would be comfortable to participate in the interview in English.

Data Collection

Phenomenological research aims to produce subjective statements instead of objective statements (Smith, 2004). Collecting the narrative data needed to answer the research question required recorded individual interviews (Smith, 2004). In-person or online semi-structured interviews were conducted with the parental caregivers of the adolescent participants living with ADHD (described in Section 2). These interviews were conducted in a private venue at their children's school or the healthcare professional's office, depending on

where the participants were sourced from. The interviews lasted between 20 and 40 minutes, during which the researcher first briefed the parental participants, asked general opening questions, used follow-up funnelling questions to explore the research objectives and debriefed them individually. Afterwards, each participant had an opportunity to reflect on their responses. The interviews were transcribed for further analysis (see Appendix F). Data saturation was reached when themes repeated and the objective was fully explored.

Data Extraction and Analysis

Interpretive phenomenological analysis (IPA) as a type of thematic analysis (Larkin et al., 2019) was used in the study. In IPA, coding and developing themes is done by extracting the important aspects of the first-hand accounts that the participants provide (Larkin et al., 2019; Nel, 2011; Nel & Fouché, 2017; Smith, 2004). Phenomenology aims to understand the lived experiences of individuals of a phenomenon to ascertain their meaning-making processes (Qutoshi, 2018) and, therefore, does not aim to produce objective statements (Smith, 1995). Interpretive phenomenological analysis requires researchers to acknowledge pre-existing biases and be familiar with the phenomenological data they collect (Guillan, 2019; Larkin et al., 2019; Miller et al., 2018). For a description of IPA, see Appendix H.

Trustworthiness and Rigour

Trustworthiness refers to the systematic rigour of a qualitative study and can be enhanced by the depth of literature engaged in and the appropriate positioning of an argument existing theory (Rose & Johnson, 2020). The choice of utilising a socio-constructive paradigm is appropriate given the qualitative nature of the research objective outlined as it perceives experiences to be subject and socially constructed. Trustworthiness refers to the attribute of qualitative research to make accurate inferences, utilise an appropriate research design, and refer to credible existing research (Rose & Johnson, 2020). The research proposal underwent critical review by the university's psychology department. Moreover, the researcher provided

the opportunity for participants to ask any questions they might have and to clarify any responses when necessary. Utilising a phenomenological method addressed the research question, given that it explored how a small population experiences a unique phenomenon. The researcher's reading of numerous existing studies assisted in an understanding of both ADHD and emotional regulation as concepts. Reviewing and referencing existing literature is a means to ensure the appropriate theoretical positioning of a qualitative study (Rose & Johnson, 2020). To ensure that the study was presented coherently and concisely, the manuscript was edited by a professional language editor.

Rigour refers to the transferability and replicability of the inferences made (Rose & Johnson, 2020). To ensure rigour, the researcher was reflexive by outlining any biases that they might have and demonstrating a critical awareness of their surroundings, situations, and contexts (Rostron, 2023), a strategy carefully followed in this study. Procedural rigour (Daniel, 2019) was ensured by the researcher accurately adhering to the outlined methodology and procedures.

Ethical Considerations

Certain ethical considerations were adhered to in the methodological procedure and analysis. The study adhered to two ethical research considerations: procedural and practical (Paradis & Varpio, 2018). Factors such as informed consent, anonymity, respect for the participants and emotional sensitivity (Knott et al., 2022) were respected by the researcher. The researcher did not disclose the participants' names or any other identifying information, using pseudonyms in the data capturing. Moreover, the participants gave informed consent to participate in the research study (see Appendix D).

Procedural ethics is the formal process of applying for and being granted institutional ethical approval (Paradis & Varpio, 2018). Before the proposed study commenced, the researcher received ethical approval from The University of the Free State (see Appendix A).

In contrast, practical ethics refers to making ethical decisions during the process (Paradis & Varpio, 2018). Confidentiality, anonymity, the distribution of psychoeducational resources, honesty, and respect for the participants are ways to ensure that a study is practically ethical (Morina, 2020). Thus, the researcher took this into account. The participants were fully briefed on the research objectives of the study beforehand. The contact details of SADAG were provided in the unlikely event that the participants experienced any emotional distress from participating in the research. Providing an external psychological resource was appropriate given that the participants might not have access to the psychological resources offered by their adolescent's school. Honesty throughout the research process (Paradis & Varpio, 2018) was demonstrated by the researcher fully explaining the research objective and directly quoting the participants in the analysis. Respect for the participants (Paradis & Varpio, 2018) was demonstrated by the researcher thanking them for their time and reminding them that they could retract their contribution to the study without any repercussions.

Researchers are important tools in collecting phenomenological data and in the process of conducting interviews and focus groups (Qutoshi, 2018). Therefore, the researcher had to demonstrate reflexivity to address any existing prejudices that might have impeded the research or interview process. Personal reflexivity requires clearly stating conscious and unconscious expectations, assumptions, and relations to both the research participants and contexts (Olmos-Vega et al., 2022) (see Appendix G for a summary of the reflexivity process).

Results and Discussion

This section presents the results related to extracted themes by presenting the findings of the within-case analysis. This entails individual case studies based on the prevalent ideas, attitudes, and experiences from the interviews. The results from a cross-case analysis are also presented, and the similarities and differences between cases regarding the themes and

subthemes coded during the within-case analysis are discussed. Moreover, this discussion presents a further interpretation of the findings using existing literature and applying the lens of Bronfenbrenner's ecological systems theory (1994).

Within-case Analysis

Within-case analysis in this study comprised both first-order and second-order analyses (Love et al., 2020; Nel, 2011; Smith, 1995). In the within-case analysis, each participant was treated as a unit of analysis, allowing the researcher to outline each participant's context, reflections and meaning-making processes (Pietkiewicz & Smith, 2014). To conduct first-order within-case analysis, the researcher re-read the interview transcripts (see Appendix F), creating notes and thematic codes and conducting cumulative coding. These were clustered into themes related to how the participants experienced the emotional regulation of their dependents, as well as their perceptions regarding the implications for parenting (substantiated by most relevant interview quotes in Table 3). In the following section, the participants are introduced in the form of individual cases in which fuller descriptions of their experiences related to the themes are provided. These were, in turn, used as the basis for the second-order analysis, which focused on identifying subthemes to enable an analysis of contrasting and similar experiences across the seven cases.

Table 3*Summary of Themes with Associated Quotes*

Case	Themes	Associated Quotes [most representative]
Ronda	1. Parental Caregiver's Perceptions of Their Child's Emotional Regulation	<p>"My child can't manage her emotions basically (chuckles). It becomes quite trying as a parent" (F1, 2).</p> <p>"She is trying not to be so anxious. She used to have a fear of going to school" (F1, 8).</p> <p>"You almost have to take them from there (raises her hand to indicate a peak) to here (drops her hand to indicate a descent or trough) to regulate it and remember their hormones are all over the place at that age as well" (F1, 2).</p> <p>"She goes to see a psychologist, and she sees a psychiatrist for her medication" (F1, 5).</p> <p>"At one point, I was telling her that she was the one who was breaking our family apart" (F1, 10).</p> <p>"Beside her impulsivity, her anxiety plays a role too" (F1, 10).</p> <p>"[she] would be absolutely fine in ten minutes. It's pound, pound, pound, not physically, and then almost instantly forgotten" (F1, 8).</p> <p>"...she has been very anxious. She used to suffer with dermatillomania" (F1, 6).</p> <p>"She uses play therapy as a coping strategy. We've changed her medication. The medication that she is on now seems to be good for her. She does sport, which is good for her. She also plays the piano" (F1,7)</p>
	2. The Perceived Implications of ADHD for Their Parenting	<p>"What I try to do with regards to school is to encourage her to build relationships with her teachers to give her affirmation. I try to fill that gap..... They almost have to help me manage her during the school day, which is ninety percent of her day (F1, 11)".</p> <p>"...I have to be very strict. When I wasn't as strict as I am now, things were just slipping and sliding. I would try to get on her level and negotiate. When I make decisions now, that's it. You cannot change my mind. It goes back to impulsivity and anxiety.....Now, I say no five thousand times" (F1, 9).</p> <p>"It creates anxiety for me as a parent. If I'm sitting here doing this interview now, and someone says that she's sick and needs to be picked up, what can I do? My mind's thinking my child's sick, she's messaged saying that she can't cope..... They're more accessible to you, and there aren't any boundaries" (F1, 11).</p>
Sally	1. Parental Caregiver's Perceptions of Their Child's Emotional Regulation	<p>"I don't know, to be honest. He's always been ADHD... It's always been part and parcel of who he is" (F2, 3).</p> <p>"He's impulsive. That's an issue. He's also anxious. Those are two things that jump out" (F2, 3).</p> <p>"He's quite resilient" (F2, 9).</p> <p>"He does battle with anxiety. He gets himself in a bit of a spin. That would be the biggest thing that he struggles with" (F2, 7).</p> <p>"He's generally a loving and happy child" (F2, 11).</p> <p>"He doesn't lash out or anything like that. I've seen other kids who can't control their temper or reign themselves in..." (F2, 2).</p> <p>"He just sort of pushes through. He generally doesn't do well in his tests. Maybe he's not coping all too well" (F2, 8).</p>
	2. The Perceived Implications of ADHD for Their Parenting	<p>"I mean, if you just start screaming at him randomly, which is never great parenting anyway, you're not going to win.... You need to know that you're going to say it more than once. It's not going to be something that you do once-off" (F2, 13).</p>

Case	Themes	Associated Quotes [most representative]
Hannah	1. Parental Caregiver's Perceptions of their Child's Emotional Regulation	<p>"My son experiences a lot of anxiety, and we're still trying to unpack that and what it means for him. In terms of my son's emotions, there are peaks and troughs. When he's happy, he can be extremely happy. Uncontrollably happy... He's usually a steady person, but if he gets angry, that can be very quick. It's that flooding that makes it hard for him to process his emotions" (F3, 2).</p> <p>"He struggles to regulate them. He struggles to regulate. He's either feeling very high or very low emotionally... He's not always aware of how, what he is feeling or doing can impact the people around him" (F3, 3).</p> <p>"Feelings of anger and frustration are hard for him to deal with" (F3, 7).</p> <p>"I think that his anxiety completely threw me. His outlook is generally positive. He's generally a happy guy. I would say that he's easy-going..." (F3, 10).</p> <p>"Now, as a teenager, he's become more difficult to control... I think that what we are learning and unpacking is that because my son has been on Ritalin for so long, he hasn't learned how to control his ADHD. He's always relied on medication to do it" (F3, 5).</p> <p>"I just want it to be less stressful for him. What we found is that Ritalin impacts his anxiety" (F3, 6).</p> <p>"It varies. He can flip quickly. He can get to a calm state, kick a ball, or do something outside. He almost must get what's inside of him out..." (F3, 9).</p> <p>"He's anxious. His anxiety came to the fore during his exams. He was getting so anxious that he wasn't always able to finish his exams. What his anxiety does is impact how he can manage his emotions... In the past year, his anxiety has come to impact him, and I'm still learning about that" (F3, 4).</p> <p>"He's always been able to do things to keep himself content" (F3, 11).</p>
	2. The Perceived Implications of ADHD for Their Parenting	<p>"I spend lots of time trying to find ways to help them cope better. It's probably a natural inclination of mine to learn, but I'm constantly trying to learn new things... I'm always reading and researching. I try to apply the things I learn into the management of my boys" (F3, 13).</p> <p>"You want to help them to cope and fit in... I've coped by learning to accept that it's okay for the boys to be different" (F3, 14).</p> <p>"It's made me aware of external society and things like that. I can see how differently I parent my children compared to the members of my husband's family... (F3, 13).</p> <p>"I have realised that I've got to give him time. He's flooded and needs to process things. If you give him time, it's easier to speak to him" (F3, 8).</p> <p>"When he comes to you, you need to pay attention to him. He likes me to do things for him that he could do on his own when I'm not there. Me doing things for him is his love language" (F3, 11).</p>
Nelly	1. Parental Caregiver's Perceptions of Their child's Emotional Regulation	<p>"[ADHD] impacts everything to do with his emotions" (F4, 3).</p> <p>"Now, he is at an age where we can talk about things a bit more. He can verbalise how he is feeling" (F4, 3).</p> <p>"When he spirals, he battles to regulate himself and verbalise how he is feeling in that moment" (F4, 2).</p> <p>"When he is upset, he bottles things up instead of talking to us and explodes. The whole house erupts. Now that he's a teenager, his hormones are coming through. It's difficult to know what is normal, what's normal for a teenager and what's normal for a teenager with ADHD. It's a bit of a juggling act for us to know what is normal now (F4, 7).</p> <p>"He's a boy and can let things go quickly... I would say that it probably takes him about an hour to two hours if he is at home. If he's at school, he will come to me in the afternoon and harp on and on about it" (F4, 8).</p> <p>"He doesn't hold onto positive emotions. I think that is why he tends to seek them" (F4, 10).</p>

Case	Themes	Associated Quotes [most representative]
	2. The Perceived Implications of ADHD for Their Parenting	<p>“It’s been a journey. He’s at an age where he understands more. He can tell us if he’s upset or doesn’t feel like taking his medication. If he doesn’t take his medication, I can tell that he’s had a different day” (F4, 13).</p> <p>“Yes. I am always on tenterhooks to make sure that there isn’t an explosion in the house...” (F4, 12).</p> <p>“It’s a downward spiral of negativity. We try to get him out of the spiral. Otherwise, there are tears, temper tantrums, and he will lock himself in his bedroom. We have to talk to him about it. I will often be the mediator...” (F4, 8).</p> <p>“I had to do extra research and course to equip myself as a parent to best help him to deal with this disorder better...” (F4, 3).</p> <p>“I feel positive about it. I’ve done extra courses to educate myself. If I didn’t get this extra information, I’m sure that I would get frustrated” (F4, 13).</p> <p>“There is a lovely lady at his school who is his psychologist. When my son was younger, he was picked on in class. We did send him to her for one or two sessions so that he could learn how to deal with those children” (F4, 6).</p> <p>“I would say that it’s controlled well. He’s well supported....It’s like a trifecta. His parents, school, and he work together. He’s also medicated” (F4, 4).</p>
Tara	<p>1. Parental Caregiver’s Perceptions of Their Child’s Emotional regulation</p> <p>2. The Perceived Implications of ADHD For Their Parenting</p>	<p>“Well, he’s sensitive” (F5, 2).</p> <p>“He’s a teen now, and he can control it. He can control it in public situations, but at home, he can quite easily get overwhelmed and will cry...” (F5, 2).</p> <p>“Conflict. He struggles with conflict... He’s probably an empath. He picks up on tone and mood quickly” (F5, 7).</p> <p>“When he gets very upset, he sometimes needs the whole day to recover” (F5, 8).</p> <p>“Well, I’m not entirely sure how it impacts on his emotions, but he does have auditory processing disorder... He didn’t understand us and would get very cross and weepy. He couldn’t communicate with us, and that frustrated him. I’m sure that ADHD makes it worse” (F5, 4).</p> <p>“He’s a comfort eater, which is a bit of a problem... He doesn’t play any sport. He zones out a lot. He’ll play video games a lot” (F5, 7).</p> <p>“I don’t often think of him as having ADHD. I’ve just learnt that it’s how he is...” (F5, 12).</p> <p>“Most nights, he sleeps in my bed... It doesn’t bother me... He’s anxious about something, he needs the reassurance, this makes him happy, and that’s fine” (F5, 9).</p> <p>“If he gets 52%, I will say that’s outstanding, I’m very proud of you... I just want him to do his best and be proud of his work” (F5, 5).</p> <p>“I’ve learnt to use humour and wordplay. I will make jokes because he responds to that, and we’ll have our own inside jokes. That helps him to feel a connection with me. I will send him little memes and jokes on WhatsApp... Often, a text message is helpful. I can tell him what I want to say, and he can’t shut me down” (F5, 11).</p> <p>“I try to get interactive with him, and he likes that” (F5, 8).</p> <p>“If I get annoyed at him, he gets very loving. He wants reassurance...” (F5, 3).</p> <p>“It doesn’t bother me that much. I must micro-manage him, but that’s fine. I don’t mind” (F5, 12).</p> <p>“There are different rules for my children...” (F5, 10).</p>
Brenda	1. Parental Caregiver’s Perceptions of Their Child’s Emotional Regulation	<p>“She has good days and bad days. When she is having a good day, it’s like she’s on a super high. When she’s having a bad day, she gets very tired and withdrawn... She can become very moody and ratty” (F6, 2).</p> <p>“There is frustration when she doesn’t understand something due to drifting off... She gets anxious very quickly” (F6, 3).</p> <p>“Getting good marks and doing good deeds. She loves doing good deeds” (F6,10).</p>

Case	Themes	Associated Quotes [most representative]
	2. The Perceived Implications of ADHD for Their Parenting	<p>“She did battle when she lost her dad and gran during COVID. They were very close... Emotionally, her death shook her... She seems to be doing better now” (F6, 4).</p> <p>“She panics. She doesn’t have a coping mechanism. I have been looking for an educational psychologist in the area to teach her coping strategies... One thing that I have noticed is that she plans for her projects and starts her projects as soon as she can because she is so scared of being anxious” (F6, 8).</p> <p>“She’s always been an introvert. I couldn’t even get her to go to the shops. This year, she flies. She wants to go everywhere to visit my aunties, and she’s really come out of her shell. She loves being around friends and family. Before, I couldn’t even get her out of her pyjamas. This year she’s flourished” (F6, 11).</p> <p>“I must nag her a lot” (F6, 13).</p> <p>“We don’t have tools, but we do spend a lot of time together. We have a ritual. I make her coffee every morning and greet her. That’s when she opens her eyes. Every afternoon, she makes me a cup of tea, and we don’t do anything else.....” (F6, 12).</p> <p>“Yeah. For the most part, she’s an easy child to parent. I just can’t give her more than three instructions. She has no concept of time management....” (F6, 13).</p> <p>“Yes. It worries me. I’m a single parent. I must worry about her all of the time. If she’s not talking to me, I often question myself.....” (F6, 12).</p> <p>“If I don’t get it out of her, it will never get processed. I saw after she got her report after the first term that she was very down. Eventually, during the holidays, I got it out of her. She just had a cry with me for a few minutes, and it felt like an elephant had been lifted off her shoulders...I was starting to wonder if she was being bullied at school. She can’t cope with her drifting” (F6, 9).</p>
Ava	<p>1. Parental Caregiver’s Perceptions of their Child’s Emotional Regulation</p> <p>2. The Perceived Implications of ADHD for Their Parenting</p>	<p>“It’s both negative and positive. Everything is just heightened. He’s either excited or down. When he takes his medication, he kind of just flatlines” (F7, 2).</p> <p>“He doesn’t think about his emotions in a normal way. A normal person would think that their friend has to go home, these things happen, and everything is okay. My son internalises a lot of things.....” (F7, 3).</p> <p>“He doesn’t tend to hold grudges. If he understands the reason for something happening, he’ll understand things.... Talking and finding someone to help him through can turn a bad situation around for my child. It doesn’t matter if the person says sorry or not. His dad didn’t say sorry to him. If the conversations about the negative situation are kept positive, he’ll generally be fine” (F7, 9).</p> <p>When my child feels down, he prays, reads the Bible, or goes to church. Religion has helped him to set his moral standards...” (F7, 11).</p> <p>“He did keep a journal for a while. He got frustrated because his handwriting was not good. Sports is a good tool...” (F7, 11).</p> <p>“As a mom and a single parent, if my child had a bad day, I don’t know what happened. He will be emotional and sad. It’s not just me that he’s impacting... Everything we did was managing my son and ensure that he could function like a normal person. That become frustrating, draining, and sad for my daughter. He’s my son, I love him with all my heart, but it was difficult. When you have two children, you want to give them equal attention” (F7, 12).</p> <p>“There must be a process of communicating with someone. I’ll normally have to take him outside and have a conversation with him...” (F7, 9).</p> <p>“I can’t be there for him 24/7. It’s impossible for any parent to be. I had to give him something else to rely on. For us, it was religion” (F7, 11).</p> <p>“As a mom, you never want your child to be in an environment where they could be judged... they would call him names like stupid... One of things that I have read that is helpful is to focus on the positives. It is so important.....” (F7, 6).</p>

Case	Themes	Associated Quotes [most representative]
		<p data-bbox="618 237 2051 325">“His day is full of things that happen to him. By speaking to him, I can help him determine what was right and wrong... Talking helps me to understand him. I didn’t want to be that parent that dictated to him and told to do this or that. He wasn’t going to be that child. I would give him a place to explain his behaviour” (F7, 6).</p> <p data-bbox="618 331 2074 448">“The control depends on how my child is feeling and varies. Everything that my child needs is available to them and is there, but varies. It’s like having diabetes. Right now, my son has all of the medication for his ADHD that he needs. He understands the pros and cons of medication. He has every tool under the sun. He has a life coach and a therapist living with ADHD... ADHD is something that has to be continuously controlled.....” (F7, 5).</p>

Ronda's Case

Ronda's daughter, Debby (aged 14 years), her younger son and her husband have been diagnosed with ADHD. Debby is in Grade 7 in a mainstream school. Ronda reflected on feeling comfortable during the interview and considered her answers truthful. Ronda summarised her perspective as follows: "Being a teenager is difficult. Having ADHD makes it worse" (F1, 14). In general, Ronda felt that as children with ADHD "mature, things tend to get easier" (F1, 14). In her interview, Ronda spoke about how she perceives Debby's emotional regulation and how this has impacted their family and her parenting.

Theme 1: Parental Caregiver's Perceptions of their Child's Emotional Regulation.

Ronda mentioned that, in general, Debby finds emotional control difficult: "My child can't manage her emotions basically (chuckles). It becomes quite trying as a parent" (F1, 2). Ronda added, "I don't know whether it's an ADHD thing or a thing to do with adolescence" (F1, 3). Ronda commented on the difficulty differentiating between ADHD-related emotional dysregulation and the developmentally expected emotional lability associated and found it difficult to know if Debby's affective problems are experienced by "every teenager" (E1, 3) or just her child "who has ADHD" (E1, 3). Ronda acknowledges adolescents' frustration when they do not understand why rules and interpersonal boundaries should be put in place. She has noticed that the parents she meets at her daughter's school tell her they are "going through the same thing" (F1, 3).

She attributed Debby's experience of emotional distress to problems related to impulsivity and struggling with boundaries. Ronda further attributed some of the conflicts in their family to these difficulties. In addition, she perceives school to be both a source of pride and anxiety for Debby: "Doing well at school is a positive thing for her. Being recognised in the classroom by her peers and teachers. She is trying not to be so anxious. She used to have a fear of going to school" (F1, 8). Ronda reported that Debby's ADHD is generally well

managed with a combination of therapeutic and pharmacological treatments. Ronda stated, "...I think that it's managed quite well in terms of medication from Mondays to Fridays. During the weekends, she is fine" (F1, 4), and added that Debby sees a psychologist and is on an antidepressant in conjunction with Ritalin.

Ronda has noticed that Debby has some independent strategies to regulate her emotions. Debby "does sports which is good for her" (E1, 7) and "she also plays the piano" (E1, 7). Ronda has noticed instances when Debby can regulate her emotions quickly and, when upset, can be "absolutely fine in ten minutes" (E1, 8).

Theme 2: The Perceived Implications for their Parenting. Ronda described that her child's ADHD has impacted her parenting behaviour, engagement, and her interaction with Debby. Ronda reflected on how she has adapted her parenting style: "When I wasn't as strict as I am now, things were just slipping and sliding" (F1, 9). Ronda herself intervenes to help Debby manage her emotions. Ronda expressed: "You almost have to take them from there (raises her hand to indicate a peak) to here (drops her hand) to regulate it" (F1, 2). Ronda sees her role as a parental caregiver as ensuring that Debby understands interpersonal boundaries, encouraging Debby to think about "risks and danger" (F1, 6), and grounding Debby's emotions "to normal" (F1, 2). Upon reflection, Ronda has had to become "very strict" (E1, 9) and "make decisions" (E1, 9) for Debby during times of frustration or emotional distress. Ronda commented that Debby remains in frequent contact with her at school, stating, "There is no boundary between you and your child during the school day...which creates anxiety" (F1, 11) for Ronda as a parent. She mentioned that Debby's ADHD also increases arguments between the members of her family. Ronda said that at one point, she told Debby that she was breaking their "family apart" (F1, 10) and that "everyone just starts bickering" (F1, 10) if Debby "doesn't get the answer she wants" (F1, 10).

For her, parenting Debby academically also entails encouraging communication with Debby's teacher:

What I try to do with regard to school is to encourage her to build relationships with her teachers to give her affirmation. I try to fill that gap. I will explain to them [the teachers] that she has ADHD, she's sensitive, anxious, and impulsive. (F1, 11)

During this part of the interview, Ronda also outlined the role of the school system: "They almost have to help me manage her during the school day, which is ninety per cent of her day" (F1, 11).

Ronda mentioned finding psychoeducational resources online useful: "Reading books about how to bring up teenagers is interesting. There are a lot of TikToks about ADHD... I've noticed a difference this year. Last year was horrible" (F1, 13). Ronda also mentioned she seeks therapy herself when she is emotionally overwhelmed: "I cope by going to therapy as well if I'm in a crisis and don't know what to do" (F1, 13).

Sally's Case

Sally's son, Matt (13 years old), was diagnosed with ADHD as a young child. Sally reflected that the interview "was completely easy" (F2, 14) and that she is "used to having conversations like this... to being open and transparent" (F2, 14). Sally's overall perception was: "Things have gotten easier as he's matured. He's much more self-aware, which is helpful" (F2, 14). In the interview, Sally spoke about how she perceives Matt's emotions and the strategies that Sally has noticed Matt use to regulate his emotions. She also discussed the impact of his ADHD on her parenting.

Theme 1: Parental Caregiver's Perceptions of their Child's Emotional Regulation.

Sally commented on the fact that Matt is "quite resilient" (F2, 9) and "generally a loving and happy child" (F2, 10). Sally commented that having ADHD is "part and parcel of who he is" (F2, 3), which makes it difficult for her to discern what its impact on his emotional regulation

has been. Sally noted that Matt manages anger quite well, as he does not “lash out or anything like that” (F2, 2) like “other kids who can't control their temper” (F2, 2). However, Sally attributed his anxiety to ADHD-related challenges. According to her, it is “probably tests” (F2, 7) that elicit anxiety in Matt. Sally said Matt can “get himself in a bit of a spin” (F2, 7).

Sally mentioned that Matt is “literally on medication, and that's it” (F2, 6) and does not utilise psychological treatments to manage his ADHD. Sally mentioned that when Matt is on the right dosage of medication, his ADHD is well controlled. Sally did not outline a particular strategy or coping mechanism Matt uses. According to her, Matt “just sort of pushes through” (F2, 8) and is able to regulate his emotions quickly.

Theme 2: The Perceived Implications for their Parenting. Sally mentioned that she does not find that Matt's living with ADHD has impacted his familial system in a significant way. She did, however, describe how it has influenced her parenting. She noticed that being patient with him and controlling her own emotions is important: “I mean, if you just start screaming at him randomly, which is never great parenting anyway, you're not going to win” (F2, 13). Sally noticed that when she raises that, she screams at Matt: “He'll probably respond by saying what [she] want[s], but he won't absorb anything that [she has] said at all” (F2, 13). Sally explained that when engaging with Matt and disciplining him, she has to engage repetitively and has to behave in a way that is “quite measured to reinforce what [she] want[s] him to do” (F2, 13). Sally already has the expectation of knowing that when giving an instruction, she is “going to say it more than once” (F2, 13), adding, “it's not going to be something that you do once-off” (F2, 13). When asked, Sally agreed that she contributes to Matt's emotional well-being by providing him with “a lot of affirmation and positive reinforcement” (F2, 13).

Hannah's Case

Hannah is the mother of David, a fourteen-year-old male, as well as two other sons. Her youngest has autism spectrum disorder. All three of her sons have ADHD, and so does her husband. David was diagnosed at the age of six. Hannah summarised her experience of parenting David by stating, “It is very easy as a parent to get sucked in and be a part of their emotional rollercoaster. It is difficult to calm down and step away...It’s a journey...we are still learning every day” (F3, 15). Hannah added in her reflection that “[p]arenting is about growing, developing, and making mistakes along the way” (F3, 15). She stated that “hearing the lived experiences of other people can be a source of support because you come to appreciate that you are going through similar things as other people” (F3, 15). Hannah mentioned that she “can't imagine what life would look like if he didn't have ADHD” (F3, 12) and has learnt to accept that “it's okay for the boys to be different” (F3, 14). During her interview, Hannah spoke about her dependent’s emotions, how she perceives his ADHD and how her parenting strategies and their family life have been affected.

Theme 1: Parental Caregiver’s Perceptions of their Child’s Emotional Regulation.

Hannah reflected upon the fact that David is “generally a happy guy (F3, 10) and “easy-going” (F3, 10). Anxiety was, however, identified as problematic: “My son experiences a lot of anxiety, and we’re still trying to unpack that and what it means for him” (F3, 2).

Additionally, she acknowledged David’s difficulties with emotional regulation:

He struggles to regulate. He’s either feeling very high or very low emotionally. There is no middle emotional ground that you and I will experience... He’s not always aware of how, what he is feeling or doing can impact the people around him. (F3, 3)

Hannah noted David’s emotional intensity:

When he's happy, he can be extremely happy. Uncontrollably happy... Anger similarly can be escalated. He's usually a steady person, but if he gets angry, that can be very quick. It's that flooding that makes it hard for him to process his emotions. (F3, 2)

Later in the interview, she highlighted "anger is a big one" (F3, 7), elaborating, "He doesn't necessarily know how to deal with that. That would be the biggest thing that struggles with. Feelings of anger and frustration are hard for him to deal with" (F3, 7). Hannah reflected on the additional demands of her son's developmental stage:

I think that his ADHD was probably easier to control when he was younger. It was easier to control him. It was easier to discipline him and say this is when you're going to sleep and eat... Now, as a teenager, he's become more difficult to control... (F3, 5)

Hannah mentioned that David manages his ADHD through psychological and pharmacological interventions. She noted that educational psychologists intervened to make tests "less stressful for him" (F3, 6). Hannah reported that David's medication has had to be adjusted as "Ritalin impacts his anxiety" (F3, 6). Hannah reflected that David "has been on Ritalin so long, he hasn't learnt how to control his ADHD" (F3, 5) as he has "always relied on medication to do it" (F3, 5).

Hannah identified David's own emotional regulation strategies, noting that David is "not demanding" (F3, 11) and has "always been able to do things to keep himself content" (F3, 11). She noted that he enjoys doing "something that he likes, like watching soccer" (F3, 11) and spending time with their pets. Hannah also noted that David "loves music" (F3, 11) and uses it to regulate his emotions. Generally, David can "get in a calm state" (F3, 9) and "flip quickly" (F3, 9) when upset if he can "get what's inside him out" (F3, 9) as he does not tend to "hold onto emotions or hold onto anger" (F3, 9).

Theme 2: The Perceived Implications for Their Parenting. Hannah stated that her parental behaviour centres around obtaining psychoeducation and reflecting upon her approach. Hannah shared:

I spend lots of time trying to find ways to help them cope better. It's probably a natural inclination of mine to learn, but I'm constantly trying to learn new things. I follow this magazine called ADDitude. It's a magazine about ADHD. I'm always reading and researching. I try to apply the things I learn to the management of my boys. (F3, 13)

Hannah described having learnt when to give David time to regulate his emotions independently and when to spend time with him: "I've realised that I've got to give him some time. He's flooded and needs to process things" (F3, 8). However, she sometimes needs to "talk him down or give him some time out" (F3, 8). When reflecting upon her behaviour as a parent, she realises that she does things to "help [her children] to cope and fit in" (F3, 13) and accepts that it is "okay for the boys to be different" (F3, 14). Hannah behaves in a mindful and reflective way by thinking about her parenting style. Hannah mentioned:

You grow and develop as an individual. It's made me aware of external society and things like that. I can see how differently I parent my children compared to the members of my husband's family. Their children don't have ADHD. I had to be a helicopter and always be there for them when they were young. I don't think that it's something that I should have done as much as I did. I should have done it to a certain extent but pull away too. (F3, 13)

Hannah emphasised the importance of engaging with David: "When he comes to you, you need to pay attention to him" (F3, 11).

Hannah noticed that in addition to impacting her parental behaviour and the nature of her interaction with David, David's ADHD has impacted the family environment: "Some of his outbursts can impact the general mood and feel" (F3, 12) of their home as "even his happy outbursts can be crazy" (F3, 12). There are times when "all of his emotions need to be

managed” (F3, 12), as well as his interactions with siblings: “He's got no tolerance for his middle brother, but when it comes to his youngest brother, he is “gentle, loving and patient” (F3, 7). Hannah added that David has a “very low tolerance for his father, who has also got ADHD” (F3, 7).

Hannah's husband's ADHD “was never diagnosed and treated” (F3, 13), and she does not want the same thing to happen to her children. To cope and ensure that she is not emotionally overwhelmed, Hannah mentioned that “eating, going to therapy” (F3, 14) helps her cope.

Nelly's Case

Nelly is the mother of Neil, a twelve-year-old male participant who was diagnosed with ADHD in Grade R, as well as a younger son. Neil’s father has also been diagnosed with ADHD. Nelly reflected positively on the interview process, during which she spoke about Neil’s emotions and his strategies to regulate them, his experiences with ADHD and how she perceives this has impacted the family and her parenting.

Theme 1: Parental Caregiver’s Perceptions of their Child’s Emotional Regulation.

Nelly acknowledged that it is difficult to differentiate between ADHD and what is developmentally normal:

Now that he’s a teenager, his hormones are coming through. It’s difficult to know what is normal, what’s normal for a teenager and what’s normal for a teenager with ADHD. It’s a bit of a juggling act for us to know what is normal now. (F4, 3)

Nelly shared her perceptions regarding ADHD’s impact: “My son finds it difficult to regulate his emotions. When he spirals, he battles to regulate himself and verbalise how he is feeling in that moment” (F4, 2). Nelly mentioned that Neil “gets active and loud” (F4, 3) when emotionally overwhelmed or stimulated. She also highlighted his social challenges, which she attributes to ADHD, explaining that Neil would “verbalise the fact that he is different” (F4, 3) and that he “feels excluded” (F4, 3).

Generally, Nelly noticed that Neil sometimes battles to verbalise his feelings and can tend to suppress his emotions. As Neil matured, he was more inclined to speak to his parents about his emotions. Nelly noted:

When he was young and would get to those points where his behaviour was irrational, we would put him on the trampoline and do deep pressure to get everything out of him. Now, he is at an age where we can talk about things a bit more. He can verbalise how he is feeling. (F4, 3)

Nelly mentioned that Neil can generally “let things go quickly” (F4, 8) and regulate his emotions if he is at home. If he felt upset at school, Neil would come to Nelly and “harp on and on” (F4, 8) about the negative event. Nelly commented that Neil battles to sustain positive emotions, and she feels that is “why he tends to seek them” (F4, 10). Nelly mentioned that he is sensorily sensitive and that “sensory regulation has helped him so much” (F4, 13) to regulate his emotions.

Theme 2: The Perceived Implications for their Parenting. Nelly mentioned that she assists Neil in coping with academic anxiety by sending him to “extra support lessons to facilitate his learning” (F4, 11). She also mentioned the positive impact of psychoeducation: “I had to do extra research and course to equip myself as a parent to help him to deal with this disorder better” (F4, 13).

Nelly described that she had to become very observant of changes in Neil’s mood: “I am always on tenterhooks to make sure that there isn’t an explosion in the house” (F4, 12). Nelly stated that when Neil experiences intense emotions, “he bottles things up instead of talking” (F4, 7) and the “whole house erupts” (F4, 7). Nelly commented on some of their challenges:

We must do things how he likes them when it comes to things like choosing what to eat in the evening. This doesn’t always happen. We’re a family of four. He can’t always have

things done his way. He understands that. He's got a younger brother and has to be an example to him. (F4, 12)

Nelly reported that she has to get involved to help Neil regulate negative emotions. Nelly said, "It's a downward spiral of negativity. We try to get him out of the spiral. Otherwise, there are tears, temper tantrums, and he will lock himself in his bedroom. We have to talk to him about it" (F4, 8). Nelly also notices the need to intervene during some of Neil's interactions with his father, who also has ADHD: "I will often be the mediator. My husband often adds fire to the flame. I will step in and help him to let it go" (F4, 8). Nelly stated that when engaging with Neil, it is important for her to understand his emotional needs and to adjust her strategies to best meet them:

When he was little, we would work with an occupational therapist. When he was young and would get to those points where his behaviour was irrational, we would put him on the trampoline and do deep pressure to get everything out of him. Now, he is at an age where we can talk about things a bit more. He can verbalise how he is feeling. (F4, 3)

Nelly mentioned that Neil's support system is "like a trifecta" (F4, 4) of support in the form of "his parents, school, and he" (F4, 4) working together. Nelly perceives Neil's ADHD to be well managed after consulting with a neuro-paediatrician who changed his medication to Concerta. Neil also received short-term psychotherapy: "When my son was younger, he was picked on in class. We did send him to her for one or two sessions that he could learn how to deal with those children" (F4, 6). Hannah mentioned that Neil's school have been supportive: "The school knows what is going on" (F4, 4).

Tara's Case

Tara is the adoptive mother of Jacob (fourteen years old), as well as a younger son who has been diagnosed with Autism and ADHD. Tara was diagnosed with ADHD in adulthood. She is in the process of separating from her partner. Jacob was in a remedial school and

transitioned to a mainstream school. Tara highlighted that Jacob has “gone through a lot in his life,” adding that he is “adopted, he’s got sensory issues, he’s got auditory processing disorder, he had a speech disorder” (F5, 12). Tara reflected: “ADHD is often very misunderstood and is often seen as a weakness, but I actually think that it can be a strength if one learns to “overcome the negative things associated with it and the challenges” (F5, 13). Tara spoke about how she perceives Jacob’s emotions, the strategies that Jacob utilises to regulate his emotions and the impact of Jacob’s ADHD on both him and the family.

Theme 1: Parental Caregiver’s Perceptions of their Child’s Emotional Regulation.

Tara mentioned that she does not often think of Jacob as “having ADHD” (F5, 12) and has learnt that it is “how he is” (F5, 12). Tara perceives Jacob as being emotionally sensitive since his infancy: “Since he was a baby, if we were with a group of moms and babies, somebody could just touch him, and he would burst into tears, even if he was just sitting and not crawling” (F5, 2).

Tara mentioned improved emotional control over time but stated that his emotional sensitivity would be apparent at home:

He’s obviously matured. He’s a teen now, and he can control it. He can control it in public situations, but at home, he can quite easily get overwhelmed and will cry. He doesn’t like conflict. He will literally put his fingers in his ears and leave. He doesn’t manage it very well. He likes to retreat to his room to be on his own, and he needs space. A time out. He can take quite a lot, and then he loses it. He can shout, get angry and slam doors. It doesn’t happen often. He’ll absorb a lot of tension and then blow up. The blow-up is not huge.

He’s not aggressive. He needs to retreat. He needs alone time. (F5, 2)

Tara commented on Jacob’s aversion to conflict: “He struggles with conflict.... He’s probably an empath. He picks up on tone and mood quickly” (F5, 7).

Tara reflected on the impact of his ADHD treatment on his mood. Jacob is on medication “during school time” (F5, 2) but occasionally also requires anti-anxiety medication such as Rivotril on “days of tests and exams” (F5, 5), as Tara and Jacob’s teachers have noticed that “Ritalin can increase anxiety” (F5, 5) and she additionally gives him Rivotril when required to “take the edge off” (F5, 5). Tara mentioned that Jacob interacts with others to regulate his emotions and “needs someone to do things with him” (F5, 9). Jacob relies on “companionship (F5, 12) and spends “as much time as he possibly can” (F5, 7) with his friends. Tara has noticed that Jacob “loves music and has learnt that if he plays it, he will fall asleep” (F5, 9). Tara has noticed that Jacob “loves to be with people but also loves his alone time at home” (F5, 9) and “zones out a lot” (F5, 7) by playing video games. Jacob loves “his own bedroom and space” (F5, 9) and will “retreat to his room to be on his own” (F5, 2). Tara mentioned using social media and technology to facilitate his emotional regulation: “He’s on his phone. It’s become a way that I communicate with him” (F5, 11) and to help him to “feel a connection” (F5, 11) with her.

Tara mentioned that Jacob is easily aggravated by his younger brother and that the two siblings must follow different home rules. Tara shared:

He can pick on his younger brother a lot. It’s interesting. He’s not a conflict-driven child. His younger brother is annoying. I will concede to that. He embarrasses him in public a lot... There are different rules for my children... They bicker a lot, and he (Referring to Jacob’s brother) can bait him. He’s mostly a peacekeeper except for his brother. If my husband and I are having a conflict, he will try to keep the peace. (F5, 10)

Theme 2: The Perceived Implications for their Parenting. Tara reflected on striving to tend to Jacob’s emotional needs and being encouraging. For example, she explained that although people told her that Jacob sleeping in her bed was unusual, it does not bother her:

Most nights, he sleeps in my bed... Now he's a teen, and he's still doing it. It doesn't bother me. If he needs it, he can stay there. I often question if I'm mollycoddling him, and I don't think that I am. He's anxious about something; he needs the reassurance. This makes him happy, and that's fine. (F5, 9)

Tara tries to encourage Jacob academically and ease his academic anxiety by giving him "a lot of rope in terms of expectations" (F5, 5). Tara said, "I just want him to do his best and be proud of his work" (F5, 5).

The forgetfulness associated with Jacob's presentation of ADHD means that he cannot do multiple tasks at once and needs to be reassured. Tara mentioned:

Well, he's not very good at multitasking. If I give him a string of three tasks to do, he'll go, "Sorry, what was the third one?". His mind's all over the place. If I get annoyed at him, he gets very loving. He wants reassurance. He'll go, "I love you, Mom". Yeah. I suppose that he always wants to keep the peace. He needs a very calm environment. He will create that. If he can see that his younger brother is going to be punished, he will volunteer to do the job to avoid the family conflict. (F5, 3)

Tara said that she must "micro-manage him" (F5, 12), but that is "fine" (F5, 12), and she does not "mind" (F5, 12). Tara said that when engaging with Jacob, she must be "persistent and strategic" (F5, 11). She explained:

I've learnt to use humour and wordplay. I will make jokes because he responds to that, and we'll have our own inside jokes. That helps him to feel a connection with me. I will send him little memes and jokes on WhatsApp. He's on his phone. It's become a way that I can communicate with him. He doesn't like to talk about deep things. If I want to talk about something that is going on in our lives, he will immediately say that he doesn't want to hear about it. (F5, 11)

Tara added: Often, a text message is helpful. I can tell him what I want to say, and he can't shut me down" (F5, 11).

Tara has noted that Jacob's dislike of loud noises has impacted Jacob and his brother's relationship. Tara mentioned that Jacob and his brother "bicker a lot" (F5, 10) and Jacob struggles to engage with his younger brother when his younger brother gets "aggressive and flies off the handle" (F5, 7). Apart from that, Jacob is "mostly a peacekeeper" (F5, 10) in his family, even when his parents are fighting.

Tara noted that she has to be in contact with Jacob's school and teachers to understand how well his academic anxiety is being managed at school. Tara said that when Jacob gets "wound up" (F5, 5) and anxious at school, his teachers "will communicate" (F5, 5) that fact with her. Jacob spends much time with his various peer groups and needs "someone to do things with him all of the time" (F5, 9), adding, "He will go to Youth on a Friday night and always find a place to sleepover" (F5, 7).

Tara mentioned that the fact that she was diagnosed with ADHD as an adult meant that she learnt "coping skills" (F5, 12) to manage her own ADHD and that these coping skills have resulted in her being much more understanding of Jacob. Tara said ADHD can "become a strength if you learn to overcome the negative things associated with it and the challenges" (F5, 13).

Brenda's Case

Brenda is the mother of Elsa, a thirteen-year-old female who was diagnosed with ADHD as a young child. Brenda's older daughter also has ADHD. Elsa lost both her grandmother and father to COVID-19. Overall, Brenda highlighted a need for psychoeducational interventions aimed at caregivers:

I think that parents should be taught how to cope when they are at home and not in the classroom... parents feel overwhelmed. As a parent, you constantly wonder if you are doing a good enough job to notice when your child isn't coping. (F6, 15)

Brenda reflected: "No two people with ADHD are the same. There should be a course for mothers to learn how to help their children with ADHD cope because there is a lot to learn" (F6, 16). In the interview, Brenda spoke about how she perceives living with ADHD has impacted Elsa's emotional regulation, as well as Brenda's parenting.

Theme 1: Parental Caregiver's Perceptions of their Child's Emotional Regulation.

Brenda mentioned that generally, Elsa can become emotionally overwhelmed: "She has good days and bad days. When she is having a good day, it's like she's on a super high. When she's having a bad day, she gets very tired and withdrawn" (F6, 2). Brenda elaborated: "She has no appetite and just wants to be in her room on her own... she can get overwhelmed if there is too much going on at school. She can become very moody and ratty" (F6, 2).

Brenda noted that academic anxiety and being in situations that scare Elsa are unpleasant emotional experiences. Brenda said that living with ADHD does impact Elsa's general experience of frustration and anxiety. Brenda explained:

There is frustration when she doesn't understand something due to drifting off... When she drifts off in class, she misses important things in class, which is frustrating. When she comes home, she doesn't fully understand it and gets very frustrated. (F6, 3)

Frustration also occurs during homework:

When I try to teach her something in a way that her teachers haven't, she gets very flabbergasted. I will say that her teacher isn't wrong, but that it is possible to learn things in different ways. She's very by the book. She gets anxious very quickly. If a letter is sent from school that is due in two weeks, she'll be anxious if it's not back the next day. (F6, 3)

Brenda mentioned that to sustain positive emotions, Elsa will engage socially. “She wants to go everywhere” (F6, 11) and “loves being around friends and family” (F6, 11). Brenda mentioned that Elsa has “come out of her shell” (F6, 11) and has “flourished” (F6, 11) socially. Brenda has noticed that generally, “getting good marks and doing good deeds” (F6, 10) have positive emotional effects on Elsa: “She loves doing good deeds. She loves doing community service. It gives her a high... My child is a giver” (F6, 10). Brenda said Elsa “doesn't have a coping mechanism” (F6, 8) to manage her academic stress. Brenda has been “looking for an educational psychologist” (F6, 8) to “teach her coping strategies” (F6, 8).

Theme 2: The Perceived Implications for their Parenting. Despite changes to the familial structure that Elsa, Brenda, and Elsa's sister have had to adjust to, Brenda finds Elsa, an “easy child to parent” (F6, 12) if she does not give her “more than three instructions” (F6, 13). Brenda, however, expressed the need for access to more psychoeducation to understand the disorder and how to help Elsa:

I don't have ADHD, and I'm not on the same wavelength as her. I don't even know what they study at school anymore. I want to know how I can help her to cope. I think that it's been picked that parents feel overwhelmed. As a parent, you constantly wonder if you are doing a good enough job to notice when your child isn't coping. (F6, 15)

Brenda commented that she has to be highly directive: “Yes. I must nag her a lot. I will tell her to put the washing and then clean the cat's litterbox. She will look at me and say, “No, Mom, I'm doing it my way!” (F6, 13). Brenda mentioned that she can sometimes experience frustration: “We'll end up having a big fight. It's time management that seems to be an issue” (F6, 13). Brenda highlighted her use of consistent engagement and open communication:

We don't have tools, but we do spend a lot of time together. We have a ritual. I make her coffee every morning and greet her... Every afternoon, she makes me a cup of tea, and we

don't do anything else. She'll sit on my bed, and I will ask the questions. Those chats are our five-to-ten-minute chats, and she'll tell me what she learned that day. I think open communication helps a lot. (F6, 12)

Brenda mentioned that she worries about Elsa and that she has been relieved since Elsa has relied on her older sister for her social system. Brenda said:

I'm a single parent. I must worry about her all of the time. If she's not talking to me, I often question myself. I ask myself if she feels like she can trust me. She's got an older sister who lives across the road who has ADHD and will constantly ask her younger sister to go out and do something. Her sister is a social butterfly. She wants to take her younger sister everywhere. In the past, she (Referring to Elsa) wouldn't participate. Now, she wants to go everywhere. She's smiling. There has been such a difference since our chat in the holiday. (F6, 12)

Brenda reflected on having to encourage Elsa to engage socially. Brenda said, "It's funny. She's always been an introvert. I couldn't even get her to go to the shops. This year, she flies... Before, I couldn't even get her out of her pyjamas. This year, she's flourished" (F6, 11).

When Elsa was at a remedial school, "she did receive OT and counselling. She did lose her dad and gran whilst she was at the school but refused counselling" (F6, 6). Brenda mentioned that Elsa has "a good support system" (F6, 4) to help her manage her ADHD. Brenda mentioned that she sometimes feels as though she cannot facilitate Elsa's coping on her own and must seek the help of an educational psychologist. Tara said that "parents should be taught how to cope when they are at home" (F6, 15).

Ava's Case

Ava is a single parent and the mother of Keat, a fourteen-year-old male who was diagnosed with ADHD at the age of ten. Her younger daughter is very protective of Keat.

Ava mentioned that Keat has matured; he has learnt to accept his ADHD diagnosis and will no longer “reject it and cry about it” (F7, 3) like he did when he was first diagnosed. With maturity, Keat learnt to reframe his ADHD to be “a superpower” (F7, 3). Overall, she expressed a wish for parental empowerment to better manage ADHD’s impact and reflected:

Being a mom is not easy. Managing ADHD is something that has to happen daily, and it impacts the whole family. There are no right or wrong ways of doing things. Everything you do has to depend on your child. (F7, 15)

During the interview, Ava described her perception of her son’s emotional regulation and the impact of his ADHD on their family and her parenting.

Theme 1: Parental Caregiver’s Perceptions of their Child’s Emotional Regulation.

Ava reflected on Keat's emotional regulation:

I would say that it’s different. It’s both negative and positive. Everything is just heightened. He’s either excited or down. When he takes his medication, he kind of just flatlines... Something bad can happen, and he can become excited because he remembered something or got a message whilst his friend has just been in an accident. He doesn’t regulate his emotions like (pauses), I don’t want to say normal regular people do. People without ADHD. In comparison to my daughter or me, his emotions aren’t regulated in the same way. (F7, 2)

Ava described the implications for Keat’s treatment compliance:

He’s now older, and he wants his mind to be free and excited. He’s used to the highs, and Ritalin would not give him those highs. I would sometimes not give him medication so that he could feel like himself. (F7, 5)

Ava mentioned that Keat “doesn’t think about his emotions in a normal way” (F7, 3).

According to Ava, Keat “internalises a lot of things” (F7, 3) and would prematurely reach a conclusion which then “becomes his reality” (F7, 3). Ava mentioned Keat’s use of religious

practices as a coping strategy. Additionally, Ava mentioned that Keat used to “keep a journal for a while” (F7, 11).

Theme 2: The Perceived Implications for their Parenting. Ava perceives that a high degree of involvement from her is needed as she has to spend with Keat to manage his emotions and ensure that he can function like a “normal person” (F7, 11). Ava finds that she does not want Keat “to be in an environment” (F7, 6) in which he “could be judged” (F7, 6). Talking to Keat helps Ava to “understand him” (F7, 6) and gives him a place to “explain his behaviour” (F7, 6). She shared, “There must be a process of communicating with someone” (F7, 9). Also, he must regulate his emotions and not “hold grudges” (F7, 9). When he is emotionally overwhelmed, Ava mentioned that she typically has to “take him outside and have a conversation with him” (F7, 9). Ava explained that she facilitates Keat’s emotional regulation by having “a conversation” (F7, 8), helping to “turn a bad situation around” (F7, 9) and ensuring that conversations about “negative situations are kept positive” (F7, 9). Ava tries to encourage Keat to “focus on the positives” (F7, 6) of any situation and speak to Keat to establish “what is right and wrong” (F7, 6).

Ava also described the dynamics between Keat and his younger sister without ADHD. Ava reflected on difficulties in spending equal amounts of time with her children. Ava's younger daughter “felt very left out growing up” (F7, 11) as it was always a case of “her having to understand and accept how her brother was” (F7, 12) and “kind of had to parent him” (F7, 11). Being a single mother has meant that she has had to earn an income to support her family financially: “I come from work, and I have a plan. I will cook supper, but I don't know what type of day my child had” (F7, 11). She added not having “two to three hours to ask him a hundred questions because he doesn't understand what's wrong” (F7, 12).

Ava mentioned that she has learnt to cope with Keat's ADHD by offering Keat an alternative value system to adhere to in her absence as she cannot be there for Keat “24/7”

(F7, 11) and had to give Keat “something else to rely on” (F7, 11). Ava introduced Keat to a religious community and religious principles that have provided Keat with “a set of rules to follow in everyday interactions” (F7, 11). She believes Keat can sustain positive emotions and interactions because “he has a basis” (F7, 11) and value system to adhere to.

Ava also mentioned professional assistance with his social and psychological functioning to give him “proper tools” (F7, 5). Ava explained: “he has a life coach and therapist living with ADHD” (F7, 5). Ava reflected that the type of psychoeducation available to assist her in coping with managing Keat was not available when Keat was “first diagnosed” (F7, 4) and that the type of psychoeducation available should be “from the child's point of view” (F7, 4) and that it was “not fair sometimes” (F7, 4).

These individual case studies were then used as the basis for the second-order analysis to analyse contrasting and similar experiences across the seven cases. In order to conduct the second-order within-case analysis (Nel, 2011; Smith, 2004), the themes were considered in greater depth to formulate subthemes. As each participant was considered as a unit of analysis (Smith, 2004), subthemes were added even if they were not present in the descriptions given by all participants (presented in Table 4). Once identified, these subthemes could be further analysed and interpreted to better understand contrasting and similar experiences across cases. However, as the resultant data was too extensive for a complete presentation in this article, theme 1 and its subthemes were retained for the presentation of the cross-case analysis, as these were most relevant to the research objective. The second theme and sub-themes, although useful, were not the most pertinent to be fully analysed for the purposes of addressing the research questions given that it centres around the implications for parenting, rather than the perceptions of the emotional regulation.

Cross-case Analysis and Interpretation

In the cross-case analysis of theme 1 and its subthemes, the participants' common and contrasting experiences (Nel, 2011; Smith, 2004) are considered and interpreted. Therefore, the researcher continued to analyse the data by comparing the cases to the quotes, themes, and subthemes in Tables 3 and 4.

Table 4

Themes and Subthemes

Themes	Subthemes
1. Parental caregiver's perceptions of their child's emotional regulation	a) Perceived impact of ADHD on emotional regulation b) Perceived impact of ADHD-related pharmacological treatments on emotional regulation c) Impact attributed to developmental stage d) Perceived emotional regulation strategies engaged in independently by adolescents e) The perceived role of the parental caregiver in facilitating emotional regulation
2. The perceived implications for their parenting	a) The impact of ADHD on the familial system and parental behaviour b) The involvement of additional systems or roleplayers c) Additional parental coping strategies

Theme 1: Parental Caregiver's Perceptions of their Child's Emotional Regulation

Under this theme, a discussion of how the parental caregivers perceive the emotional regulation of their dependents is presented. This theme discusses the affective challenges and impact that the parents attribute to ADHD or its treatment, as well as the difficulties they associate with their child's developmental stage. Finally, the perceived emotional regulation strategies engaged by the adolescents independently, as well as the parental caregivers' perceived role in facilitating the emotional regulation of their dependents, are also discussed.

Subtheme (a): Perceived Impact of ADHD on Emotional Regulation. Overall, parents shared their perception that living with ADHD has meant that their dependents are more

emotionally sensitive and experience frequent and intense changes in mood. Ronda said her child “can't manage her emotions basically” (F1, 2). Like Ronda, Tara mentioned that Jacob is “sensitive” (F5, 2), and although he can control his emotions in public places, at home, he will become “overwhelmed and then cry” (F5, 2). Ava and Hannah described that their dependents have intense affective experiences. Ava said that “everything is just heightened” (F7, 2). Like Ava, Hannah shared that David is “either very high or very low emotionally” (F3, 3). Almost all parental caregivers highlighted the role of children’s scholastic stressors, such as tests, exams, homework, and projects, in increasing anxiety. In addition, participants reported observing anger and frustration as noteworthy emotional experiences their adolescent child finds difficult to regulate. These descriptions correlate with existing research, which suggests that individuals living with ADHD in childhood and adulthood commonly experience high rates of anxiety and depressive symptoms (Koyuncu et al., 2022). Living with severe ADHD symptoms can increase the risk that individuals living with ADHD are at risk of experiencing emotional lability (Rosello et al., 2020).

Contrastingly, some parents described ADHD’s impact as negligible and noted that their dependents have overall good control of their emotions. Sally described her child as “quite resilient” (F2, 9). In addition, parental participants reflected on their children’s positive experiences, which included feelings of achievement, social cohesion, reassurance, happiness, and excitement. A degree of acceptance of their children’s neurodiversity was also described, with Hannah, for example, expressing that it is “okay for the boys to be different” (F3, 14). Considering disorders such as ADHD in relation to their positive impacts can facilitate parental coping. Moreover, focusing on the positive aspects of human nature and strengths positions psychological well-being to transcend basic psychological functioning and encompass flourishing (Sedgwick et al., 2019). Cognitive dynamism, creativity, energy,

resilience, resourcefulness, and the ability to appreciate excellence were the potential strengths of individuals living with ADHD (Schippers et al., 2022; Sedgwick et al., 2019).

Subtheme (b): Perceived Impact of ADHD-related Pharmacological Treatments on Emotional Regulation. All of the adolescents take methylphenidate either as a monotherapy or in conjunction with therapeutic interventions. Parental participants acknowledged treatment as beneficial, specifically related to core symptom control. Pharmacological interventions were described. Hannah described that being on medication that enhances her son's concentration allows her son to have "an element of control" (F3, 5) but that she does not feel it should be Ritalin as "Ritalin impacts his anxiety" (F3, 6). Similarly, Brenda said that Elsa is not "drifting off so much" (F6, 5) on Ritalin. However, they also seem aware of changes in treatment response and the need for monitoring. Sally mentioned that she might "have to look at adjusting" (F2, 5) Matt's medication as she does not seem to be "doing what it's supposed to be doing" (F5, 5). Hannah and Tara attributed their adolescent child's anxiety to psychostimulant treatment. Tara has noticed that Jacob's medication can make "his anxiety worse" (F5, 5), and resultingly, on days of tests and exams, Jacob receives a benzodiazepine "to take the edge off" (F5, 5). In addition to a perceived association with anxiety, another emotional experience was also attributed to psychostimulant use: Ava believed that Keat "flatlines" (F7, 2), when on medication, and does not always take Ritalin when he wants to feel "free and excited" (F7, 5).

Subtheme (c): Impact Attributed to Developmental Stage. Parents reported some difficulty differentiating between their children's developmental stage and their ADHD in considering their emotional dysregulation. There was an acknowledgement of adolescence itself posing emotional challenges. In addition, parental caregivers indicated that ADHD management has changed during adolescence. Some described that parenting a child with ADHD has become easier with time. Nelly, for example, mentioned that managing Neil's

ADHD and emotions is easier as he is at an age where he “understands more” (F4, 13). In contrast, Hannah and Ava described greater difficulty as David and Keat have gotten older. David's ADHD symptoms have become “more difficult to control” (F3, 5), and Keat has grown more reluctant to take medication. Research indicates that developmental issues associated with adolescence, such as peer exclusion, sensitivity to criticism, physical fatigue, and conduct problems (Archer et al., 2018), may result in higher levels of negative mood and being more sensitive to positive and negative rewards (Archer et al., 2018; Ladouceur et al., 2012; Schewizer et al., 2020).

Subtheme (d): Perceived Emotional Regulation Strategies Engaged in Independently by Adolescents. Six out of seven participants could identify emotional regulation strategies engaged in independently by their adolescent children that do not require parental input or alteration. These included behavioural strategies such as journalling, listening to or playing music, participating in sports, interacting with animals, interacting with peers or family members, and engaging in religious activities. Ava said that Keat “did keep a journal for a while” (F7, 10), Debby “plays the piano” (F1, 7), Jacob plays the hand pipe, and Hannah said that David “loves music” (F3, 11). Music has a positive effect on affect and the feeling of competence in individuals who play musical instruments, improving attention and potentially enhancing life satisfaction as playing music and listening to music can encompass a meaningful part of one's daily routine (Anand, 2022; Koehler & Neubauer, 2020). Ava and Ronda both noticed that their dependents use physical activity to regulate their emotions. Hannah described that David is emotionally attached to his pets and will “spend time with them” (F3, 8). In contrast, some parents felt that dependents needed to find a new strategy to regulate their emotions. Sally thinks Matt is “not coping all too well” (F2, 8) as he generally “doesn't do well in his tests” (F2, 8). Like Sally, Brenda is trying to help Elsa manage her academic anxiety by looking for an educational psychologist. Some cognitive strategies of

emotional regulation include re-evaluating emotional situations and choosing not to focus on the negative aspects of a situation. In contrast, some parental participants described that their children might need to re-evaluate how they engage in emotional regulation. Sally mentioned that Matt should seek new coping strategies to better regulate his academic anxiety.

Subtheme (e): The Perceived Role of a Parental Caregiver in Facilitating Emotional Regulation. Bronfenbrenner's theory provided a useful framework for the cross-case analysis of this subtheme. According to Bronfenbrenner's ecological paradigm and theory, families and peer groups are examples of microsystems (Akoto et al., 2022; Bronfenbrenner et al., 1994; Cala & Soriano, 2014).

ADHD's impact on family interactions was described as changing the "general mood and feel" (F3, 12) of a household and that "everyone starts bickering" (F1, 10). Ava said that her son's ADHD was "frustrating, sad and draining" (F7, 12) for her younger daughter and that she could not give her children "equal attention" (F7, 12). In contrast, Tara mentioned that her younger son with autism spectrum disorder negatively impacts Jacob as her younger son can "get aggressive and fly off the handle" (F5, 7), and Jacob "struggles with that" (F5, 7) as he is "an empath" (F5, 7) and can "pick up on tone and mood quickly" (F5, 7). Factors that can negatively impact the social relationship that an individual living with ADHD has with their siblings can include difficulties with interpreting social cues and lack of behavioural inhibition that might lead to conflicts (Kouvava et al., 2020). It has been suggested by literature that non-ADHD siblings with ADHD siblings are aware of the extensive amount of time that their parental caregivers spend tending to their siblings with ADHD (King et al., 2016; Peasgood et al., 2016). ADHD was also described as impacting the relationship between parental caregivers and the dependents with ADHD. Nelly described that Neil's father "often adds fire to the flame" (F4, 8) in conflict situations. Similarly, David has "low tolerance for his father" (F3, 7). In both these cases, the fathers have also been diagnosed

with ADHD. Research suggests that the relationships that adolescents living with ADHD have with ADHD can depend on factors such as paternal parenting competence and the openness that fathers have to reflect upon their parenting behaviour (Van den Hoofdakker et al., 2014). In some cases, participants also reflected on the impact of single-parenthood on the amount of time that parental caregivers had available to interact with their children while needing to support their dependents intensely.

Participants described playing mediator roles in the family system by helping adolescents with ADHD regulate their emotions. Most parental participants described communication with their children as central to facilitating their emotional regulation. This communication was described as needing to be consistent, repetitive, and calm in nature. The participants described frequent communication with their children. Tara noticed that she has to “get interactive” (F5, 8) with Jacob. Brenda described the importance of speaking to Elsa frequently and establishing a “ritual” (F6, 12) for talking. Ronda reflected on being in constant communication with Debby throughout the day, who is “allowed devices at school” (F1, 11), leading to Ronda’s increased anxiety as a caregiver. In contrast to Ronda, Tara said that technology is a useful means to foster an emotional connection with Jacob as the two of them have “inside jokes” (F5, 11) and communicate through messenger applications. Participants also described the need to understand when to give their children space and time on their own to regulate their emotions. Hannah described the necessity to reduce her parental involvement and demonstrate the ability to “pull away” (F3, 13) from David to facilitate her well-being. When engaging with their children for the purposes of instruction, parental participants described having to be persistent, repetitive, and strategic. Tara described her interaction with Jacob as being “persistent and strategic” (F5, 11). Sally explained that she knows instruction-giving is something that she is going to do “once-off” (F2, 13). Like Sally, Tara knows she cannot give Jacob more than “three tasks to do” (F6, 3). Research suggests

that high levels of parental warmth and encouragement can foster feelings of social competence in adolescence as parental caregivers who engage warmly with their children tend to have stronger emotional bonds with them and can prove to be a source of emotional support for their children during times of emotional distress (Gan et al., 2022).

Mesosystems are the interactions between two or more microsystems in which adolescents are present, such as the interaction between their homes and schools (Bronfenbrenner, 1994). A supportive school environment was described to be important to facilitate the academic functioning of adolescents with ADHD, and parents highlighted their role in communicating with their children's schools. Moreover, they highlighted frequently engaging with their child's schools and teachers. Ronda said that Debby's school must "manage her during the school day" (F1, 11). Nelly said that Neil's school "knows what's going on" (F4, 4) with Neil and his family. Tara mentioned that Jacob's teacher "will communicate" (F5, 5) with her about how anxious or "wound up" (F5, 5) Jacob feels at school. As adolescents spend extensive time at their schools, they might be misunderstood or stigmatised. Communication with teachers is a form of parental behaviour that allows schools to be aware of the emotional and academic needs of learners living with ADHD. Ronda mentioned telling Debby's teachers that she "has ADHD, is sensitive, anxious, and impulsive" (F1, 11). It has been suggested that although poor parent-teacher communication might impede academic functioning, as well as parents' confidence that educators are addressing their children's individual needs, educators do not always receive training in communicating with parents about behavioural difficulties at school (Gisewhite et al., 2021).

Exosystems are similar to mesosystems in that they represent the interaction between more than one microsystem, but the influence of the exosystems on adolescents is indirect in nature (Akoto et al., 2022; Bronfenbrenner, 1994; Cala & Soriano et al., 2014). Ava mentioned that due to the demands of her work when she does come home, she must "have a plan" (F7, 12)

and “cook supper in an hour” (F7, 12), which results in Ava not always having “two to three hours” (F7, 12) to sit with her son and “ask him a hundred questions” (F7, 12).

Macrosystems are described as the characteristics of households and families, such as access to resources, existing knowledge, acquired knowledge, and lifestyles (Akoto et al., 2022; Bronfenbrenner, 1994; Cala & Soriano, 2014). Psychoeducational material, such as ADHD-related literature, was described to be beneficial. Ronda stated, “Reading books about how to bring up teenagers is interesting” (F1, 11). Hannah and Nelly mentioned that “doing extra research” (F4, 3) and “reading and researching” (F3, 13) are effective ways to help them best assist their children in managing and understanding their ADHD. In contrast, Ava explained that the amount and nature of psychoeducational material available when Keat was first diagnosed was challenging for her. Ava expressed that there should be more psychoeducational material from “the child's point of view” (F7, 4) and that the available material is “not fair sometimes” (F7, 4). Caregivers described having to engage in psychoeducation to fully understand how the disorder impacts their dependents living with ADHD. Hannah said that she is “constantly trying to learn new things” (F3, 13) to assist with managing her sons. Like Hannah, Nelly wants to help Neil have the information he might need to “deal with this disorder better” (F4, 3). In addition to engaging in psychoeducation, parental caregivers described having to behave proactively to facilitate their children's learning. Sourcing additional academic support lessons was described as an effective way to “facilitate his learning” (F4, 11). Some participants described not having access to psychoeducational material to assist them in coping with the implications of the disorder or not having access to psychoeducational material that reflects the lived experiences of children living with ADHD. Social stigma and inaccurate information about ADHD were something that should be avoided. Ava said parents never want their children to be “in an environment where they could be judged” (F7, 6).

Chronosystems encompass the impact of time and temporal changes that occur within systems like divorces, death of pets, death of family members, children moving schools or dependents moving away from their families to study at a university (Akoto et al., 2022; Bronfenbrenner, 1994; Cala & Soriano, 2014). Three major changes described were divorce, death of family members and adolescents moving schools, during which participants highlighted an active role in emotionally supporting their children with ADHD. Brenda said that Elsa did “battle when she lost her gran and dad during COVID” (F6, 4), and it has been a “big adjustment” (F6, 4). Ava said that her divorce had a “big impact” (F7, 8) on Keat. Some of the adolescents had to move from remedial to mainstream schools. Tara expressed that mainstream instruction has meant that Jacob experiences “pressure to keep up” (F5, 5) with the other learners in his new mainstream school. Brenda stated that because Elsa did not “learn study skills and coping strategies” (F6, 8) at her former school, Brenda wants to “look for an educational psychologist to help her cope” (F6, 8).

Conclusion

The two themes extracted were the parental caregiver’s perceptions of their child’s emotional regulation and the perceived implications for their parenting. Overall, it was described that ADHD symptoms have the impact of heightening negative and positive affective experiences. In contrast, some participants described a negligible impact as well as the acceptance of neurodiversity and focusing on the positive aspects of living with ADHD. The importance of effective pharmacological treatments to enhance scholastic functioning was highlighted. However, some parents also described that pharmacological treatments can negatively impact their child’s mood and anxiety. ADHD’s impact on parental behaviour and social systems was described. Parental participants described that to facilitate the social, academic, and emotional functioning of their dependents, they are required to have a higher degree of interaction with their adolescent dependents, mediate interactions more in the home

environment, be more involved in the educational system and seek out additional psychoeducation to improve their understanding and skills.

Much of the existing research done on ADHD is quantitative in nature and investigates the observable behavioural issues associated with ADHD. This research study addressed this research gap by investigating qualitatively the emotional difficulties associated with ADHD. Understanding the experiences of the parental caregivers of adolescents with ADHD has allowed for a more extensive understanding of the impact that an ADHD diagnosis has on family social systems. As young adolescents are still reliant on their parental caregivers to assist them in regulating their emotions, it is of value to consider and interpret their experiences to aid the understanding of the emotional difficulties associated with ADHD. Given that the study was phenomenological, the data collected was in the direct words of the participants and resulted in the generation of accurate literary themes and inferences. Moreover, the qualitative accounts of South African parental caregivers can aid the understanding of how emotional difficulties impact familial social systems within a local context.

Limitations and Recommendations

This study's limitations do not render the findings redundant but might prove beneficial in guiding future research. Firstly, the small number of participants sourced by the researcher fitted the methodological approach but limited the findings' generalisability. This sample was recruited from a minority segment of the South African population as they live in a specific region and socioeconomic circumstances who have access to the healthcare and educational context they were sourced from. Future research could include larger samples to focus on specific aspects of the current study's findings. Finally, although all participants were fluent in English, future research can consider better accommodating participants who might not speak English as their home language. In the existing study, the parental participants spoke

English as their home language and specified that they could fully discuss their lived experiences in English.

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Appendix A:
Research Ethics Committee Approval Letter



GENERAL/HUMAN RESEARCH ETHICS COMMITTEE (GHREC)

01-Dec-2022

Dear Ms Antonina Mamontov

Application Approved

Research Project Title:

Emotional regulation in Attention-Deficit Hyperactivity Disorder: The experiences of young adolescents and parental caregivers

Ethical Clearance number:

UFS-HSD2022/1381/22

We are pleased to inform you that your application for ethical clearance has been approved. Your ethical clearance is valid for twelve (12) months from the date of issue. We request that any changes that may take place during the course of your study/research project be submitted to the ethics office to ensure ethical transparency. Furthermore, you are requested to submit the final report of your study/research project to the ethics office. Should you require more time to complete this research, please apply for an extension. Thank you for submitting your proposal for ethical clearance; we wish you the best of luck and success with your research.

Yours sincerely

Dr Adri Du Plessis

Chairperson: General/Human Research Ethics Committee

Adri
Du
Plessis

Digitally
signed by Adri
Du Plessis
Date:
2022.12.05
09:45:48
+0200'

205 Nelson Mandela
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South Africa

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Tel: +27 (0)51 401
9337
aduplessis@ufs.ac.za
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Appendix B:

Department of Basic Education and School Permission Letters



KWAZULU-NATAL PROVINCE
EDUCATION
REPUBLIC OF SOUTH AFRICA

OFFICE OF THE HEAD OF DEPARTMENT

Private Bag X9137, PIETERMARITZBURG, 3200
Anton Lembede Building, 247 Burger Street, Pietermaritzburg, 3201
Tel: 033 392 1003

Email: Phindile.duma@kzndoe.gov.za

Enquiries: Phindile Duma

Ref.:2/4/8/41173

Miss A Mamontov
64 Rapson Road
Morningside
DURBAN
4001

Dear Miss Mamontov

PERMISSION TO CONDUCT RESEARCH IN THE KZN DoE INSTITUTIONS

Your application to conduct research entitled: "EMOTIONAL REGULATION IN ATTENTION-DEFICIT HYPERACTIVITY DISORDER: THE EXPERIENCES OF YOUNG ADOLESCENTS AND PARENTAL CAREGIVERS", in the KwaZulu-Natal Department of Education Institutions has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the Intended research and interviews are to be conducted.
6. The period of investigation is limited to the period from 21 November 2022 to 31 October 2025.
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators, Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.
8. Should you wish to extend the period of your survey at the school(s), please contact Miss Phindile Duma at the contact numbers above.
9. Upon completion of the research, a brief summary of the findings, recommendations or a full report/dissertation/thesis must be submitted to the research office of the Department. Please address it to The Office of the HOD, Private Bag X9137, Pietermaritzburg, 3200.
10. Please note that your research and interviews will be limited to schools and institutions in KwaZulu-Natal Department of Education.

UMLAZI DISTRICT

Mr GN Ngcobo
Head of Department: Education
Date: 21 November 2022

Permission letter signed by the principal of [INSERT NAME OF SCHOOL] stating that

Miss Mamontov may source and interview research participants from the school

I..... give permission for Miss Antonina Mamontov who is a registered UFS Psychology Master's student (student number 2020438939) to source and interview participants from [INSERT NAME OF SCHOOL] in Grade 6 and 7 with the assistance of the licensed therapeutic staff working at the school .

By signing this permission form, I am aware that

- Miss Mamontov will be required to interview the participants (both learner and parental participants) remotely or in a physical interview venue.
- Miss Mamontov will fully brief each participant about the nature of their involvement in the research process, the objectives of the research study and the fact that they can withdraw their contribution to the research study at any point of the research process.
- The research participants will be debriefed after the interview.
- Miss Mamontov will be respectful of the participants' time and the participants themselves by adhering to ethical research practices. The confidentiality and privacy of the participants will be protected through the use of a private internet network for remote interviews, not sharing any information (like the ID numbers or physical addresses of the participants) that could reveal the identities of the participants and referring to the participants exclusively by pseudonyms generated by the researcher.
- The researcher's findings will be published in a scientific journal only upon the researcher receiving ethical approval.

Signed:

Date:

Principal

Appendix C:

Information Leaflet and Informed Consent Form (Adolescent Participants)

STUDY INFORMATION LEAFLET AND DECLARATION FORM FOR ADOLESCENT RESEARCH PARTICIPANTS

TITLE OF THE RESEARCH PROJECT:

Emotional Regulation in Attention-Deficit Hyperactivity Disorder: The experiences of young adolescents and parental caregivers

RESEARCHERS NAME(S): Antonina Mamontov

ADDRESS: 64 Rapson Road

CONTACT NUMBER: 0828833060

What is RESEARCH?

We do research to find new knowledge about how things (and people) work. We use research projects or studies to help us find out more about disease or illness. Research also helps us to find better ways of helping or treating sick children.

What is this research project all about?

My research project is about better understanding how young teenagers living with Attention-Deficit Hyperactivity Disorder (ADHD) experience their feelings. This includes how they deal with negative emotions, calm down, and hold on to enjoyable feelings. ADHD impacts people living with the disorder and their parents or caregivers. In my study, I will also ask how the parents of young people with ADHD experience their child's emotions.

Why have I been invited to take part in this research project?

As you are a young teenager and an individual living with ADHD, your experience of emotions will help us better understand the impact that ADHD has on emotions. Because ADHD could also impact your family members, I will be interviewing one of your family members to learn about their experiences.

Who is doing the research?

I am Antonina Mamontov. I am a Psychology Master's student at the University of the Free State. I am interested to learn about the lived experiences of adolescents and their parents.

What will happen to me in this study?

If you agree to participate, you will be interviewed at your school. After this, you will be given the opportunity to reflect on the experience of being interviewed. One of your parents will also be interviewed to discuss how they experience your emotions and feelings.

Can anything bad happen to me?

If you choose to participate in this study, nothing bad is expected to happen to you. However, you might have to think about upsetting emotions that you have experienced in the past. If you find this difficult, you will be given the contact details of your school counsellor to help you.

Can anything good happen to me?

There are no direct benefits to you for participating in this study. Your experiences and the experiences of your parents could benefit ADHD research.

Will anyone know I am involved in the study?

The only people aware that you are participating in the study will be your parents, the school representative who selected you as a suitable candidate to participate in the study, and the researcher. You will be referred to using a pseudonym (a fake name) in the research report. The interviews conducted will either be done on a secure online network (in the case of your parental caregiver) or in a private interview venue. Private information will be removed from the research study.

Who can I talk to about the study?

Antonina Mamontov (0828833060) (Researcher). Email: antoninamamontov@gmail.com

Dr. Carla Nel (Research supervisor) Email: nelc@ufs.ac.za

What if I do not want to do this?

You are not under any obligation to take part. You can also stop your participation without any negative consequences. Should you want to stop your contribution to the study, please inform the researcher so that your data is not analysed.

Declaration of Assent by Learner Participant

Please mark your choice with an X

Do you understand this research study, and are you willing to participate?

 YES

 NO

Has the researcher answered all your questions?

 YES

 NO

Do you understand that you can withdraw from the study at any time?

 YES

 NO

By signing below, I (name)..... agree to take part in a research study entitled “Emotional Regulation in Attention-Deficit Hyperactivity Disorder: The experiences of young adolescents and parental caregivers”.

I declare that:

- I have read or had read to me this information and consent form, and it is written in a language with which I am fluent and comfortable.
- I have had an opportunity to ask questions, and all my questions have been adequately answered.
- I understand that participating in this study is voluntary and I have not been pressured to take part.
- I may choose to withdraw from the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished if the study doctor or researcher feels it is in my best interests or if I do not follow the agreed-upon study plan.

Signed at (place) on (date) 2022

.....
Signature of participant

.....
Signature of witness

Appendix D:**Information leaflets and Permission Forms (Parental caregivers)****INFORMATION LEAFLET AND PERMISSION FORM FOR THE PARENTAL CAREGIVERS WHO ARE ACTING AS CONSENT GIVERS**

DATE

5/08/2022

TITLE OF THE RESEARCH PROJECT

Emotional Regulation in Attention-Deficit Hyperactivity Disorder: The experiences of young adolescents and parental caregivers

RESEARCHERS NAME(S) AND CONTACT NUMBER:

Antonina Mamontov (0828833060)

FACULTY AND DEPARTMENT:

Faculty of the Humanities, Department of Psychology

STUDY LEADER(S) NAME AND CONTACT NUMBER:

Dr. Carla Nel (051 401 3681)

WHAT IS THIS RESEARCH PROJECT ALL ABOUT?

Children and teenagers are still learning how to fully manage and understand their feelings. Attention-Deficit Hyperactivity Disorder (ADHD) might have an impact on this process. My research project will aim to develop a better understanding of how young teenagers living with ADHD experience controlling, maintaining, or adapting their feelings. An ADHD diagnosis impacts the diagnosed individual and their parental caregivers. Therefore, this study will also explore how the parental caregivers of young adolescents with ADHD experience their child's emotions.

WHY HAVE THE PARTICIPANTS BEEN INVITED TO TAKE PART IN THIS RESEARCH PROJECT?

Living with ADHD might impact the ways that young adolescents experience and interpret their emotions. Exploring the different ways that young adolescents with ADHD maintain, sustain, or alter their emotions could facilitate an understanding of their unique experiences in

the context of living with ADHD. Given that ADHD impacts both the diagnosed individual and family members, it would be important to consider how someone who is parenting an adolescent with ADHD experiences their child's emotions.

WHO IS DOING THE RESEARCH?

I am Antonina Mamontov, a Psychology Master's student.

HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This study has received approval from the UFS Research Ethics Committee. A copy of the approval letter can be obtained from the researcher. (Approval number: UFS-HSD2022/1381)

WHAT WILL HAPPEN TO THE PARTICIPANTS IN THE STUDY?

The objectives of the study will be explained to the adolescent participants. They will be reminded that they can retract their contribution to the study at any point until publication without experiencing repercussions. If the adolescent participants agree to participate in the research study, they will be interviewed at a physical interview venue. The physical interview venue will be on the school premises unless this poses a problem. I will ask them questions about how they experience their emotions. The parental participants will participate in an interview online or in a physical interview venue. The parental participants will be asked questions that will explore how they experience the emotions of their adolescent dependent living with ADHD. After their interviews, all the parental and adolescent participants will engage in a reflective writing paragraph.

CAN ANYTHING BAD HAPPEN AS A RESULT OF PARTICIPATING IN THE STUDY?

There are no expected adverse consequences of taking part in this study. However, adolescent participants may experience some distress due to discussing past experiences that are associated with negative emotions. They will be given the contact details of their school's counsellor to help them address any distressing feelings arising from discussing negative emotions that have occurred in the past. Additionally, there are no foreseen risks for the parental participants who choose to participate in this study. However, they, too, might experience distress from recalling past negative emotions. Parental participants will be provided with the contact details of SADAG (South African Depression and Anxiety Group), as they might not have access to the same psychological resources the school offers as quickly as the learner participants. The interviews will be arranged during convenient times for parental or learner participants to ensure that their daily activities are not disrupted.

CAN ANYTHING GOOD HAPPEN TO THE PARTICIPANTS?

There will be no direct benefits for participation in this study. The value of the study would be to add to the body of research that informs the management of ADHD.

WILL ANYONE KNOW THAT THE PARTICIPANTS WERE PART OF THE STUDY?

Other than the individual contact person at your child's school and the researcher, nobody else will know they have participated in the study.

WHO CAN YOU TALK TO ABOUT THE STUDY?

Miss Antonina Mamontov: 082 8833 060

WHAT IF YOU DO NOT WANT YOUR CHILD TO DO THIS?

Any participant's contribution to the study can be discarded without repercussions until the findings are published. The researcher will discard the relevant interview transcripts, which will not be analysed or incorporated into the study.

PLEASE RETURN

Name of child:

Name of Parent:

- Do you understand this research study, and are you willing to let your child participate in the study? Yes No
- Has the researcher answered all your questions? Yes No
- Do you understand that you can withdraw from the study at any time? Yes No
- I give the researcher permission to use the data gathered from my child's participation Yes No

 Signature of parent

 Date

I, the undersigned parent, further confirm that

1. The researcher has explained the nature, procedure, potential benefits and anticipated inconvenience of my participation in the study;
2. I have read (or had explained to me) and understood the study as explained in the attached information sheet;
3. I have had sufficient opportunity to ask questions and am prepared to participate in the study;
4. I understand that my participation in the study is entirely voluntary and that I am free to withdraw at any time without penalty (if applicable);
5. I voluntarily provide the UFS and the Researcher with my personal information and consent to the UFS and the Researcher collecting, disclosing and processing my personal information in order to conduct the study and any related activities in relation thereto;
6. I hereby acknowledge and confirm that I understand the purpose for which the UFS and the Researcher may collect, store, use, delete, destroy, outsource, transfer or otherwise process as the context and circumstances may require and as contemplated in terms of POPIA, my personal information as set out herein;
7. I am aware that the findings of the study will be anonymously processed into a research report, journal publications and/or conference proceedings and that my personal information will be aggregated and deidentified at such stage;
8. I also give the UFS permission to share, without notification, the collected data with other researchers at the UFS or other Higher Education Institutions. This permission is dependent on the same principles of ethical research practices, anonymity/confidentiality, safekeeping of information, and other issues listed above.

I, the parent, agree to the recording of my child's data for the purposes of this study.

Full Name of Parent: _____

Signature of Parent: _____ Date: _____

Full Name(s) of Researcher(s): Antonina Mamontov

Signature of Researcher:

Date: 29/07/2022

**RESEARCH STUDY INFORMATION LEAFLET AND CONSENT FORM FOR THE
PARENTAL CAREGIVERS ACTING AS PARTICIPANTS IN THE STUDY**

DATE 5/08/2022

TITLE OF THE RESEARCH PROJECT

Emotional Regulation in Attention-Deficit Hyperactivity Disorder: The experiences of young adolescents and parental caregivers

RESEARCHERS NAME(S) AND CONTACT NUMBER:

Antonina Mamontov (0828833060)

FACULTY AND DEPARTMENT:

Faculty of the Humanities, Department of Psychology

STUDY LEADER(S) NAME AND CONTACT NUMBER:

Dr. Carla Nel (051 401 3681)

WHAT IS THIS RESEARCH PROJECT ALL ABOUT?

Children and teenagers are still learning how to fully manage and understand their feelings. Attention-Deficit Hyperactivity Disorder (ADHD) might have an impact on this process. My research project will aim to develop a better understanding of how young teenagers living with ADHD experience controlling, maintaining, or adapting their feelings. An ADHD diagnosis impacts the diagnosed individual and the family members. My research project will also explore how the parental caregivers of young adolescents with ADHD experience their child's emotions.

**WHY HAVE THE ADOLESCENT AND PARENTAL PARTICIPANTS BEEN INVITED
TO TAKE PART IN THIS RESEARCH PROJECT?**

Living with ADHD may have an impact on how young adolescents experience their emotions. Exploring how they experience maintaining, altering, or sustaining their emotions would be relevant. Given that ADHD impacts both the diagnosed individual and family members, it would be significant to consider how someone who is parenting an adolescent with ADHD experiences their child's emotions.

WHO IS DOING THE RESEARCH?

I am Antonina Mamontov, a Psychology Master's student.

HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This study has received approval from the UFS Research Ethics Committee. A copy of the approval letter can be obtained from the researcher.

Approval number: UFS-HSD2022/1381

WHAT WILL HAPPEN TO THE ADOLESCENT AND PARENTAL PARTICIPANTS IN THIS STUDY?

The objectives of the study will be explained, and the participants will be reminded that they can withdraw from the study at any point until publication without repercussions. The adolescent participants who agree to participate in the research study will be interviewed in a physical interview venue. The school premises will be where the physical interview occurs unless this poses a problem. I will ask the adolescent participants questions about how they experience their emotions. Similarly, the parental participants will be briefed on the research objectives and interviewed online or in a physical interview venue. The parental participants will be asked questions that will explore how they experience the emotions of their adolescent dependent living with ADHD. After their interviews, the parental and adolescent participants will engage in a reflective writing paragraph.

CAN ANYTHING BAD HAPPEN TO THE ADOLESCENT OR PARENTAL PARTICIPANTS?

There are no expected adverse consequences of taking part in this study. However, adolescent participants may experience some distress due to discussing past experiences that are associated with negative emotions. They will be given the contact details of their school's counsellor to help them address any distressing feelings arising from discussing negative emotions that have occurred in the past. Additionally, there are no foreseen risks for the parental participants participating in this study. However, they, too, might experience distress from recalling past negative emotions. Parental participants will be provided with the contact details of SADAG (South African Depression and Anxiety Group), as they might not have access to the same psychological resources the school offers as quickly as the learner participants. The interviews will be arranged to take place during times that are not

inconvenient for parental or learner participants so that the process of being interviewed does not interfere with any other obligations that the participants might have.

CAN ANYTHING GOOD HAPPEN TO THE ADOLESCENT OR PARENTAL PARTICIPANTS?

Participants who participate in the study will not be directly benefitted from participating in the study. The value of the study would be to add to the body of research that informs the management of ADHD.

WILL ANYONE KNOW THAT THE ADOLESCENT OR PARENTAL PARTICIPANTS WERE PART OF THE STUDY?

Other than the individual contact person at your child's school and the researcher, nobody else will know that you or your child participated in the study.

WHO CAN YOU TALK TO ABOUT THE STUDY?

Ms Antonina Mamontov: 082 8833 060

WHAT WILL HAPPEN IF A PARTICIPANT WANTS TO RETRACT THEIR CONTRIBUTION TO THE STUDY?

Should any participant (learner or parental) want to withdraw from the study, they may do so without any repercussions until the findings are published. The relevant interview transcripts will be discarded and not analysed or incorporated into the study.

CONSENT FORM FOR PARENTAL PARTICIPANTS

I, the undersigned, _____
(participant's full names to be included), (the "Participant"), confirm that I voluntarily agree to participate in the research study referred to as "Emotional Regulation in Attention-Deficit Hyperactivity Disorder: The experiences of young adolescents and parental caregivers" which is a study that Antonina Mamontov is conducting.

I, the undersigned participant, further confirm that

1. The researcher has explained the nature, procedure, potential benefits and anticipated inconvenience of my participation in the study;
2. I have read (or had explained to me) and understood the study as explained in the attached information sheet;
3. I have had sufficient opportunity to ask questions and am prepared to participate in the study;
4. I understand that my participation in the study is entirely voluntary and that I am free to withdraw at any time without penalty (if applicable);

5. I voluntarily provide the UFS and the Researcher with my personal information and consent to the UFS and the Researcher collecting, disclosing and processing my personal information in order to conduct the study and any related activities in relation thereto;
6. I hereby acknowledge and confirm that I understand the purpose for which the UFS and the Researcher may collect, store, use, delete, destroy, outsource, transfer or otherwise process as the context and circumstances may require and as contemplated in terms of POPIA, my personal information as set out herein;
7. I am aware that the findings of the study will be anonymously processed into a research report, journal publications and/or conference proceedings and that my personal information will be aggregated and deidentified at such stage;
8. I also give the UFS permission to share, without notification, the collected data with other researchers at the UFS or other Higher Education Institutions. This permission is dependent on the same principles of ethical research practices, anonymity/confidentiality, safekeeping of information, and other issues listed above.

I, the participant, agree to the recording of my data.

Full Name of Participant:

Signature of Participant: _____ Date: _____

Full Name(s) of Researcher(s): Ms Antonina Mamontov

Signature of Researcher: _____ Date 22/08/2022

Appendix E

Semi-Structured Interview Transcripts (Adolescent Participants)

E1: Debby

TRANSCRIPT

Opening

1.

A.M.: Welcome. Thank you for giving up some of your time to do this interview with me. I really appreciate it.

DEBBY: It's a pleasure.

A.M.: I want to talk about a few things before we start properly. You will be referred to by a pseudonym in the study, and I will not reveal any information that might disclose who you are. You can retract your participation in the study up until the date of publication without any repercussions. There is little to no risk associated with participating in the research, but I have provided you with the contact details of The South African Depression and Anxiety Group should it become necessary.

DEBBY: Okay.

A.M.: This interview is going to be about your lived experiences. We're going to be exploring your lived experiences as an adolescent with ADHD and how you change or regulate your emotions. I want to generally explore how you experience your emotions as someone with ADHD. There are no right or wrong answers. You can feel free to answer as honestly and openly as you want.

DEBBY: All right.

Introductory Questions

2.

A.M.: The first question is: How do you experience your emotions in your day-to-day life?

DEBBY: Can I speak about when I'm on medication and when I'm not?

A.M.: Please. That would be valuable insight.

DEBBY: I take Ritalin. When I am not on Ritalin, I am more happy, chirpy and have a zest for life, and when I'm on Ritalin, I'm very down. When I'm not on Ritalin, and I can't concentrate or fixate on one thing, my mind is everywhere, and I tend to stress about everything.

3.

A.M.: Do you think that it is possible for people to change how they feel? If so, how?

DEBBY: Well, we've heard about having a positive attitude at school. I don't know how much I believe that having a positive attitude can change the way that you feel. If you tell yourself not to stress, it doesn't help very much. I don't think that you can change the way you feel.

4.

A.M.: How do you think that ADHD plays a role in how you experience your emotions?

DEBBY: I can't control them as much as other people can. When I say that, I mean that when I'm having a fight with my friend, she'll be able to stop, but I won't. Do you know what I mean?

A.M.: Yes

DEBBY: I'll just have an itch to carry on. Do you know what I mean?

A.M.: Yes. Absolutely. Would you describe that to be a form of hyper-fixation?

DEBBY: Yes

Funnelling and follow-up questions

5.

A.M.: When you feel upset, how long would you say it takes for you to focus on something else or to feel another feeling?

DEBBY: An example is that recently, a very good friend of mine and I have been fighting. Yesterday, I called him, and he said, "I just don't want to speak". I cut the call. That was at 2 p.m. I spent all day, and when I say all day, I mean all day, crying. I could not stop thinking about it until he messaged me and apologised. Basically, until I get reassurance from someone, it will always bother me.

6.

A.M.: It's context-specific and depends on that reassurance?

DEBBY: Absolutely. As an adolescent who struggles with ADHD, I do depend on a lot of people and that reassurance. Not from myself, from other people.

7.

A.M.: Which emotions are most difficult for you to feel?

DEBBY: Sadness becomes painful for me to feel. If my best friend is sad, and I know that she doesn't have ADHD, she doesn't get as sad as I do. When I get sad, I cry to the point of my stomach hurting. Do you understand what I'm saying?

A.M.: Yeah. And it doesn't take a lot to trigger that sadness?

DEBBY: No. If you were to say that during this interview that I didn't give the answers that you wanted, I would go home feeling guilty and that guilt would make me cry.

8.

A.M.: What helps you during difficult times?

DEBBY: I haven't found a strategy to help me.

A.M.: Okay. Are you still searching for one?

DEBBY: Yeah. If I'm sad about something, I will speak about it with my psychologist or mom.

A.M.: You speak to other people about your feelings.

DEBBY: Yes. Not just anybody, though. Only to my psychologist and mom.

A.M.: You only speak to certain people about your feelings.

DEBBY: I think with ADHD, that trust plays a huge role. I see that in young kids as well. Trust is a big thing. For kids like us who suffer with this [ADHD], being on medication can cause anxiety. I feel that kids should have someone they trust and that that trust should never be broken.

9.

A.M.: Absolutely. When you feel angry or upset, what do you do to control your reactions and how you behave?

DEBBY: If I'm angry, I'm not the type of person to react. I know that it doesn't make much sense. I don't react. It becomes too overwhelming. If you and I were bickering, I would walk out the door. My

dad has ADHD, and he struggles with the same thing. If my friend and I are fighting over WhatsApp, I'll block him because I can't do it anymore. It becomes so overwhelming that I feel like I can't breathe. I have to sit down and think about what happened. When he tries to call me, I go blank. I don't know what to say.

A.M.: Right. From what I understand, you need time to process what you are feeling?

DEBBY: Yes. I can't deal with it in the moment.

A.M.: Right. So, when you've had time to process what has happened and calm down, what determines your actions from that point?

DEBBY: Words. The words of the person who is making me feel the strong emotion. You can't really experience a strong emotion otherwise.

A.M.: All right. It's the reaction of the other person that is going to determine how you cope and react to things that you do once you are calm?

DEBBY: Yes

10.

A.M.: What feelings do you enjoy feeling the most? What do you do to feel them for as long as possible?

DEBBY: Calmness is a weird one for me. For me, as someone who has battled with anxiety and ADHD, being calm makes me forget about those two things. I love to sleep. I will sometimes sleep all day and all night. Sleep is an escape from reality. My brother loves to sleep. Yes. There are thousands of kids with ADHD, but I like to compare myself to the people around me. There's a girl in my class. We're so close. She says that when she wants to escape from the real world, all she wants to do is sleep. When I'm most happy is when I'm around my animals. I have two pets. I have a cat and a dog. I feel incredible around them. When I'm sad, they know.

A.M.: Right. Absolutely. They're like a comfort blanket. They can almost reassure you that everything is going to be okay.

DEBBY: Yes. Not with their words.

A.M.: Okay. Those are the things that come to your mind.

DEBBY: Yes. Breathing exercises don't work for me (chuckles).

A.M.: Okay (chuckles). Do you get frustrated by them?

DEBBY: Yes! It's like breathe in, breathe out, breathe in and breathe out.

11.

A.M.: What is the role of therapy in your life? Does it help you manage your ADHD?

DEBBY: I'm going to be honest. I've been going to therapy since the age of three. My brother and I never understood why. My mom always thought that we needed somebody to talk to. When I went to see a doctor before I was properly diagnosed, he told me that my life would never be the same. He said, 'You have ADHD'. There was nothing more comforting than my therapist saying that 'He was talking nonsense. You are more than that!'. I feel like having someone to talk to other than your mom, brother, or sister is incredible for anyone". The only time that your therapist would tell your mom anything is if you are going to harm someone else or if you are in danger and not if your friends are fighting with you at school. ADHD people battle with trust. Having someone who won't break that trust is important.

Conclusion and reflection

12.

A.M.: Is there anything more you want to tell me about your emotions?

DEBBY: No. Not that I can think of.

13.

A.M.: How do you feel about our conversation today?

DEBBY: I feel honoured. When my mom asked me to do this interview, I jumped at the chance immediately.

14.

A.M.: Thank you so much for your honesty. I learnt a lot from you.

DEBBY: Thank you.

REFLECTION: I just want to clarify that these are my emotions. This is how I feel. Everyone is different. It's important not to generalise. People are complex. Being a human is difficult, and being a teenager is difficult. Ultimately, every human is just a human.

E2: Matt

TRANSCRIPT

Opening

1.

A.M.: Welcome. Thank you for agreeing to participate in the study. I just want to talk about a few things before we start officially. In the study, you will be referred to by a pseudonym. This is a fake name. Nobody will know your identity, and I will not reveal any information that might reveal who you are. You can retract your participation to the study up until the date of publication without any repercussions. Just let me know, and I will remove your transcript from the study. There is minimal to no risk associated with participating in the study, but I have provided you with the contact details of the South African Depression and Anxiety Group should it be needed. Is everything clear?

MATT: Yep.

A.M.: This study is going to be about the lived experiences of young adolescents living with ADHD. I want to explore how you experience your emotions and how you experience emotional regulation. Emotional regulation is the ability to change your emotions over time or change how strongly you feel them.

MATT: Okay. Emotional regulation is something that happens over a specific period.

A.M.: Yes. We're going to be exploring your lived experiences, how you can make them intense and how you feel about your emotions in general as a teen with ADHD. There are no right or wrong answers. Feel free to answer as openly and honestly as you want.

MATT: Okay.

Introductory Questions

2.

A.M.: I'm going to start with some general opening questions. How would you describe your feelings in your general day-to-day life?

MATT: They can change very quickly. One minute, I can go from being happy and then angry for no reason.

A.M.: All right. Would you say that your emotions can be on a bit of a rollercoaster?

MATT: Exactly. One minute, they can be up high and then just plummet.

3.

A.M.: If you take medication, would you say that you notice a difference between being on medication and not?

MATT: Absolutely. One hundred percent. The difference is when I don't take my pill, I can become very hungry very quickly, and I'm jumping off the walls. I can't focus. If I'm playing with my dog and see something moving, like a butterfly or ant, I will switch my focus. On my pill, I can just focus on one thing, like my test.

A.M.: Would you say that you're calmer on your medication?

MATT: Yeah. I'm calmer on my pill.

4.

A.M.: Do you think it's possible for people to generally change how they feel? If so, how?

MATT: Do you mean in terms of changing their emotions?

A.M.: Yes. Change their emotions to feel something different.

MATT: No. Not really. It's not easy to do. I've had to do that. I had to once try hard. I was just not in a good mood and had to watch videos to feel happier.

A.M.: Okay. From my understanding, I am correct to think that you do not find this an easy thing to do.

MATT: Yeah. That's just for me, though.

A.M.: What would you say about other people?

MATT: In general, I'm not sure, really. I do know that you can make yourself feel better by playing with a pet or something. You must do something to make yourself feel happier. If you're sad and just sit there, you're not going to get better.

A.M.: Okay. You must be active about changing your emotions?

MATT: Yeah.

5.

A.M.: How would you say that ADHD plays a role in how you experience your emotions?

MATT: I have no clue, to be honest. What do you mean by "play a role"? How I change my emotions?

A.M.: Yes. How you would change your emotions to make them stronger or weaker. Would you say that ADHD has made you more sensitive and feel emotional spikes and dips?

MATT: I think that it's made me less sensitive.

A.M.: Okay. Can you speak a bit more about that, please?

MATT: Usually, with my emotions, when I don't take my pill, it's not actually that bad. When I take my pill, I can focus on it and think about it. When I'm not on my pill, I don't think about it, and it doesn't change.

A.M.: Okay. Would you say that you experience things more intensely?

MATT: Some things I do and some things I don't. I don't know how to describe it. When I'm happy, I feel much happier, but when I'm sad, it can be worse or less.

A.M.: Is this when you're on medication?

MATT: When I'm not on it.

Follow-up and funnelling questions

6.

A.M.: When you do feel upset, how long would you say that it takes for you to feel something else or feel less upset?

MATT: About half an hour to an hour and a half. It can go on for about half an hour to an hour and a half.

A.M.: Would you say that it depends on the context?

MATT: Why I'm sad?

A.M.: Yes.

MATT: Yeah. That is important.

7.

A.M.: Which emotions would you say are most unpleasant for you to feel?

MATT: Anger. Definitely. Sometimes I'm angry for no reason. It's frustrating. I would say that I'm frustrated because I don't want to be angry, but that actually makes me become angrier.

A.M.: Okay. If you could go back to a time when you were really angry, what have you done in the past to cope?

MATT: Usually, I just try to calm myself down with a couple of deep breaths, think of something happy and just push past it.

A.M.: From what I understand, it's like you said earlier. You cope by taking an active approach?

MATT: Yeah. I breathe in and out for five seconds until I'm more tired than angry.

A.M.: Would it be correct to say that you find breathing soothing and calming?

MATT: Yeah

8.

A.M.: When you're feeling very strong emotion or intense emotions, what helps you determine your actions or behaviour? What makes you decide how to act?

MATT: If it's at school, I'll just breathe and push past it, or I'll just clench my fists and let it go. If I'm not at school, I'll try to get some sleep. That doesn't work often because I can only really sleep during the day. If I just try and relax, it helps.

A.M.: Okay. When people feel something very strongly, they usually react or behave in a certain way. Perhaps they'll punch a wall, punch something or do something physically. What helps you to decide how to act?

MATT: If I'm at school, I can't really react because I know that I would get in trouble.

A.M.: Okay. Is it correct to say that rules will determine how you react?

MATT: Yeah. [Pause]

A.M.: Would it be fair to say it could also be the people around you?

MATT: Yeah. If I'm around a person I like, I can easily control it. If I'm around someone I don't like, it's harder.

9.

A.M.: Which feeling do you enjoy feeling the most?

MATT: Happiness.

A.M.: Are there any other feelings that immediately come to your mind?

MATT: Excitement.

10.

A.M.: Okay. When you have felt those pleasant emotions, what do you do to feel them for as long as possible?

MATT: I don't try to experience those emotions for as long as possible. I'll just try to live in the moment and experience them. When I win a Waterpolo match, they [pleasant emotions] can last for about a day maybe, but not if I force it.

A.M.: Do you not want to force those emotions or sustain them?

MATT: Can you please explain that?

A.M.: You don't do anything to feel a happy emotion for a longer time?

MATT: Well, sports. Sports make me happier for longer. Say I score a try. I'll be happier for longer. Maybe for a day or so. It's mainly sports that I like. Doing well on a test, too.

A.M.: Would you say that being physically active helps you to feel happy for a long time?

MATT: Yeah.

Conclusion and reflection

11.

A.M.: Okay. Is there anything that you would like to add to our conversation?

MATT: No. Not really.

A.M.: How do you feel about our conversation?

MATT: It was nice.

A.M.: Thank you so much for speaking to me.

REFLECTION:

The interview was nice. In general, I just want to get on with my life, do better in sports and in school. Having ADHD can make some stuff annoying. When I'm on my pill, I have more energy, but I can just go down quickly, which is frustrating. When I'm not on my pill, I can get really hungry really quickly. When I don't take my pill, I can have four burgers, and when I'm on my pill, I can only eat one. That can be annoying.

E3: David

TRANSCRIPT

Opening

1.

A.M.: It's lovely to meet you! Thank you for giving up some of your time to have this conversation with me.

DAVID: It's not a problem.

A.M.: I would just like to discuss some things before we start. You will be referred to by a pseudonym in the study. A pseudonym is a fake name. I will not reveal any information that might disclose who you are. You can tell me not to use your contribution to the study until it is published. Feel free to let me know and I will not include your interview in the final study. Nothing bad will happen to you if you make that choice. There is little to no risk associated with participating in the interview. If it becomes necessary, I do have the contact details of the South African Depression and Anxiety Group to share with you. Is everything clear? Do you have any questions?

DAVID: No. I don't have any questions now.

A.M.: That's great. I would like to start off by outlying the study. My study is going to be exploring your lived experiences as a young adolescent with ADHD. I want to explore how you experience your emotions, change them, manage them and cope with them. I'm going to ask you some general opening questions first. You can answer as openly and honestly and openly as you want.

DAVID: Okay. I understand.

Introductory Questions

2.

A.M.: How would you say that you experience your emotions in your day-to-day life?

DAVID: They are normally in check. When things don't go my way, I can get very sad. When I get sad, I get very sad. I feel as though my emotions are almost doubled. I almost feel as though there is this flood.

A.M.: You feel a flood of emotions?

DAVID: Yeah. I do.

A.M.: Okay. Would you say that it feels intense?

DAVID: Yeah. They are.

3.

A.M.: Okay. The next question is going to be exploring a belief or opinion. Do you think that people can change how they feel? If someone feels sad, is it possible for them to do something to feel happy or positive?

DAVID: Yes.

A.M.: Okay. How do you think that people go about doing that?

DAVID: Normally, people just get with things by surrounding them with things to help them feel happy.

A.M.: Okay. So, people must be proactive to change how they feel?

DAVID: Yeah. I would say so.

4.

A.M.: Okay. You've been diagnosed with ADHD. People with ADHD can find it hard to focus, be hyperactive and impulsive.

DAVID: Right. That's true.

A.M.: How would you say that those things have impacted the way that you experience your emotions?

DAVID: You've mentioned being impulsive. I agree with that. If I want to do something, I will. I wouldn't say that being hyperactive has influenced how I experience my emotions. I'm not generally an emotional person.

A.M.: Okay. Would it be fair to say that you can feel your emotions very strongly but let them go easily too?

DAVID: Yeah.

A.M.: Okay. You mentioned being impulsive. Would it be fair to say that being impulsive makes you very quick to react to things? If you're very angry, do you need to express that emotion?

DAVID: Yeah. Definitely.

Follow-up and funnelling questions

5.

A.M.: Okay. When you feel angry or upset, how long does it take for you to feel better or to focus on something else?

DAVID: I know that when I'm angry at someone, it takes a while. I need to take some time to be away from them. Sometimes, negative emotions can motivate me. If someone tells me that I can't do something, I will spend time to prove them wrong.

A.M.: Would you say that you do need some time to bounce back or recover from negative emotions?

DAVID: Yeah. That's very true.

A.M.: Okay. Does it depend on the situation and what has made you feel negative? If something happens that makes you feel a very strong emotion, you need more time to recover.

DAVID: Yeah. Yeah. I would say that.

6.

A.M.: Okay. Which emotions would you say are most unpleasant for you to feel?

DAVID: I don't like feeling scared. I hate feeling scared. I also hate when my friends tease me. I don't like that.

A.M.: Okay. Being teased is unpleasant and uncomfortable.

DAVID: Yeah. Definitely. That's true.

7.

A.M.: Okay. If you were to think about a time in your life when you remember feeling scared, teased, upset or negative, what did you do to help you?

DAVID: I just play with my dogs. They help a lot.

A.M.: Okay. Is there anything else that comes to your mind?

DAVID: Well, if I don't play with my dogs, I will normally just speak to my friend. He understands me well.

A.M.: Okay. Would it be fair to say you must trust the other person if you share things with them?

DAVID: Yeah. I must feel comfortable around the other person. It can't just be anyone.

8.

A.M.: Okay. When you feel a very strong emotion, what would you say is something that determines your behaviour?

DAVID: It really depends on what happened. If it was something minor, I wouldn't do anything. If someone teases me constantly, I get ticked off.

A.M.: When you feel ticked off, what is the thing that will make you think about how you are going to act or behave?

DAVID: What is right or wrong. Before doing something, I will ask myself if it is okay.

A.M.: You think about the consequences of your actions?

DAVID: Yeah. Definitely.

9.

A.M.: Which feeling do you enjoy feeling the most?

DAVID: Being happy. I also sometimes like the feeling of butterflies in my stomach for some reason.

A.M.: You enjoy feeling excited.

DAVID: Yeah. I would say so.

10.

A.M.: What do you do to make some of those positive feelings last for as long as possible?

DAVID: If I'm interested or excited about a topic, I will do some research. I'll obsess about the things that make me interested or passionate.

A.M.: You fuel your interest and curiosity and feed your happiness or excitement in that way?

DAVID: Yeah. I do.

A.M.: Okay. If you take medication, does it impact or make a difference in your emotions?

DAVID: Yeah. Definitely. A big one. When I'm on Ritalin, my friends tell me that the maximum number of words that I say in a day is about ten, and they are all to teachers. I don't talk as much on Ritalin, and it impacts my appetite. I have low tolerance when I'm not on Ritalin. When I am on Ritalin, I have even less tolerance for teachers going off-topic. I don't feel confident when I take Ritalin. You want to keep to yourself. I don't like people in general, but the focus that Ritalin gives me keeps me in my own bubble.

A.M.: Okay. Is that ability to focus beneficial?

DAVID: Yes. It benefits me in tests and exam.

A.M.: Okay. Would you say that when you're on Ritalin, you feel judged? You mentioned not being that confident on Ritalin. Why would you say that this is the case for you? Is there a reason?

DAVID: With Ritalin, I just feel like I need to keep my head down and get on with things.

A.M.: Okay. Would it be fair to say that Ritalin makes you less spontaneous?

DAVID: Yeah. Definitely. I would say that. I always prefer to do things on my own when I'm on Ritalin. I can't do group work.

Conclusion and reflection

11.

A.M.: Okay. Is there anything that you would like to clarify or elaborate on about your emotions, coping strategies, being a teen or having ADHD?

DAVID: Having ADHD comes with stigma. People naturally need to fidget. It isn't normal for people to sit too still for too long. If I were to fidget in my class with my pen, people would be quick to say, "he has ADHD and can't help it". People see having ADHD as a bad thing. I don't think that it always is. It can be a good thing. I have more energy than others. I can participate in sports for a long amount of time because I have ADHD. I can become happy very quickly. I find it quicker to be happy than sad.

A.M.: Okay. Would you say that you feel things intensely and that it doesn't take a lot to trigger that emotion?

DAVID: Yeah. That's true.

12.

A.M.: How do you feel about our conversation today?

DAVID: It was perfectly fine. It was easy and convenient.

A.M.: Okay! Great! Thank you for your time. I certainly learnt a lot.

DAVID: No problem. It's a pleasure.

REFLECTION: The interview process was perfectly fine. I find it easy to talk about having ADHD. These conversations are normal for me. I am an honest person. I accept who I am and that I have ADHD.

E4: Neil

TRANSCRIPT

Opening

1.

A.M.: Welcome! It's lovely to meet you, and thank you for giving up some time to have this conversation with me today.

NEIL: It's nice to meet you, too.

A.M.: I would like to bring up a few things before the interview starts officially. You will be referred to by a pseudonym in the study. A pseudonym is a fake name. Nobody will know that you have participated in the study, and I will not reveal any information that might let other people know your identity. If you decide that you don't want to be a part of the study, you can feel free to let me know until the studies are published. I will not use your transcript, and nothing bad will happen to you if you decide to do that. There is little to no risk associated with participating in the study. I will provide you with the contact details of the South African Depression and Anxiety Group if you need to contact them after the interview. Is everything clear, and do you have any questions?

Neil: Everything seems clear. I don't have any questions for now.

A.M.: Perfect. I want to start off by outlining the study. I want to explore lived experiences. I want to see how you, as a young adolescent with ADHD, experience your emotions. When I say experience your

emotions, I mean the types of emotions you feel, how strong your emotions are, how you change your emotions and how you manage your emotions. There are no right or wrong answers, and you can feel free to answer as openly and honestly as you want to. There are about ten questions. Feel free to stop me if you need me to explain something or if you need a break.

NEIL: Perfect. I will.

Introductory Questions

2.

A.M.: Great. I'm going to start off with a general opening question. How do you experience your feelings in your daily life? Do you have certain emotions that you feel often? What triggers your emotions?

NEIL: I'm mainly frustrated most of the day. My schoolwork triggers that frustration. I can sometimes get annoyed.

A.M.: Okay. Would you say that your emotions go up and down? Are they strong?

NEIL: Yes. Definitely.

3.

A.M.: Okay. The next question that I'm going to ask you is about a belief. Do you believe that it is possible for people to change how they feel? If someone feels very upset, is it possible for them to change that and be happy?

NEIL: Yes.

A.M.: What would they do to feel happier?

NEIL: I suppose that people can change how they feel by doing something they enjoy and something that they know will make them feel happier.

A.M.: Okay. They must be active about changing their emotions. Changing emotions isn't something that can happen on its own. People must do something to make that happen.

NEIL: Yes. Definitely.

4.

A.M.: Okay. As you probably know, when you have ADHD, you can be impulsive, active and battle to focus. How would you say that these things impact how you experience your emotions?

NEIL: My emotions are different, and I suppose that is because I tend to forget things. The tablets that I take stop me from eating, which isn't nice. That impacts me emotionally. When I don't eat, it makes me get emotional.

Follow-up and funnelling questions

5.

A.M.: Okay. When you do feel upset and negative, how long would you say that it takes for you to recover or to focus on something else?

NEIL: I would say that it usually takes me about half an hour to an hour.

A.M.: It's a quick process. You can let negative emotions go.

NEIL: Yeah. Definitely.

A.M.: Okay. Which emotions can make you feel awful and negative?

NEIL: I don't really like feeling sad.

A.M.: Okay. Sadness is a negative emotion for you to experience.

NEIL: Yeah. I don't really like feeling angry, either.

6.

A.M.: Okay. When you do feel angry or sad, what are some of the things that you do to make yourself feel better?

NEIL: I try my best to forget about it and move on.

A.M.: Okay. How do you allow yourself to forget about negative emotions? What helps you?

NEIL: Being active is something that often helps me.

A.M.: Okay. You like to play sports and release your energy?

NEIL: I do.

A.M.: What are some of your favourite sports?

NEIL: I like to play soccer, hockey, and tennis.

A.M.: Okay. Is there anything else that you do other than being physical to help you when you are upset? Does anything else come to mind?

NEIL: Not really. I would just add to the activities that I have already mentioned that I like to run and ride my bike.

7.

A.M.: Okay. When someone feels a strong emotion, I am sure that you have noticed that people tend to react or behave in a certain way. What do you do to control your actions or behaviour when you feel a very strong emotion?

NEIL: I try to laugh about the situation and accept the situation for what it is.

A.M.: Okay. It's almost as though having a light-hearted and humorous attitude tends to allow you to control your actions and react in a good way?

NEIL Yes. Definitely.

8.

A.M.: Okay. Can you name some feelings that you like feeling the most and make you feel the most positive?

NEIL: I would say that I mainly like to feel happy.

A.M.: Okay. You enjoy feeling happy.

NEIL: Yes. I really do. I love feeling excited and energetic, too.

9.

A.M.: Okay. When you do feel happy and positive, what do you do to make those good emotions last for as long as possible? What do you usually do to keep feeling happy and good?

NEIL: I like to remember positive emotions and think about them often and throughout the day.

A.M.: Okay. You store the happiness and keep it in your memory so that you can feel those good feelings in short bursts.

NEIL: Yeah. Feeling positive in short bursts helps me to feel happy for a long time.

Conclusion and reflection

10.

A.M.: Great. Those are the main interview questions. Do you have anything that you want to add to your answers or clarify?

NEIL: No. There's nothing that I can think of.

A.M.: Okay. How do you feel about our conversation today? Is it easy to talk about emotions for you and to talk about yourself?

NEIL: I would say that the questions were easy. It's easy for me to talk about my emotions.

A.M.: Okay. You are used to being honest.

NEIL: Yeah. It's not a hard thing for me to do.

A.M.: Thank you for your lovely answers and for giving up your time! I have learnt a lot from our conversation.

NEIL: You are very welcome.

REFLECTION: I don't know what it's like to not have ADHD. I know that I am different from my friends without ADHD. I don't really think that I'm like other people, so I don't really compare myself to others or get frustrated with myself. I have just learned to accept who I am and the fact that I have ADHD.

E5: Jacob

TRANSCRIPT

Opening

1.

A.M.: Welcome! It is lovely to meet you! Today we're going to be engaging in an interview process, so thank you for agreeing to give up your time to have a conversation with me.

JACOB: Thank you! I'm happy to be here.

A.M.: There are just a few things that I would like to bring up before starting officially. You will be referred to by a pseudonym in the study. A pseudonym is a fake name. Nobody will know your identity in the study, and I will not share any information that might reveal who you are. You can retract your participation in the study up until the day it is published. Just let me know, and I will not include your transcript in the study. There is minimal to no risk associated with participating in the study. If it becomes necessary, I have provided you with the contact details for SADAG or the South African Depression and Anxiety Group. Do you have any questions before we begin?

JACOB: Nope! Everything is clear.

A.M.: Perfect. I would just like to quickly give you an outline of the study. In my study, I want to explore the lived experiences of young adolescents. I want to explore how you experience your emotions, how you change the intensity of your emotions, how you cope with your emotions and just your emotions in general. There are no right or wrong answers, and you can answer as openly and honestly as you want to. You can also let me know if you need to take a break between questions.

JACOB: Okay. That sounds good.

Introductory Questions

2.

A.M.: I'm going to start with some opening questions. How would you describe your feelings or emotions in your daily life?

JACOB: Do you mean the types of emotions that I experience and how I live with them?

A.M.: Yes. Exactly. If you think about your life in general, what are some emotions that you experience most often, and how strong are your emotions overall?

JACOB: I'm emotionally happy. I'm usually excited and talkative.

A.M.: Would you say that you have a general zest for life?

JACOB: Yeah. I'm generally positive.

A.M.: Okay. Would you say that you say that you feel things intensely?

JACOB: Yeah. When it comes to my emotions, I would say that I do. I will wake up in the morning feeling tired, happy, or scared for the school day. I overthink things on school days. I will wake up thinking about what I have done, what needs to be done and what are the consequences if there is something that I haven't done.

3.

A.M.: Okay. I'm going to ask you a question about a general opinion. In general, overall, do you think that people can change how they feel? If someone is upset, could they do something to feel happier?

JACOB: Yeah.

A.M.: How would people go about doing that?

JACOB: Meeting new people. Talking to other people who have experienced the same thing as them. Going to lessons to get help and be helped. Generally, just talking to people who have recovered.

A.M.: It's that human connection that you think is important.

JACOB: Yeah. Definitely.

4.

A.M.: You have ADHD. How would you say that ADHD plays a role in how you experience your emotions? What I mean by that is how would you say that increased impulsivity, increased hyperactivity, and difficulty focusing have impacted your emotions?

JACOB: Harshly. In school, you must get extra attention, and you must pay extra attention because you know that something is not going to be taught twice. For me, I would say that it's a negative thing. It's incredibly hard to focus without medication or movement. I can't just sit down and listen or read. I must be active at the same time by fidgeting, boredom eating; focusing is a major problem. I doze off, daydream. I also worry that people are looking at me. It makes me feel a bit of anxiety.

A.M.: Okay. Would you say that you feel judged in those situations?

JACOB: Yeah. I worry and feel like everybody is looking at me and what I look like. It grabs my attention away from work. Other than that, I fidget, daydream, and doze off.

A.M.: Would you say that it's always been like that?

JACOB: The thought of being judged entered when my new school started. When I was in primary school, I was in a special school. Everyone was different in a special needs way and have ADHD, autism, or something like that. In my new school, it's not like that. Not many people suffer with ADHD or understand what it's like. You are the only one in that place, and many people don't have it.

A.M.: Okay. Would you say that you sometimes look at people and think, "I wish that you could understand how I feel or what it's like not to be able to concentrate!"

JACOB: Yes. Definitely.

Follow-up and funnelling questions

5.

A.M.: Okay. When you feel very upset or something negative, how long does it take for you to feel something more positive or focus on something more positive?

JACOB: Usually, I can do that quickly. If I got in trouble for something stupid, like forgetting to do my chores, I would get shouted at, go to my room, and feel upset. Let's say I saw something on YouTube, I would look at that and the emotion would just go. My thoughts would automatically just change to something else that pops in my head. That allows me to almost forget about that emotion. I would know it's there, but I wouldn't feel it. I just generally eventually forget about it.

A.M.: Okay. Would you say that it depends on the situation or reason that you are sad?

JACOB: Yeah. If it's a stronger emotion like anger, it takes longer. If I'm sad and something positive enters my mind, that's quick. If I'm feeling angry, frustrated or like I want to get revenge on a person and get them back for what they've done to me, it won't leave my head that easily.

A.M.: Okay. Which emotions are unpleasant and not nice for you to feel?

JACOB: Unpleasant?

A.M.: Yeah. The emotions that just leave you feeling negative or bad.

JACOB: Loneliness. Being silent. I don't think that silence is an emotion.

A.M.: By silence, you mean being on your own and isolated.

JACOB: Yeah. Being silent and quiet with nobody around you. Silence can be good when you're fed up with someone and don't want to be around you, but I can't go too long without my friends or family by my side.

A.M.: You don't like being away from your tribe and being isolated? You need to feel a sense of belonging?

JACOB: Yes.

6.

A.M.: Okay. If you reflect and think about a time that you can remember feeling lonely, what are the things that you generally do to cope?

JACOB: It happened during the New Year break. My friends went off together, and I was sometimes at home and didn't get invited unless I asked. I was left alone a lot. What I would do to cope is swim. Sometimes, my best friend would come over, and we would go skating together. I would be on my phone. I don't read, so I wouldn't read. I would focus on my chores. That's it.

A.M.: Okay. Would you say that you've realised what helps you to cope as you've gotten older during those difficult times?

JACOB: Yeah. I would say so.

7.

A.M.: When you feel an intense negative emotion like anger, frustration, or loneliness, what would you say helps to determine your actions?

JACOB: I would think about my punishment after the actions and what my punishment would be. I would think about the other person and how my actions would affect my relationship with that person. If I would lose my temper or want to hurt them physically, it would be hard to stop me to stop that.

A.M.: Okay. You would just have to let that anger out.

JACOB: Yeah. Somehow.

A.M.: Okay. Which feelings do you enjoy feeling the most? What do you do to feel them for as long as possible?

JACOB: Joy, happiness, and being around people my age. I would have a day with them. I like to be able to speak freely and speak to people who would understand what I am going through.

A.M.: Is there anything else that comes to mind? You've already mentioned that you make plans with friends to feel positive emotions. Is there anything else that you might do that comes to your mind?

JACOB: I haven't done this for a long time. I used to have a diary. I love drawing. It makes me happy. I enjoy writing. It's just my spelling that is a problem. I like writing things on a page in an expressed manner that can pop my personality out. That would make me happy and find myself.

A.M.: You just need to find the correct creative outlet.

JACOB: Yeah. That's true.

Conclusion and reflection

8.

A.M.: Okay. Is there anything else that you want to add about ADHD, emotions and being a teenager?

JACOB: Well, people have thoughts about the disorder, having ADHD and being different. I compare myself to other people who are smarter than me. There are less opportunities in life that you think you can't have because you have the disorder. I wouldn't think that I could have an office job. It wouldn't be good. Even on my Ritalin, I still struggle to focus. Having Ritalin can impact on your diet. I sometimes don't eat at school because I don't feel hungry. If you have ADHD, you can shift a conversation without even knowing. You can zone out in a very important situation and not even know it. You sometimes can't hear what people say. You just must ask them to repeat things repeatedly and get scared that they might get sick of that and what they would do to you. You're scared that they would just say, "Come on, just focus!" and you become scared of their reaction.

A.M.: You don't want to let that person down?

JACOB: Yeah. Exactly.

A.M.: Okay. How do you feel about our conversation today?

JACOB: It felt opening.

A.M.: I'm glad! Thank you for your insights, time, and honesty! I found our conversation eye-opening.

JACOB: You're welcome! It's a pleasure.

REFLECTION: It's helpful and nice to get things off my mind. It's nice to talk about things and know that other people won't know who I am.

E6: Elsa

TRANSCRIPT

Opening

1.

A.M.: Welcome! It's lovely to meet you. Thank you for agreeing to participate in this interview and for giving up your time to have this conversation with me!

ELSA: It's nice to meet you, too. I am happy to help.

A.M.: I would just like to bring up some things before the interview starts. You will be referred to by a pseudonym in the study. A pseudonym is a fake name. I will not reveal any information that might reveal who you are. You will be able to tell me that you don't want to participate in the study without anything bad happening to you. If you let me know before the study is published, I will not include your article transcript in it. There is very little to no risk associated with participating in the study. I will provide you with the contact details of the South African Depression and Anxiety Group should the need arise.

ELSA: Okay. That sounds perfect.

A.M.: Do you have any questions?

ELSA: No. I don't have any questions.

A.M.: Perfect. I would like to outline the study first. The study that I am going to be conducting is going to explore the lived experiences of young adolescents with ADHD. I want to explore how you experience your feelings and emotions. I want to see how you control your emotions, manage them and how strong they are. You can feel free to answer as openly and honestly as possible. There should be about ten questions. Are you ready?

ELSA: Yes! Absolutely. You can go ahead.

Introductory Questions

2.

A.M.: Great. I'm going to ask you some general opening questions. How would you describe your feelings in your day-to-day life? Which feelings do you feel the most, and how strong are they in general?

ELSA: I feel normal at the beginning of the day. If I know that I have a lot of work to do, I can become stressed. I don't want to bring my homework home with me. I can get angry at times. I know that after school, I can get angry when I must do Maths. I don't like the subject, and it stresses me out. I get stressed out the most when I must write tests and exams.

A.M.: Okay. The process of writing tests stresses you out.

ELSA: Projects are fine. Exams are stressful. Tests are fine unless I haven't studied. If I've studied, I feel confident and good to go. If I haven't, all that stress can overwhelm my brain to the point of not knowing a single thing.

A.M.: Okay. Why would you say that is? What is it about those situations that feel stressful to you?

ELSA: I don't know. It just happens. I failed two Maths tests because of my stress last year. I can't control it. It's just something that happens.

A.M.: You feel emotionally flooded and overwhelmed.

ELSA: Yeah. I would say so.

A.M.: Okay. Have you always experienced this?

ELSA: I've lived with strong emotions my whole life. I will sometimes be talking to someone and just want to burst into tears for no reason or get angry for no reason. Lately, I've noticed that I can feel this rush of happy energy after school. I just go through the roof.

3.

A.M.: Okay. The next question that I'm going to ask you is going to be about a general opinion of yours. Do you think that it is possible for people to change how they feel? If someone feels sad, do you think that it is possible for them to recover and feel happy again?

ELSA: It is possible. It just depends on how they go about it. If I'm upset, I know that my mom and friend can come and talk to me, and I will feel happy. If I'm stressed, I feel calm by talking to my teachers. There was an Afrikaans reading that I knew that I had to do. I was stressed at first, but when my teacher told me that it was going to be for my Term 2 mark, I felt more at ease.

A.M.: Okay. How would you say that you've noticed the people around you do to change how they feel?

ELSA: Well, sometimes other people don't need you to talk to them if they are feeling upset.

Sometimes, if my mom is upset, I will sit next to her without saying anything and just give her a hug. Sometimes, it helps to share and talk; sometimes, you don't need to say anything, and other people just want you to be there to help you wipe their tears.

A.M.: Okay. Having good relationships can be helpful. Knowing that you can talk to someone trustworthy can provide relief.

ELSA: Yeah. Having a close bond with someone who knows how to make you feel better is helpful. They will know how to make me feel better.

4.

A.M.: Okay. Having ADHD comes with a certain amount of hyperactivity, distractibility, and impulsivity. How do you think that these elements have impacted the ways that you have experienced your emotions?

ELSA: Umm, sometimes school can be stressful. The stress and anger associated with ADHD can make your emotions worse. It's hard to describe. Being stressed makes me get really worked up. I must finish something and can't focus on anything else until it's done. If someone asks me to focus on something else, I need to tell them that I can't. I drift off less on my medication since I have adjusted how much Ritalin I take.

A.M.: Okay. Would it be safe to say that you know you might have certain limitations and forget things?

ELSA: Yeah. Definitely.

Follow-up and funnelling questions

5.

A.M.: Okay. When you feel upset and negative, how long does it take for you to focus on something more pleasant or to feel better?

ELSA: If I'm angry or upset, it will usually last the whole day. I can't control it.

A.M.: Would you say that it depends on the situation that you're in?

ELSA: Yeah. Sometimes, I might forget that I'm upset and be happy quickly, but it does depend on the situation.

A.M.: Okay. You must let your emotions out in some way or another. You wouldn't be able to recover if you didn't. Would that be fair to say?

ELSA: Yeah. It would be.

6.

A.M.: Okay. Which emotions do you hate feeling the most? Are there emotions that make you feel negative, awful, and horrible?

ELSA: Anger. I can get angry over anything. My sadness pops out of the blue now and again. I also feel stressed. I failed two Maths tests because of my stress last year. I can't control it. It's just something that happens.

A.M.: Okay. When you are feeling angry or stressed, what do you do to help you during these difficult times?

ELSA: I will sometimes stress eat. Eating helps. I sometimes sleep it off, watch TV or sit on my phone.

A.M.: Do your friends help you?

ELSA: My friends don't know exactly what I go through. Only my best friend knows.

7.

A.M.: Okay. What helps you control your actions when you feel a strong emotion. Let's say you feel very angry. What would help or guide you? What determines how you are going to react or behave?

ELSA: Well, I can't get angry in certain places. I sometimes must let it go. I do sometimes scream in my head to let it out. At home, I go to my room until it goes away because I don't want to say the wrong thing at the wrong time.

A.M.: Okay. You mentioned saying the wrong thing at the wrong time. When you are angry, what helps you to remember to do that?

ELSA: Well, I tend to calm myself down so that I don't say something that I don't mean.

A.M.: What would happen if you said something that you don't mean?

ELSA: I might hurt my mom, or I could get in trouble. If I were to tell my mom to shut up, I would get in trouble. If I were to say something hurtful to my mom, she would be upset.

A.M.: You are aware of the results of your actions and rules.

ELSA: Yes. Definitely.

8.

A.M.: Okay. Which feelings do you enjoy feeling the most?

ELSA: My random outbursts are things that I like a lot. I don't always think of myself as having lots of energy.

A.M.: Do you like the fact that the outbursts are unexpected?

ELSA: Yeah. Sometimes I can say something funny, and that can make me feel happy.

A.M.: Okay. How do you feel those positive emotions for a long time? How do you make those emotions last?

ELSA: Well, I tend to continue doing what I did to make me feel happy in the first place. If I am happy, I won't let it all go at once.

A.M.: Okay. You release that energy slowly.

ELSA: Yes. I like to be aware of the moment.

Conclusion and reflection

9.

A.M.: Is there anything that you want to add to your answers.

ELSA: Being a teenager is hard. Sometimes, we need some help to manage things like anxiety and depression. Having some help to deal with mental disorders like ADHD can be helpful.

A.M.: Okay. How do you feel about our conversation today?

ELSA: The questions were easy and understandable.

A.M.: Perfect. Thank you for your insights and for giving up some time to have this chat with me. I learnt a lot from our chat today.

ELSA: It's a pleasure.

REFLECTION: All the questions were easy to answer and understandable. Sometimes, people just need to feel understood and need help to deal with the things that they are going through.

E7: Keat

TRANSCRIPT

Opening

1.

A.M.: Welcome! It's lovely to meet you! Thank you for agreeing to have this conversation with me. I really appreciate you giving up some of your time.

KEAT: You are welcome! I'm only happy to help.

A.M.: I want to mention some things before starting with the interview. You will be called a pseudonym or fake name in the study. I will not reveal any information that might reveal who you are. You can remove your participation in the study until they are published. Let me know if you don't want me to analyse your transcript, and I will remove your transcript from the study. Nothing bad will happen if you decide to do that. There is minimal to no risk associated with participating in the study. I will give you the contact details for the South African Depression and Anxiety Group if you need to use that resource after the interview. Is everything clear? Are you happy to proceed, and do you have any questions?

KEAT: Everything seems clear so far. I don't have any questions, so you can feel free to go ahead.

A.M.: Perfect. I'm going to start off by explaining the study to you. I want to explore your lived experiences as a young person with ADHD. I want to see how you experience your feelings, how you change them, how intense they are, how you cope with them and the feelings that you tend to feel most. There are no right or wrong answers. You can feel free to answer as openly and honestly as you want. There should be about ten questions. You can feel free to let me know if you need me to explain a question to you in more detail or if you want to take a break at any point. Are you comfortable to continue?

KEAT: You can feel free to go ahead.

Introductory Questions

2.

A.M.: Great. I'm going to start off by asking you some opening questions. How do you experience your feelings in your daily life? How intense are your emotions? Are there some emotions that you feel often, and how do you manage your emotions in general?

KEAT: I think that my emotions can look different at different points of the day. When I'm alone, I tend to feel alone and depressed. It depends on if I have taken my Ritalin or not. If I don't take my Ritalin, I tend to feel intense emotions. My friends will come over, and we play a game. If I lose that game, I will get so upset that I won't want to play anymore. I'm very competitive. I don't like losing. At night, I will think about something hurtful that happened earlier in the day, and the feelings will still be very tense. I think that I always experience loneliness and upset at night. My emotions are generally very intense.

A.M.: Okay. Would you say that it has always been that way for you?

KEAT: I think that my emotions got very intense after my parents divorced. I would say that I have slowly learned to control my emotions since then. I am proud of that because things were bad before, and I couldn't control them as well.

A.M.: Are positive emotions intense for you?

KEAT: Yep. If I were to become part of a new friend group or form a new relationship, I tend to love deeply. I also really enjoy playing soccer. It makes me feel happy. I generally spend a lot of time with my friends and create deeper bonds. I love my friend group so deeply. It's a double-edged sword. If the new people I meet hurt me, I will always wonder why they would hurt me because I loved them so much.

A.M.: Okay. You feel betrayed by them.

KEAT: Yeah. Definitely.

3.

A.M.: The next question is going to be about a general opinion. Do you think that it's possible for people to change how they feel?

KEAT: Yes. That's true even if people have ADHD. I can change my emotions in a heartbeat. If I'm alone, sitting on my bed and feeling sad, I can call someone and feel better. If I feel hatred or animosity, I can call the person I hate or talk to them, and those feelings will go away. I do feel that it is possible.

A.M.: Do you notice other people do it?

KEAT: I know that other people can do it because I see myself do it. If I'm feeling lazy, I can change my mood by getting up and doing some exercise. If I'm doing a project and really don't want to do it, I will get up, listen to some music, and feel more energetic.

A.M.: Okay. If someone wants to change their mood, they must be proactive.

KEAT: Yes. I would say so.

4.

A.M.: Okay. ADHD is associated with being impulsive, being hyperactive, and battling to focus. With these things in mind, how would you say that having ADHD plays a role in how you experience your emotions?

KEAT: ADHD comes with everything that you have just said. Those properties are not wrong. They are factually correct. I would say that I have learnt to have big aspirations that I have the energy to work towards. ADHD is like an untamed river, but you do have the ability to tame it. That's what I would

experience in my life. I used to go through a phase of flipping my bed over and screaming at my mom. I used to do so badly at school. I was the class clown. I used to love to make people laugh in class because I couldn't focus. That releases dopamine for me. I moved away from that and became an academic. I learnt how to control it and get distinctions because I learned how to control it. I can have impulsive thoughts sometimes, even now. I will do dumb things sometimes. I will leave a car door open without closing it. Sometimes, I will have to go back to a car once it's been parked to double-check that I closed my door. It's a recurring thing, but I think that you can alter the severity of it. I don't think that ADHD can just go away.

A.M.: Okay. How does impulsivity impact your emotions? When you are angry, are you quick to react?

KEAT: Yeah. I feel that I've been put in so many scenarios that I have learned to deal with things better. If somebody hurts me, I can take a step back and know who I am. When I make new friendships, I've always been careful to not expose too much of myself. I see that as being vulnerable. It's been a pattern in my life in the past. I love deeply, and people used to take advantage of me. Now, I will show a little bit of who I am and only show the real me when I feel safe.

Follow-up and funnelling questions

5.

A.M.: Okay. When you feel upset or negative, what are some of the things that you do to feel better or focus on something else?

KEAT: That happened yesterday. This guy wanted to do something bad. He wanted to start a fight with me. It was immature. It was a case of cyberbullying. He was mentioning my sister, so I had reason to be very upset. I was really upset. I called my friend. This is someone I care about. Within seconds, we were laughing about it. Right now, I don't feel any animosity towards him. After that phone call, I was feeling a lot better. If you focus on something else, you can separate yourself from that negative emotion. That's just how I was brought up. My mom taught me not to focus on negative emotions when there are positive emotions that can be experienced instead. It's so easy to fall into this trap of negative emotions. Laziness is so easy to give into. It's so easy to hate someone. The challenge is having good emotions, but it's not as hard as people think. I've begun to note down things that make me happy. It's like my arsenal, really. When it comes to laziness, I have certain things that I can do to change that and make myself feel better.

A.M.: Okay. Would it be fair to say that you feel things intensely but don't hold onto those emotions for very long? You can let them go?

KEAT: Yes. I don't know what experience in my life made me like that. I'm able to cut out toxic relationships from my life without giving it a second thought. I can feel a little bit of pain and move on. I've been in so many situations, and I've been hurt so many times that it's easy for me to move on. As I've gotten older, I've really learned how to control my emotions. My mom has been very helpful. She exposed me to different therapies and life coaching. These things really helped me a lot.

A.M.: Okay. Which emotions are most unpleasant for you to feel and leave you feeling negative?

KEAT: Laziness. I think that's because it is so common for me to feel it. I also don't like anger. I don't like that emotion, and I don't feel it a lot. Because I don't feel angry a lot, when I do feel it, I don't know how to control it. When I'm angry, I'm angry.

A.M.: Okay. Anger takes you by surprise.

KEAT: Yes.

A.M.: Okay. During the times that you've felt lazy or angry, what have you done to help yourself? You've mentioned some things already, but I was wondering if any other coping strategies come to mind?

KEAT: Getting out of the house and being active are great tools against laziness. My life coach taught me something. In life, you have activators and rewards. I use those in my life when I feel lazy. An activator for me would be leaving for classes early. It's nice to be in an environment where people are learning and studying. I don't think that I would be able to focus at home with my PlayStation on my desk.

A.M.: You need to change your environment.

KEAT: Yes. When I'm feeling lazy and don't want to go to the gym, getting up early is an activator for me, too. I will get up early and go to the gym. As a reward, I will hang out with my friends afterwards because they go to the gym at the same time.

6.

A.M.: Okay. What helps you to get in control of your actions when you feel a strong emotion? For argument's sake, let's say that you are very angry. When you feel that intense anger, what do you do to control your actions?

KEAT: I feel that what I do is stay away from the thing that's made me angry. Physical distance helps. It doesn't result in physical violence, in me getting physical or anything like that. Not that I have. I've learnt to distance myself from the thing that has made me angry.

A.M.: Okay. What do you do if you can't?

KEAT: I don't know. I would really express my emotions in a physical way.

7.

A.M.: Okay. Which feelings do you enjoy feeling the most?

KEAT: That's tricky because there are so many emotions.

A.M.: Yeah. You can feel free to name some that come to mind.

KEAT: Genuine happiness. Love as well. That is an emotion I enjoy feeling. Productivity is not really an emotion. It's more of an action.

A.M.: Okay. Maybe you enjoy feeling proud of yourself.

KEAT: Yeah. That's a bit of a weird one. I don't really feel proud of myself. I like to hear it from the people I love. Even if I do something amazing and the people around me don't say anything about it, it becomes less powerful.

A.M.: Would it be fair to say that you enjoy that external affirmation?

KEAT: Yeah. Definitely.

A.M.: Okay. What would you say that you do to feel those positive emotions for as long as possible? What would you do to feel happy for a long time?

KEAT: I would find the things that make me happy and continue to do them. For example, spending time with my friends and being around my family. It allows me to feel love more.

A.M.: Okay. You enjoy connecting with people.

KEAT: I don't know about connecting with people. There is a chance that they will hurt you. I feel love and happiness around the people that I am comfortable with. I'm very secluded around new people.

When you get used to me, it's like two different people. The person you meet initially and the person that I am are two different people.

A.M.: Okay. You must feel a certain degree of comfort before you trust people.

KEAT: Yes.

Conclusion and reflection

8.

A.M.: Okay. That's the main portion of the interview. Is there anything that you want to add or clarify about having ADHD, emotions and how you experience your emotions?

KEAT: ADHD is generally something that people don't know much about. They usually focus on the H in it or the hyperactivity and people who can't focus. It's really a blessing in disguise. You're different from other people. You're able to love deeply. It's a double-edged sword. If you're able to control it and focus on positive emotions, it's powerful. It makes life better than the life of a person without ADHD. It's not really a disability or mental disorder. I think that it's something way more powerful than that.

A.M.: You feel that having ADHD can be a strength?

KEAT: Yes. If it's controlled, it can be.

9.

A.M.: Okay. How do you feel about our conversation today and talking about your emotions? Is it something that is easy for you to do? How did this conversation make you feel?

KEAT: I'm used to speaking to other people about my emotions. It's like a release. Instead of holding negative emotions in, I would rather talk about them so that I don't have to hold onto them. The people around me are very immature. They will go and tell this person and that person about the things that have happened in my life. What I like to do is take a story and break it down, and I like to tell different people the story or how I feel. Let's say something happened in my life, and I feel upset. If it's eating me up, I will need to let it out and speak about it. That's what people should do. When you are feeling negative emotions, you should speak about it. I would just tell one person about it. I would break up the story and tell different people. That stories are not carried around by me, and I would be more comfortable that not only one person knows about it. People have the broken-up parts of a story.

A.M.: You must be selective about the information that you share?

KEAT: This is slightly different. I know that nobody will know my name, and I can be as open as I want to be. In general, I don't really have these conversations with people. I just have them with my close friends. It's not something that I wouldn't share. If someone were to ask me about my emotions, I would tell them.

A.M.: Thank you for your insights and for giving up some time to chat. I appreciate it.

KEAT: No problem.

REFLECTION: These questions were clear and easy for me to answer. They might not for everyone. For some people, they might not be easy. There is a goal and something to be achieved by doing this. The questions were deep.

Appendix F:
Semi-Structured Interview Transcripts (Adult Participants)

F1: Ronda

TRANSCRIPT

Opening and Introductory Questions

1.

A.M.: Welcome. Thank you for giving up your time to do this interview with me. Just a few things before we start. In the study, you are going to be referred to by a pseudonym. This means that your identity is not going to be revealed, and I'm not going to reveal any information that could disclose who you are or your identity. There is minimal to no risk associated with participating in the study. I have provided you with the contact details of the South African Depression and Anxiety Group, should it be needed.

RONDA: Okay.

A.M.: The study is basically going to be exploring how young adolescents with ADHD experience their emotions and emotional regulation and how you, as their parental caregiver, experience their emotions, too. There are no right or wrong answers. We are just exploring your personal experiences and your lived experiences. Feel free to answer as openly and honestly as possible.

RONDA: Sure.

Introductory Questions

2.

A.M.: What is your experience of your child's ability to manage their emotions?

RONDA: My child can't manage her emotions basically (chuckles). It becomes quite trying as a parent.

A.M.: Yes.

RONDA: You almost have to take them from there (*raises her hand to indicate a peak*) to here (*drops her hand*) to regulate it and remember their hormones are all over the place at that age as well.

A.M.: Absolutely.

RONDA: They don't really understand. They will say, "Can we go somewhere?" and you'll say, "No". They will get angry because they want a reason behind why you said no. They can't understand, so their emotions are all over the place. You almost have to ground them to this level (*gestures to indicate a neutral point*) and to normal. I don't know whether it's just ADHD kids or just kids. I'm not sure. That's the tricky part as well.

A.M.: Yes. That's why research like this is so interesting. To look at the relationship between ADHD and emotions. You've mentioned the emotional peaks and troughs being a problem.

RONDA: Hmm. Yes. A problem.

3.

A.M.: How would you say that ADHD influences them?

RONDA: That's the point. The point is, I don't know whether it's an ADHD thing or a thing to do with adolescence. How do we identify that? I've got two ADHD kids.

A.M.: Yes.

RONDA: They're in different age groups. When you speak to adolescents' parents in my daughter's school, they'll say that we're all going through the same thing. Is it an ADHD thing? I don't know. Also, they have no impulse control.

A.M.: Yes.

RONDA: None.

A.M.: Mmm.

RONDA: "Can I get this?" You'll say, "No". "Why can't I get it?" "No! You can't get it." I can't tell you whether it's every teenager or just my child who has ADHD. That's the problem. My child has no impulse control.

A.M.: *It's that impulsivity that plays a role.*

RONDA: Yes.

A.M.: *That's interesting because that is a diagnostic feature of ADHD.*

RONDA: Really?

A.M.: *Yes. Being impulsive, hyperactive, and not being able to understand the meaning of the word "no", as you said earlier.*

RONDA: I don't even know if she's the one with the edge. I don't find her hyperactive.

A.M.: *All right. There is just an apparent underlying impulsivity.*

RONDA: Yes.

4.

A.M.: *Okay. That's very interesting. Does your child have any other diagnoses, challenges or obstacles that could impact how they manage their emotions?*

RONDA: Do you mean like depression or things like that?

A.M.: Yes.

RONDA: She hasn't been diagnosed with depression, but with her ADHD medication, she is on an antidepressant. Yeah. There's nothing else that she's been diagnosed with.

A.M.: *Right. How well do you think that your child's ADHD is controlled or managed?*

RONDA: At the moment, I think that it's managed quite well in terms of medication from Mondays to Fridays. During the weekends, she is fine.

Follow-up and funnelling questions

5.

A.M.: *All right. Is there any sort of psychological input? Is she in any sort of therapy, or is there any sort of psychological input to help her?*

RONDA: Yeah. She goes to see a psychologist, and she sees a psychiatrist for her medication.

6.

A.M.: *Okay. Right. What would you say are the specific emotions and challenges that your child struggles with? What do you see your child struggling with as a parent?*

RONDA: She struggles with boundaries (*pause*). That is a big problem. "Can I go here?" "No." "Why can't I?" It's being impulsive in the end. "I'll be fine, I'll be fine". They can't understand how to regulate and think about risks and dangers.

A.M.: *It goes back to that impulsivity.*

RONDA: Yes. Going back to the question about obstacles, she has been very anxious. She used to suffer with dermatillomania.

A.M.: Is that a skin-picking disorder?

RONDA: Yes. She had a lot of that.

A.M.: I can understand why that might be difficult because it's associated with a lot of physical pain.

RONDA: Yes. Definitely. I don't even think that she even felt the pain.

7.

A.M.: What coping strategies have you seen your child implement?

RONDA: She uses play therapy as a coping strategy. We've changed her medication. The medication that she is on now seems to be good for her. She does sport, which is good for her. She also plays the piano.

A.M.: Okay. It's about her having the right outlet.

RONDA: Pretty much.

8.

A.M.: When your child experiences an unpleasant emotion, how long would you say it takes her to experience a more pleasant one?

RONDA: We're not talking about my son here, but when I think about both of my kids, the one that we're doing the interview on would be absolutely fine in ten minutes. It's pound, pound, pound, not physically, and then almost instantly forgotten.

A.M.: Okay.

RONDA: I've got to put my foot down and put a boundary up again. That's the hard part.

A.M.: Yes. It requires you to be very involved and switched on.

RONDA: Yes.

A.M.: What are some positive feelings that you notice your child feeling the most?

RONDA: Doing well at school is a positive thing for her. Being recognised in the classroom by her peers and teachers. She is trying not to be so anxious. She used to have a fear of going to school.

A.M.: It's that external affirmation that's important to her.

RONDA: Yeah.

9.

A.M.: Right. What has been most helpful to help your child manage their emotions? What is your parental input?

RONDA: The parental input from me is that I have to be very strict. When I wasn't as strict as I am now, things were just slipping and sliding. I would try to get on her level and negotiate. When I make decisions now, that's it. You cannot change my mind. It goes back to impulsivity and anxiety. "But I wanna do this", "no", "but I want to do this". Eventually, she cracked me, and I gave in. Now, I say "no" five thousand times.

10.

A.M.: Do your child's emotional experiences impact your familial social system?

RONDA: Absolutely. At one point, I was telling her that she was the one who was breaking our family apart.

A.M.: Can you elaborate a bit more on that?

RONDA: Yes. Well, it's exactly like I said. Her dad will say, "No sleepovers allowed", then she'll come to me and say that this one is having a sleepover. Everyone just starts bickering. Besides her impulsivity, her anxiety plays a role, too. If she's not happy with the answer, she'll try everything in her power to get the answer that she wants.

A.M.: She tries to sway you.

RONDA: Yeah.

A.M.: You've observed arguments between the members of your family.

RONDA: Yeah.

A.M.: Would you say that it's challenging to have to go to extra appointments and to see different people?

RONDA: Yeah. Fitting it in a normal day, whatever for, is a challenge.

A.M.: It sounds like a lot to juggle.

RONDA: Yes. It is.

11.

A.M.: How would you say that the ways that your child experiences their emotions have influenced the ways that you've had to parent them? Other than the boundaries that you've mentioned, is there anything specific that you've had to do?

RONDA: Well, she has to go to therapy to help her understand the bigger picture. What I try to do with regard to school is to encourage her to build relationships with her teachers to give her affirmation. I try to fill that gap. I will explain to them that she has ADHD. She's sensitive, anxious, and impulsive. They almost have to help me manage her during the school day, which is ninety percent of her day.

A.M.: Absolutely.

RONDA: It's also things like, "Mom, I have a sore tummy. Can you come pick me up?". Remember, when we were in school, we had to tell a nurse to phone our parents. Now, they can just WhatsApp us and say that they aren't feeling well. I think that technology plays a big role here.

A.M.: Really?

RONDA: Yeah. Massive.

A.M.: Can you speak a bit more about that?

RONDA: It means that you are in constant communication with your child. There is no boundary between you and your child during the school day. They can email you, text you, WhatsApp you, TikTok you and Instagram you. Whatever. They're allowed devices at school. I think that is something which creates anxiety.

A.M.: Absolutely.

RONDA: It creates anxiety for me as a parent. If I'm sitting here doing this interview now, and someone says that she's sick and needs to be picked up, what can I do? My mind's thinking my child's sick. She's messaged saying that she can't cope. In the past, or when we were in school, you were dropped off and picked up. Your parents didn't know what happened to you during the school day.

Now they can say “I forgot my lunch” and they tell you that. “I forgot my shoes; I can’t find this, and I can’t find that”. They’re more accessible to you, and there aren’t any boundaries.

A.M.: That’s interesting. I didn’t know that. As you said, technology back in the day wasn’t what it is now.

RONDA: They have communication with their teachers. It happens in one second. If they’re sick, they can jump on a WhatsApp group. Their relationships with their teachers are more deep than in the past.

Conclusion and reflection

12.

A.M.: Okay. That’s interesting. Is there anything else that you want to let me know about your child’s emotions?

RONDA: No. It’s just very hard.

13.

A.M.: How would you say that you cope?

RONDA: I cope by going to therapy as well if I’m in a crisis and don’t know what to do. Reading books about how to bring up teenagers is interesting. There are a lot of TikToks about ADHD. I do think that it comes with maturity. I’ve noticed a difference this year. Last year was horrible.

A.M.: Why would you say that was the case?

RONDA: My parental skills had to change. I had to become stricter. She had a lenient teacher. She could get away with a lot more.

14.

A.M.: How do you feel about our conversation today?

RONDA: Great. I love talking about it. I don’t know what it was like for you.

A.M.: I’ve found this a very eye-opening and interesting experience. Thank you.

RONDA: Thank you.

REFLECTION: I felt comfortable during the interview. I am happy with my answers. They reflect the truth. Being a teenager is difficult. Having ADHD makes it worse. As they mature, things tend to get easier. ADHD and teenagers are complex.

F2: Sally

TRANSCRIPT

Opening

1.

A.M.: Good morning! It’s lovely to meet you. Thank you for giving up your time to have this interview with me today.

SALLY: Good morning. Pleasure.

A.M.: I would just like to say a few things before we get started. Some points that I would like to bring up are regarding the technicalities of the study. You will be referred to by a pseudonym in the study,

which is a fake name. I will not reveal any information that could disclose who you are. You can retract your participation in the study up until it is published without any consequences. There is very little to no risk associated with participating in the study. I have provided you with the contact details of SADAG should it become necessary. SADAG is the South African Depression and Anxiety Group. Do you have any questions?

SALLY: Nope. That all sounds perfect.

A.M.: So, I would like to start by giving an overview of the study. My study is going to be looking at the lived experiences of young adolescents with ADHD. I want to explore how they experience their emotions and emotional regulation. Emotional regulation is how they change their emotions, how their emotions fluctuate and how intense they are. That is the first part of the study. The second aspect of the study is where your insight will come in. I want to explore the perspectives of parental caregivers and how they perceive their child's emotions.

SALLY: Okay.

A.M.: There are no right or wrong answers. You can answer as honestly and openly as possible. This is going to be an exploration of your lived experiences.

SALLY: Okay. Perfect.

Introductory questions

2.

A.M.: What is your experience of your child's ability to manage or control or manage their emotions?

SALLY: He's good that way. He doesn't lash out or anything like that. I've seen other kids who can't control their temper or reign themselves in. He doesn't.

A.M.: Do you notice a difference when he's on medication and when he's not?

SALLY: He's on medication 24/7. He takes medication every day as opposed to electing to leaving out weekends or anything like that.

A.M.: Okay. It's a constant form of treatment.

SALLY: Completely.

3.

A.M.: How do you feel that ADHD impacts the ways that your child experiences their emotions?

SALLY: I don't know, to be honest. He's always been ADHD. Do you know what I mean? It's always been part and parcel of who he is. I don't know the answer to that question.

A.M.: As you probably know, ADHD comes with a certain amount of impulsivity and hyperactivity.

SALLY: He's impulsive. That's an issue. He's also anxious. Those are two things that jump out.

4.

A.M.: Does your child have any other diagnoses, obstacles or challenges that could impact how he manages his emotions?

SALLY: No. Not that I can think of.

5.

A.M.: How well do you think that your child's ADHD has been controlled?

SALLY: I think that we might have to look at adjusting his medicine at some stage. I think that he might have to get his medication adjusted soon. I don't think that it's doing what it's supposed to be doing. When he's on the right meds, it's quite well controlled.

A.M.: Okay. From what I understand, it's about ensuring that the treatment is right for him and gives him a better quality of life.

SALLY: Yes. Absolutely.

Follow-up and funnelling questions

6.

A.M.: Are there any other interventions that help your child manage their ADHD? Is there any sort of therapeutic input like play therapy that you've had to implement as his parent?

SALLY: No. He's literally on medication, and that's it.

7.

A.M.: Okay. What are some experiences that you have noticed your child struggle with emotionally in general?

SALLY: He does battle with anxiety. He gets himself in a bit of a spin. That would be the biggest thing that he struggles with.

A.M.: Okay. In which context is that particularly apparent?

SALLY: Probably tests.

A.M.: Okay. He struggles to take tests.

SALLY: Yes.

A.M.: Has he ever spoken about why this might be? Is there a root cause of this?

SALLY: I wouldn't say that it's hugely apparent. It's just something that we have noticed.

A.M.: Okay. Would it be correct to say that this is just a general feeling or emotional state?

SALLY: Yeah. For sure.

A.M.: He can't pinpoint a specific cause.

SALLY: No. Not really.

8.

A.M.: When he is in that distressing situation that elicits anxiety, what have you noticed him do to cope?

SALLY: He just sort of pushes through. He generally doesn't do well in his tests. Maybe he's not coping all too well.

A.M.: Would it be correct to say that he needs to look for a new strategy?

SALLY: Yep. I think that he needs to be focused on his schoolwork generally. I think that once he focuses on his schoolwork, that should be solved.

A.M.: Okay. Would you say that he would need to take a proactive approach to address that?

SALLY: Correct. Yep.

A.M.: Okay. Up until now, he's mainly distracted himself from his emotions? Would that be fair to say?

SALLY: Yep. That sounds about right.

9.

A.M.: Okay. You've mentioned that your child is content, but when he does feel anxious, upset, or emotionally derailed, so to speak, how long would you say it takes for him to feel calmer or experience a more pleasant emotion?

SALLY: He bounces back quite quickly, to be honest. He's quite resilient. It doesn't take him quite long.

10.

A.M.: Which positive feelings or emotions have you noticed him experience most often?

SALLY: He's generally a loving and happy child.

A.M.: He's happy. That's the predominant feeling.

SALLY: Yes.

A.M.: Would it be accurate to say that he's excitable?

SALLY: Probably. For sure.

11.

A.M.: You mentioned your child being quite resilient. When he does feel a positive emotion, what does he do to sustain it?

SALLY: He just does it quite naturally.

A.M. Okay. It's an innate quality of his. He doesn't really have to do anything to force those positive emotions.

SALLY: Yeah.

12.

A.M.: Would you say that the way your child experiences emotions has had an impact on your family system?

SALLY: No. I don't think that it does.

A.M.: Okay. So, would it be fair to say that your family life is stable and that his emotions don't impact family functioning in any way?

SALLY: Nope. Not at all.

13.

A.M.: How would you say that your parenting has been impacted by your child's emotions and ADHD?

SALLY: Oh, it does. You can't approach him like you would a normal child.

A.M.: Would you care to elaborate on that a bit more, please.

SALLY: I mean, if you just start screaming at him randomly, which is never great parenting anyway, you're not going to win. You're not going to get what you want. He'll probably respond by saying what you want, but he won't absorb anything that you've said at all. Even in terms of discipline, you've got to be quite measured to reinforce what you want him to do. You need to know that you're going to say it more than once. It's not going to be something that you do once-off.

A.M.: Okay. Would it be correct to say that there is a lot of affirmation and positive reinforcement involved?

SALLY: Yes. Definitely.

Conclusion and reflection

14.

A.M.: Is there anything else that you want to add, clarify, or elaborate on?

SALLY: No. Not really.

A.M.: How do you feel about our conversation today?

SALLY: Fine, thanks.

A.M.: All right. That's everything from my side! Thank you for giving up your time today and for your informative insights.

SALLY: You're more than welcome.

REFLECTION: The interview process was fine. I'm quite used to having conversations like this, if I'm honest. I'm used to being open and transparent. Things have gotten easier as he's matured. He's much more self-aware, which is helpful. Everything was completely easy. The interview didn't distress me at all.

F3: Hannah

TRANSCRIPT

Opening

1.

A.M.: Welcome!

HANNAH: Thank you.

A.M.: It's lovely to meet you. Thank you for agreeing to give up some time to chat with me today. I really appreciate it.

HANNAH: It's a pleasure.

A.M.: I would just like to say some things before we start officially. Firstly, you will be referred to by a pseudonym in the study, which is a fake name. Nobody will know who you are, and I will not disclose any information that might reveal your identity. You can retract your contribution to the study at any point until the date of publication without anything negative happening to you. Just let me know to not analyse your transcript, and I will remove it from the study. There is little to no risk associated with participating in the study. Should you need support after the study, I have provided you with the contact details of the South African Depression and Anxiety Group or SADAG. Do you have any questions before we start? Is everything clear?

HANNAH: No. I think I understand. This is going to be a part of your thesis.

A.M.: Yes. I would just like to outline what my study is about. I want to explore lived experiences. I want to explore how young adolescents with ADHD experience their emotions. I want to see how they experience regulating their emotions, controlling them, changing them, coping with them, which emotions they experience the most for them, and the role that living with ADHD plays in their emotional experiences. That is the first part of the study. The second part of the study is going to be exploring your lived experiences as a parental caregiver of a young adolescent with ADHD. I want to see how you experience your dependent's emotional experiences and regulation.

HANNAH: Okay. That sounds straightforward.

Introductory questions

2.

A.M.: There are about fourteen questions, and there are no right or wrong answers. You can feel free to answer as openly and honestly as you would like. We're going to start off with some general opening questions. What is your experience of your child's ability to manage their emotions?

HANNAH: Umm. My son experiences a lot of anxiety, and we're still trying to unpack that and what it means for him. In terms of my son's emotions, there are peaks and troughs. When he's happy, he can be extremely happy. Uncontrollably happy. He can literally be bouncing everywhere and wrestling with the dogs. There is so much energy associated with his emotions. I think that is the best way to describe it. There is energy attached to the emotions. Anger can similarly be escalated. He's usually a steady person, but if he gets angry, that can be very quick. It's that flooding that makes it hard for him to process his emotions.

A.M.: Okay. By flooding, do you mean emotional flooding?

HANNAH: Yes. Emotional flooding. Things just get too much. If you're reprimanding him, you can't just go on and on. He will escalate to the point of literally having an outburst that involves him ranting or raving, or he will completely break down. It's just too much.

A.M.: Everything becomes too intense.

HANNAH: Yes. Intense is the right word. He'll bounce from the ceiling and bark like a dog and do things like someone who is atypical or neurodivergent. I'm the only one who is not atypical in my home. My husband has ADHD, my son has ADHD coupled with anxiety, my middle son has ADHD, and my youngest son has ASD and ADHD. It's interesting (chuckles).

A.M.: I can imagine.

HANNAH: It's sometimes difficult to calm my eldest son down. It can almost feel totally random. He will have to go out and physically exert that energy.

A.M.: Would it be fair to say that his emotions can flip rapidly?

HANNAH: Yeah. I would say so. He can be happy and then needs to go to his room and shut his door to regulate. I don't know if I answered your questions well.

A.M.: Yes. Absolutely.

3.

AM: How do you think that ADHD plays a role in how your child experiences their emotions? As you probably know, ADHD is associated with a certain amount of impulsivity, hyperactivity, and inattentiveness. How would you say that these core features have played a role in influencing how your child regulates their emotions.

HANNAH: He struggles to regulate them. He struggles to regulate. He's either feeling very high or very low emotionally. There is no middle emotional ground that you and I will experience. We're sitting here doing this interview and are calm and content. When my son is feeling very happy, his hyperactivity comes with it. He's not always aware of how what he is feeling or doing can impact the people around him.

A.M.: Okay. Could that state of being unaware be linked to the difficulty he might have to focus?

HANNAH: Yes. I would say so. He's almost in his own world.

4.

A.M.: Okay. You've already spoken about this. I just want to see if anything else comes to mind when I ask the questions. Does your child have any other diagnoses, challenges or obstacles that might impact how he experiences his emotions?

HANNAH: He's anxious. His anxiety came to the fore during his exams. He was getting so anxious that he wasn't always able to finish his exams. What his anxiety does is impact how he can manage his emotions. Definitely. Yeah. I'm still learning how to deal with things. He was diagnosed with ADHD at age six and put on Ritalin. In the past year, his anxiety has come to impact him, and I'm still learning about that.

5.

A.M.: I see. How well would you say that your child's ADHD is controlled or managed?

HANNAH: His Ritalin has helped him manage the school environment and is a way to give him that element of control. I think that his ADHD was probably easier to control when he was younger. It was easier to control him. It was easier to discipline him and say this is when you're going to sleep and eat. Eating and sleeping can have such an impact on ADHD, and these things were easier to control when he was a younger child. Now, as a teenager, he's become more difficult to control. His eating is just out the window. He'll do things like eat two-minute noodles at two in the morning, and his sleep is totally out of control. I think that what we are learning and unpacking is that because my son has been on Ritalin for so long, he hasn't learned how to control his ADHD. He's always relied on medication to do it.

A.M.: Okay. Things start to unravel or come to the fore when he's not on medication.

HANNAH: Yes. Things fall apart. For some context, since January, he's been off Ritalin. His psychiatrist wants to see what happens when he's not on medication. The likelihood is that we might be going back to something. Maybe not Ritalin, but he needs something to help him concentrate. I want him to have an element of control.

Follow-up and funnelling questions

6.

A.M.: Okay. What treatment does your child receive? Any other treatment for his ADHD?

HANNAH: Yeah. He takes medication to manage his sleep. We picked up when he was about nine or so, he would be walking in the hallways. His body clock has always been slightly off. He goes to a psychiatrist to manage his anxiety and an educational psychologist. She did him an assessment in school to try and get him extra time in exams and stuff like that. That's what he's doing now.

A.M.: Okay. You are trying to advocate for him to have extra time in exams to help him represent himself a bit better in tests and exams.

HANNAH: Yeah. I just want it to be less stressful for him. What we found is that Ritalin impacts his anxiety.

A.M.: Yes. That can be a side-effect of the medication.

HANNAH: Yes. It impacts my son a lot.

7.

A.M.: Okay. What would you say are some emotions that your son struggles to deal with?

HANNAH: I think that anger is a big one. He doesn't necessarily know how to deal with that. That would be the biggest thing that he struggles with. Feelings of anger and frustration are hard for him to deal with.

A.M.: Okay. Are there certain situations in which his anger is bad? Does he have certain triggers?

HANNAH: Yeah. He does have triggers. It has to do with the flooding. There can't be too much said or done. He becomes flooded, and he can't process his emotions. Anger will turn into rage, which will turn into tears. He doesn't know what to do with his feelings. He's got a low tolerance. I can talk to him, but he's got very low tolerance for his father, who has also got ADHD. His dad will say something. I won't think that he's said anything bad. My son might think that it's too harsh or bad. He'll just go off.

A.M.: Okay. What are his relationships with his siblings like?

HANNAH: Ahh, gosh. He's got no tolerance for his middle brother. I should add him to that trigger list (chuckles). They are five years apart. My middle child will just breathe hard, and my eldest is on his back. He'll say something along the lines of "You annoy me and irritate me!". He's got a very low tolerance for him. When it comes to his youngest brother, he's gentle, loving and patient.

A.M.: There is a discrepancy that you seem to have picked up.

HANNAH: Yeah. That's for sure.

8.

A.M.: When your child is struggling with things like anger or frustration, what have you noticed him do to cope with those emotions and manage them.

HANNAH: I don't think that he copes all that well. I will often have to talk him down or give him some time out. He does go to our dogs. The older one arrived when he was four or so. He's very attached to them and will spend time with them. Often, I end up having to talk him down.

A.M.: When you say talk him down, do you mean speak calmly to him?

HANNAH: Yes. I have realised that I've got to give him time. He's flooded and needs to process things. If you give him time, it's easier to speak to him.

9.

A.M.: Okay. When he feels angry or upset, how long does it generally take for him to be calmer or experience a more pleasant emotion?

HANNAH: It varies. I think that my anger lasts longer than his. He can flip quickly. He can get to a calm state, kick a ball, or do something outside. He almost must get what's inside of him out. He's not one to hold onto emotions or hold onto anger. He's not that kind of kid.

10.

A.M.: Okay. What are some of the positive emotional experiences that he has? Are there some positive emotions that you think he feels often?

HANNAH: I think that his anxiety completely threw me. His outlook is generally positive. He's generally a happy guy. I would say that he's easy-going. If I ask him to do something, he will do it; if his father asks him to do something, he may not. His general disposition is happy.

A.M.: Would you say that he's enthusiastic, passionate, and excitable?

HANNAH: Yeah! Definitely.

11.

A.M.: Okay. You've already spoken about this indirectly. I just want to see if anything else comes to your mind when I ask the question. How do you think that he maintains those positive emotions?

HANNAH: He likes to do what he likes to do. If he's doing something that he likes, like watching soccer, his general disposition will be happy for a long time. It's when you ask him to do something that he doesn't want to do that causes him to experience grumpiness or anger. He's not demanding. He's always been able to do things to keep himself content.

A.M.: All right. He can entertain himself.

HANNAH: Yeah. He can.

A.M.: Okay. Are there any other tools or strategies that you haven't mentioned?

HANNAH: Music. He loves music. He likes to be on his own. When he comes to you, you need to pay attention to him. He likes me to do things for him that he could do on his own when I'm not there. Me doing things for him is his love language.

A.M.: Okay. He responds well to acts of service.

HANNAH: Yeah.

A.M.: From what I understand, you have also played a huge role in helping your son to cope.

HANNAH: Yeah (chuckles). That's true.

12.

A.M.: Okay. Do your child's emotional experiences impact your broader family social system?

HANNAH: Yes. Definitely. Some of his outbursts can impact the general mood and feel. When we're sitting down to have supper, and something happens, the general mood and way things are can be impacted on. Even his happy outbursts can be so crazy. He's physically rolling and tumbling, and everyone around the table will say, "What are you doing? What are you doing?". He'll come over and bite my arm and bark like a dog. All of his emotions need to be managed.

A.M.: Would you say that you've had to make extra considerations that you wouldn't have had to if your child hadn't been diagnosed with ADHD?

HANNAH: Yeah. Absolutely! I can't imagine what life would look like if he didn't have ADHD. His psychiatrist and educational psychologist have been recently introduced. I've always tried to look for resources to support him throughout his life.

13.

A.M.: Okay. How have his emotional experiences influenced the ways that you have had to parent him in terms of your parenting style and the ways that you have had to behave as a parent?

HANNAH: I think that his ADHD has completely shaped it. I don't have another neurotypical child to compare it to. I think that having a child with ADHD shapes your development as a parent. You grow and develop as an individual. It's made me aware of external society and things like that. I can see how differently I parent my children compared to the members of my husband's family. Their children don't have ADHD. I had to be a helicopter and always be there for them when they were young. I don't think that it's something that I should have done as much as I did. I should have done it to a certain extent, but pull away, too. My husband has ADHD. It's as clear as mud. He was never diagnosed and treated. All the things that shouldn't have been done to him as a child have been done to him. He talks about those things and his lived experiences. I don't want the same thing to happen to my children. I think that I've had to retreat a little bit because it has impacted my anxiety. I've never been anxious before. I spend lots of time trying to find ways to help them cope better. It's probably a natural inclination of mine to learn, but I'm constantly trying to learn new things. I follow this attitude called ADDitude. It's a magazine about ADHD. I'm always reading and researching. I try to apply the things I learn into the management of my boys.

A.M.: Okay. From what I understand, your experience of parenting sounds like you've had to be very involved.

HANNAH: Yes. Very.

14.

A.M.: How would you say that you cope?

HANNAH: Well, I would say that my coping mechanism is food. It's horrible (chuckles), but it is what it is. When I'm really stressed or anxious, I tend to turn to food. That isn't great. I've been in therapy for a while. It's a lot. It's a lot. You're constantly thinking and wanting to solve things for them. You want to make things easier for them. You want to help them to cope and fit in. Eating, going to therapy, and learning to manage my anxiety. I've coped by learning to accept that it's okay for the boys to be different.

A.M.: You almost must love and embrace their quirks from what I understand for what they are.

HANNAH: Yeah. That's very true.

Conclusion and reflection

15.

A.M.: Okay. Is there anything else that you want to add to your answers or clarify?

HANNAH: No. Not really. It's very easy as a parent to get sucked in and be a part of their emotional rollercoaster. It's difficult to calm down and step away when he's bouncing off the walls. It's a journey. My son has been diagnosed for nine years, and we are still learning every day (chuckles).

A.M.: (Smiles in response to participant) I can imagine. How do you feel about our conversation today and ADHD in general?

HANNAH: I think that it's important to gain understanding. The more that we know and understand that we have shared experience, the easier it gets. That can be true for any parent. Things like ADHD and ASD can just magnify certain difficulties. Being in circles and talking about it can be a source of support. When you hear that another mom lost it, it can help you to remember that you're not a bad mom and that you're trying your best. It's important.

A.M.: Absolutely. It can make you feel as though your experiences and emotions are valid.

HANNAH: Yeah. It emphasises that parenting requires learning. In the same way that your child makes mistakes and grows, you are allowed to make mistakes as a parent, learn and grow.

A.M.: Thank you for your time and insights! I learned a lot from our conversation. Thank you for your time.

HANNAH: It's only a pleasure!

REFLECTION: The interview process was easy and convenient. I didn't feel distressed by anything that was brought up during the time. Parenting is about growing, developing, and making mistakes along the way. I know that hearing the lived experiences of other people can be a source of support because you come to appreciate that you are going through similar things as other people. You should be able to make mistakes in the same way that your children are.

F4: Nelly

TRANSCRIPT

Opening

1.

A.M.: Welcome! It's lovely to meet you! Thank you for giving up some time to do this interview with me!

NELLY: It's lovely to meet you too! I'm happy to help.

A.M.: Before we start, I would like to mention a few things. You will be referred to by a pseudonym in the study. A pseudonym is a fake name. Nobody will know that you have participated in the study, and I will not reveal any information that might disclose who you are. You can retract your contribution to the study until they are published. You can let me know, and I will retract your interview transcripts from the study without anything bad happening to you. There is minimal to no risk associated with participating in the study. I will share the contact details of the South African Depression and Anxiety Group or SADAG for you to use if necessary. Do you have any questions at this point? Is everything clear?

NELLY: Yep. Everything seems clear. You can continue. I don't have any questions.

A.M.: Perfect. I'm going to start off by outlining the study. The study is going to be exploring the lived experiences of young adolescents with ADHD. I want to explore how they experience their emotions and how you, as their parental caregiver, experience the emotions of your dependent. You can feel free to answer as openly and honestly as you want to. There are about fourteen questions in total, and you can let me know if any of the questions are unclear.

NELLY: Great!

Introductory questions

2.

A.M.: Okay. The first question is a general opening question. What is your experience of your child's ability to manage their emotions?

NELLY: ADHD runs in our family. My son was diagnosed in Grade R. His father has it, my son's granny had it, and now my son has it. It really runs in our family. My son finds it difficult to regulate his emotions. When he spirals, he battles to regulate himself and verbalise how he is feeling in that moment.

A.M.: Would it be fair to say that you experience your child's emotions as intense?

NELLY: Yes.

A.M.: Okay. Has that always been true?

NELLY: Yes. It's been the case since he was little.

3.

A.M.: Okay. As you probably know, ADHD is associated with hyperactivity, impulsivity, and concentration difficulties. If you consider those features, how would you say that they impact the way that your child experiences their emotions?

NELLY: It impacts everything to do with his emotions. I had to do extra research and courses to equip myself as a parent to best help him deal with this disorder better. When he was little, we would work with an occupational therapist. When he was young and would get to those points where his behaviour was irrational, we would put him on the trampoline and do deep pressure to get everything out of him. Now, he is at an age where we can talk about things a bit more. He can verbalise how he is feeling.

A.M.: Would it be fair to say that there is a lot of energy associated with your son being emotionally overwhelmed?

NELLY: Yes. He gets active and loud (chuckles).

A.M.: (Smiles) Are there any other challenges, diagnoses or obstacles that might influence how your child experiences their emotions?

NELLY: Being in Grade 7, he did have to be removed from his class's exam venue to be given extra time concession. This academic concession might make him feel like he stands out compared to his peers. He would verbalise that he feels excluded.

A.M.: Okay. Are there any social challenges that you might have observed?

NELLY: Yes. He verbalises the fact that he is different and battles to break through and initiate conversations.

4.

A.M.: Okay. How well would you say that your child's ADHD is controlled?

NELLY: I would say that it's controlled well. He's well-supported. He's got a very good support structure around him. The school knows what is going on with us. We support him, but his school support him too. It's like a trifecta. His parents, school, and he works together. He's also medicated.

Follow-up and funnelling questions

5.

A.M.: Okay. What treatment does he receive for his ADHD?

NELLY: He has been seeing a neuro-paediatrician since Grade R. He was put on Ritalin, and it didn't work. He's now on Concerta, and that works better. When he was on Ritalin, it was like having a teenager at the age of five. When he was off the Ritalin, he would be irrational, and when he was on it, he was fine.

A.M.: Is there any psychological input like play or talk therapy?

NELLY: No. We haven't had to go down that route yet.

6.

A.M.: Okay. What are some of the emotions that your child battles to experience?

NELLY: Can I just backtrack to the previous question? Something has just come to mind.

A.M.: Okay. Sure. No problem.

NELLY: There is a lovely lady at his school who is his psychologist. When my son was younger, he was picked on in class. We did send him to her for one or two sessions so that he could learn how to deal with those children. He just had about three sessions with her. It wasn't anything long-term.

A.M.: Okay. He just had that short-term therapy.

NELLY: Yes.

A.M.: Okay. Thank you for that addition. Do you feel comfortable to continue?

NELLY: Yeah. Absolutely.

7.

A.M.: Perfect. What are some emotional experiences and emotions that your child finds difficult to deal with?

NELLY: He lacks verbal skills. When he is upset, he bottles things up instead of talking to us and explodes. The whole house erupts. Now that he's a teenager, his hormones are coming through. It's difficult to know what is normal, what's normal for a teenager and what's normal for a teenager with ADHD. It's a bit of a juggling act for us to know what is normal now.

A.M.: Okay. How does your child cope with things like anger and frustration?

NELLY: He's got a very short fuse. He will snap quickly at the smallest thing.

8.

A.M.: Okay. What have you noticed your child do to cope when they are feeling negative?

NELLY: It's a downward spiral of negativity. We try to get him out of the spiral. Otherwise, there are tears, temper tantrums, and he will lock himself in his bedroom. We have to talk to him about it. I will often be the mediator. My husband often adds fire to the flame. I will step in and help him to let it go.

A.M.: Okay. Tolerating frustration is a challenge.

NELLY: Yes. That's it.

A.M.: Okay. When your child does feel frustrated and upset, how long does it usually take for him to feel calmer or feel a more pleasant emotion?

NELLY: Well, we're lucky. He's a boy and can let things go quickly. I don't know how people cope with young girls, to be honest, as someone who deals with kids (chuckles). I would say that it probably takes him about an hour to two hours if he is at home. If he's at school, he will come to me in the afternoon and harp on and on about it.

A.M.: Okay. It depends on the context.

NELLY: Yes. The context and the situation.

9.

A.M.: Okay. Are there some positive feelings that you notice your child experiencing often?

NELLY: I would definitely say love. He's quick to tell me when he doesn't feel loved enough.

A.M.: Okay. Feeling a sense of kinship and belonging is important to him.

NELLY: Yes. He likes words of affirmation.

10.

A.M.: Okay. How would you say that your child maintains their positive emotions for as long as possible?

NELLY: He doesn't really. He doesn't hold onto positive emotions. I think that is why he tends to seek them.

A.M.: Okay. He battles to sustain positive emotions and happiness.

NELLY: Yes.

11.

A.M.: Okay. How do your child's emotional experiences impact the familial social system?

NELLY: He battles to maintain friendships. He doesn't have a best friend. He likes to hang around different children. He battles to engage. He won't be forceful enough to arrange play dates or make plans socially. He becomes a bit withdrawn. Although he likes to mingle with everybody, he would never arrange to have his friends over at his house. He would always choose to go to their houses.

A.M.: Okay. As a family unit, you have had to adapt and make plans to see other people in different environments?

NELLY: Yes. I would say so.

A.M.: Okay. Would you say that going to extra appointments and getting exam concessions impact the family system?

NELLY: Yes. He goes to extra support lessons to facilitate his learning. He's super bright but needs help to apply himself academically and get a better understanding of the subject he's learning.

12.

A.M.: Okay. Would you say that your child's emotional experiences have influenced the way that you have had to parent him?

NELLY: Yes. I am always on tenterhooks to make sure that there isn't an explosion in the house. We must do things how he likes them when it comes to things like choosing what to eat in the evening. This doesn't always happen. We're a family of four. He can't always have things done his way. He understands that. He's got a younger brother and has to be an example to him.

A.M.: Okay. There is an expectation that he will be a role model for his brother.

NELLY: Yes. That's true.

Conclusion and reflection

13.

A.M.: Okay. That's the main part of the interview. Is there anything else that you would want to clarify or add to your answers?

NELLY: No. Not really. Sensory regulation has helped him so much. Since he was little, his clothes being too tight would rub him up the wrong way. The meltdowns were hectic when he was little regarding temper tantrums. It's been a journey. He's at an age where he understands more. He can tell us if he's upset or doesn't feel like taking his medication. If he doesn't take his medication, I can tell that he's had a different day. It helps him to stay on track with things. When he forgets to take his medication, he will say that he's been forgetful.

A.M.: Is that forgetfulness frustrating?

NELLY: Yes. It is distressing and demoralising. He wants to do better and remember, but it's holding him back.

A.M.: Okay. How do you feel about this conversation and conversations about ADHD in general?

NELLY: I feel positive about it. I've done extra courses to educate myself. If I didn't get this extra information, I'm sure that I would get frustrated.

A.M.: Perfect! Thank you for your time and lovely insights. I learned a lot from our conversation.

NELLY: Pleasure! I'm happy to help.

REFLECTION: None of the questions were too difficult and very unclear. The interview process was not distressing, and I feel fine about the answers that I have given.

F5: Tara

TRANSCRIPT

Opening

1.

A.M.: Welcome! Thank you for giving up some of your time to do this interview today and to have a conversation with me.

TARA: It's my pleasure.

A.M.: I would just like to bring up some things before we start. You will be referred to by a pseudonym in the study. Your identity will not be revealed, and I will not reveal any information that might disclose who you are. You can retract your contribution to the study up until the date of publication without any repercussions. You can just let me know, and I will remove your transcript from the study. Finally, there is little to no risk associated with participating in the study. I have provided you with the contact details of the South African Depression and Anxiety Group if it becomes necessary. Is everything clear, and do you have any questions?

TARA: Everything is clear, thanks! I'm happy to proceed.

A.M.: In this study, I am wanting to explore the lived experiences. I want to explore the lived experiences of young adolescents with ADHD. I want to explore how they change them, regulate their intensity, and the second component is going to explore your experiences as their parental caregiver. I want to explore how you experience your dependent's emotions.

TARA: Yes. I have ADHD, too, so it just throws a spanner in the work.

A.M.: ADHD is often heritable and is rather common.

TARA: Yeah. He's adopted, so he didn't get it from me (chuckles). He got it from his biological parents (participant smiles).

A.M.: (Interviewer smiles in response to participant). Let's get started. There are no right or wrong answers. You can answer, and you can feel free to respond as openly and honestly as possible.

TARA: Okay. That sounds good.

Introductory questions

2.

A.M.: We're going to start off with some general opening questions. There are about four. What is your experience of your child's ability to manage their emotions?

TARA: Well, he's sensitive. He's a boy, and traditionally, one would assume that he would have good control of his emotions. Since he was a baby, if we were with a group of moms and babies, somebody could just touch him, and he would burst into tears, even if he was just sitting and not crawling. He's obviously matured. He's a teen now, and he can control it. He can control it in public situations, but at home, he can quite easily get overwhelmed and then cry. He doesn't like conflict. He will literally put his fingers in his ears and leave. He doesn't manage it very well. He likes to retreat to his room to be on his own, and he needs space. A time out. He can take quite a lot, and then he loses it. He can shout, get angry and slam doors. It doesn't happen often. He'll absorb a lot of tension and then blow up. The blow-up is not huge. He's not aggressive. He needs to retreat. He needs alone time.

A.M.: Yes. Some time and space.

TARA: Yes. He's on medication during school time. We don't medicate him during the holidays or on weekends. I don't really notice much of a difference. I guess that I'm just so used to him like that. I don't see him at school, obviously. For the most part, he's got a great sense of humour, a great outlook on life, and he manages his emotions well.

A.M.: Would it be fair to say that that has come with age and maturity?

TARA: Yeah. He's quite a responsible boy. He surprises us. He's got a younger brother (chuckles), and he's a nightmare. He's got a different kind of ADHD. I don't know how it works.

A.M.: Well, there is a type of ADHD that can present hyperactively and impulsively. The other presentation is more inattentive, and the third presentation is a combination of the two other presentations.

TARA: Oh, okay. Well, my other son has Aspergers, which makes everything more fun all around (chuckles).

3.

A.M.: (Nods to acknowledge what participant has said and pauses). How would you say that your ADHD has influenced how your son experiences his emotions? As you probably know, ADHD is associated with the core symptoms of impulsivity, hyperactivity, and an inability to focus. How have you noticed those things impact the way that he experiences his emotions as his mom?

TARA: Yes. Well, he's not very good at multitasking. If I give him a string of three tasks to do, he'll go, "Sorry, what was the third one?" His mind's all over the place. If I get annoyed at him, he gets very loving. He wants reassurance. He'll go, "I love you mom". Yeah. I suppose that he always wants to keep the peace. He needs a very calm environment. He will create that. If he can see that his younger brother is going to be punished, he will volunteer to do the job to avoid the family conflict.

A.M.: Oh. Okay.

TARA: He really hates conflict. He will do whatever he can to avoid it and to keep everything level.

A.M.: Okay. He wants to keep the peace.

TARA: Yeah. Keep the peace, and he's a real people pleaser. He tries very hard to keep the peace. He's got a real servant's heart. He loves to serve and look after people. He's been like that since he was little. If he had friends around, he would set up a little table and say, "I'm doing back massages" with creams and all sorts of things. He's very considerate.

A.M.: Mmm (nods head in response to participant)

TARA: If I get cross with him because he hasn't followed my instructions, he will then go overboard and go, "I love you; please love me. I've just told you that I love you". He wants to please me. He doesn't want to let me down, and I must reassure them.

A.M.: Okay. Being reassured is important.

TARA: Yeah. I would say so.

4.

A.M.: Okay. Are there any other diagnoses, obstacles or challenges that could impact how your son experiences his emotions?

TARA: Well, I'm not entirely sure how it impacts his emotions, but he does have an auditory processing disorder. Words get scrambled in his brain.

A.M.: Oh. Okay. I can see how that would be a challenge.

TARA: I'm sure that it does impact his attention to detail when I'm giving him instructions and he doesn't know the meaning of a word or says a word wrong. We have a courier that comes to our house because I run a business from home. He'll come to me and say, "The career has gone" (chuckles). Even as a teen, he still sometimes says words wrong. When he was little, he would make up his own words for things. He didn't know the word for "candyfloss", so he would tell us he wants "sweetie-cloud". He didn't understand us and would get very cross and weepy. He couldn't communicate with us, and that frustrated him. That's from the auditory processing disorder. I'm sure that ADHD makes it worse.

A.M.: Yeah. I can imagine.

TARA: As he's gotten older, he's learnt coping skills. Milo cereal, for example, is a "scoop shake". He would say, "I want the "steep pills" for breakfast. I would know what he wanted, but other people might look at him and be (pulls confused face).

A.M.: Okay. It comes down to communication.

TARA: Yeah. I would say that it's made him more creative. He would describe "candyfloss" to be like a "sweetie-cloud"; that's quite amazing. It's amazing that he could say that. He's quite good at using words. He would do debating at school, and he's annoyingly good at it (chuckles). He can argue me under a table.

A.M.: Right. I see.

TARA: It's interesting that he can hold an argument with me and defend his point of view but also loses focus. That's quite interesting.

A.M.: Yes. Definitely.

TARA: I know you asked about emotions. I don't know if I have answered your questions.

A.M.: Yes. Definitely. Not being understood must be frustrating. It's one thing when he's at home, and you can understand him. When he's out with his peers, which is an important part of being an adolescent, it must be quite frustrating for him.

TARA: Yes. He's learnt to have a sense of humour. He's learned to be a bit of a clown when he's with his peers. I find that interesting. He's quite a reserved child. As a younger child, he would always be the leader. He would always say to his friends, "Okay, this is the game that we're going to play. He would make up the rules. He got the award from his class for being the most liked boy in his class for years. I thought that he would become a leader, but since going into his new school, he's taken a back

seat on that. He's not that front-footed anymore. He's also got quite a strong moral compass. He's not easily swayed. He's quite a black-and-white child.

A.M.: Okay. I see.

TARA: He doesn't really take the lead. He's become the one that is laughed at. It's become a part of his identity. He has sleepovers at his friends' houses. They're all girls, and their mothers love him. He's very entertaining in their homes. That is surprising to me.

A.M.: Oh, okay. He's quite a reserved child at home, so it's surprising that he would act like that at sleepovers.

TARA: Yeah. Exactly.

5.

A.M.: How well would you say that your child's ADHD is managed?

TARA: It's managed during the school term with Ritalin, and it definitely helps him get through the day, but he becomes very anxious on the days of tests and exams. Sometimes, I'll even give him a Rivotril just to take the edge off.

A.M.: Is that anti-anxiety medication?

TARA: Yes. I will literally just sometimes give it to him on the day of an important exam. He's not on the medication. He just gets anxious. He gets worked up. His teacher will communicate that with me. They've also observed that he gets quite wound up. They usually just give him something herbal. I think that Ritalin can increase anxiety.

A.M.: Okay. There is a link between the Ritalin that he takes and his anxiety.

TARA: Yes. Definitely. He also already has performance anxiety. He wants to do well. He wants people to be happy with him. He's a people pleaser. When he's on the Ritalin, it makes his anxiety worse. On days when he's got exams, he really stresses.

A.M.: I see. It's as though everything becomes too much for him.

TARA: Yeah. It doesn't help that he's a remedial child and is already on the backfoot compared to his peers. He went to a long-term remedial school, and now he is in a mainstream school. He really feels the pressure to keep up.

A.M.: Would it be fair to say that it's his people-pleasing tendency that makes him feel anxious? He wants to perform well.

TARA: Yeah. He wants to.

A.M.: Would it be fair to say that it feels like there is a lot at stake?

TARA: Yeah. The thing is that his marks are quite average. He doesn't get As and Bs. I'm happy with that. I have no academic dreams for him at all. He must just do his best.

A.M.: Yeah. Absolutely.

TARA: If he gets 52%, I will say that's outstanding; I'm very proud of you. I don't expect him to get 70s, 80s and 90s. I don't think that I give him a lot of rope in terms of having expectations. I just want him to do his best and be proud of his work.

A.M.: You try to foster that pride by reassuring him.

TARA: Yes. I must. He's hard on himself.

Follow-up and funnelling questions

6.

A.M.: Okay. What treatment does your child receive for his ADHD other than medication?

TARA: Nothing. That's it.

A.M.: There is no therapeutic input to help him manage.

TARA: No. Not now.

7.

A.M.: Are there specific emotional experiences that your child struggles with?

TARA: Conflict. He struggles with conflict. My younger son has Aspergers. He can get aggressive and fly off the handle. My other son (referring to Jacob) struggles with that. It's loud. He's a sensory child. A sensory seeker. When he was a small child, he would smell everything. He's got an acute sense of smell. He's got funny little quirks. He doesn't do that now, but even now, he still has an acute sense of smell. His sensory way of perceiving the world is well-developed. He's probably an empath. He picks up on tone and mood quickly.

A.M.: What would you say are some of his coping strategies in conflict situations?

TARA: A lot of alone time. He's a comfort eater, which is a bit of a problem. I'm a comfort eater. I've struggled with my weight my whole life, and I don't want him to be burdened with that. He doesn't play any sport. He zones out a lot. He'll play video games a lot.

A.M.: Okay. Are video games a bit of a distraction for him?

TARA: Yeah. He doesn't play sports. He's very social. He loves to be with people but also loves his alone time at home. He needs to recharge.

A.M.: Does he spend a lot of time with his friends?

TARA: As much time as he possibly can. He will go to Youth on a Friday night and always find a place to sleepover. That's strange because he sleeps with me at home. He's quite anxious about that. Living in South Africa hasn't helped that. He will lock up at night. He's very responsible like that.

A.M.: Okay. I see.

TARA: My husband has a chronic illness. He always asks him if he is alright. He's very responsible like that. He checks up on him. He takes on that role of being responsible. When he's with his friends, he can easily bunk on a couch. It's strange.

8.

A.M.: Okay. When he does feel upset, how long would it take for him to feel better, calm or focus on something else?

TARA: More than an hour.

A.M.: Would you say that it depends on the situation?

TARA: Yes. When he gets very upset, he sometimes needs the whole day to recover.

A.M.: Which positive emotions does he like feeling?

TARA: He loves family. He loves us to eat together at the table because we don't do that. We all usually eat off our laps. He loves that sense of belonging. I often wonder if it's because he's adopted. I don't think that it's because of that. He just really loves us to be together without fighting. On Christmas, he will set the table and make it look nice. He gets a kick out of that. He also loves to make me watch him play video games. He wants someone to watch him.

A.M.: He wants someone to watch him and experience something pleasant with him.

TARA: Yes. He likes it when I interact with him. He will say, "Mom, can you play video games with me?" I'll say, "Can't Dad?" and his response is always "Nope because he doesn't get as excited as you do." I try to get interactive with him, and he likes that.

9.

A.M.: How would you say that he prolongs those positive emotions?

TARA: He always asks. He needs someone to do things with him all of the time. He can't go swimming on his own. I don't think that it's a reassurance thing. He likes a friend with him and to be with him. It's companionship.

A.M.: He must make plans to be able to interact with other people.

TARA: Absolutely. Yeah.

A.M.: Okay. What has helped your child to manage their emotions most effectively? Is there anything other than being around other people that comes to your mind?

TARA: He loves his own bedroom and space. He plays hand-pipe music to help him fall asleep. He loves music, and he has learnt that if he plays it, he will fall asleep. Most nights, he sleeps in my bed. Everyone said to me that he would never do that. Now he's a teen, and he's still doing it. It doesn't bother me. If he needs it, he can stay there. I often question if I'm mollycoddling him, and I don't think that I am. He's anxious about something. He needs the reassurance; this makes him happy, and that's fine.

A.M.: Okay. Would it be fair to say he likes to control his environment and find a suitable environment to be in?

TARA: Yes. He loves to control his environment.

10.

A.M.: Do your child's emotional experiences impact the familial social system? If so, how?

TARA: He can pick on his younger brother a lot. It's interesting. He's not a conflict-driven child. His younger brother is annoying. I will concede to that. He embarrasses him in public a lot. He loves to tell me that his younger brother has had his for more than two hours. He's the gatekeeper despite having been on his phone the whole day. There are different rules for my children. My Asperger's child can't be on his phone all day. We have to restrict him, which is very hard because he can't understand why his brother can do certain things and he can't. They bicker a lot, and he (Referring to Jacob's brother) can bait him. He's mostly a peacekeeper except for his brother. If my husband and I are having a conflict, he will try to keep the peace.

A.M.: Okay. His influence can sometimes be positive.

TARA: Yes. Definitely.

11.

A.M.: Do your child's emotional experiences influence the ways that you parent them?

TARA: Yeah. I've learnt to give him his space to regulate. My other child has other ways to regulate and needs lots of physical touch. His brother (referring to Jacob) is not a demonstrative child. He doesn't show affection demonstratively. I've learnt to use humour and wordplay. I will make jokes because he responds to that, and we'll have our own inside jokes. That helps him to feel a connection with me. I will send him little memes and jokes on WhatsApp. He's on his phone. It's become a way that I can communicate with him. He doesn't like to talk about deep things. If I want to talk about something that is going on in our lives, he will immediately say that he doesn't want to hear about it. I tried to have the sex talk with him, and he didn't want to know about it. My youngest son sat, and I did it with him. If it's uncomfortable for him, he will shut me down straight away and say that he's not interested. He's stubborn. I can't get through.

A.M.: Okay. You must be persistent.

TARA: Yes. Persistent and strategic. Often, a text message is helpful. I can tell him what I want to say, and he can't shut me down.

A.M.: It's out there in the open.

TARA: Yeah. Exactly.

Conclusion and reflection

12.

A.M.: Is there anything that you want to add or clarify about your son's emotional experiences?

TARA: He's gone through a lot in his life. He's adopted, he's got sensory issues, he's got auditory processing disorder, he had a speech disorder. He had a speech delay and had to go to speech therapy. He's gone to a long-term remedial school, which he battled with because his peers were in mainstream schools. He's got a dad with a chronic illness and parents who are about to get divorced. He's got a lot on his plate. I think that he manages well under those circumstances. When I told him that I was going to get divorced, he looked at me and said, "What took you so long?" He's mature in

some ways and not in others. On the whole, I think that he is a great kid and has done really well with the cards that he has been dealt with.

A.M.: Absolutely.

TARA: I don't often think of him as having ADHD. I've just learnt that it's how he is. I'll say, "I told you to do this!" and he'll go. "I'll do it now, Mom". We'll sometimes laugh about it. I will say he's so ADHD. He'll look at me and say, "Mom, I know." I'm also ADHD, but I was only diagnosed at thirty-eight. I had to learn coping skills in my life. It doesn't bother me that much. I must micro-manage him, but that's fine. I don't mind.

13.

A.M.: Okay. How do you feel about our conversation today?

TARA: It was good. It would say that it was fine. I'm a bit worried that he might be quiet. He might surprise me, though. He might be chatty.

A.M.: Yes. He might. Thank you for your time and insights! I have learnt a lot from our conversation.

TARA: It's only a pleasure.

REFLECTION: I am glad that you have decided to study this topic. I think that it's important. ADHD is often very misunderstood. ADHD is often seen as a weakness, but I actually think that it can be a strength if you overcome the negative things associated with it and the challenges. That can lead to a sense of achievement and accomplishment.

F6: Brenda

TRANSCRIPT

Opening

1.

A.M.: Welcome! It's lovely to meet you! Thank you for agreeing to give up some time to have this conversation with me. I appreciate it.

BRENDA: You're very welcome! It's lovely to meet you too!

A.M.: I would just like to say a few things before the interview officially starts. You will be referred to by a pseudonym in the study, which is a fake name. I will not reveal any information that might reveal who you are. You can retract your contribution to the study at any point up until the date that it is published without any repercussions or negative consequences. Just let me know, and I won't use or analyse your interview in the final transcript. There is no to minimal risk associated with participating in the study. I will provide you with the contact details for the South African Depression and Anxiety group if this resource proves necessary.

BRENDA: Okay. That all sounds clear.

A.M.: Do you have any questions before we proceed?

BRENDA: Nope. I don't have any at this point.

A.M.: Perfect! I would like to start off by outlining the general goals of the study. I would like to explore the lived experiences of young adolescents with ADHD and how they experience their emotions. I want to explore how they experience controlling their emotions, changing the intensity of their emotions, coping with negative emotions and the types of emotions that seem to be a prominent part of their everyday lives. The second component of the study is exploring how the parental caregivers of young adolescents with ADHD experience the emotions of their dependents. There are no right or wrong answers. You can answer as openly and honestly as you want to.

BRENDA: Great. You're exploring our experiences separately.

A.M.: Yes. Do you feel ready to proceed?

BRENDA: Sure! Go ahead.

Introductory questions

2.

A.M.: There are about fourteen questions. I'm going to start off by asking you a general question. What is your experience of your child's ability to manage their emotions?

BRENDA: She has good days and bad days. When she is having a good day, it's like she's on a super high. When she's having a bad day, she gets very tired and withdrawn. She has no appetite and just wants to be in her room on her own. She needs to spend time relaxing or on her own because she can get overwhelmed if there is too much going on at school. She can become very moody and ratty.

A.M.: Would it be fair to say that her emotions are intense?

BRENDA: Yes. I wouldn't say extremely. I would say that they are moderately intense. The frustration can build up because of everything that seems to be going on at school. This can sometimes lead to tears. This doesn't happen too often, but it does happen.

3.

A.M.: Okay. As you probably know, ADHD is associated with impulsivity, hyperactivity and difficulty concentrating. How do you think that these core features play a role in how your child experiences their emotions?

BRENDA: Repeat the question, please.

A.M.: How do you think that the features of ADHD like hyperactivity, impulsivity and difficulties focusing play a role in how your child experiences their emotions?

BRENDA: There is frustration when she doesn't understand something due to drifting off. She is on Ritalin. Her doctor has just increased her dosage recently. When she drifts off in class, she misses important things in class, which is frustrating. When she comes home, she doesn't fully understand it and gets very frustrated. When I try to teach her something in a way that her teachers haven't, she gets very flabbergasted. I will say that her teacher isn't wrong, but that it is possible to learn things in different ways. She's very by the book. She gets anxious very quickly. If a letter is sent from school that is due in two weeks, she'll be anxious if it's not back the next day.

A.M.: Okay. Is there a difference between when she's on medication and when she's not?

BRENDA: If she's got homework to do on the weekend, you might as well keep her books in her bag. She battles to go back and recall all the things that she's learned at school that week. When she's on Ritalin, she can cruise through it. She can often repeat things without even looking at her books. She can come home and recall some of the interesting facts that her teachers bring up as extra information when she's on Ritalin. When she's not on Ritalin, she can't repeat facts as easily.

A.M.: Okay. Ritalin helps her to be able to focus.

BRENDA: Yes. Absolutely.

4.

A.M.: Does your child have any other obstacles, challenges or diagnoses that might impact how she experiences her emotions?

BRENDA: No. Not really. She has a good support system. She did battle when she lost her dad and gran during COVID. They were very close. Her gran was like her mom. Emotionally, her death shook her. She had a much stronger bond with her grandmother than most grandchildren do. That's been a big adjustment for all of us. She seems to be doing better now.

A.M.: Okay. I can imagine that it must be a big challenge and adjustment.

BRENDA: Yeah. The last four years have been tough. In 2019, her dad died, we had COVID. Her gran died in 2020. In 2021, she moved to a mainstream school. There has been a lot going on. She's only now started to settle again.

5.

A.M.: I see. How well would you say that her ADHD is controlled?

BRENDA: We've increased her dosage of Ritalin. She's been on 10mg since Grade 2. Last year, she came to complaining that she can't focus. Now, we've increased the dosage to 30mg for the last two months. She hasn't been drifting off so much.

A.M.: Okay. The dosage of medication is important.

BRENDA: Yeah. Definitely.

Follow-up and funnelling questions

6.

A.M.: Okay. What treatments has your child received to manage their ADHD? Is there a form of psychological input to help her manage?

BRENDA: No. When she was at the remedial school, she did receive O.T. and counselling. She did lose her dad and gran whilst she was at the school but refused counselling.

7.

A.M.: What are the emotional experiences that your child struggles with? Are there certain emotions that your child finds difficult to cope with?

BRENDA: Her fears. Going through heartache. If something happens at school, she goes silent. When she's happy, I know all about it. If it's something emotionally hurtful, she doesn't talk to me about it. I pick up from her body language that something is wrong. I've got to keep nagging until she lets it out. Once that door has been opened, everything comes out.

8.

A.M.: Okay. What coping strategies have you noticed your child use to cope when experiencing those challenging emotions?

BRENDA: She panics. She doesn't have a coping mechanism. I have been looking for an educational psychologist in the area to teach her coping strategies. She didn't learn study skills and coping strategies at her old remedial school. I can understand that. They are there to do remedial work and important issues. I've been looking for an educational psychologist to help her cope. One thing that I have noticed is that she plans for her projects and starts her projects as soon as she can because she is so scared of being anxious. I don't know if this is something that she has picked up from me. I also can't do things at the last minute.

A.M.: Right. That preparation helps to ease her nerves because she knows that she won't have to do things at the last minute.

BRENDA: Yes. I would say so.

9.

A.M.: Okay. When she is upset, how long does it take for her to feel better or focus on something else?

BRENDA: I can pick it up that she is upset from her body language. It takes me a couple of days of nagging for it to eventually come out and for her to feel better.

A.M.: Would you say that it takes a lot of time for those negative emotions to be processed?

BRENDA: Yes. If I don't get it out of her, it will never get processed. I saw after she got her report after the first term that she was very down. Eventually, during the holidays, I got it out of her. She just had a cry with me for a few minutes, and it felt like an elephant had been lifted off her shoulders. Her body language changed. She was smiling, talking, and I told her that talking always helps. She went to her doctor, who increased her medication, and she's been bouncing ever since she's gotten everything

off her chest. I was starting to wonder if she was being bullied at school. She can't cope with her drifting.

10.

A.M.: Okay. What are some of the positive emotions that your child likes to experience?

BRENDA: Getting good marks and doing good deeds. She loves doing good deeds. She loves doing community service. It gives her a high. When she was at her old school, she used to carry the old teachers' bags. My child is a giver.

A.M.: She likes feeling proud and altruistic.

BRENDA: She loves to do good. She's a giver. She'll bend backwards for her friends and buy them gifts. She loves to make people smile.

11.

A.M.: What does she do to sustain those feelings of altruism and engagement with others?

BRENDA: It's funny. She's always been an introvert. I couldn't even get her to go to the shops. This year, she flies. She wants to go everywhere to visit my aunties, and she's really come out of her shell. She loves being around friends and family. Before, I couldn't even get her out of her pyjamas. This year, she's flourished.

A.M.: She's been more active about making plans to connect with other people.

BRENDA: Yes. I noticed that she really came out of her shell when her medication had been adjusted. Now she wants to go to school functions and braais.

12.

A.M.: Would you say that the way your child experiences their emotions has impacted the familial system?

BRENDA: Yes. It worries me. I'm a single parent. I must worry about her all of the time. If she's not talking to me, I often question myself. I ask myself if she feels like she can trust me. She's got an older sister who lives across the road who has ADHD and will constantly ask her younger sister to go out and do something. Her sister is a social butterfly. She wants to take her younger sister everywhere. In the past, she (Referring to Elsa) wouldn't participate. Now, she wants to go everywhere. She's smiling. There has been such a difference since our chat in the holiday.

A.M.: Okay. What are some tools that your child utilises to manage their emotions? Are there some tools that have been helpful?

BRENDA: We don't have tools, but we do spend a lot of time together. We have a ritual. I make her coffee every morning and greet her. That's when she opens her eyes. Every afternoon, she makes me a cup of tea, and we don't do anything else. She'll sit on my bed, and I will ask the questions. Those chats are our five-to-ten-minute chats, and she'll tell me what she learnt that day. I think open communication helps a lot.

13.

A.M.: Would you say that ADHD has influenced the way that you have had to parent?

BRENDA: Yeah. For the most part, she's an easy child to parent. I just can't give her more than three instructions. She has no concept of time management. She will put the kettle on, put on the washing machine and will do the hardest thing first.

A.M.: Is it fair to say that you have had to be observant as a parent?

BRENDA: Yes. I must nag her a lot. I will tell her to put the washing and then clean the cat's litterbox. She will look at me and say, "No, Mom, I'm doing it my way!". We'll end up having a big

fight. It's time management that seems to be an issue. My older daughter would just cruise through things without being so anxious and flustered.

Conclusion and reflection

14.

A.M.: Perfect. Is there anything that you want to add to responses or clarify about ADHD, emotions and having a child with ADHD?

BRENDA: My other child flew through school. Nothing was a challenge for her. I haven't been taught a coping mechanism to teach my youngest (Referring to Elsa) how to cope and study. She thinks differently, she thinks differently, and she's not a standard child. I feel as though I don't have the tools to support her. I'll get frustrated, and she'll get frustrated. We won't fight, but we'll just get frustrated because our emotions will feed each other. I get frustrated because I don't know how to help her.

15.

A.M.: Okay. How do you feel about our conversation today and about ADHD in general?

BRENDA: This conversation was very educational. There is a lot to be learned about ADHD and how to help parents to cope. Telling parents about the medical condition is great, but it is something that could have been read in a textbook. I think that parents should be taught how to cope when they are at home and not in the classroom. I don't have ADHD, and I'm not on the same wavelength as her. I don't even know what they study at school anymore. I want to know how I can help her to cope. I think that it's been picked that parents feel overwhelmed. As a parent, you constantly wonder if you are doing a good enough job to notice when your child isn't coping.

A.M.: Perfect. Thank you so much for sharing some of your insights. I hope that this process was beneficial for you. I learned a lot from our conversation. Thank you for giving up your time.

Brenda: I'm happy to help! You're very welcome.

REFLECTION: The interview questions in this interview were easy to answer and understandable. There is no black-and-white answer when it comes to ADHD. My child is okay when she comes off Ritalin and can be talked to. My other daughter had severe mood swings. No two people with ADHD are the same. There should be a course for moms to learn how to help their children with ADHD cope because there is a lot to learn. I am glad to have participated in this process, and I hope that some of my responses will be of some use in the study.

F7: Ava's transcript

TRANSCRIPT

Opening

1.

A.M.: Welcome! It's lovely to meet you. Thank you for giving up some time to have this conversation with me today. I really appreciate it.

AVA: It's lovely to meet you, too. It's a pleasure to help you out!

A.M.: Thank you! I would just like to mention some things before we start. You will be referred to by a pseudonym in the study. A pseudonym is a fake name. Nobody will know your identity, and I will not reveal anything that might reveal who you are. You can retract your participation in the study until it is published. Just let me know, and I will not analyse your interview transcript. Nothing bad will happen to you if you make that decision. There is little to no risk associated with participating in the study. I will provide you with the contact details of the South African Depression and Anxiety Group

should you need to use this resource after the interview. Is everything clear? Are you happy to proceed with the interview?

AVA: Yes. Everything is clear. I'm happy to continue.

A.M.: *Great. I would like to quickly outline the study. I am going to be exploring the lived experiences of adolescents with ADHD. I want to explore how the experience regulates their emotions. I would also like to explore how the parental caregivers of young adolescents with ADHD experience the emotional regulation of their dependents. There are about fourteen questions. There are no right or wrong answers, and you can feel free to answer as openly as you want to.*

AVA: All right. I understand.

Introductory questions

2.

A.M.: *I'm going to start off by asking you some general opening questions. What is your experience of your child's ability to manage their emotions?*

AVA: I would say that it's different. It's both negative and positive. Everything is just heightened. He's either excited or down. When he takes his medication, he kind of just flatlines. I have two children. His sister doesn't have ADHD. Her emotions follow a curve. When she's excited about something, she's excited about it. When she's mad about something, she's mad about it. With my son, it depends on how he's feeling on the day. Something bad can happen, and he can become excited because he remembered something or got a message whilst his friend has just been in an accident. He doesn't regulate his emotions like (pauses) I don't want to say normal, regular people do. People without ADHD. In comparison to my daughter or me, his emotions aren't regulated in the same way.

A.M.: *Okay. Is this something that you've noticed throughout his life?*

AVA: Yeah. Sometimes, he would do something that most people would think is sad or wrong. If he broke the door of his cupboard. If my daughter were to break the cupboard door in the same way, she would come to me and say that she made a mistake. I would then be able to ask her how it happened, and we would resolve it. If that situation were to happen to my son, it would depend on how he's feeling or how he puts that in his brain. He could come out of the room and see it as the worst thing ever. We've had occasions where he's crying, and he's scared. He has had this action or problem happen, and he's determined what the outcome is. Mom's going to be upset; he's going to be in trouble instead of coming to ask for help. He could also decide that it was funny that the door fell and, based on that, walk out of the room and be laughing his head off.

A.M.: *Okay. He jumps to conclusions and makes conclusions.*

AVA: Yes. I like how you said that.

3.

A.M.: *Okay. As you probably know, ADHD is associated with hyperactivity, difficulty focusing and impulsivity. With those core features in mind, would you say that ADHD impacts the way that your child experiences their emotions?*

AVA: ADHD plays a role in everything that happens in my son's life. When my son was ten, his father and I were going through a divorce. Initially, my son was just forgetful. I would ask him to do things, and he would forget to. He would leave his lunchbox at school with his juice bottle and bag. He once came home in his P.E. clothes, and he lost all his school clothes. He lost his socks, his shoes, his tie, blazer, and everything else. He could not remember where he had placed everything. Having ADHD is who my son is. Being his parent means that I spend a lot of time to understand how his mind would work in that specific situation. Initially, because he was hyperactive, he was judged by everyone daily. Imagine being a ten-year-old child and going to your teacher crying because you have lost all your stuff. His teacher has gone through this all the time. He was always that child. I could have probably kept two diaries for my son. That is how many complaints his teachers had about him. That was a daily occurrence. Eventually, when he was ten, and I went through my divorce, his psychiatrist explained that something specific would have happened that would make the signs more

visible. He was hyper, but he's also a boy. He would jump on trees and stuff like that. When the divorce happened, he would hide behind his bed and act more scared. Before the divorce happened, he would lose his lunchbox and just say that he did it again. He would ask us to take it out of his allowance. When his dad left, he would cry about things like that. Now that he's older, when he's really upset, you can have a conversation about things. Yesterday, something had happened. Someone had said something that really hurt him, and he was very articulate about it. He just said that he didn't want to speak to the person and didn't think that this was a good relationship to have in his life. We spoke about it. He told me that his friend had asked for them to study together, and they arranged a time to meet; my son got to the library, and his friend said that they needed to leave and go home. Based on that, my son had concluded that she was not his friend anymore. He had made the time to be there. He doesn't think about his emotions in a normal way. A normal person would think that their friend has to go home, these things happen, and everything is okay. My son internalises a lot of things. He thought that she rejected him, and that became his outcome because that was the conclusion that he had made. I constantly act like a soundboard for him and ask him if he's looked at things in a different way. In his mind, there is only one conclusion that exists. That conclusion becomes his reality.

A.M.: Would you say that his forgetfulness frustrates him?

AVA: No, because I think that his mind can only focus on one thing at a time. I can have a conversation with you and know what's around me. If my son were to have a conversation with you, he would look around and try to read the words on a page or focus on the words that he's using. If he remembers something that happened yesterday, his mind will immediately go there. To deal with all of that, we had to put specific tools in place. I cannot speak to him whilst the TV is on. I have direct eye contact with him and asked him if he understood the questions that I asked him. I had to tell him that he lost his lunchbox four times and that it would have to come out of his allowance because I was tired of paying for it. Once I explained that to him, I had to ask if he understood that. There are different we put in place to manage his frustration.

A.M.: Okay. Has he come to accept the way his mind works?

AVA: Now he has, but when he was younger, he looked at it like a sickness. When his dad and I separated, it just became hard to manage him. It was very hard to manage a hyper child. Trying to manage my son's forgetfulness, our family budget, and the fact that my son sometimes does things without thinking was difficult. There was always drama in our house constantly. Everything in our lives had to be focused on my son. I could be reading a book, and he might fall out of a tree, or he might take a hosepipe and put it in his treehouse. It's constant and just depends on his mood and thinking. After six months, things become too much to deal with. We went to the psychologist, and she asked him specific questions about how he was sleeping at night. Once we figured out what it was, he would reject it and cry about it. He would ask me why he was different. He did not understand that he was different until he saw a psychologist. It became clear that kids can sleep throughout the night, and they aren't hiding under his bed. They don't feel the fear he might feel. To explain that to him and to open his mind was a gradual thing. Growing up, he looked at it like a weakness. He had to turn it into a superpower. With ADHD, he has things that his sister doesn't have. His sister can read information written on pieces of paper and retain five percent of it. My son has such an amazing mind. His mind is photographic; he can link information and processes information differently because of it. I'm not intelligent, and his dad is not. He only could have learnt to do that because he has ADHD. His mind processes information on a very fast scale. He had to learn how to focus on it and not think of it as a negative.

A.M.: He had to reframe his thinking.

AVA: Yes. Someone couldn't look at me and say that I have PTSD. Schizophrenia and things like that are not things that can be seen. You can't look at my son and see that he has ADHD. He has this thing that needs to be managed with medication of the right dosage.

A.M.: Okay. If we go back to the fact that he jumps to conclusions, would you say that he does that because he's impulsive?

AVA: Yes. I also think that it's linked to him forgetting. My son is constantly impulsive and lives in his mind. In his mind, he's processing a lot of information, so he comes to those conclusions. If today he is sitting on the sofa and thinks that he loves his mom, he's just focused on me. His next thought would be that he wants to do something nice for my mom. He would then decide to clean the oil that's on my car. He would go to the cupboard, grab some detergents to clean the car and try to clean it with oven cleaner. He's processing all that emotion and information. My daughter would just instinctively come to me, say that she loves me, see the oven cleaner, and Google it before using it on my car to see if it was safe. My son would use it straight away, the oven cleaner would peel all the paint on my car, and he would cry about it. I go back to his action and ask myself why he would do something like that to my car. The people surrounding him would just see the broken sugar container without coming to the beginning of his thoughts. We had to have conversations about that. I would ask my son why he would do something like that to my car, and he said that he just wanted to do something nice for me. He told me that he just wanted to make my car look nice because he loves me. Does that make sense?

A.M.: Yes. That does make sense. Would it be fair to say that your son is emotionally reactive?

AVA: Yeah. He does react. When you just look at the thought and outcome, it sounds impulsive, but there was thought behind his action. There was thought; it's just not how most of us think. Last night, he was changing the extractor fans in our bathrooms. They were dirty. All he had to do was pull them out, rinse them under some water and put them back in place. My son is now older. I will ask him to do things for me. A normal person would have looked at the fan and seen that it's high. It's on the ceiling. They would get a ladder to stand on. My son decides to stand on the top of the toilet. You've seen him already. He's one hundred kilograms. He broke it. His first response was to say that he didn't know. Any normal person would think I'm heavy; the toilet might break if I stand on it. My son didn't, and his foot literally went through the toilet. I think that some of the wording around ADHD needs to be changed. It's not that there wasn't thought. There was thought behind that action; he just doesn't think like normal people do. The thought happened so quickly that other thoughts might be slower. He has done some hectic things and made conclusions. If I take him back, I can see that there has always been thought.

4.

A.M.: Okay. You've already mentioned your divorce having a significant impact on your son.

AVA: Yeah. It did.

A.M.: Are there any other diagnoses, obstacles or challenges that might impact how your child experiences their emotions?

AVA: I think the reason that the divorce had such a big impact on him is that he saw his dad with this lady and told me. We eventually got divorced because of an affair. My son came up to me and told me about it. His dad was upset with him, and my son thought that he had broken up his family for many years of his life. He's very driven by his emotions. If you are trying to get to the bottom of his behaviour to understand it, there is a lot of repetition involved. When I wanted to teach my son how to make his bed, I had to say the same thing consistently for twenty to thirty days before he changes the pattern. The divorce was a major life event. Another obstacle for me was the amount of information that was available. There is a lot of information available now, but there wasn't when my son was first diagnosed. A lot of the information out there was not fair sometimes. It just needed to be understood from the child's point of view. The first protocol is to give them medication. When my son was first diagnosed, I took Ritalin to understand what he would be going through according to the dosage that was first prescribed. Your mom won't just give you two tablespoons of Allergex without knowing it was safe first. I just felt like I wanted to make sure. It felt like the right thing to do. It flatlined me. I just existed. I could understand how he felt when he was on it. For me, it lasted four to five hours, and I thought that my son would take it that way. I didn't take into consideration his weight at the time. I

was heavier than him. If that dose was working on me for five hours, for him, it was longer. I had to think how about how long I wanted him to focus for. Every child's experience is different. Ritalin is lot like an antibiotic. It's like alcohol. I will experience the effects of alcohol in a way that's different from how you might. With Ritalin, I was initially just given a script for him, and that was it. It became clear to me that a challenge was the fact that he didn't have the correct tools. He uses sticky notes now to remind him to do things.

5.

A.M.: Okay. How well is your child's ADHD controlled now?

AVA: The control depends on how my child is feeling and varies. Everything that my child needs is available to them and is there but varies. It's like having diabetes. Right now, my son has all of the medication for his ADHD that he needs. He understands the pros and cons of medication. He has every tool under the sun. He has a life coach and a therapist living with ADHD. She understands him and give him proper tools. I would say that it's about eighty to ninety percent controlled. ADHD is something that has to be continuously controlled. Tomorrow, it could be zero percent controlled because my child could decide that Ritalin is bad for him and wants to be himself. He did that three months ago. I'm only around sixty kilograms, and he is over one hundred (chuckles). I can't force-feed him Ritalin. It was easier when he was a small kid because I was always with him. He's now older, and he wants his mind to be free and excited. He's used to the highs, and Ritalin would not give him those highs. I would sometimes not give him medication so that he could feel like himself.

Follow-up and funnelling questions

6.

A.M.: Okay. You've already mentioned some treatments that your son has already been given, like therapy, sessions with a life coach and medication. Is there any other treatment that comes to your mind?

AVA: When my son was first diagnosed, it was very hard. I would constantly feel guilty. As a mom, you never want your child to be in an environment where they could be judged. He was surrounded by so many people, and they would call him names like stupid. I hate the word stupid. He couldn't focus, but when we got it right, he was top of his class and got distinctions. One of the things that I have read that is helpful is to focus on the positives. It is so important. My child can do ten things in a day that drive me mad. He's driven me to tears because it's just overwhelming. It's a lot to deal with financially, emotionally, and sometimes even physically. The thing I decided to put in place was to just speak to him. It takes a lot of time. I will speak to him for three to four hours after his day. His day is full of things that happen to him. By speaking to him, I can help him determine what was right and wrong. I mentioned the thing that happened with his friend in the library. He was going to write off the relationship because he felt as though she didn't care about him and wanted to hurt him. That wasn't what she wanted to do at all. He just concluded that. Talking helps me to understand him. I didn't want to be that parent who dictated to him and told him to do this or that. He wasn't going to be that child. I would give him a place to explain his behaviour.

A.M.: Okay. Your input as a parent is important.

AVA: Yes. It always was.

7.

A.M.: What are some of the difficult emotions and emotional experiences that your child deals with? What makes him feel very negative? What are the emotions that he battles to cope with?

AVA: If someone says that they are going to do something and they don't. It's about integrity. He's got very good morals, and if you lie to him, he will be very upset. ADHD has determined how he has

been formed as a person. Maybe other people might not think that lying is such a big deal. If you lie to my child, he'll get very emotional and upset. Integrity is so close to lying. I think that those are the two things that are important to him.

A.M.: Honesty and integrity are important to him.

AVA: Yeah. It's in contrast to time management. Being on time is not important to him.

8.

A.M.: Okay. How have you seen him cope with challenging emotions?

AVA: Normally, if someone lies to him, he will internalise it. His mind starts to figure it out, and his mind will become really depressed. If he's home, we'll have a conversation about what happened. If he goes off to his room, and I leave him in the space, the longer I leave him there to process the event, the longer it will take for me to pull it out of it. He distracts himself and plays video games and things that don't need more effort or thought. If he goes to the gym when he's upset, he'll be fine when he gets back. There is too much going on in his brain. If he doesn't speak about things or have a soundboard, things escalate and become worse. He'll conclude things that aren't true. Going back to the situation with his friend, he thought that she was speaking about him, and that the world was going to come to an end. Another person would be able to conclude that his conclusions were not true, but my son goes into his own fantasyland. The opposite can also be true. Someone can do things that are bad and call him names. He can be that person's friend again within two seconds.

A.M.: How your child copes will depend on the situation.

AVA: Yeah. That is true. It does.

9.

A.M.: Okay. When somebody lies to your child, and they feel very negative, how long would you say that it takes for them to feel better or focus on something else?

AVA: It depends on if I'm involved. If his sister has taken something without asking him, he'll come up to me and be screaming. He'll be really upset about it. If nobody talks to him, he'll go to his room and be back to his normal self within ten to fifteen minutes. If his sister were to bring the situation up two days later, he gets emotionally heightened again.

A.M.: Oh, okay.

AVA: There must be a process of communicating with someone. I'll normally have to take him outside and have a conversation with him. I will say that he and his sister can pay for the thing that she took or broke together. He'll then say that all he needs is for his sister to be honest with him, and then he'll be fine. He doesn't tend to hold grudges. If he understands the reason for something happening, he'll understand things. Two years ago, his father beat him up, and it was bad. For the first time in my son's life, he used the word hate. He hated his dad. Just by speaking to his dad over the period of a couple of months, he was able to completely forgive him. If he discusses this now, he's completely fine about it. If he speaks about his negative emotions, he will be fine. He can work it through positively, and it will determine what his response will be. Initially, his response is to think that the world is against him, but he can turn it around. Talking and finding someone to help him through can turn a bad situation around for my child. It doesn't matter if the person says sorry or not. His dad didn't say sorry to him. If the conversations about the negative situations are kept positive, he'll generally be fine.

A.M.: Okay. If your child finds the right person to talk to, he can bounce back quickly.

AVA: One hundred percent.

10.

A.M.: I see. Have you noticed some of the positive feelings that your child tends to experience? What are some pleasant emotions that leave him feeling positive and good?

AVA: He's so kind. He is that child who would drive down the road to meet his friend. I have lost so much money doing that (chuckles). He will go to the Spar, come back home, and tell me that there was a person who needed food. He would buy that person groceries. It's hard to be a parent and to live my life always thinking about him as well. As my child's parent, I want the people around him to not judge him without seeing that kindness and love.

A.M.: You worry that they won't notice his altruism.

AVA: Yes. What people do see is a broken sugar dish. I was recently involved in a smash-and-grab. I got home and told my daughter about it. She asked me if I was okay, made me ... and my son had come home by the time I finished my shower. He was watching TV and eating. He asked me about my day. When I told him that I was with his aunt and had a smash-and-grab, he turned around and just said, "Okay", and continued to eat. Those kinds of things make you stop and want to scream, "What the hell is wrong with you?" He was eating and watching TV. He couldn't process what I had said. He will literally be having a conversation with him and think that he's responding to something that's happening in robotic mode. He's watching FIFA. It's hard to understand him, but he's awesome.

11.

A.M.: Okay. How would you say that he has learned to maintain positive emotions and his altruistic nature? How does he feel good for as long as possible?

AVA: I can't be there for him 24/7. It's impossible for any parent to be. I had to give him something else to rely on. For us, it was religion. When my child feels down, he prays, reads the Bible, or goes to church. Religion has helped him to set his moral standards. He continues to feel these positive feelings because he has a basis. In order to let him continue, he has to have a set of rules to follow in everyday interactions. I have to ask him about the rules in different scenarios. With Christianity, he knows that there are steps and rules to follow. He needs some sort of foundation that dictates it to him and implements those values.

A.M.: Okay. Do any tools come to mind? What else does your child do to manage their emotions?

AVA: He did keep a journal for a while. He got frustrated because his handwriting was not good. Sports is a good tool. When a whole lot needs to come out, playing sports would help his energy to come out and drain him of energy. Every quarter, he's involved in rugby and cricket. He now gyms for that as well. Yeah. Those are the tools. The things that worked the most was him taking his medication and talking.

12.

A.M.: Okay. Would you say that the way that your child experiences their emotions impacts the familial social system? If so, how?

AVA: One hundred per cent. I come from work and have a plan. I will cook supper, but I don't know what type of day my child had. As a mom and a single parent, if my child had a bad day, I don't know what happened. He will be emotional and sad. It's not just me that he's impacting. I need to cook supper in an hour. I don't have two to three hours to sit with him and ask him a hundred questions because he doesn't understand what is wrong. When he was younger, he really didn't understand what was wrong. Even now, he still doesn't understand what's wrong. He can't pinpoint a particular aspect of a scenario and say that he's upset because someone lied. As his soundboard, I need to have all the information and help him to see the situation for what it was. I have two kids. Imagine a day with an ADHD child. Most of the time is spent managing his emotions, his day and planning for him. I am also a mom to his sibling. My daughter only told me a few years ago that she felt very left out growing up. She felt that I loved my son more because I gave him more time having conversations and going to appointments. She would get frustrated and wonder why he just pulled her teddy bear's

head off. She was getting the repercussions of what was going on in the house, and she had to understand. It was always a case of her having to understand and accept how her brother was. If they had gone out anywhere and I wasn't there, she was younger than my son but had to take care of him when they were crossing the road. He's her older brother. I had the phrase common sense, but anything that was considered common sense had to be taken care of by my daughter. If they had gone to visit someone, and my son was offered a piece of cake, my daughter had to run and get it for him. She's seen what this child has done with a knife and cake. He might just process that he wants to cut it for everyone. She kind of had to parent him. It changed the whole dynamic of our home. Everything we did was managing my son and ensure that he could function like a normal person. That becomes frustrating, draining, and sad for my daughter. He's my son, I love him with all my heart, but it was difficult. When you have two children, you want to give them equal attention.

A.M.: You couldn't give them equal attention. You had to almost ensure that your son was functioning well. Although you love your children equally, your daughter interpreted that as him being given more love and attention.

AVA: Yeah. She had to mother him. She could never be who she was, which was a little girl and his little sister. She had to grow up too soon because she worried about him. He would get bullied at school, and she would protect him constantly.

13.

A.M.: Okay. Do your child's emotional experiences and the way that they process their emotions impact how you parent them? If so, how?

AVA: I must understand that the output of my child's emotions is not a reflection of them and who they truly are. That's difficult because I'm human. If someone is screaming in your house, you're going to want to put them in their room and give them a time-out. With my child, I must enter the situation tired and frustrated. They're all over the place, and I must always understand that I must be calm and reflect the opposite. If they're sad, you must be happy. If they're happy and hyper, you must be calm. This goes against everything I thought was true. It needs to be managed properly and with the right medication. There was a time when he refused to be on medication. He had too much screen time. That's another tool. I manage his screen time. If he plays video games for too long or watches too much TV, he gets into a trance. The first time he had access to unlimited WIFI, we eventually wanted to admit him to hospital. He was pulling on the door cupboard. It was after school. He didn't take his medication, and he was watching video games and FIFA. After three days, he had to be given tranquilisers to calm him down. He was jumping and physically being violent. There is that bad portion of having ADHD as well.

A.M.: Okay. You must be observant and understanding as a parent.

AVA: Yes. Constantly.

Conclusion and reflection

14.

A.M.: Those are the main questions. Is there anything that you want to add or clarify?

AVA: No. I just wish that there was something available for families. It's not something that is simple. It's a daily thing to go through. Although every child is different, you just need to have the right tools to manage it.

15.

A.M.: Okay. How do you feel about our conversation today and conversations like it? Were the questions easy?

AVA: It was easy. I think that I understood what you were asking. Did I answer your questions correctly? Did I give you enough information?

A.M.: Yes. You answered perfectly. These are your lived experiences.

AVA: Good. I'm glad.

A.M.: *Perfect! Thank you so much for giving up some time today. I really appreciate it and learned a lot.*

AVA: It's only a pleasure. I'm glad that I could help.

REFLECTION: Being a mom is not easy. Managing ADHD is something that has to happen daily, and it impacts the whole family. There are no right or wrong ways of doing things. Everything you do has to depend on your child.

Participant profiles

Pseudonym and biological sex	Age or (for parental participants) the pseudonym of dependent	Race	Home language
Ronda (Female)	Debby	Indian	English
Debby (Female)	14	Indian	English
Matt (Male)	13	White	English
Sally (Female)	Matt	White	English
Neil (Male)	14	White	English
Nelly (Female)	Neil	White	English
Hannah (Female)	David	Indian	English
David (Male)	14	Indian	English
Tara (Female)	Jacob	White	English
Jacob (Male)	14	White	English
Elsa (Female)	13	White	English
Brenda (Female)	Elsa	White	English
Ava (Female)	Keat	Coloured	English
Keat (Male)	14	Coloured	English

Appendix G:

Extracts from the Researcher's Reflexivity Journal

What are some of the interpersonal relationships that have been evident in this research process?

My research supervisor has been instrumental in the process of completing this research. The relationship between the two of us is respectful in nature. I have implemented the changes she suggested, as I respect her academic judgement and rigour. Any unclear feedback or information regarding the research process was addressed immediately and collaboratively. My supervisor's research interests and specialities made her an appropriate supervisor for this research study. My relationship with my supervisor did not hinder the research process, and there were no conflicts of interest present in the relationship.

Another interpersonal relationship that existed in this research project was the relationship that I, as the primary researcher, had with the research participants. The participants and I had to create a collaborative relationship based on respect. It was necessary to respect all the participants equally and appropriately. The participants participating in my study had to be treated with respect. It was the first time I had collected primary data. I felt nervous about the novel nature of the task that I had to undertake. To make myself feel more confident during the interviews, I practised reciting the interview questions to friends and family before the actual interviews took place. Moreover, I engaged in deep breathing techniques or paused whenever I felt nervous during the interviews.

Did these different interpersonal relationships warrant certain contextual considerations?

As the primary researcher, I had to consider certain things with respect to these interpersonal relationships.

I had to respect my research supervisor's time and not miss set supervision meetings on GoogleTeams. I had to complete work timeously and consider that my research supervisor had numerous academic responsibilities that required me to ensure that she received my work with enough time for her to review it.

I had to consider that I couldn't enforce my personal views or beliefs onto the participants and had to allow them to articulate their lived experiences as honestly and coherently as possible. I could not let the background reading that I did about ADHD foster any prejudice, bias, or expectations that the participants would respond in specific ways. Whenever I would find myself surprised by an answer given by a participant, instead of trying to alter the answer, I would articulate that I found the response intriguing or interesting.

I had to be aware that the participants might inaccurately portray their experiences due to wanting to be perceived in a specific way in by me the study. To mitigate this, I made it clear to the research participants that there was no right or wrong way to answer the questions. During the interviews, if any of the participants needed to be reassured that they were giving suitable answers during the interview, I would do so. I would smile and nod my head frequently to encourage sincere and honest communication. Moreover, before the interviews, I asked the participants if the physical interview venues that they were in were comfortable and introduced myself to them. The parental participants were generally more inclined to be less shy or reserved than the adolescent participants before the commencement of their interviews. This might have been due to the difference in age between the adolescent participants and me. I tried to put the adolescent participants at ease by letting them know that the interview process would be a collaborative process and I used language and phrasing that they understood. It was necessary to ensure that individuals from different racial and cultural groups participated in the study. To foster a rapport with Muslim participants, I acknowledged that the interviews were conducted during Ramadan.

Appendix H:

Outline of Methodological and Interview Process

General opening questions: The general opening questions in the interview gauged each adolescent participant's general emotional state, the extent to which they believe ADHD has influenced how they experience emotions and the extent to which the general developmental phase of adolescents has influenced their experience of emotional regulation. An example of a general opening asked the adolescent participants was, "How would you describe your emotions in your day-to-day life?" and "Please reflect upon the specific influence of ADHD on how you experience emotions". The parental participants were also asked general opening questions. The parental participants were asked questions to help the researcher understand the familial context of each adolescent participant. An example of an opening question for the parental participants was, "How do you think ADHD influences how your child experiences and manages their emotions?". The opening questions had the goal of allowing the researcher to develop an understanding of each adolescent participant's context to be able to effectively understand their responses to the follow-up funnelling questions.

Follow-up funnelling questions: These questions in the interview aimed to answer the outlined research objective (Roberts, 2020). The questions were adapted versions of the items found in the Situational Test of Emotional Understanding (S.T.E.U-B) to determine how the participants have felt and behaved in various past social situations (Bucich & MacCann, 2019). An example of a follow-up funnelling question the adolescent participants were asked was, "Have you ever been wrong about a situation based on the facial expressions and body language of others? What made you understand that you were wrong?". Adapted items from the Self-Rated Scale of Emotional Intelligence (S.R.S.E.I) determined the overall emotional intelligence of the adolescent participants (Bucich & McCann, 2019), an example of which was, "Are you able to change your feelings about an event that happened in the past? If so,

how?”. The parental participants were asked questions that established the effects of their child’s emotions on the broader family system. An example of a follow-up funnelling question was, “Does your child’s experience of emotional difficulties impact the familial social system? If so, how?” Once the participants had been asked the funnelling questions, the researcher debriefed them.

The debriefing portion of the interview: The debriefing portion of the interview assessed how the adolescent participants felt after the interview and if they had any extra information to share with the researcher (Roberts, 2020). An example of a debriefing item was, “Is there anything else you would like me to know about your feelings?”. The parental participants were also given an opportunity to be debriefed after their interview. The participants were invited to reflect upon their answers to the interview questions in a reflective paragraph.

The participants’ responses to the interview questions were transcribed for IPA to be conducted during the reflecting upon lived experiences stage of the research process. The researcher ensured that the questions were posed to the participants in a way that was understandable to each participant.

STAGE 1: The intuiting stage (data collection) (Umanailo, 2019):

- The first stage of the proposed research commenced after ethical clearance and consent were obtained from the parental and adolescent participants.
- The participants were sourced by a team of healthcare practitioners who work at the school and understand each learner's psychiatric history or from the private practice of a healthcare practitioner specialising in ADHD.
- The adolescent participants were fully briefed on the research objectives before the interview commenced and engaged in an in-person interview to answer the research objective.
- The adolescent participants wrote a reflective paragraph to reflect upon their responses to the interview questions. Upon engaging in the interview, each adolescent participant was given the contact details of the therapeutic resources provided by the school.
- The researcher transcribed each participant's interview response for IPA to be conducted on them.



STAGE 2: The analysing stage: Thematic analysis (Umanailo, 2019):

The analysing stage of the data collection process required extracting the important and unique aspects of each of the participants responses, namely the discrepancies and similarities apparent amongst the interview transcripts.



STAGE 3: The description stage: Thematic analysis and presentation of findings (Umanailo, 2019):

The description stage of the methodological process required clustering the important aspects extracted in Stage 2 into literary themes that directly answer the research objective.

The research findings, background and methodology were presented in the form a research article.

Appendix I:
Template of Permission Letter for Healthcare Professionals

Name of healthcare professional

.....

Antonina Mamontov is hereby granted permission to source potential research participants from the private practice of the above-mentioned healthcare professional.

The following points of consideration have been noted by the healthcare professional in question, who has agreed to contract potential research participants on behalf of the researcher. This will be done to ensure that the contact details of the potential research participants will not be disclosed to the researcher without the permission of the participants.

- The potential research participants must be 12-14 years old, living with ADHD or the parental caregiver of an adolescent dependent with ADHD.
- The research participants will be required to participate in individual semi-structured interviews with the researcher.
- The findings will form part of a publishable research study.
- The research participants will be referred to by pseudonyms. Their identities will not be disclosed.
- The interviews will either be conducted online or in a physical interview venue, in the case of the adolescent participants.
- The existing study has received ethical approval. The ethical principles of privacy, confidentiality and respect will be adhered to.

- There is a very low risk associated with participating in the research study. Should the participants experience any emotional distress, they will be provided with the contact details of SADAG (the South African Depression and Anxiety Group) so that the participants can contact them.

Signed:

PROFESSION:

PRACTICE ADDRESS:

CONTACT NUMBER:

PRACTICE NUMBER OR REGISTRATION NUMBER: