

**Child to Parent Violence by ADHD Children: An Interpretative Phenomenological
Analysis Approach to the Experiences of Parents in the Evangelical Church**

Amber Hilton Stokes

Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

Liberty University

2024

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Approved by:

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Abstract

Child-to-parent violence (CPV) is a poorly understood and underreported phenomenon that involves physical, psychological, or financial damage by a child to gain control of a parent. There is a unique lack of literature on how a diagnosis of attention-deficit hyperactivity disorder (ADHD) may contribute to CPV. Ecological elements such as cultural, social, family, and individual factors impact the expression of aggression by these children as well as preclude parents' help-seeking behaviors. The local church, an important agent of social support, has thus far remained silent on the issue of CPV and has been shown to underrecognize other forms of domestic violence (DV). There has been no identified research that addresses how parents of ADHD-diagnosed children experiencing CPV perceive the support that is available within their evangelical faith communities and view their development as parents as a result. This study revealed that evangelical parents (EP) perceive church support as a valuable element of support when managing the behaviors of their ADHD children. Participants reported that their child-rearing practices developed over time, primarily on a trial-and-error basis, in which they grappled with reconciling the teachings of the church with their unique parenting experience. The results are significant in that they highlight the value of church support, inform future studies on CPV from ADHD children, and point to practical implications for the church on how to interact with these families.

Keywords: ADHD, children, church support, ecological model, evangelical, parents, violence, interpretative phenomenological analysis (IPA), parent development, worldview

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Dedication

This research is dedicated to all parents grappling with understanding the behaviors of their child or children with ADHD, to my oldest son who courageously continues to learn how to manage his own emotions and behaviors, and to my youngest son whose imperturbability in the face of challenge is nothing less than venerable.

Acknowledgments

I would like to acknowledge the invaluable support and patience of my husband and children throughout my doctoral endeavors. I must acknowledge my parents who instilled in me the importance of being a life-long learner and the value of endurance. I also give praise to the triune God for endowing me with an intellectual gift and my empathy for others which prompted this journey.

Table of Contents

Abstract	3
Dedication	5
Acknowledgments	6
Table of Contents	7
List of Tables	12
List of Abbreviations	13
Chapter One: Introduction	14
Overview	14
Background	14
Historical Background	14
Social Context	16
Theoretical Principles	18
Situation to Self	20
Problem Statement	22
Purpose Statement	24
Significance of the Study	24
Research Questions	26
Central Research Question	26
First Guiding Question	26
Second Guiding Question	27
Definitions	28

Summary	30
Chapter Two: Literature Review	32
Overview.....	32
Related Literature.....	34
Attention-Deficit Hyperactivity Disorder	34
Parents of Children Diagnosed with ADHD.....	41
Child to Parent Violence	49
The Church as Agent of Social Support	61
Theoretical Framework.....	72
Background of the Bioecological Theory of Development	72
Use of Bioecological Theory in the Present Study	77
Use of the Bioecological Model in ADHD and CPV Research.....	78
The Bioecological Model and Adult Development	82
Literature on the use of the PPCT Model for Future Research.....	84
Summary	85
Chapter Three: Methods	87
Overview.....	87
Design	87
Background of Phenomenology.....	89
Research Questions	90
Central Research Question.....	90
First Guiding Question.....	91
Second Guiding Question	91

Setting	91
Participants.....	92
Procedures.....	93
The Researcher's Role.....	96
Data Collection	97
Interview Schedule.....	98
Data Analysis	102
Data Analysis Process.....	104
Trustworthiness.....	108
Credibility	108
Dependability and Confirmability	108
Transferability.....	109
Ethical Considerations	110
Summary	111
Chapter Four: Findings	112
Overview.....	112
Data Analysis Process.....	112
Participants.....	113
Ashley	114
Shannon.....	115
Chris.....	115
Susan.....	116
Mike	117

Louis	117
Jennifer.....	118
Mary	119
Results.....	119
Theme 1: Central Research Question: Support Means Understanding and Acceptance	121
Theme 2: Central Research Question: Support at Church Is About Relatedness	131
Theme 3: Central Research Question: Church Support Can Be Double-Edged..	143
Theme 4: First Guiding Question: Unrealistic Perceptions of Church Teachings on Child-Rearing.....	151
Theme 5: First Guiding Question: Church Teachings and the Nuances of ADHD Behaviors	157
Theme 6: First Guiding Question: Aggressive Episodes are Frustrating	190
Theme 7: Second Guiding Question: Diagnosis, Medication, and the ADHD Journey	211
Theme 8: Second Guiding Question Theme Two: Development is Learning as You Go.....	220
Theme 9: Second Guiding Question: Development Through Multiple Resources	240
Summary	256
Chapter Five: Conclusion	258
Overview.....	258
Summary of Findings.....	258

Central Research Question.....	258
First Guiding Question.....	260
Second Guiding Question	261
Discussion.....	263
Empirical Literature	263
Theoretical Literature.....	266
Implications.....	268
Empirical Implications.....	268
Theoretical Implications	270
Practical Implications.....	271
Delimitations and Limitations.....	273
Delimitations.....	273
Limitations	274
Recommendations for Future Research	275
Summary	277
References.....	278
Appendix A.....	316
Appendix B	318
Appendix C	320

List of Tables

Table One: Participant Information.....	113
Table Two: Group Experiential Themes and Subthemes by Research Question.....	118

List of Abbreviations

American Psychiatric Association (APA)

Attention-Deficit Hyperactivity Disorder (ADHD)

Child to Parent Violence (CPV)

Conduct Disorder (CD)

Domestic Violence (DV)

Evangelical Church (EC)

Evangelical Parents (EP)

Interpartner Violence (IPV)

Interpretative Qualitative Analysis (IPA)

Oppositional Defiant Disorder (ODD)

Person-Process-Context-Time (PPCT)

Socio-Ecological Model (SEM)

Socioeconomic Status (SES)

United Kingdom (UK)

United States (US)

Chapter One: Introduction

Overview

Child-to-parent violence (CPV) is an under-recognized social problem that is only represented in a limited fashion in the prevailing qualitative literature and is defined as "any act of a child that is intended to cause physical, psychological, or financial damage to gain control of a parent" (Kuay & Towl, 2021; Rutter, 2021, p. 1318). The unique experience of this phenomenon in the home and church support for evangelical families (EF) with children diagnosed with attention deficit-hyperactivity disorder (ADHD) who exhibit this behavior has not been explored. This introductory chapter will briefly outline the current research on CPV, ADHD, and the church. I will show how my research will add to the extant body of knowledge on this topic from an interpretative phenomenological perspective, which endeavors to understand the lived experiences of the parents. The lack of current research on how EP who are victims of the phenomenon of CPV experience the support that they do or do not receive from their local churches is problematic as this group represents a significant proportion of the Christian population in the United States (US) and approaches parenting from a unique worldview. My study explained the experiences of participants in phenomenological and hermeneutical terms. As such, the purpose of this study built upon the larger body of research that examined CPV in other arenas, adding the exclusive perspective of this group so that it can be drawn into a broader discussion for further analysis.

Background

Historical Background

CPV was first characterized as "battered parents syndrome" when discussing their experience in clinical practice (Harbin & Madden, 1979). Since that time, the phenomenon has

received limited attention in qualitative research as it is often not reported or considered a valid form of domestic violence within social and community domains (Beckmann et al., 2021; Calvete et al., 2015; Contreras et al., 2020; Edenborough et al., 2008; Stewart et al., 2017). CPV has been recently defined as any act of a child that is intended to cause physical, psychological, or financial damage to gain control of a parent (Rutter, 2021). The reported worldwide incidence of CPV is nebulous at best, given the lack of research, the hesitancy of families to report its occurrence, and studies conducted in limited geographic areas (Beckmann et al.; Clarke et al., 2017; Contreras et al.; Rutter). What has been shown in the international qualitative literature, primarily out of the United Kingdom (UK) and Spain, is that the experience of the phenomenon of CPV in families results in significant disruption of relationships and social functioning (Beckmann et al.; Clarke et al.; Contreras et al.; Papamichail & Bates, 2020; Rutter).

Furthermore, prior research on behaviorally reactive children has shown that CPV is a poorly recognized and difficult-to-identify phenomenon in families, resulting in limited data availability regarding its prevalence (Calvete; Contreras et al.; Edenborough et al.; Stewart et al.). Previous studies have focused on the occurrence of this type of domestic abuse in cases of autism spectrum disorders and developmental delays and within families where there are other types of violence, but the distinctive experience of the phenomenon has not been adequately addressed among families who have children diagnosed with ADHD (Calvete et al.; Ghanizadeh & Jafari, 2010; Miller et al., 2006; Stewart et al.; Watson et al., 2013).

ADHD is one of the most diagnosed neurodevelopmental disorders, is challenging to manage behaviorally and has concomitant risk factors that extend into adulthood (Mohammadi et al., 2021; Sibley et al., 2017). Polanczyk et al. (2014) reported the worldwide prevalence of ADHD diagnoses has been estimated at 5.29% in children and adolescents. Faraone et al. (2021)

noted that this figure has not significantly changed. Parental reports in the US reveal the incidence of ADHD diagnoses for children between two and 17 years old is 9.4% (6.1 million), with a 2.5-fold increase in prescriptions for amphetamines between 2006 and 2016 (Danielson et al., 2018; Piper et al., 2018). Children diagnosed with ADHD are frequently given comorbid diagnoses, with anxiety, depression, oppositional defiant disorder (ODD), and conduct disorder (CD) being the most frequently occurring (Mohammadi et al.; Pityaratstian & Prasartpornsirichoke, 2022). Estimates of these co-occurring disorders are complicated by differential diagnostic issues given the core features of ADHD itself and the lack of understanding among clinicians about the experience of the disorder for the child and their family (Perle & Vasilevskis, 2021).

Social Context

Existing literature well establishes that some children diagnosed with ADHD present with aggressive and impulsive behaviors that may be related to neurocognitive deficits involving the capacity to delay need gratification, ability to read social cues/identify with the emotions of others, a low threshold for frustration tolerance, and the inability to self-soothe when angry (Bekker et al., 2016; Connor et al., 2010; Lugo-Candelas et al., 2017; Robe et al., 2021). In the context of the family, these behaviors perplex parents, present obstacles in the ability to maintain stability in the home, and undermine parental self-efficacy, especially when the manifestations of the diagnosis have not been fully explained (Bilgiç et al., 2017; Guan & So, 2016; Tarver et al., 2014; Vida et al., 2021).

Parenting issues are further complicated among families who embrace conservative or evangelical Christian worldviews due to the value placed on obedience, respect of parents, and misinformation about the nature and causes of ADHD from clergy or church leaders (K. Li,

2013; Starks & Robinson, 2005). Historical research by Danso et al. (1997), Ellison and Sherkat (1993), and Starks and Robinson focused on fundamentalist Protestant childrearing beliefs. They established that this conservative group frequently places value on obedience to parents and personal self-control, which may set a seemingly insurmountable obstruction for parents and be neurocognitively infeasible for the ADHD child (Danso et al., 1997; Ellison & Sherkat, 1993; Starks & Robinson). Other research has noted that, among Christians, ADHD has been seen as a child being lazy, “a mental illness of healthy minds,” and a product of popular culture or increasing demands in school settings (Gerber, 2007, p. 521; Lehmann, 2022). This creates an environment where parents of children with ADHD must learn to cope outside of valuable support from religious institutions that lack insight into and have been shown to have limited understanding of mental illness (Adams et al., 2018; Gerber, 2007; Rogers et al., 2004).

The Christian church has also had a narrow response to the issue of intimate partner domestic violence, with results having revealed mixed outcomes regarding the experiences of victims. Jankowski et al. (2018) examined commonly held myths about domestic violence at a US evangelical seminary. They found that beliefs about hierarchical relationships, non-acceptance of out-group members, and gender inequality were all associated with domestic violence victims. Zust et al. (2017) conducted a qualitative study that sought to understand the lived experience of pastors who have counseled victims of domestic violence and noted that these clergy members expressed feeling challenged with how to respond to victims who self-blame and chose to remain with their partner. Women widely use the language of religious ideology to explain abuse with the hope of maintaining quasi-stability in an otherwise unstable family unit. Others have posited that the church has the potential to play an active role in severing this connection between religious language and abuse justification (Westenberg, 2017).

Alternately, a qualitative study conducted in Canada by Giesbrecht and Sevcik (2000) spoke to how the faith of conservative evangelical women provided an evocative framework for meaning making, which could engender shame and guilt or inspire empowerment and hope for transformative change. It was found that women in that setting reported that the church could offer a sense of extended family that provides social support, practical assistance, and spiritual encouragement (Giesbrecht & Sevcik).

Evangelical and conservative Christian interpretations of mental illness, control in childrearing, personal self-control, and issues of domestic violence point to the sometimes-conflicting representation of family life within the larger church (Adams et al., 2018; Gerber, 2007; Payne & Hays, 2016; Westenberg, 2017; O. Williams & Jenkins, 2019). The church is seen by many to be a significant source of social support among believers having the potential to play a powerful role in the lives of those who experience CPV in their ADHD children (Merino, 2014; Rainville, 2018). Aggressive behaviors, neurocognitive deficits, and widespread limitations across social settings in understanding how to support these children have resulted in poorer outcomes for these families over time (Alshehri et al., 2020; Perle & Vasilevskis, 2021; See et al., 2021). This topic has yet to be explored qualitatively in the existing literature from the perspective of the families who grapple with inconsistent messages about their ability to effect powerful change in this aspect of their lives via their faith.

Theoretical Principles

Bronfenbrenner and Morris (2006) developed the bioecological model as a research framework that seeks to understand the proximal processes that affect human development and relationships over time. They proposed a complex reciprocal interaction between a person and the immediate and remote social environment where their experiences occur (Bronfenbrenner &

Morris). The theory is based on a systemic model that proceeds from the microsystem of a person's immediate family/peer group/religious institution/neighborhood. The mesosystem refers to the interaction between microsystems, the exosystem denotes the community context, and the macrosystem represents cultural values (Bronfenbrenner, 1979). So, as people have experiences in the microsystem, they are also affected by and interact with the larger environments in which those experiences occur (Onwuegbuzie et al., 2013). Bronfenbrenner and Morris suggested that two complementary trends in the US have reinforced each other over time: growing social chaos and a decline in the measure of competence and character. The research framework seeks to offer a methodology for making sense of the chaos and its mode of operation that can help identify counterforces by which it may be reduced (Bronfenbrenner & Morris).

Given the burgeoning incidence of ADHD diagnoses among young children in the past 30 years, the impact of how these children behave within the family may be reasoned as contributing to a larger pattern of family and social dynamics that may well transmute how future generations interact with one another and society (Bowen, 1978; Bronfenbrenner & Evans, 2000; Xu et al., 2018; Yoo et al., 2021). Qualitative microsystem research studies involve understanding the experiences of individuals and families within their immediate environments, which allows for meta-inferences that can be integrated into a coherent whole (Onwuegbuzie et al., 2013). The bioecological model is useful for mapping social research because philosophy, practice, and policy may be linked through the theory as it entails relationships in each domain (Onwuegbuzie et al.).

In 2001, Bronfenbrenner noted that there was an evolving theoretical system now frequently being referred to in the literature as the socio-ecological model (SEM) (El Kazdough et al., 2018; Snyder et al., 2021). This model includes four renamed echelons that correspond to

Bronfenbrenner's system levels, which are individual (micro), relational (meso), community (exo), and societal (macro) (El Kazdough et al.). This model has successfully been applied in qualitative health research to understand better factors that influence an individual or family's decision to seek help outside of the home in different domains and has been considered efficacious across numerous studies (Finan & Yap, 2021; Onwuegbuzie et al., 2013; Scharpf et al., 2020). Tudge et al. (2009, 2016) argued that the bioecological model had been frequently misapplied in research, with many studies using the original model proposed in the 1970s considered undeveloped considering Bronfenbrenner and Evans' (2000) updates. My research will rely upon the mature conceptualization of the bioecological model to review the perceptions of church support by parents who experience CPV from their ADHD-diagnosed children at the microsystem level, integrating insights from the other three levels.

Situation to Self

The impetus behind my initiation of this research lied in my personal experience with CPV and ADHD. It must be acknowledged based on the theoretical assumptions and paradigms of interpretative phenomenological analysis (IPA). This work was meaningful to me personally and for the value it brings to others who have struggled to make sense of similar experiences. I came to this project with this personal experience and a knowledge base of psychological concepts grounded in 25 years of experience in clinical work. In my professional capacity, I interact with mental healthcare providers across the nation, which has anecdotally revealed that providers are seeing a new generation of children for whom CPV is increasing in prevalence. The widespread quarantine of the past two years has placed children diagnosed with ADHD at home, more isolated and without the structure that they require to maintain stability (Waite et al., 2021). Since more of their parents have also been working from home, CPV among these

families has become more prevalent (Breaux et al., 2021; Kerr et al., 2021). From this perspective, I addressed the philosophical assumptions and research paradigm as justification for using the qualitative IPA method to enter the lived experience of my participants.

IPA seeks at its core to reveal the latent temporal meanings that people attach to their ordinary experiences, which make them ‘an expert’ per se (J. A. Smith et al., 2022). This reflects how significance is lent to an experience as individuals attempt to make meaningful sense of what is happening to them within relationships (J. A. Smith et al.). This approach was appropriate to my research because it is idiographic or focused on the particulars and details of experience, providing rich insight into the phenomenon in question. The goal was not to provide a generalizable result that was applicable at the population level but to gain a deeper understanding of the experience of CPV committed by ADHD children and how it impacted parental perceptions of support from the local evangelical church (EC) and of their development as parents. The goal of my ideographic approach was to add to the opus of literature on similar topics so that the larger body could be drawn together for further analysis in future attempts to build a rich knowledge base that moves the topic forward toward a broader application across time (J. A. Smith et al.). An underlying assumption of my research was that the church is providing, or should be providing, support to the group of parents who experience CPV from their ADHD children based on the history of the church as a source of support for parents, those with mental health issues, and those experiencing domestic violence (Carlin, 2018; Chiocca, 2017; Ellison & Sherkat, 1993; Zust et al., 2017). Given these factors, my IPA research provided insight into the experience of CPV itself while seeking to assess the social impact on these families as it pertained to their perceptions of support within the EC.

As a researcher in this area and an evangelical parent, I have experienced CPV from my oldest son, who has ADHD, which situationally places me in a unique position to understand and empathize with the experiences of my participants. Additionally, I am an evangelical Christian who has struggled to align what happens in my home with what I am told at church about the love of parents for their children as gifts from God and the expectation that children be obedient to parents. I have experienced many of the same issues with guilt, self-blame, isolation, hopelessness, shame, and guilt that are reported in the literature. These experiences were a powerful impetus for me to seek further understanding of this phenomenon from the perspectives of others who have similar worldviews, to gain knowledge of how they were able to make sense of their own experiences, and with a sincere desire that my research be able to effect a positive change towards addressing their unique needs within the evangelical community. Given this understanding of my perspective, I approached this research from ontological and hermeneutic philosophical assumptions and a constructivist paradigm by utilizing a qualitative IPA design.

Problem Statement

The problem identified in the current research was that there was a dearth of qualitative studies that address the phenomenon of CPV among children with ADHD who grew up within the larger social environment of the EC. There was no identified literature addressing CPV explicitly targeting this population and social setting; instead, it addressed each issue in isolation. Recently, there have been several qualitative studies published that examined the experience of CPV in other countries, such as the UK and Spain (Clarke et al., 2017; Edenborough et al., 2008; Papamichail & Bates, 2020; Rutter, 2021; Simmons et al., 2018). The settings in the current research have included the justice system, schools, support group membership, outpatient and inpatient treatment settings, and social service agencies, with none having been identified as

approaching this phenomenon within the church setting (Calvete et al., 2015; Charles, 1986; Clarke et al.; Ghanizadeh & Jafari, 2010; Papamichail & Bates; M. Williams et al., 2017). Simmons et al. pointed to specific gaps in the literature associated with the phenomenon, noting that the lack of attention leads to poor recognition of the issue as a social problem. Historically, there was one qualitative study published in the US by Eckstein (2004) that discussed CPV but was not specific to the ADHD population and made no mention of the church. Zust et al. (2021) further revealed that the church has been an underrepresented source of social support among the general population of persons experiencing any type of domestic violence.

Ghanizadeh and Jafari (2010) published the only study that addressed the abuse of parents by their ADHD children. The research was quantitative, conducted, and published in Iran, addressing the behavior's risk factors (Ghanizadeh & Jafari). They recommended that additional research is needed to understand the phenomenon of CPV in ADHD children, given the lack of current research in this area, to include causes, prevalence, and outcomes (Ghanizadeh & Jafari). They suggested that it is possible that these parents begin to have negative perceptions of their children and their parenting skills and that these perceptions should be examined in future studies with a focus given to the larger social environment in which these perceptions are formed (Ghanizadeh & Jafari). My study added to the extant literature about this phenomenon and expanded the recommendations of Ghanizadeh and Jafari (by examining CPV in EF who traditionally have strong ties to their faith communities, seek support in that arena, and adhere to perceptions about parenting that align with church teachings).

There was no identified existent IPA research conducted in the US that sought to understand the specific experience of CPV and church support in EF of children who are diagnosed with ADHD. There is no current voice given to the experiences of this group, and in

conducting research for prior projects, this became an apparent deficiency in the literature. The problem in the current literature is addressed in my research design. I conducted a qualitative IPA study that sought to gain the unique perspectives of these individuals and understand them within the bioecological model of development, which was conceptualized by Bronfenbrenner and Evans in 2000.

Purpose Statement

The purpose of this interpretative phenomenological study was to describe the experience of social support from the local EC for parents of children diagnosed with ADHD who experienced child-to-parent violence within the US EC. At this stage in the research, CPV will be generally defined as “any act of a child that is intended to cause physical, psychological, or financial damage to gain control of a parent” (Rutter, 2021, p. 1318). The theory guiding this study was the bioecological model, as it described the individual experiences of a person within the larger relational, community, and cultural contexts (Bronfenbrenner, 1999; Bronfenbrenner & Evans, 2000; El Kazdough et al., 2018).

Significance of the Study

Existing studies have addressed the experience of CPV in other countries (primarily Australia, Canada, New Zealand, and the UK) and a variety of social contexts, with none mentioning the perception of how the theological community provides support (Calvete et al., 2015; Cottrell & Monk, 2004; Edenborough et al., 2008; Papamichail & Bates, 2020; Rutter, 2021; M. Williams et al., 2017). The qualitative literature has revealed the significant impact that the phenomenon had on those affected by it; however, there was an additional gap in the research for the ADHD population. Common themes about CPV have been identified in the experiences of parents, grandparents, and social service agencies, which indicated the need to integrate new

data into world discussions. My study added distinctive insights into the experiences of parents of behaviorally reactive ADHD children to promote the development of effective social interventions tailored to their explicit needs (Clarke et al., 2017; Papamichail & Bates; Rutter; Simmons et al., 2018).

This was particularly relevant to EP who are noted to adhere to traditional parenting roles and childrearing practices (Bornsheuer et al., 2012; Chiocca, 2017; Danso et al., 1997). These worldviews are challenged by children who exhibit the impulsivity and aggressive behaviors that are associated with ADHD and based on prior research, place the parents in internal conflict about how and where to seek assistance (Gerber, 2007). Previous qualitative studies have revealed that, in families of children with more severe neurocognitive deficits, parents report experiencing self-blame, poor self-efficacy in parenting, shame, and external stigma (Casey et al., 2012; Myers et al., 2009; Schnabel et al., 2020; Stewart et al., 2017). This has resulted in diminished help-seeking behaviors from professionals and social service agencies who are perceived to lack understanding of how a child can abuse a parent and have limited resources to provide in terms of intervention due to a lack of research base (Clarke et al., 2017; Schnabel et al., 2020). Given microsystemic involvement in the church community that is typically found in evangelicals, this isolates them from an essential source of support that is often considered to be a larger family unit (Bronfenbrenner & Evans, 2000; Feeney & Collins, 2015; Merino, 2014). My phenomenological study was intended to contribute to the larger body of literature on CPV to promote future cross-case analyses, offer the opportunity to access individual experiences of the phenomenon, and demonstrate the power of existence, not instance (J. A. Smith et al., 2022).

Research Questions

Central Research Question

What does support from the evangelical church mean to parents of children with ADHD who exhibit child-to-parent violence (CPV)?

Description and Discussion

An underlying assumption of this question was that the EC is providing, or should be providing, support to the group of parents who experience CPV from their ADHD children based on the history of church support of parents, the mentally health ill, and those experiencing domestic violence (Carlin, 2018; Chiocca, 2017; Ellison & Sherkat, 1993; Zust et al., 2017). The primary research question sought to gain insight into whether families experiencing the underrecognized phenomenon of CPV from a specific population (ADHD children) received support from the local EC and what meaning they attributed to the church's response to their situation. This was of inimitable value as experiences may be elucidated with respected first-person accounts regarding how the local church's response impacted the faith and resiliency of its members (J. A. Smith et al., 2022). The value for the children, families, pastors, and the larger church community lies in considering possibilities for positive change in how the church's rhetoric promoted understanding and support for these families (K. Li, 2013; Westenberg, 2017).

First Guiding Question

How do parents of children with ADHD who exhibit CPV describe the thought process they went through when responding to their child's behavior considering EC teachings regarding childrearing?

Description and Discussion

The first guiding question aims to understand how parents make meaning out of aggressive behaviors from children who lack the neurobiological capability to control those behaviors (Robe et al., 2021; Saylor & Amann, 2016; Tarver et al., 2014). This was embedded in the context of mesosystem and macrosystem issues involving how the larger culture understands ADHD, where causes for the behaviors associated with the disorder are often misplaced (Alshehri et al., 2020; Bronfenbrenner & Evans, 2000; Perle & Vasilevskis, 2021; See et al., 2021). Parents may experience a sense of powerlessness and stigma related to the diagnosis itself, which is compounded by the shame of being an adult who is unable to manage the family environment in ways commonly accepted by parents of neurotypical children (Casey et al., 2012; Myers et al., 2009; Schnabel et al., 2020; Stewart et al., 2017). Unfortunately, this has been shown in other settings to result in a cycle whereby families further isolate and denigrate the need to seek help from external sources (Casey et al.; Myers et al.; Schnabel et al.; Stewart et al.). The power of the qualitative IPA approach in this case was to offer access to the hidden meanings that parents attributed to their experiences with their children at home and within the community (J. A. Smith et al., 2022).

Second Guiding Question

How do the parents of children with ADHD who exhibit CPV describe how their parenting styles developed considering the teachings of the evangelical church?

Description and Discussion

Given the reported nature of evangelical perceptions of mental illness in general and of childrearing practices in the research, the second guiding question sought to gain perspectives from parents of aggressive ADHD children on the local EC's response to their child's behaviors

(Adams et al., 2018; Kinghorn, 2016; K. Li, 2013; Mercer, 2013). The perceptions of parents on church teachings about parental authority and childrearing impact how the family interacts with the local congregation, specifically if they feel comfortable seeking respite and guidance in that setting (Westenberg, 2017; O. Williams & Jenkins, 2019). This was important for the future education of pastors and churches regarding the nature of ADHD and CPV to promote more compassionate ways of supporting parents who may feel isolated from this valuable source of spiritual sustenance (Carlin, 2018).

Definitions

1. *Attention Deficit-Hyperactivity Disorder* - a neurodevelopmental disorder that is characterized by inattention and or impulsivity-hyperactivity that interferes with daily functioning and development that begins in childhood (American Psychiatric Association [APA], 2013).
2. *Child-to-parent Violence* - any act of a child that is intended to cause physical, psychological, or financial damage to gain control of a parent (Rutter, 2021).
3. *Conduct Disorder* – a psychiatric diagnosis given before the age of 18 that involves a persistent pattern of behavior that violates age-appropriate norms, shows disregard for the basic rights of others, and is characterized by a violation of rules (APA, 2013).
4. *Epistemology* - a philosophy of knowledge that addresses the validity, method, and scope of expertise that discriminates justified belief from opinion (J. A. Smith et al., 2022).
5. *Evangelical Christian Worldview* - a set of presuppositions about reality that are all in submission to Christ and is unique in its foundational truths: there is a triune God who exists, has revealed himself through creation and the inerrant biblical account, and is embodied in the person of Jesus Christ who died on the cross as a propitiation for sin as

the gift of salvation for all those who believe in him (Barna, 2003; Phillips et al., 2009; Schultz & Swezey, 2013).

6. *Evangelical Church* – a unique population of Christians whose theology is based on the belief that the Bible is the word of God and serves as a guide for Christian living, view Jesus as the Christ who provided the gift of salvation with his death on the cross to those who make a profession of faith in him and are who committed to spreading the gospel message (Bebbington, 2003; Elisha, 2008; McGrath, 1995).
7. *Experience* - a lived process of perspectives and meanings unique to a person's embodied and situational relationship to the world (J. A. Smith et al., 2022).
8. *Hermeneutics* – a theory of interpreting texts originally applied to the biblical texts (J. A. Smith et al., 2022).
9. *Idiography* – that which is concerned with the particular (J. A. Smith et al., 2022).
10. *Interpretative Phenomenological Analysis* – an approach to qualitative, experiential research informed by concepts and debates from three key areas of the philosophy of knowledge: phenomenology, hermeneutics, and idiography (J. A. Smith et al., 2022).
11. *Iterative* - a process in which data, concepts, and evidence are connected (Aspers & Corte, 2019).
12. *Neurotypical* – not neurologically disabled or having normal neurodevelopment (McLeod et al., 2019).
13. *Ontology* – in philosophy, ontology describes the things that exist in the world and how they are related (Ko et al., 2016).

14. *Oppositional Defiant Disorder* – a psychiatric diagnosis often found in children characterized by frequent and persistent patterns of anger, irritable mood, defiance, argumentativeness, and/or vindictiveness (APA, 2013).
15. *Phenomenology* – the notion that the meanings individuals attach to their experiences have an essential place in characterizing human behavior (J. A. Smith, 2019).
16. *Social Support* - the social resources that persons perceive to be available or provided to them by nonprofessionals in the context of formal support groups and informal helping relationships (Gottlieb & Bergen, 2010).
17. *Worldview* – a system that individuals use to interpret their perceptions of reality, guide their reasoning, and lead to a specific way of living (Valk, 2012)

Summary

CPV has proven to be a hidden social problem, with limited research in the US addressing its effect on the family (Kuay & Towl, 2021). Given that children who have diagnoses of ADHD are notable for being prone to reactive aggression when presented with frustration, they present a fertile area for further research in the realm of CPV. This was especially true for EF who held strong views about personal self-control and childrearing practices that were disposed to the provocation of anger in children with ADHD. Parental perceptions of the support offered by their local EC are crucial to moving toward promoting their resiliency. This is an area where no current research has been conducted. My study explored this phenomenon from a qualitative IPA approach and was interpreted within the bioecological model to understand better how these families interacted within a multisystemic framework. This provided rich data that was valuable in revealing the phenomenon's meaning for parents,

promoting more effective responses from the local church, and adding to the body of research addressing CPV for future cross-case analysis.

Chapter Two: Literature Review

Overview

It has been well established that some children diagnosed with attention-deficit hyperactivity disorder (ADHD) present with aggressive and impulsive behaviors that may be related to an inability to delay need gratification or to read social cues/identify with the emotions of others (Bekker et al., 2016; Connor et al., 2010; Lugo-Candelas et al., 2017). Previous studies have examined the experience of CPV from the perspective of parents of children diagnosed with other neurodevelopmental and conduct disorders (Calvete et al., 2015; Miller et al., 2006; Stewart et al., 2017; Watson et al., 2013). D. Li et al. (2021) elaborated that there is a paucity of research on how the impulsivity and aggression associated with ADHD may result in CPV, even in families where there is no indication of pre-existing violence or aggression. In EF, where obedience is valued in children, the internal neurocognitive deficits associated with ADHD may interact bidirectionally with the responses of parents in unique ways, which will affect outcomes for the family (Bronfenbrenner, 1999, 2000, 2001; Chiocca, 2017; Danso et al., 1997). These proximal processes extended over time and were defined by Bronfenbrenner and Evans (2000 p. 118) as “processes of progressively more complex reciprocal interaction between an active evolving biopsychological human organism and the persons, object, and symbols in its immediate environment.” This model has not been shown in the research to have been applied to parents of children with ADHD who exhibit aggressive behaviors and hold evangelical Christian worldviews on parenting.

The purpose of this chapter is to discuss the extant research on ADHD, CPV and how the EC approaches mental illness, domestic violence, and child-rearing. The literature reveals that there has been no identified research that has specifically examined how the subset of

evangelical Christians view the impulsivity, lack of ability to delay need gratification, and aggression associated with children with ADHD as it relates to supporting parents who experience CPV. Many of the topics will be shown to have been explored individually; however, it is important to have a more holistic understanding of how parents who experience violence from their children diagnosed with ADHD describe support in unique ways that may not be obvious to those within their evangelical faith community (Hartog & Gow, 2005; Pargament & Lomax, 2013; Stanford, 2017). This will better enable the church to explore responses to these lived experiences of the families, which may be more adaptive to their distinctive needs (Dong et al., 2020; K. Li, 2013; Lund, 2014; Simmons et al., 2018).

This qualitative study was conducted with the IPA method, precluding the proposal of an expected outcome (Heppner et al., 2016; Matua & Van Der Wal, 2015; Patton, 2020; Peoples, 2021). According to Heidegger (1962), the researcher who utilizes an interpretative phenomenological paradigm cannot completely extricate their other prior experiences from the data analysis. As such, and based on the current literature, I proposed that participants reported limited support from the EC, a perception which may be related to misunderstandings on the part of the church about the causes and symptoms of ADHD and the experience of violence within the home. Data was reviewed utilizing the interpretative phenomenological method within the framework of ecological development and the Person-Process-Context-Time (PPCT) model (Bronfenbrenner, 1995). This approach allowed participants to give voice to their lived experience and to contextualize this within the larger social environment, providing rich data about their perceptions of support (Bronfenbrenner, 2000; Larkin et al., 2006; Rettie & Emiliussen, 2018).

Related Literature

Attention-Deficit Hyperactivity Disorder

The literature on ADHD was examined to establish a commonly diagnosed disorder that is associated with impulsive and aggressive behaviors (Connor et al., 2010; Lugo-Candelas et al., 2017; Saylor & Amann, 2016; Singh, 2011; Xu et al., 2018; Yoo et al., 2021). Parents of children with ADHD encounter unique challenges in child-rearing, including stigma, misunderstanding, and daily struggles to maintain consistency within the home (Charbonnier et al., 2019; Klassen, 2005; Molina & Musich, 2016; Muñoz-Silva, Lago-Urbano, & Sanchez-Garcia, 2017; See et al., 2021; Stevens et al., 2019). ADHD has also been linked to interpersonal violence and has been suggested that further research be conducted on its association with CPV (Buitelaar et al., 2020, 2021; Ghanizadeh & Jafari, 2010; Wymbs et al., 2017).

ADHD: Symptoms and Prevalence

ADHD is a neurodevelopmental disorder that is characterized by inattention and or impulsivity-hyperactivity that interferes with daily functioning and development that begins in childhood (American Psychiatric Association [APA], 2013). Diagnostic classification is divided into predominantly inattentive type, predominantly hyperactive/impulsive type, or combined presentation (APA). The clinical presentation of ADHD may reveal additionally associated features such as decreased frustration tolerance, mood lability, aggression, irritability, and poor work or academic function, all of which are generally considered to be related to impairments in executive function (APA). Several comorbid psychiatric diagnoses are frequently found among those diagnosed with ADHD and include anxiety, mood, substance use, and conduct disorders (APA; Bekker et al., 2016; Connor et al., 2010; Factor et al., 2014; Vida et al., 2021). ADHD has also been associated with poor social outcomes such as involvement in the legal system,

instability in relationships, limitations in school and work environments, and addiction (Sellers et al., 2020; Singh, 2011; Yoo et al., 2021).

Given the sometimes-negative trajectory for diagnosed individuals, it is concerning to note that the worldwide prevalence of ADHD diagnoses has been estimated at 5.29% (Faraone et al., 2021; Polanczyk et al., 2014). The National Health Interview Survey in the US revealed that the 2016 occurrence of the diagnosis was 12.8% among children 17 and younger, representing a 67% increase since 1997 (Xu et al., 2018; Yoo et al., 2021). ADHD is also reported to be genetically elevated among first-degree biological relatives and has been noted to be one of the most heritable psychiatric disorders (APA, 2013; Tarver et al., 2014). The combination of these factors leads to the conclusion that ADHD is a significant health and public policy issue that impacts the individuals affected by it, their families, and their social environments, pointing to the need to develop interventions and supports that target their unique needs (See et al., 2021; Tarver et al.).

ADHD and Aggression

A significant body of research has contributed to the understanding of aggression among children and adolescents diagnosed with ADHD, including incidence, and contributing factors (Connor et al., 2010; Lugo-Candelas et al., 2017; Saylor & Amann, 2016; Singh, 2011; Yoo et al., 2021). Yoo et al. reported that ADHD proneness in adolescents was significantly associated with impulsive aggression in four subdomains: physical, verbal, anger, and hostility. More specifically, they noted that the emotional component (anger) and cognitive component (hostility) were most likely to result in aggression in their subjects, indicating that there is an element of affective dysregulation present that related to the expression of hostility in this group (Yoo et al.). This led to their conclusion that emotional and cognitive elements may be more

inconspicuous to the observer and to their suggestion that further research should explore the understanding of how these factors relate to behavioral responses in children with ADHD (Yoo et al.).

Singh conducted a qualitative study published in 2011, which found that lack of emotional control in children diagnosed with ADHD could act to mobilize aggressive behaviors. It was suggested that this may be in the interest of exploiting the expectations of others who have come to expect reactivity from the ADHD child and who may attribute it to a more generalized anger problem. The author suggested that school-aged children in the UK who were diagnosed with ADHD were participants in a complex sociological interaction with peers and adults, whereby the children were noted to capitalize on their aggressive histories. These interactions were noted to occur in negative instances where other children actively provoked the child to angry interactions or, to the contrary, in a positive manner on the part of the child with ADHD who sought to assist friends with conflict resolution by posturing against bullies, relying on others' anticipation that they may resort to aggression. It was proposed that there was a generally prevalent environment of violence in educational settings in the UK, which was perpetuated by adults who have a poor understanding of the mechanics of ADHD symptomology (Singh).

Aggression and emotional dyscontrol have been further linked to ADHD children and adolescents in other studies. Lugo-Candelas et al. (2017) reported that increased mood lability and impaired emotional regulation abilities were standard in ADHD children (even in preschool) and contributed to reactivity in social settings where challenging tasks were presented. This was correlated with low frustration tolerance, limited ability to comprehend the emotions of others, and overall deficits in affective regulation (Lugo-Candelas et al.). The children in this study also reported increased sadness and less positivity when faced with frustrating activities, suggesting

the need for accommodations (Lugo-Candelas et al., 2017). In a related study that controlled for comorbid oppositional defiant disorder, Seymour et al. (2019) concluded that ADHD children were more likely to prematurely terminate participation in tasks that were frustrating or required delayed need gratification. These findings further supported the idea that children with ADHD have limited emotional control and difficulty recognizing and processing negative emotions within themselves, which results in reactive behavior (Seymour et al.).

The hyperactive/impulsive subtype of ADHD is related to the expression of aggression, with researchers having delineated between proactive (instrumental) aggression and reactive (impulsive) aggression based on the motivation of the aggressor (Connor et al., 2010; Saylor & Amann, 2016). Proactive aggression was most associated with premeditated acts designed to achieve a specific goal, whereas reactive aggression was associated with aroused/uncontrollable emotional states in response to the immediate environment (Connor et al.; Saylor & Amann). Both quantitative studies revealed that reactive aggression was common among ADHD children, which increased negative responses from others in the environment. Saylor and Amann further suggested that this results in a vicious cycle whereby impulsive anger prompts peer rejection, which triggers emotions that lead to more reactive responses. Connor et al. reported that this is exacerbated by psychiatric comorbidities, which should be a target for further research into psychopharmacological and psychosocial interventions that may target the specific emotions and symptoms causing anger in this population.

Further quantitative studies have examined gender, genetic factors, anxiety sensitivity, and severity of suicidal behavior related to impulsive aggression in ADHD (Bilgiç et al., 2017; Conejero et al., 2019). Vida et al. (2021), contrary to prior studies, found that both proactive and reactive aggression were associated with ADHD, with girls having been particularly vulnerable

to reactive aggression. Specifically, reactions among girls were less obvious as they tended to be more inter-relational than boys, who were prone to exhibit physical acts of aggression (Vida et al.). This study also reported that comorbid ODD and conduct disorder exacerbated the expression of externalizing aggression (Vida et al.). The authors noted the self-report nature of this quantitative study to be a limitation of the study.

Considering ODD and ADHD, Factor et al. (2014) reported contrary findings, which suggested that impulsive, aggressive, and emotional behaviors exhibited by children with ADHD may primarily be attributed to the comorbid disorder. They noted that this was an emerging area of research that lends itself to a deeper understanding of the impairments in emotional control that result in internalizing and externalizing behaviors of ADHD children who have co-occurring ODD (Factor et al.). It is stated that the sample size for this study was small, which imposed limitations on its statistical power and ability to discern small but significant findings in the data, suggesting that further research should be conducted to explore this phenomenon (Factor et al.). Other studies have examined the differences in reactive versus proactive aggression in children with ADHD in the context of additional contributing factors and comorbidities (Bilgiç et al., 2017; Conejero et al., 2019; Connor et al., 2010; Saylor & Amann, 2016; Vida et al., 2021).

Comorbid anxiety disorders have also been studied from a neurobiological perspective. Research conducted in Romania by Robe et al. (2021) indicated an autonomic nervous system dysregulation in ADHD children without comorbid anxiety, which was associated with a prolonged inability to restore normal levels of parasympathetic control when a stressor was removed. They suggested that this may arise from the limited ability to track rapid changes in the social environment and formulate appropriate responses, which results in ineffective coping and increases in the time it takes to self-soothe. Pityaratstian and Prasartpornsirichoke (2022) noted

that children with ADHD who are victims of bullying were found to have increased anxiety symptomology, which, in turn, increased the perpetuation of interpersonal conflicts. These studies both suggested that neurobiological limitations found in ADHD children may result in emotional dysregulation and aggressive reactivity when they are placed in socially stressful situations.

Like the work of Factor et al. (2014) and Seymour et al. (2019), Bilgiç et al. (2017) found that anxiety sensitivity was a dynamic feature of externalizing behaviors among ADHD-diagnosed children, with poor recognition and control of emotion being key factors. The Bilgiç et al. study was limited by its quantitative, child self-report scale approach, which restricted understanding of the lived experiences of the children and their families (Bilgiç et al.). It did find that if sensitivity to anxiety escalated to a diagnosable anxiety disorder, children with ADHD reported increased reactive aggression, whereby a cycle of anxiety and behaviors self-perpetuate (Bilgiç et al.).

Highlighting the dangerous effects of impulsive aggression in the ADHD population, Conejero et al. (2019) reported that high levels of impulsive aggression were associated with earlier suicide attempts among those diagnosed with ADHD. ADHD was also associated with suicide vulnerability, but psychiatric comorbidities were more predictive of the severity of the attempt. This was the first study to examine this relationship but was limited by its lack of confirmation of ADHD diagnoses by structured clinical interviews, among other factors (Conejero et al.).

ADHD and Domestic Violence

Given the established tendency toward aggression in ADHD individuals, other areas of research have investigated the association between ADHD diagnosis and the perpetration of

domestic violence (DV) in the form of inter-partner violence (IPV), but research in this area is extremely limited in prevalence and scope (Buitelaar et al., 2020, 2021; Wymbs et al., 2017). The studies by Buitelaar et al. drew heavily from Wymbs et al. (2017) for their research platform. All three studies were quantitative, cross-sectional, and based on self-report, lacking any information about how the participants perceived the abuse to have affected them across different life domains (Buitelaar et al.; Wymbs et al.). Buitelaar et al. (2020) specifically noted that research into the association between ADHD and DV is scarce. The studies are relevant to examine as they draw a link between ADHD diagnosis and DV.

Wymbs et al. (2017) found that among 433 college students at a Midwestern US university, a higher rate of IPV was indicated among students with greater levels of ADHD symptom severity. Additionally, these students reported a higher rate of IPV victimization, which the authors attributed to a lack of attention to surroundings, limited ability to interpret social cues associated with ADHD, and executive function deficits. Like prior studies noted above, the results were confounded by other risk factors such as psychiatric comorbidity, substance use, and history of childhood maltreatment (Wymbs et al.).

Building upon this research, Buitelaar et al. (2020) reported findings among adults that revealed a positive relationship between ADHD diagnosis and adult IPV but noted that they did not control for comorbid conduct disorder or antisocial personality disorder. As opposed to the studies by Connor et al. (2010) and Saylor and Amann (2016), this study revealed that all subtypes of the disorder were associated with increased violent behaviors (Buitelaar et al., 2020). The primary author expanded his attention to this issue by conducting an experimental study that evaluated the effectiveness of a treatment modality designed to target co-occurring ADHD and IPV within a forensic psychiatric setting (Buitelaar et al., 2021). The authors reported that a

decrease in violent behaviors was mainly associated with a decrease in ADHD symptoms, suggesting that this type of combined treatment was more effective (Buitelaar et al., 2021).

Ghanizadeh and Jafari (2010) conducted the only research identified that linked ADHD to CPV specifically. This research, which will be discussed in a later section, was quantitative, conducted in Iran, and suggested that this is an important area for future study as it is needed to inform evidence-based interventions targeted at this unique form of DV (Ghanizadeh & Jafari). The authors suggested that an understanding of the experience of CPV in these families is crucial to the prevention of longer-term mental health and social consequences for the child and their parents (Ghanizadeh & Jafari).

Parents of Children Diagnosed with ADHD

Children who are diagnosed with ADHD often exhibit behaviors that seem to arise from unclear motivations or causes, and this presents a unique challenge to parents who struggle to manage child-rearing in the context of a child's anger and emotional dyscontrol. It has been found that specifics of the diagnoses, related behaviors, and treatments are not always well understood by the general population, even among the teachers and professionals who work closely with these children (Alshehri et al., 2020; Perle & Vasilevskis, 2021; See et al., 2021). These misunderstandings may be exacerbated in families who approach parenting from an evangelical Christian worldview due to the value placed on obedience, respect of parents, and misinformation about the nature and causes of ADHD from clergy or church lay leaders (K. Li, 2013; Starks & Robinson, 2005). This may be vital to these families, who view the church as a source of social support and guidance for issues arising within the home environment (Merino, 2014).

ADHD and Stigma

As a result of this lack of accurate information about ADHD and mental illness in general, there is frequently a stigma associated with the diagnosis that permeates the lives of both parents and children. Varma and Wiener (2020) found that children with an ADHD diagnosis viewed the behaviors that were most problematic for them as resulting from internal causes but were more uncontrollable and pervasive. Adolescents did not attribute the behaviors to internal causes but saw the diagnosis as arising from internal factors (Varma & Wiener). Kellison et al. (2010) noted that by making negative attributions about peers, many children and adolescents tended to maintain distance from those diagnosed with ADHD. Teachers were also found to rate children diagnosed with ADHD as performing below grade level and not to acknowledge those who performed above grade level (Metzger & Hamilton, 2021).

In addition to the stigma experienced by the child, there is an element of stigma associated with being a parent of a child with a mental illness (Eaton et al., 2020). Charbonnier et al. (2019) reported that parents who have children diagnosed with ADHD felt guilt and stigma from family, friends, and the community arising from the idea that they were not able to manage/parent their children adequately. Furthermore, it was reported in a qualitative study conducted by Ringer et al. (2020) that these parents struggled to manage the expectations of others, felt powerless with minimal solutions, and became isolated as a result.

Childrearing with an ADHD Child

The experience of parenting a child with ADHD begins even before the actual diagnosis is given. In contrast, parents struggle to make sense of the behaviors of their ADHD children within the larger social context, which includes the behaviors of their neurotypical children (Lewis-Morton et al., 2014). S. L. Smith (2002) reported that parents often have difficulty

distinguishing between normal developmental behaviors and those associated with ADHD, noting concerns that their child's behaviors may be related to poor parenting and expressed frustration with external expectations from the social environment. This issue may be confounded by ADHD diagnoses among parents, given that the disorder is highly heritable (Theule et al., 2011). These experiences could be better elucidated using a qualitative IPA approach to capture the parents' perceptions of how their personal and familial concerns impact daily life and help-seeking behavior.

A qualitative study examined this meaning-making process among Swedish parents for whom the child's ADHD diagnoses had been confirmed (Ringer et al., 2020). Five relevant themes were identified through which parents reported they could transform feelings of confusion about handling their child's behaviors into coping strategies and hope for the future (Ringer et al.). It is notable that experiencing the behaviors as challenging led to the meaning-making themes of now having an explanation for the behaviors/understanding the needs of the child, adjustment, how to process the emotions involved, and how to integrate the diagnosis into their everyday family and social life. This study was not conducted in the US but provided rich information about the parents' experiences; however, it did not examine any involvement or support from the local church (Ringer et al.).

Other quantitative studies have reported findings on how parents have adjusted to alleviate the stresses related to their child's ADHD behaviors but lack the detail of a qualitative study focused on the family in their social environment and make no mention of church support (Craig et al., 2020; Harris et al., 2014). Craig et al. conducted a systematic review of coping strategies from 14 other studies, which revealed that ADHD parents utilized more avoidant strategies, and the mothers consistently sought less support than mothers with neurotypical

children. The authors noted that this is an important area for future research to identify ways parents can identify external support systems (Craig et al.). Harris et al. examined the efficacy of routines in minimizing internalizing and externalizing symptoms of ADHD, noting a positive relationship between these variables. Interestingly, Peasgood et al. (2016) reviewed how the siblings of children diagnosed with ADHD in the UK fare in the family environment, stating that they reported lower happiness with their own lives and that of their families, citing elevated bullying within the home as one causative factor.

Gerber (2007) noted that Christian parents of ADHD children “know that the requirements of provision are far more than they had anticipated” as they recognized that some of the basic assumptions they held about the joy of parenting may need to be surrendered when providing for their children in an environment where crisis mode is the norm (p. 531). This writing reflected suggestions about the need for parents of these children to have ‘Simeonic patience’ and ‘domestic courage’ within a “steadfast community of living elders and friends” (Gerber, p. 527). She went on to suggest that “as members of a community of gratitude, taught to discern how God’s sure provision precedes and sustains, they can be lifted out of a thousand desolations - including those that accompany the task of parenting ADHD children” (Gerber, pp. 527-528). Gerber did not mention how the parents of these children perceived the availability and quality of this type of support within the church but merely suggested that it was appropriate.

Additional non-qualitative studies have reviewed parenting from the perspective of children with ADHD, which is relevant to note, given that parents may respond differently due to the child’s confusing behaviors, their social environment, and parenting styles (Klassen, 2005; Molina & Musich, 2016). Klassen found that at the time of her review, only 10 publications were available regarding the quality of life of children with ADHD, and the majority were based on

parent reports. Given the nature of the reporting, the focus was on parent perceptions of how ADHD had impacted the family's life in terms of limitations on types of family activities, interrupted daily schedules, lack of the ability to be spontaneous, conflict and tension in the home to include arguments, and the need to cancel plans at the last minute (Klassen). Klassen et al. (2006) conducted additional research to explore the relationship between parent and child reporting, finding that the presence of comorbid ODD is the cause of discrepancies between the two types of reports. A more recent Argentinian study by Molina and Musich (2016) found that children who perceive their parents as using parental control and encouraging extreme autonomy in the children exhibited more externalizing behaviors rather simply than the core diagnostic symptoms of ADHD.

ADHD represents a significant social stressor for the children with the diagnosis, the families within which they live, and the larger social environment. The preceding studies reveal that this is related to various contributing factors, including externalizing aggression and difficulties managing the behaviors of the children within a sometimes-stigmatizing social realm that has expectations that parents can manage their children's behaviors. Notably, Corcoran et al. (2017a, 2017b) conducted a meta-synthesis of the research on parents of children diagnosed with ADHD, which revealed many of the above themes but also offered no evidence of the church as a primary source of support among this; however, no qualitative study was identified which addresses parental perceptions regarding the role of the church as a social support, leaving a gap in information about how this social institution may contribute to the well-being of families managing ADHD.

Parenting Style with ADHD Children

It has been noted that the parent-child relationship is bidirectional in the sense that the behaviors of children affect their parents just as the opposite is true, where parents' actions affect their children's behaviors (Allmann et al., 2021; Stevens et al., 2019). This is well-established in the case of children with ADHD, who have been identified as eliciting certain parenting practices because of their challenging behaviors (Stevens et al.). Parents of children with ADHD experience elevated levels of stress and a decreased sense of competency in their parenting skills, especially in situations where the child exhibits externalizing behaviors (Allmann et al.; Stevens et al.; Tancred & Greeff, 2015). Interactions within the home and community combine with parents' sense of not knowing how to manage their child's externalizing behaviors to create a chaotic environment where parenting style frequently becomes maladaptive (Muñoz-Silva, Lago-Urbano, & Sanchez-Garcia, 2017; Tancred & Greeff).

Parents of children with ADHD are more likely to exhibit authoritarian parenting because of attempts to control the child's behaviors, a phenomenon that is exacerbated by the advice of some who feel that the diagnosis is not valid and that these children are just being naughty and need more parental control (Tancred & Greeff, 2015). Research does not support this as an adaptive approach to parenting an ADHD child, as several studies have shown that increased attempts to control the child's behavior through authoritarian parenting practices increase undesirable behaviors on the part of children with ADHD (Allmann et al., 2021; Molina & Musich, 2016; Muñoz-Silva, Lago-Urbano, & Sanchez-Garcia, 2017; Stevens et al., 2019; Tancred & Greeff). Alternately, it has been shown that over time, some parents seem to become more permissive in their parenting to minimize outbursts from their children, especially as they grow older (Allmann et al.). It seems that parents of these children are caught in a situation

whereby they need to find a more precise balance of control and autonomy in child-rearing than those parents who have neurotypical children.

This balance is found in the authoritative parenting style, characterized by high warmth towards children and a well-balanced level of control (Baumrind, 1971). These parents utilize reasoning, appropriate levels of limit setting, and consistent expectations and consequences for behaviors (Baumrind). This parenting approach is considered the ideal for most children. However, it is crucial to children with ADHD who are not neurocognitively capable of responding adaptively to alternative parenting styles and who may perceive their parents' approach to childrearing from a unique perspective (Allmann et al., 2021; Stevens et al., 2019). Studies have shown that the authoritative parenting style results in the most successful outcomes for children with ADHD, whether it be behavioral, emotional, or academic (Allmann et al.; Kurman et al., 2018; Molina & Musich, 2016; Stevens et al.). An exciting distinction has been made between how parenting does not necessarily affect the symptoms of ADHD itself but is more relevant to the expression of negative behaviors in these children (Deault, 2010; Molina & Musich; Muñoz-Silva, Lago-Urbano, & Sanchez-Garcia, 2017).

While the authoritative approach to parenting may be the most effective with ADHD children, most studies indicate that parents tend to move towards the authoritarian or permissive styles across time as children exhibit increased externalizing behaviors (Allmann et al., 2021; Combs-Ronto et al., 2009; Langevin et al., 2020; Yan et al., 2019). Muñoz-Silva, Lago-Urbano, and Sanchez-Garcia (2017) noted that permissive parenting styles may arise as marital satisfaction declines due to disagreements between parents about childrearing practices. The authors further reported that authoritarian parenting styles were more likely to result from social isolation and lack of social support because as disruptive behavior increases, parents attempt to

exert more control over their children to possibly mitigate the effects of these behaviors in social settings (Muñoz-Silva, Lago-Urbano, & Sanchez-Garcia, 2017). Social support, especially instrumental support, is a key factor when considering how to promote effective parenting practices in these overly stressed-families (Muñoz-Silva, Lago-Urbano, & Sanchez-Garcia, 2017).

The topic of the present study is notable in that Tancred and Greeff (2015) mentioned that physical coercion (an aspect of authoritarian parenting) was positively associated with coping by seeking spiritual support. This finding had been previously noted by other authors who reported that parents who regularly attended religious services tended to use more physical punishment, show less warmth towards their children, and were generally more anxious than other parents across cultures (Alizadeh et al., 2007; Eisenberg et al., 2009; Wade & Kendler, 2001). These studies were conducted in Iran, China, and the US and are not specific to evangelical Christians. They only reflect church attendance as a measure of spiritual belief but are reflective of the incidence of this phenomenon within a broader religious context. Interestingly, other studies of conservative Christian families (which may broadly encompass evangelicals) contradict the findings that parents show less warmth towards difficult children, so the link is not clearly defined in the research (Bornsheuer et al., 2012; Wilcox, 1998). Kroff et al. (2018) conducted a qualitative study that discussed the strengths of EF, including parenting issues such as the enhancement of parent-child unity, enjoying time together as a family in spiritual pursuits, praying about problems, resolving conflicts, and forgiveness. One respondent reported, “The Bible says that children should be obedient. But it’s a two-way street...we’re obligated before God to treat our children the best...They’ve suffered at our expense sometimes because we don’t do that” (Kroff et al., p. 700). This study did not focus on any specific family

constellation in terms of psychopathology, and the other extant literature does not fully address the unique experience of EF who are raising ADHD children who exhibit CPV.

Overall, the relationship between parent and child seems bidirectional, affecting both parent and child. What is less clear is how parents perceive the development of their childrearing practices over time from their perspectives. Most of the studies are qualitative in design and do not thoroughly examine how parents may experience the change in their parenting styles from the birth of their ADHD child to a time after the child has repetitively exhibited behaviors that work to frustrate their efforts at childrearing. This is especially relevant for ADHD children who exhibit CPV, which further heightens the stress of rearing a child with this neurodevelopmental disorder.

Child to Parent Violence

CPV is defined as any act of a child to cause psychological, physical, or financial damage to gain control of a parent (Rutter, 2021). It is a phenomenon that is frequently misunderstood, rarely reported, and induces significant stress in the lives of families who experience it (Beckmann et al., 2021; Calvete et al., 2015; Contreras et al., 2020; Edenborough et al., 2008; Stewart et al., 2017). The neurocognitive deficits associated with ADHD make those diagnosed especially vulnerable to exhibiting CPV (Calvete et al.; Contreras & Cano, 2015; Ghanizadeh & Jafari, 2010; Holt & Retford, 2013; Nock & Kazdin, 2002).

CPV Definition

There have been various conceptualizations of what constitutes CPV across the literature, largely due to how the researcher views the agency of children under a certain age. Simmons et al. (2018) expressed the opinion that pre-adolescent children do not have the developmental aptitude to behave with the intent to harm others. Contrarily, Rutter (2021) noted that this

perception of intentionality may exclude some families from the research on CPV due to the tendency for parents to disengage from the discussion of their lived experience because of misinterpretations around the impetus behind their child's behaviors. The author went on to cite the definition of CPV from Cottrell and Finlayson (2001) as being "any act of a child that is intended to cause physical, psychological or financial damage in order to gain control of a parent" (Rutter, 2021, p. 1318). This definition captures the most salient aspects of CPV and includes acts described by other authors, such as exploitation of resources and community agencies, property damage, threats, spitting, intimidation, humiliation, manipulation, imposed isolation, stealing, and physical assault (Condry & Miles, 2014; Contreras et al., 2020; Rutter; M. Williams et al., 2017).

CPV Prevalence

The reported worldwide incidence of CPV is nebulous at best, given the lack of research, the hesitancy of families to report its occurrence, and studies conducted in limited geographic areas (Rutter, 2021). Best estimates of the prevalence across the globe place numbers between 5-20% for physical violence and 30% or greater for verbal abuse, with numbers for the financial impact currently unclear (Beckmann et al., 2021). A more general number was put forth by Moulds et al. (2016), who suggested that about one in 10 parents will experience this form of DV. Kennair and Mellor (2007) reported US rates to range between 7%-29% for physical aggression, while numbers are not currently available for the incidence of other types of violence. The paucity of research on this topic precludes more accurate representations of its prevalence (Simmons et al., 2018).

CPV Research Thus Far

As mentioned previously, CPV was first depicted as “battered parents syndrome” by Harbin and Madden in 1979. Since that time, the experience of CPV for parents has received scant attention in the research as it is often associated with stigma and shame in social and societal domains, exacerbating its already under-reported nature (Beckmann et al., 2021; Calvete et al., 2015; Contreras et al., 2020; Edenborough et al., 2008; Stewart et al., 2017). The studies that do exist, while several being qualitative, have been conducted primarily in Europe, Canada, Australia, and New Zealand, none of which address the role of the church as a support (Calvete et al.; Cottrell & Monk, 2004; Edenborough et al.; Papamichail & Bates, 2020; Rutter, 2021; M. Williams et al., 2017). Simmons et al. (2018) utilized a nested ecological model to review the literature on this topic up to the year of publication, finding only one qualitative study conducted in the US by Eckstein (2004), which did not discuss any involvement of church support. An older publication by Charles (1986), in a case study format, presented qualitative data regarding the experiences of abused parents based on an inpatient and outpatient clinical sample. It was revealed that a more significant number of cases were found among White families where a more egalitarian child-rearing philosophy was utilized, suggesting that exposure to violence in the culture through television and film may have contributed to a child’s inability to understand the true aftermath of violence (Charles). A quantitative study was published by Ghanizadeh and Jafari (2010) in Iran, which acknowledged an association between ADHD and CPV, focusing on the risk factors for abuse of parents by these children, but again, the church was not mentioned.

Kuay and Towl (2021) published a book about CPV and aggression, which provided a comprehensive review of the literature on the topic. They noted that parents who experience CPV had been shown to experience physical injuries, shame, guilt, isolation, anger, fear, self-

blame, denial, hopelessness, and trauma because of their child's behaviors. They further showed that there was no specific legislation in any country that explicitly defined CPV as a form of domestic violence. As a result, there was limited recognition of the needs of parents with no legal means of addressing the issue. The authors pointed to the importance of further study of this phenomenon, especially in the wake of the COVID-19 pandemic, which precipitated an increase in these behaviors among children, further stating that qualitative research in this area is needed to understand the larger story of how these behaviors develop and the meanings that are given to the experience by parents (Kuay & Towl, 2021).

CPV: Parental Experience and Response

To understand the experience of parental abuse more fully, the sensitive nature and stigma attached to these issues must be examined. Many parents who experience these types of abuse make valiant attempts to avoid revealing what is occurring in their homes, minimizing the child's behaviors, and taking responsibility for themselves for the abuse (Clarke et al., 2017; Condry & Miles, 2014; Cottrell & Monk, 2004; Eckstein, 2004; Moulds et al., 2016; M. Williams et al., 2017). It has been further elucidated that there is a "double stigma" attached to this issue whereby shame associated with undergoing abuse within the home setting is compounded by the stigma of rearing a problematic child and further exacerbated by the legal responsibility that parents have for their children (Brule & Eckstein, 2016; Clarke et al., p. 1424; Eckstein). Parenting a child with a mental disorder such as ADHD has also been associated with stigma, only intensifying the experience of having a problematic child and making the situation exceptionally untenable for families (Eaton et al., 2020; Ringer et al., 2020). When other socio-ecological factors, such as the views of childrearing held by the EC, are added to this equation,

isolation, and support-seeking may be further curtailed (Danso et al., 1997; Ellison & Sherkat, 1993; Petts & Kysar-Moon, 2012; Wilcox, 1998).

Rutter (2021) found that mothers who attributed aggression to a larger neurological or mental health difficulty in their children did not believe that the violence was intentional since the participants viewed it as arising from uncontrollable emotions in their children. Edenborough et al. (2008) reported that the experience of CPV was mitigated by explanations of the physical causes of the disruptive behavior disorder and having a person with whom the mother could discuss the behavior without judgment. Appropriate screening of risk factors for CPV would offer explanations and treatment direction for families in these situations (Moulds et al., 2016).

In a study conducted by Madden and Harbin (1983), the occurrence of adolescent violence was noted to be dependent upon the family's ability to accurately describe the hierarchy in their relationships, which may have been more thoroughly captured in the more recent qualitative studies discussed below. Ibabe et al. (2013) and Pagani et al. (2004) examined risk factors for the perpetration of CPV in Spain and Canada, respectively. Risk factors included aggressive parental punishment, general physical aggression by children in early childhood, and inter-parental violence (Ibabe et al., 2013; Pagani et al., 2004). Another study conducted in Spain by Calvete et al. (2012) noted that CPV was predicted by proactive rather than reactive aggression, as well as increased substance use over time in the context of permissive parenting styles. Calvete et al. found that the incidence of CPV generally peaked between the ages of 13 and 15, pointing to the need to address issues before that timeframe.

Women have also reported a perpetual sense of anxiety related to the unpredictable nature of CPV, a lack of understanding of the larger social systems in which they exist, and fear of future escalating violence as the child ages in the context of limited social supports

(Edenborough et al., 2008; Holt, 2011; Rutter, 2021). Parents in other studies were hopeful that in a few years, the behavior would simply abate (Clarke et al., 2017). It was also found that ambiguity between what is developmentally apposite (puberty), underlying pathology (ADHD, autism spectrum disorders), and where the “cutoff point” is between acceptable and unacceptable behaviors intensified confusion in parents (Clarke et al.).

Many mothers have reported a sense of helplessness regarding options to address the behaviors due to widespread disbelief in the phenomenon and long histories of inadequate or failed treatment approaches (Edenborough et al., 2008; Holt & Retford, 2013; Walsh & Krienert, 2009). Simmons et al. (2018) noted that the deficiency of research attention given to CPV reflects inadequate recognition of this behavior as a phenomenon or a social problem. There was a theme among several studies from the UK that identified a sense of frustration with authorities who told parents that they could not do anything because the abuse was ambiguous and did not always rise to the level of legal involvement (Clarke et al., 2017; Condry & Miles, 2014; Holt; Kuay & Towl, 2021).

Clarke et al. (2017, pp. 1426-1427) echoed the mothers’ reports from Edenborough et al. (2008, p. 468), reflecting an anticipation of violence and intimidation from their children, which resulted in a sense of “walking on eggshells” or constant fear of the next outburst, a finding also reported in the US by Routt and Anderson (2011). A participant in one study out of the UK reported that living with their child was like “a never-ending bloody emotional rollercoaster” (M. Williams et al., 2017, p. 600). This was an exceptionally astute insight because triggers were not always clear, resulting in disbelief that the child would act this way towards them (Edenborough et al.). An acute sense of difficulty and ineffectiveness in their ability to parent the child developed, intensified by a sense of complex emotions toward the child where love and care for

his or her well-being collided with anger and resentment at the behavior (Edenborough et al.). Clarke et al. and M. Williams et al. confirmed that women experiencing CPV perceived continuous emotional distress, even hatred toward their children at times, which conflicted with beliefs about the need to love their children unconditionally. It was explicitly noted that mothers felt that they may “lose it” with the child or “lose my sense of self” in a life defined by CPV (Clarke et al., 2017, p.1426).

Edenborough et al. (2008) also noted that mothers reported a sense of responsibility or guilt that their child behaved this way, as though the mother was directly to blame. M. Williams et al. (2017) and Moulds et al. (2016) further established an increased sense of shame that resulted from the judgments of others who did not understand their parenting experience, compounding their self-blaming behaviors. Participants expressed significant stressors from various social and personal domains, including the absence of a father figure in their children's lives in some cases (M. Williams et al.). Rutter (2021) also provided valuable insights from mothers who described experiences involving the complex interplay between social role expectations while living with CPV perpetrated by their preadolescent children.

Adolescent perpetrators of CPV were themselves the subject of qualitative research in the UK by Papamichail and Bates (2020), who reported that participants associated their violence with poor relationships with parents, insurmountable emotions, adverse childhood experiences, and a perception of being socially rejected by their parents. They identified a lack of understanding among practitioners regarding the experience of CPV by parents and children, which resulted in a limited ability to address the problems effectively (Papamichail & Bates). This highlights the poor dissemination of information in social services concerning the issues around CPV and the consternation it causes among families as they interact with these resources.

In line with a socio-ecological model (although this was not the stated theoretical foundation), the authors reported that the results were unique to the cultural, geographic, and historical time the study was conducted (Papamichail & Bates).

These insights are extremely valuable as the participants' lived experiences are described in poignant detail. There was a clear perception of being isolated while coping with a situation that can become increasingly dangerous for the mother and other children. The significant stigma associated with CPV was also a key concept and affected whether parents sought social support while experiencing aggressive behaviors from their children (Brule & Eckstein, 2016; Coogan, 2011). The importance of adequate social support, feelings of being in a no-win situation, and lack of competent explanations for these types of behaviors in children with ADHD have been implicated (Clarke et al., 2017).

Harbin and Madden (1979) recognized that children could be abusive toward their parents in a paper discussing their clinical practice experience. Since then, the first qualitative study of CPV in the US was conducted by Eckstein (2004), which identified several themes replicated in later studies in other countries. She approached this topic from a family systems theory perspective by using in-depth, face-to-face interviews, gaining a deep insight into the subjective experiences of these families to reveal how interpersonal communication created family climates and dynamics (Eckstein). Meaning-making about messages sent between family members catalyzed these dynamics, and she noted that CPV cannot be isolated from this context (Eckstein, 2004). The results of this theoretical approach were like those of later research on the topic, revealing recurring themes among the lived experiences of these families (Eckstein). There was a sense of progression/escalation of CPV events, which affected perceptions of their roles as parents from the internal family system and the outside social setting (Eckstein). This resulted in

lower self-esteem, decreased personal competency, and more socio-economic impacts when interacting with the larger culture (Eckstein). The study was unique in focusing on US parents who experience CPV and how it can be interpreted within a systems model.

Smaller studies of CPV in the US have been conducted by two additional authors but were limited to small geographic areas and focused on adolescents involved in the juvenile justice system. Kethineni (2004) examined adjudicated youth in a central Illinois county, finding that violence towards parents was used as a means of rebalancing the centrality of power in the family from the parents to the child, with mothers bearing the consequences at higher rates than fathers due to their closer proximity to the children. The author noted that a lack of cohesion within the family was a factor in whether adolescents exhibited violence towards their parents and that disruption within the family at early ages was viewed by parents as very difficult to repair once a child became aggressive towards them (Kethineni). A study by Routt and Anderson (2011) evaluated the Step-Up program in King County, Washington, designed to implement changes in the juvenile justice system and provide interventions for offenders and families. The study produced similar results to other studies in terms of contributing mental health factors (including hyperactivity) and the effects of CPV on parents (Routt & Anderson).

Recommendations for future research in the US included studying a large geographic area and examining the self-reports of parents and children regarding their experiences (Kethineni).

The study by Simmons et al. (2018) built upon this need by using a nested-ecological framework and specifically identified a lack of research on CPV. Cultural and social issues were identified as being relevant to the incidence of reporting CPV by parents and are essential to prevention, detection, and intervention in these cases (Simmons et al.). Directions for future research were suggested to explain further emotional and cognitive factors in the milieu of

interpersonal relationships, family, and social systems while also reflecting triggers for aggression. The authors additionally noted that no research is integrating current theories of aggression, child-rearing, and family/social relationships (Simmons et al.).

CPV: Link to ADHD

Risk factors for the perpetration of CPV have included individual, family, social, and community factors (Beckmann et al., 2021; Condry & Miles, 2014; Madden & Harbin, 1983; Rico et al., 2017). Individual factors may include mental illness, developmental disorders, inherent aggressiveness, impulsivity, poor coping skills, substance use, and low frustration tolerance (Holt & Retford, 2013; Look et al., 2015; Moulds et al., 2016; Schnabel et al., 2020; Stewart et al., 2017; Watson et al., 2013). Issues within the family have been described in terms of adverse childhood events (IPV between parents, abuse of the child, divorce, legal involvement), lack of parental involvement, single-parent homes, permissive parenting, and corporeal punishment (Rico et al.). Bullying, poor social adjustment, and negative peer groups have been listed as causes in the social domain (Rico et al.). More prominent community factors have also been implicated, such as prior justice system involvement for other crimes, living in violent neighborhoods, and sanctioning of violence from the culture in which the family lives (Beckmann et al.; Calvete et al.; Condry & Miles; Holt & Retford; Moulds et al.). These potential causes contributed to under-reporting of the incidents, lack of response by legal authorities when CPV is reported, limited social support from outside sources, and lack of understanding and recognition on the part of social service providers (Beckmann et al.; Calvete et al.; Condry & Miles; Holt & Retford; Moulds et al.; Rico et al.).

Much prior research has focused on the perpetration of CPV and the experience among families where a child has an autism spectrum disorder (ASD) due to these individual's inability

to manage change in the environment and underlying neurological deficits (Bilgin & Kucuk, 2010; Casey et al., 2012; Schnabel et al., 2020; Stewart et al., 2017; Watson et al., 2013). Parents in these families reported a similar experience of shame, frustration, hopelessness, concern for other children in the family, lack of understanding in the community, and poor social support due to the isolation caused by the child's behaviors (Casey et al.; Myers et al., 2009; Schnabel et al.; Stewart et al.; Watson et al.). Less attention has been given to how ADHD may also present a causative influence, especially since both are considered neurodevelopmental disorders and differential diagnoses and comorbidity with ASD are common (Chantiluke et al., 2014; Sokolova et al., 2017).

ADHD and responses of the environment to its presentation can present a distinct risk factor for the perpetration of CPV. Moulds et al. (2016) implicated general mental illness as a contributor in some cases, especially when combined with poor impulse control, limited social skills, and emotional dysregulation. This finding was further supported by other studies which add higher levels of general aggressiveness, low frustration tolerance, and a tendency to misuse substances (Calvete et al., 2015; Contreras & Cano, 2015; Holt & Retford, 2013; Nock & Kazdin, 2002). In an adoption study attempting to control for environmental influences, Sellers et al. (2020) reported that genetic factors seemed to contribute to the expression of aggressive behaviors in ADHD.

Contreras and Cano (2015) examined psychological characteristics associated with adolescents who exhibit CPV. They reported more social-cognitive difficulties as well as an increased incidence of psychopathology (Contreras & Cano). ADHD and conduct disorders were noted to be of exceptionally high occurrence (Contreras & Cano). A qualitative study by Ghanizadeh and Jafari (2010) stated that there was a paucity of literature on CPV and found that,

at that time, no research study examined the abuse of parents by their ADHD-diagnosed children, and thus suggested that it was a widely overlooked research topic. The unlikelihood of parents reporting this type of violence was further confirmed by the authors (Ghanizadeh & Jafari). They found that different types of abuse were not related to the ADHD subtype and that many of the mothers in the study suffered from major depressive disorders. The most frequent types of CPV reported were yelling, shoving/pushing, and making unrealistic demands, such as expecting the mother to cease her activities to comply with requests immediately (Ghanizadeh & Jafari). It was recommended that future research focus on the interpersonal skills of children with ADHD, parental reactions given negative perceptions of their children with ADHD, and examination of IPV between parents as a causative factor in homes where children have ADHD (Ghanizadeh & Jafari, 2010). The authors stressed the importance of adequate screening in these families for CPV, improved education for parents and clinicians, as well as further research considering long-term mental health outcomes of the children and their parents (Ghanizadeh & Jafari). The study did not specifically address social support or religious involvement in the families included.

Given the establishment that there is a higher incidence of aggression in ADHD due to several internal factors and the lack of research into the area of CPV by ADHD children, it is vital to examine this phenomenon further. Prior reports about the shame, confusion, and isolation experienced by parents who are victims of CPV validate the need for my study to review these factors within the bioecological framework, clarifying how parents perceive support from larger social institutions such as the church. There has been no identified research that addresses how ECes in the US are perceived as support for families experiencing CPV perpetrated by their ADHD children.

The Church as Agent of Social Support

Religion in the US

The US has diverse religious beliefs (Pew Forum, 2008). Adams et al. (2018) reported that more than 80% of people in the US express a belief in God, and Stanford et al. (2021) noted that 71.3% identify as Christian. Wheaton College's Institute for the Study of American Evangelism estimated that about 30-35% of the US population espouses evangelical beliefs. This figure included black and white members who may not attend regular services but identified as evangelicals (Eskridge, 2012). According to the Pew Foundation, about 51.3% of US citizens reported being Protestant, with evangelicals comprising about 26.3% of the population. Numbers reflected other Christian religions as follows: Catholics (23.9%), Mormons (1.7%), Jehovah's Witnesses (0.7%), Orthodox (0.6%, and other Christians (0.3%). Various non-Christian religions were identified in lower numbers, including Judaism, Buddhism, Muslim, and Hindu. Given that Christians comprise most of the religious beliefs in the US, the church is an essential social agent that shapes the lives of many residents (Pew Forum, 2008).

The Evangelical Church and Parenting

Evangelicals represent a unique population of Christians who espouse conservative ideology and have strong faith in Jesus as Christ and the savior of those who express faith in him as such (Bebbington, 2003). As shown previously, believers in this setting adhere to biblical principles regarding child-rearing and the role of parents and children in this interaction. In accordance with the belief that scripture is the inerrant word of God and guides how believers engage with those around them, evangelicals have guidance from the Bible regarding the parent-child relationship. It is important to understand this as it plays a role in how they may approach a child who is ultimately disobedient and exhibits behaviors that are contrary to scriptural tenets,

which are succinctly summarized in Ephesians 6:1-4, “Children, obey your parents in the Lord, for this is right. Honor your father and mother (this is the first commandment with a promise), that it may go well with you, and that you may live long in the land. Fathers do not provoke your children to anger but bring them up in the discipline and instruction of the Lord” (English Standard Version, 2001/2017).

Evangelical Christians living in the current US social milieu face backlash for their staunch adherence to fundamental theological ideologies, placing them in the spotlight on media outlets (Carson, 2012; Platt, 2015). This has led to many evangelicals facing a crisis of how to live in an increasingly “tolerant” world while standing firm in their faith (Carson). As Carson pointed out, “Although a few things can be said in favor of the newer definition, the sad reality is that this new, contemporary tolerance is intrinsically intolerant. It is blind to its shortcomings because it erroneously thinks it holds the moral high ground; it cannot be questioned because it has become part of the West’s plausibility structure” (p. 2). Participants in my study must defend their faith and child-rearing practices amid societal upheaval regarding what is true and correct for EF, especially those raising children with neurological difficulties which come with stigmas in isolation of their religious beliefs (Brule & Eckstein, 2016; Canu et al., 2008; Eaton et al., 2020).

My research seeks to explore how families who have strong faith view the support that they receive from their EC in the context of CPV perpetration among ADHD children who have poor impulse control. Welch et al. (2006) explored notions of self-control among Christians. They found that religious people tended to value higher levels of self-control, but the mechanism by which this resulted in social conformity remains unclear (Welch et al., 2006). They noted that self-control and religiosity only sometimes interacted in the case of misbehavior, that they each

independently influenced behavior, and that the effects of self-control often depended upon the nature of the offense (Welch et al.). Lack of self-control was a consistent predictor of socially deviant behavior, but it did not explain how the effects of religiosity predicted the same behaviors (Welch et al.). Christian parents who have children with neurocognitive deficits that prevent the repression of impulsivity may lack guidance from the church about how to handle behaviors that are outside of the control of their children.

Regarding how Christians view the role of parents, Wilcox (1998) confirmed prior research in which conservative theological beliefs were associated with strict discipline. The authors found that when parents have conservative beliefs theologically, they are more likely to show warm and affectionate behavior, such as hugging and praising their children, than those with less conservative beliefs (Wilcox). The authors also noted a moderately positive effect among those with conservative Protestant affiliation (Wilcox, 1998). Parenting advice from conservative Protestant leaders promoted this nurturing approach to parenting (Wilcox).

Ellison and Sherkat (1993) studied how Christian parents value obedience. They found that conservative Protestants and Catholics (although to a lesser extent) tended to place modestly more value on obedience than other Americans surveyed. The value that conservative Protestants placed on obedience was found to be linked with three key theological beliefs: biblical literalism (or the inerrancy of scripture), the inherent sinful nature of humans since the fall, and a retributory attitude towards sinners. There was no direct evidence that conservative Protestants devalued autonomy outright; however, belief in biblical literalism and punishing attitudes towards sinners were negatively related to a preference for intellectual autonomy in children. The authors surmised from this that there was a link between religious factors and where values are placed in child-rearing (Ellison & Sherkat).

A later study by Starks and Robinson (2005) found a shift towards increased value placed on obedience over autonomy among evangelicals who are regular church attendees. This was related to a study by Brooks (2002) that indicated that evangelicals who attend church regularly were more frequently exposed to concerns of clergy and other members of the congregation regarding family decline, decreased parental control, and a sharp increase in moral uncertainty. No change was noted among Catholics valuing autonomy over obedience (Brooks). Political discourse over moral issues was noted to be more an issue of defining the nature of family rather than one or the other faction having family values (Brooks).

American parents largely approve of corporal punishment as a child-rearing practice, according to Chiocca (2017). Several dominant themes were identified as influences on parents' endorsement of corporal punishment. These included a normative view of corporal punishment in child-rearing, it is a necessary component in parenting (oddly even in infants), and that there are specific stressful interactions between the child, family, and environment that prompt the use of corporeal punishment. Like other studies, it was noted that conservative Protestants who hold fundamentalist beliefs and endorse the inerrancy of scripture were more likely to utilize corporal punishment (Chiocca).

Christian values around appropriate child-rearing practices could have profound implications for parents of children diagnosed with ADHD. The externalizing behaviors in these children may initially appear to be willful acts of disobedience, to which more conservative Christians may exhibit unhelpful responses. It is crucial to understand how support within churches that hold these values is perceived among parents of aggressive ADHD children so that more appropriate child-rearing practices would fit into the worldview of the family.

Evangelical Christianity and Mental Illness

Religious beliefs about mental illness and the education of clergy regarding appropriate ways to address these concerns among congregants have been a focus of the study. Beliefs and responses vary widely among religions, with a gamut of viewpoints including demonic possession, the need for deliverance, and medical causes and treatments (Lloyd & Waller, 2020; Mercer, 2013). Adams et al. (2018) noted that some US Christians believed that mental illness could be attributed to sinful behavior, is spiritually oriented, and could be addressed through prayer. Their study reported that fundamentalism rather than orthodoxy was associated with increased negative attitudes about people with mental illness. (Adams et al.). Llyod and Waller also stated that 73% of evangelical Christians surveyed reported the belief in biological, neurological, or trauma-based explanations for mental illness. These results may reflect increased awareness and education about mental illness within the US (Llyod & Waller).

A certain stigma continues to be associated with mental illness but may be mitigated by the following factors: knowing someone with a psychiatric disorder, counseling experience, media portrayals, severity of symptoms, and attribution style (Adams et al., 2018). Findings were examined within social identity theory, and the authors suggested that mental disorders may be viewed by fundamentalists as an enduring, individual character blemish that is negatively attributed to personal responsibility and sin. The authors further suggested that this resulted in hesitancy to seek refuge and support from the fundamentalist church for those suffering from mental distress (Adams et al.).

In an older study, McLatchie and Draguns (1984) noted that evangelicals were open to seeking professional help for mental illness but expressed concerns about how practitioners would receive their religious beliefs. Respondents seemed to fear that a secular counselor may

somehow attempt to alter their beliefs and preferred to seek help through clergy or other religious outlets (McLatchie & Draguns). Other authors have reported similar findings that Christians seek support from their pastor or church before considering secular counseling (Kinghorn, 2016; Payne & Hays, 2016; Ross & Stanford, 2014). Lloyd and Waller (2020) noted that even within ECes where mental illness was related to spiritual causes, 56% of respondents continued to report a sense of positive interactions with their faith community while experiencing mental distress. This highlighted the importance of the church as a social support among evangelical Christians. Voss (1996) pointed to the church as a precious resource among those living in rural areas where other services may be scant.

Fitzpatrick et al. (2014) requested a response from leaders of six major world religions regarding pharmacological enhancement in the case of mental function. Christianity was represented by Catholic and Lutheran respondents who noted that living a faithful and meaningful life should not be “enhanced” using pharmaceuticals and that God created human beings for whom mental health should be of as just as much concern as physical and spiritual health (Fitzpatrick et al.). Both churches cautioned against undoing faith in technological advances but did not address the severely mentally ill.

Other authors have addressed how the Christian conceptualization of mental illness may impact the treatment approach (Kinghorn, 2016; K. Li, 2013; Lloyd & Waller, 2020). Kinghorn reviewed the evolution of care for the mentally ill with Christianity, noting that there remains a wide variety of opinions regarding causes and treatments from the biblical counseling movement, pastoral care, and counseling to the integrationist movement. Adams et al. (2018) have noted that stigma plays a significant factor in how people seek help from the church and the church’s subsequent response.

Clergy and Caring for the Mentally Ill

The concept of clergy participation in mental health care has been examined by several authors, including Capps (2014), who reported that seminary students needed adequate training on mental health issues and how to respond to people experiencing mental distress. It is crucial for these students to understand that they will be faced with a myriad of unique challenges with this population once they enter full-time ministry (Capps). The concept of training for divinity students in mental health issues has also been addressed by Ross and Stanford (2014), who confirmed an increased need for more in-depth mental health training for future clergy.

Carlin (2018) expanded on this by relaying his experience as a pastoral counselor in a psychiatric setting based on the work of Capps (2014). The author included vignettes from actual consumers and offered different approaches based on the presenting problem (Carlin, 2018). Three specific insights about caring for individuals and families experiencing mental health issues were noted (Carlin). These were as follows: social support was key to the well-being of individuals with mental illness, mental health issues present unique challenges combined with opportunities, and reading was a therapeutic endeavor that enriched a personal understanding of one's illness.

Payne and Hays (2016) examined the perspectives of clergy regarding mental health issues, noting that there was a gamut of beliefs reported regarding the appropriate approaches to and causes of mental health conditions. Personal narratives from clergy revealed a need for improved understanding so parishioners with mental health concerns may more reliably depend upon their faith communities for support (Payne & Hays).

Christianity and ADHD

K. Li (2013) specifically addressed religion, ADHD, and beliefs about whether the use of medication was valuable. Evangelical Christians in this qualitative study were found to be less likely to view ADHD as a disease that requires treatment with medication. They also tended to hold the perspective that doctors were overmedicating children with everyday behavior problems. It was believed that these behaviors should be addressed within the family following the evangelical notion that children are inclined to disobedience (original sin) and need parents to guide obedient behavior. Interestingly, regular church attendance was found to be associated with the conceptualization of ADHD as an actual disease. The author noted that there has been limited research about how ADHD is viewed within the religious community and suggested that future research be done to explore if and how evangelicals are engaging in support efforts to minimize overmedication (Li).

Gerber (2007) stated that Christian parents of children with ADHD often experience skepticism and lack of understanding within the church. She noted that popular culture played a role, with some parents questioning whether ADHD symptoms were an adaptation to societal shifts that placed value on instant gratification. Gerber suggested that Christian parents who face the threat of the disintegration of their households due to symptoms of ADHD view these experiences as part of God's providence (Gerber). Patience, courage, and the view of these children as gifted by God could allow parents to focus on the positive aspects of their children's unique character and promote parents' ability to encourage the child to expand their horizons as part of God's plan for their lives (Gerber). Dong et al. (2020) explored the impact of a multi-tiered systems approach on working with children with ADHD. They highlighted the need for

appropriate assessment, evidence-based interventions, and collaboration with more extensive support networks (Dong et al.).

Evangelical Christianity and Domestic Violence

Zust et al. (2017) reported qualitative results regarding how evangelical Christian pastors viewed the counseling of those experiencing domestic violence within their parish. None of the clergy interviewed reported feeling that they were adequately prepared to handle these issues and frequently experienced a lack of understanding about how to address the victims' decisions to remain with an abusive partner given his or her religious beliefs. It is noted that clergy needed support in their pastoral role. Narrative accounts of clergy and congregational support among survivors of domestic violence indicated that these individuals prefer to seek first support from their religious institutions rather than secular professionals (Zust et al.).

Among African American Christians, the church is often a large part of support and socialization (O. Williams & Jenkins, 2019). The authors revealed that among leaders of the traditionally African American Churches surveyed, many underestimated the occurrence of DV within their congregations. They further recounted that this issue is rarely addressed from the pulpit and admitted that they may have offered inappropriate interventions in the form of couples counseling. Most respondents expressed the need for more education about this issue and how to address it as a religious leader (O. Williams & Jenkins).

An Australian review of research conducted by Westenberg (2017) denoted that Christian values around the sanctity of marriage, submission to male leadership, suffering, and the virtue of forgiveness were all contributing factors to misunderstandings about DV within the church. The author suggested that the way domestic violence is discussed within a Christian worldview is an area for intervention (Westenberg). Jankowski et al. (2018) also noted that myths about

domestic violence have been propagated within the religious community, especially among those endorsing Calvinistic beliefs. Correct biblical interpretation of the above topics and how this is presented in the church discourse may support more accurate portrayals of the interface between religious belief and DV (Westenberg).

La Ferle and Muralidharan (2019) found that strong religiosity among their respondents prompted more action to help sufferers of DV than other factors reviewed. A personal identification as faithful was more predictive of helping behavior than church attendance or frequent prayer (La Ferle & Muralidharan). A qualitative study in Canada conducted by Giesbrecht and Sevcik (2000) used naturalistic methodology to cultivate a grounded theory of recovery among conservative evangelical Christian women. They suggested that recovery for these women included rebuilding their spiritual identities, redefining how they relate to their religious community, and developing new ways of expressing their new identities (Giesbrecht & Sevcik). This study was of value in its confirmation that the church can act as part of a person's social system by forming an extended family network where spiritual encouragement and practical support are available in cases of DV (Giesbrecht & Sevcik).

The Church as a Source of Support

Feeney and Collins (2015) proposed a theoretical framework for social support that views the process as interpersonal, focusing on ways to thrive. They suggested that people thrive through life experiences by coping well with adversities and actively pursuing growth opportunities. Relational support was promoted as a key to resilience across the lifespan (Feeney & Collins).

Families devoted to their religious beliefs have been found to draw strength from relationships formed within their faith communities (Dollahite & Marks, 2018). Qualitative

research revealed that involvement in a faith community resulted in positive outcomes for people of all ages. This included lower levels of violence, stronger marital relationships, decreased substance abuse among younger people, and decreased incidence of depression and delinquency (Dollahite & Marks).

Rainville (2018) further recorded that religious service attendance reduced stressors' negative impact. It was not found to have an exacerbating effect on mental health in the context of life stressors involving disruption of relationships and routines. The author stated that religious service attendance provides continuity and functions to promote preemptive coping when individuals face mental health challenges (Rainville).

Social support from religious organizations has influenced physical and mental health outcomes (Merino, 2014). Specifically, same-faith ties were associated with perceptions that support was readily available when needed and that religious dialogue was predictive of receiving advice and assistance (Merino). He reported that religious affiliation was an important element of social support, especially among evangelical and African American Protestants (Merino). Voss (1996) noted that the church was a valuable contributor to mental health support for individuals living in rural communities where agency-based services are less available. Services that may be provided include Christian counseling, education, lay counseling, volunteers, and a link between clergy and other health providers (Voss).

Spencer et al. (2021) found that religious support can catalyze positive change among families who are active in their faith. Encouraging experiences within the church were noted to have an inspirational effect on families facing internal difficulties, and clergy/therapists may want to focus on families' religion when seeking transformative changes in these relationships (Spencer et al.). Carlin (2018) provided insight into caring for individuals and families

experiencing mental health issues. Social support from churches was found to be integral for recovery in individuals with mental illness, and mental health issues presented unique challenges combined with opportunities for those within the faith community (Carlin).

The findings reveal that support from a church family is of great value to those with strong religious beliefs and identities as individuals of faith. For those struggling with mental illness or domestic violence, the understanding received from their local congregation can be pivotal for support to improve circumstances in the home. The family has been established as an institution intimately involved in the church. There is an apparent lack of research examining how those families who experience CPV are related to ADHD, with no studies being found to date. Given the value of the church in the lives of so many in the US, it is essential to know how parishioners perceive the assistance available to them to establish relevant and appropriate outreach to this specific group. Due to a lack of research in this area, CPV is a poorly understood concept and is often hidden as a more significant social issue that should be examined at multiple system levels.

Theoretical Framework

Background of the Bioecological Theory of Development

Urie Bronfenbrenner initially proposed a bioecological theory of human development in 1973. This work successively evolved over the next 30 years to address lacunae in the original formulation (Rosa & Tudge, 2013). Bronfenbrenner subsequently delineated three distinct phases in the development of his framework, and most modern authors on the topic agree that this is the case as well as suggest that future researchers utilizing the concepts be clear in distinguishing which formulation they will utilize in their studies (Tudge et al., 2021). The three conceptualizations, based on publication dates per Rosa and Tudge are phase one (1973-1979),

phase two (1980-1993), and phase three (1994-2006). It is relevant to note that across the phases, Bronfenbrenner retained all the elements initially proposed, adding concepts to fill out the framework and provide direction for future studies (Bronfenbrenner & Morris, 2006). My study will utilize the framework described in phase three, which designates the critical concepts of proximal processes and the PPCT model for conducting bioecological research. (Rosa & Tudge).

A brief description of Bronfenbrenner's initial schema of the environment in which development occurs will lay the groundwork for the elements of his final framework. By 1979, Bronfenbrenner had maintained that four environmental levels impact individual development in different ways: the microsystem, the mesosystem, the exosystem, and the macrosystem. These systems form the ecological setting in which development occurs, and as a person interacts within them, they are both affected by and cause effects upon them over time (Bronfenbrenner, 1979). It is important to note that ecological environments are phenomenologically oriented such that situational settings should be considered as they are perceived and comprehended by the person (Rosa & Tudge, 2013).

The microsystem comprises a person's most proximal setting (home, school, place of work), where they interact directly with others (Bronfenbrenner, 1979). The mesosystem describes interactions between microsystems or interpersonal roles and relationships across settings, which are enlarged or diminished when developing individuals enter or leave settings. The exosystem includes settings where the developing person is not be directly situated, but he or she is impacted by and may impact upon its influence (parents' workplace events may impact or be impacted by the home environment). The macrosystem comprises the larger sociocultural and societal institutions within which the individual is developing and can be broadly described as overarching belief systems (political, economic, religious). (Bronfenbrenner).

The Most Current Iteration of the Bioecological Theory

By 2006, Bronfenbrenner's work on the ecological development model had reached the most mature form it would see in his lifetime while consistently being noted as a theory in evolution (Bronfenbrenner & Morris, 2006). Proposition I of the theory explained that the mechanism of human development is "proximal processes," described as "processes of progressively more complex reciprocal interaction between an active, evolving biopsychosocial human organism and the persons, objects, and symbols in its immediate external environment. To be effective, "the interaction must occur fairly regularly over extended periods" (Bronfenbrenner & Morris, p. 797). These processes operate as a function of the person, immediate environment, social change, and the historical context of the person's life (Bronfenbrenner & Evans, 2000). The framework ultimately focuses on the synergistic interdependence between processes that occur in specific contexts and over time, or the PPCT development model (Bronfenbrenner & Evans; Bronfenbrenner & Morris).

Bronfenbrenner and Evans (2000) described the proximal process as "the engines of development" that may result in the divergent outcomes of competence ("ability to conduct and direct one's behavior across situations and developmental domains") or dysfunction ("recurrent manifestations of difficulties in maintaining control and integration of behavior across situations and different domains of development") (p. 118). Finally, the authors stated that a human being must actively participate in reciprocal interactions with individuals with a strong mutual attachment that leads to a commitment to each other's well-being to develop appropriately (Bronfenbrenner & Evans).

Regarding the contribution of the developing individual, three characteristics are considered the most instrumental. These are dispositions, bioecological resources, and demand

characteristics, which have the “capacity to affect the direction and power of proximal processes through the life course” (Bronfenbrenner & Morris, 2006, pp. 795-796). These factors apply to my research in that the intrinsic features of parents and their ADHD children may play an integral role in the development of both parties. Prior research has shown that the reciprocal interactions between ADHD children and their parents impact family dynamics and behaviors to the extent that changes are made in parenting style as a response to child behavior (Allmann et al., 2021; Muñoz-Silva, Lago-Urbano, & Sanchez-Garcia, 2017; Stevens et al., 2019; Tancred & Greeff, 2015).

Dispositions set proximal processes in motion in any given developmental domain and can function to support their continued operation (Bronfenbrenner & Morris, 2006). Bioecological resources present at different stages of development are comprised of the “ability, experience, knowledge, and skill” which are essential to the effective functioning of proximal processes” and will be quoted here directly in the interest of clarity (Bronfenbrenner & Morris, p. 796). Demand characteristics “invite or discourage reactions from the social environment that can foster or disrupt the operation of proximal processes” (Bronfenbrenner & Morris, p. 796). It is clear from the reading that these characteristics will play a role in evaluating my research data within the theoretical model, as the parents and children bring unique individualities to their overall development.

The Bioecological Theory and Dysfunction

Bronfenbrenner and Evans (2000) noted that dysfunction is attributable to brief and inconsistent exposure to proximal processes, assuming that the processes themselves are necessarily positive by nature (an assumption that has recently been questioned by Merçon-Vargas et al. (2020) who proposed the concept of inverse proximal processes). Bronfenbrenner

and Morris (2006) attributed a person's inability to engage effectively in proximal processes to what are described as "disruptive force characteristics" such as "impulsiveness, explosiveness, distractibility, inability to delay need gratification, or, in a more extreme form, readily resort to aggression and violence" (p. 810). The authors considered these personal dispositions most likely to impede proximal processes Bronfenbrenner and Morris (2006). It is clear from the literature on children with ADHD that their neurobiological predispositions align closely with Bronfenbrenner and Morris's (2006) concept of disruptive force characteristics and may play a crucial role in their development and that of their parents within this model.

The authors noted that in terms of environment, research has shown that there has been a "growing chaos" in society as single-parent homes (with the concomitant lack of parental involvement, violence, poverty, and decline in school function) have become more prevalent and stimulated a general degeneration of concern for the well-being of others and social development among the US population (Bronfenbrenner & Morris, 2006, p. 796). The centrality of time and timing are also unique to this final formulation in that the authors considered past interactions and how the forces acting on development today may be operating to influence what a person becomes in the future. The concept of time was delineated further as microtime ("continuity versus discontinuity in ongoing episodes of proximal processes"), mesotime ("periodicity of these episodes across broader time intervals, such as days and weeks," and macro time ("the changing expectations and events in the larger society, both within and across generations, as they affect and are affected by, processes and outcomes of human development across the life course") (Bronfenbrenner & Morris, p. 796).

Use of Bioecological Theory in the Present Study

For my study, the PPCT model offers a framework for understanding how the characteristics of traditionally EP and their ADHD children, who exist in a US society that is growing ever more liberal and chaotic, affect their interpersonal relationships and development over time. Bronfenbrenner (2001) made an important note for future research direction in Proposition VIII, “The psychological development of parents is powerfully influenced by the behavior and development of their children.” At that time, he suggested that the effects of a child’s successful transition through the formative years into adolescence and young adulthood on the development of parents has received scant research attention (pp. 12-13). Proposition IX further stated that there has been an omission of “the influence of parent-child attachment in the future development of the parent in contrast to the child” (Bronfenbrenner, p. 13).

These suggestions are valuable to my research as the parent’s experience is its focus, and any subsequent studies on this phenomenon will be reviewed here as a foundation for the need for my study. EP who adhere to biblical approaches to child-rearing must balance these beliefs with more significant societal trends towards secular humanism when approaching and managing their ADHD children who exhibit CPV. Parents’ perceptions of the support from their local church in navigating this process may contribute to their development over time. Additionally, the work of Merçon-Vargas et al. (2020) will be utilized to examine how increasingly more complex bidirectional interactions between parents and their ADHD children over time may hinder positive developmental outcomes for parents, or what they refer to as “inverse proximal processes” (p. 323). The authors suggest additional research to consider that inverse proximal processes may result in adverse developmental outcomes, especially in chaotic home environments (Merçon-Vargas et al.). Chen et al. (2014) noted that negative proximal processes,

a similar concept, resulted in increased maladjustment in children. This research applied to the development of children, and my research will extend this examination of inverse proximal processes into the realm of parental development within homes where CPV from an ADHD child is a disruptive presence (Beckmann et al., 2021; Chen et al., 2014; Merçon-Vargas et al.; Muñoz-Silva, Lago-Urbano, Sanchez-Garcia, & Carmona-Márquez, 2017; Saylor & Amann, 2016).

Use of the Bioecological Model in ADHD and CPV Research

The bioecological model has been used loosely in several studies to examine behaviors associated with ADHD in the home and school environments, childhood aggression in general, and CPV. Tudge et al. (2016, 2021) noted that Bronfenbrenner's work has typically been misused largely by most researchers as they either fail to note which formulation of the theory was used or inadequately apply all the relevant constructs of the PPCT model. Several studies utilize the systems-level approach of Bronfenbrenner without addressing the synergistic aspects of proximal processes over time (Tudge et al.). As such, research results in these publications have been insufficient to test the theory and produce the depth of insight the model is designed to address, with most studies being quantitative. Additionally, no studies have been identified at this time that utilize the theory to address the development of adults as they navigate the parental role over time, with a notable silence in the literature on the issue of the church as an influential macrosystem influence.

In the most simplistic form, some studies reference Bronfenbrenner's ecological systems to explain how the different forces impact child and parent interactions or to promote a more comprehensive assessment process when working with families. The family as a system and the impact of more significant sociocultural issues have been primary in several studies directed at

addressing practice with ADHD children (Dawson et al., 2017; Taylor, 2003). Both studies cited Bronfenbrenner's (1979, 1986) ecological systems but were not targeted at any developmental outcomes and did not mention proximal processes or use the PPCT model (Dawson et al.; Taylor, 2003). While these studies offered valuable insight into the impact of personal interactions at the microsystem level and how larger systems may influence family function, they did not capture the synergistic nature of the PPCT model.

Other studies in the realm of child aggression and CPV used ecological systems to understand the genesis and perpetuation of these behaviors and their effects on the family but did not address proximal processes and the PPCT model (Cuervo, 2021; Jiménez et al., 2019; Rutter, 2021; Zhang et al., 2021). The researchers mentioned Bronfenbrenner in a cursory manner, pulling concepts from his model without fully explaining its complexity or ultimately addressing the development of the child or the parent. Of these studies, Jiménez et al. (p. 4538) and Rutter (p. 1317) ultimately used the "family circumplex model" and "sociocultural theory," respectively, and mention Bronfenbrenner's work as a foundation upon which these new frameworks are based. Although the Rutter study was qualitative and very revealing of the personal experiences of mothers, no focus was given to how they developed as parents over time, given those experiences.

Cuervo's (2021) work noted the bioecological model in a perfunctory manner as a theoretical framework by using system-level variables and individual affective characteristics to understand the climate of interactions within homes experiencing CPV. The model was not used as a framework for development but rather to explain contexts within which violent interactions occur (Cuervo). The authors offered that the CPV is attributable to "a complexity of factors that interact with each other to a greater or lesser extent" (Cuervo, p. 18). Zhang et al. (2021) put

forth a more comprehensive review of different variables in the micro, macro, and ecosystems and how they affect the development of youth antisocial behaviors in ADHD children. The mesosystem, or interactions between microsystems, were not addressed, nor were proximal processes. The study considered time as longitudinal, but the authors noted that microsystem variables were limited to abusive parenting styles and did not address other family-level variables (Zhang et al.).

Family functioning for families with ADHD children or who experience CPV has also been examined through a bioecological lens in terms of parenting stress and social support (Arias-Rivera et al., 2021; Muñoz-Silva, Lago-Urbano, Sanchez-Garcia, & Carmona-Márquez, 2017). Again, these studies utilized the larger ecological systems proposed by Bronfenbrenner (1979, 1986) without addressing proximal processes or the PPCT model, despite citing his 2006 work in which these concepts were integral to the bioecological model of development. Parenting stress was noted to be a function of the impact that a child's ADHD behaviors have on the family and their perception of access to social supports by Muñoz-Silva et al., and since proximal processes were not mentioned, there was no developmental aspect to this study. The Arias-Rivera et al. work reviewed the literature from a bioecological perspective and did not use the theory in a research context to understand the development of parents or children. The authors did note that "certain institutions" affect family function by promoting ideas about parental control and responsibility concerning their violent children but did not name any religious organization as contributing to the mesosystem impact on families (Arias-Rivera et al., p. 11).

Atzaba-Poria et al. (2004) utilized micro and exosystem levels in some depth to examine the cumulative effect of risk factors on the behaviors of ethnic majority and minority children.

Person and context were considered, but because an older form of the framework was used but not explicitly noted as such, proximal processes and time were not a focus. The authors noted that their qualitative measure simultaneously limited the study in that developmental trajectories could not be determined (Atzaba-Poria et al.). This research represented a more comprehensive use of Bronfenbrenner's original model, citing his 1979 work, but did not include the entirety of the PPCT approach.

Proximal processes were referenced by Abrahão and Elias (2021) in their study of the academic performance, behavioral problems, social skills, and family resources of ADHD children. Interestingly, the authors mentioned proximal processes in their initial descriptive narrative of the theory but failed to address how they are impacted in the results or discussion sections (Abrahão & Elias). System-level issues were nebulously noted at the exosystem level in the form of assessment information provided by teachers and academic performance, but it was unclear from the discussion how this data impacted proximal processes as the engines of development for the child (Abrahão & Elias, 2021; Bronfenbrenner & Morris, 2006). The authors recommend that future studies directly observe microsystem interactions (Abrahão & Elias).

Perhaps the most thorough use of Bronfenbrenner's bioecological model was identified in a literature review conducted by Chuang et al. (2018), who examined parenting and family relationships in Chinese families. This study was narrow in its focus to address disparities in cross-cultural research, which has traditionally focused on Western parenting practices (Chuang et al.). The PPCT model was used, as well as all four system levels, to examine the specific system-level issues that influence issues facing Chinese parents (Chuang et al.). The most salient aspect of this work was the authors' seeming definition of proximal processes: "Unfortunately,

many researchers do not take into account proximal processes of the parent-child relationship, such as children's personality characteristics, temperament, and parenting cognitions, and those affect the quality of the relationship" (Chuang et al., p. 372). According to Bronfenbrenner and Morris (2006), these are considered personal characteristics or dispositions that set proximal processes in motion (or the fuel for the engines of development). They gave examples of proximal processes, including "feeding or comforting a baby, playing with a young child, child-child activities...making plans, performing complex tasks and acquiring new knowledge and know-how" (Bronfenbrenner & Morris, p. 797). The Chuang et al. study recommended trajectories for future research that should examine how parenting practices are impacted by parental experiences/characteristics and a child's contribution to their interpersonal interactions.

The Bioecological Model and Adult Development

Most traditional research using the bioecological model has focused on the development of the child, and Bronfenbrenner (2001) stated in Proposition VII, "the influence of the successful transition of children through adolescence and young adulthood on the constructive development of their parents has regrettably received even less scientific attention (p. 6969). Subsequent research has not addressed the development of adults as they experience the parenting role. An article published by Palkovitz in 1996 addressed parenting as a generator of adult development in the form of a literature review. At that time, the author suggested that additional research was needed to conceptualize how parenting may be causally related to adult development (Palkovitz, 1996, 2019). Palkovitz was dismissive of the applicability of Bronfenbrenner's model to adult parental development as it presented a challenge to researchers because of its comprehensive and interactive complexity. Interestingly, the same author referenced Bronfenbrenner's earlier formulations of the bioecological model in subsequent

articles on parental development but did not apply the theory so much as use the idea that larger systems have an impact on how parents interact with their children and engage in their parental roles (Palkovitz & Hull, 2018; Palkovitz).

Later publications, primarily book chapters in textbooks on adult development, have sought to understand how parents transition into and through parenthood (Ferguson & Evans, 2019; Kuersten-Hogan & McHale, 2021; Ryan & Padilla, 2019). These authors emphasized the role of the immediate and more extensive social environments on transitions during parenthood by using the ecological systems proposed in Bronfenbrenner's (1979) early work (Ferguson & Evans; Kuersten-Hogan & McHale; Ryan & Padilla). Parental characteristics such as beliefs, personality, and temperament may affect the ease with which they grow into parental roles, but these cannot be examined outside of the ecological systems and with consideration given to how child characteristics interact bidirectionally with those of their parents (Ferguson & Evans; Kuersten-Hogan & McHale; Ryan & Padilla).

Systems-level issues such as poverty, social climate, institutional beliefs about parenting, and family values influence how parents approach childrearing and play a significant role in how they develop a dynamic interplay of ongoing and complex interactions they engage in with their unique children (Ferguson & Evans, 2019; Kuersten-Hogan & McHale, 2021; Ryan & Padilla, 2019). Ferguson and Evans pointed out that proximal processes are affected by parental expectations about their roles and their children's expected behavior, which are influenced by the norms within the ecological systems in which the family exists.

Many parents measure their parental competence by the ruler of child results, such that they have set out with preconceived expectations about childrearing and child behavior, with the ideal outcome being that their children would mature into competent adults who can navigate

their new roles (Grusec & Davidov, 2019). Kuersten-Hogan and McHale (2021) noted that research thus far on the transition to and development within parenthood has focused on a limited number of macrosystem influences. As part of the macrosystem, cultural norms, values, and expectations play a vital role in parental socialization and shape the meanings ascribed to and consequences of family interactions on individual members over time (Grusec & Davidov). Maintenance of religious and spiritual beliefs about child-rearing is reciprocally influenced by personal interactions and many systems over time, fitting Bronfenbrenner's concept of PPCT (Mahoney & Boyatzis, 2019).

Literature on the use of the PPCT Model for Future Research

Navarro et al. (2022) noted that very little research has been true to Bronfenbrenner's final version of the bioecological model and that for future studies to utilize the model effectively, all aspects of PPCT must be fully addressed (Bronfenbrenner & Morris, 2006). They suggested at least three personal characteristics, including the developing person of interest, antecedent personal characteristics, and outcome personal characteristics. Proximal processes must include increasing complexity across time, reciprocity of interactions, and frequency of the processes across duration and frequency. There should be one contextual influence at a minimum of two contrasting levels. Time should be addressed at the microtime (related to the duration of proximal processes), mesotime (the frequency of proximal processes), and macro time (personal characteristics measured at a point in time after the proximal processes). The authors noted that, despite Bronfenbrenner's historical use of quantitative research when explicating his model, it can be successfully used in qualitative research in the interest of Bronfenbrenner's (1973, 1977, 1979) longstanding observation that research should not be conducted in artificial environments but that individuals should be observed in their natural setting.

In addition to these suggestions, Merçon-Vargas et al. (2020) suggested that additional research consider the possibility that proximal processes may not always be positive and could result in less-than-desirable developmental outcomes. This proposition regarding the effects of inverse proximal processes was further noted to have the proclivity to have worsening effects in disadvantaged environments (Merçon-Vargas et al.) Research by Chen et al. (2014) found that chaotic home environments and negative proximal processes would increase children's maladjustment. Merçon-Vargas et al. suggested that future research should examine the level of reciprocity in interactions more closely and address unbalanced power relationships between parents and children. While these suggestions target child development, future research must consider adult development. Given the suggestion by Bronfenbrenner and Evans (2000) that chaotic systems (and home environments) have become increasingly more prevalent over time due to societal changes, the need for research that considers these issues from a qualitative perspective will add to the extant literature on the experience of adult development.

Summary

My study will fill this gap in the literature on several levels, not the least of which is by following the model proposed by Bronfenbrenner and Morris (2006) and as outlined for research design by Navarro et al. (2022). The study will address the PPCT model described above by considering outcomes for the developing person as an adult parent whose antecedent personal characteristics interact with those of their ADHD children. This will be viewed considering the microsystem (interactions between the parent and child resulting in CPV) and mesosystem levels (the influence of evangelical child-rearing teaching and perceptions of church support) across the time. My qualitative study will examine the duration and frequency of inverse proximal processes at a point in time after which they have occurred and will provide rich experiential data

about the lived experience of EP who are victims of CPV. The increased chaos created in the home by the reciprocal interactions of EP and their ADHD-diagnosed children may become increasingly more complex and reciprocally challenging over time as parental expectations about child-rearing are continuously confronted by children with executive functioning inabilities in the arena of behavioral control. There is no identified qualitative research combining Bronfenbrenner and Morris's final formulation of the model that includes the concept of inverse proximal process as proposed by Merçon-Vargas et al. (2020) on the topic of CPV from ADHD children towards their EP.

Chapter Three: Methods

Overview

This qualitative study utilized an interpretative phenomenological analysis design. This approach was selected because of its focus on trying to make sense of the unique lived experiences of participants, in this case, of church support by parents who experience violence from their ADHD children (Heppner et al., 2016; Van Manen, 2016). I chose an IPA approach to seek a rich understanding of how these parents experienced and interpreted the support available to them in their church environment and how they viewed their development as parents. This first-person accounting with thick description cannot be extrapolated from a nomothetic or quantitative study because statistical measures are not designed to capture this level of understanding (Larkin et al., 2006; J. A. Smith et al., 2022). In addition, the goal was to contribute to the knowledge base about how parents experienced this phenomenon, how it affected their development, and how churches may develop ministries to support the specific needs of these parents (Morrow, 2007).

Design

The selection of a qualitative design was driven by the nature of the research questions and the intent to obtain in-depth knowledge about these parents and their environments. IPA research studies are not designed or understood to be ‘stand-alone’ but to add the unique voices of more diverse experiences of a phenomenon to the extant literature base, in this case, those of EP who experience CPV perpetrated by ADHD-diagnosed children (J. A. Smith et al., 2022). The essential meanings that these parents expressed regarding church support, parental decision-making, and parent development were approached from a hermeneutic phenomenological paradigm drawn from the philosophical work of Heidegger (1962), with the primary interest

focused on the individual realities of the parents within their social environments (J. A. Smith et al.). IPA was used with the expectation that the unique realities of participants emerge from the interview data and aid in interpretation, or making sense of, the phenomenon from a psychological perspective (Larkin et al., 2006; Rettie & Emiliussen, 2018; J. A. Smith et al.). Qualitative studies using an interpretative phenomenological approach have been noted for their ability to provide rich data and to expand the current literature base to include more comprehensive arrays of experiences from which to draw for future studies (J. A. Smith et al.; Peoples, 2021). My study utilized this approach to add to the current scholarly knowledge about CPV by capturing the essence of the lived experience of evangelical families through their own words (Giorgi, 1994; Larkin et al., 2006; Peoples, 2021; Rettie & Emiliussen, 2018).

The value of interpretative phenomenology lies in its divergence from the nomothetic domain, which focuses on statistical probabilities and averages, to the neglect of establishing that an experience is the case for *each of many* individuals (Lamiel, 1987). Kastenbaum described the results of nomothetic research as “indeterministic statistical zones that construct people who never were and never could be” (quoted in Datan et al., 1987, p. 156). An IPA approach added to the extant literature by helping the reader better understand how particular cases can illuminate existing nomothetic findings, resulting in a more robust research base from which to draw (Larkin et al., 2019; J. A. Smith et al., 2022). Interpretative phenomenology is idiographic in its focus on the specific through a systematic and detailed approach to understanding how certain experiential phenomena are understood by particular people in a specific context (J. A. Smith et al., 2022; J. A. Smith & Osborn, 2003). This idiographic approach, in the tradition of Heidegger’s Dasein, describes that experience is perspectival and unique but also relational and

worldly, as it is an in-relation-to phenomenon that is embedded in the world of things and relationships (J. A. Smith et al.; Smith & Nizza).

Background of Phenomenology

The theoretical concepts underlying the interpretative phenomenological approach were primarily grounded in the philosophical works of Husserl (1931), Heidegger (1962), Sarte (1948, 1956), Schleiermacher (1998), and Gadamer (1960), with Heidegger rising to the fore by intricately integrating the works of the other philosophers. In *Being and Time*, Heidegger provided the primary philosophy of phenomenology by building upon and then diverging from the original work of his mentor Husserl. Heidegger is concerned with Dasein (or there-being) to enter the ontological question of existence itself and how the practical experiences of everyday life appear to individuals and are made meaningful by them (Alase, 2017; J. A. Smith et al., 2022). In contrast to Husserl's more transcendental philosophical worldview, Heidegger expanded the concept of phenomenology by acknowledging the hermeneutic role of the interpreter is a priori for conception when eliciting the experiences of others as a valuable part of the analysis of experience in the social context (J. A. Smith et al.). Truth is individualized and subjective and depends upon what meaning a person adds to external stimuli (Heppner et al., 2016). The individual thus constructs their reality through meaning-making in relationships with others and the world (Heppner et al.).

The basis of this ontological approach was extended by Sarte (1948) by acknowledging that being is always understood as a process of becoming and not a pre-existing state. This is to say that each person's dynamic process of self-perception is contingent upon the presence or absence of relationships with others (J. A. Smith et al., 2022.) The work of Heidegger (1962) was enhanced by Schleiermacher (1998) and Gadamer (1960) who brought forth the value of

traditional literary hermeneutics which sought to examine the original intent of an author of text while also seeking to understand how that text is relevant to the reader based on personal experience (J. A. Smith et al., 2022).

The process of IPA, as theorized by Heidegger (1962), brought this to the present by using an iterative process that entails a back-and-forth process of entering the recently elicited perceptions of individuals at different and inter-related levels, which then offered perspectives on the 'part-whole' coherence of the experience (J. A. Smith et al., 2022, p. 23). J. A. Smith and Osborn (2003) described this as a double hermeneutic whereby “The participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world” (p. 51). Heidegger adapted the interpretive phenomenology approach from Husserl’s (1931) original descriptive phenomenology (Matua & Van Der Wal, 2015; Patton, 2020). The descriptive strategy focused on approaching research participants' consciousness without bringing presuppositions to the interaction (Matua & Van Der Wal; Patton). Husserl intended that the researcher take all precautions to keep all personal knowledge in abeyance using epochs, free imaginative variation, and bracketing (Matua & Van Der Wal; Patton). The outcome of this approach was, as the name implied, a description or unveiling of experiences without attempting to understand the phenomena within a larger sociological context (Matua & Van Der Wal; Patton).

Research Questions

Central Research Question

What does support from the evangelical church mean to parents of children with ADHD who exhibit child-to-parent violence (CPV)?

First Guiding Question

How do parents of children with ADHD who exhibit CPV describe the thought process they went through when responding to their child's behavior, considering evangelical church teachings regarding child-rearing?

Second Guiding Question

How do the parents of children with ADHD who exhibit CPV describe how their parenting styles developed, considering the teachings of the evangelical church?

Setting

The IPA approach frequently does not require the researcher to visit a particular site to draw participants or conduct interviews (Durdella, 2019). My study was conducted with individuals who were members of the evangelical church community, which is unique in its beliefs and membership, providing the social setting for my research. Participants from this setting were invited to participate in my study and came from various geographical locations in the US. They were recruited via convenience sampling through my church contacts and snowball sampling based on their unique experiences as evangelicals who have experienced CPV from their ADHD child(ren) (Lewis-Beck et al., 2004). Interviews were conducted via secure Zoom meetings and in person if local, offering participants more flexibility in research participation and in a choice from which location they participated in interviews (Archibald et al., 2019; Gray et al., 2020; Oliffe et al., 2021). Important to IPA, Zoom afforded the ability to engage with participants visually and verbally in real-time, which offered the opportunity for me to observe the nonverbal and verbal responses of participants that were key to building rapport and obtaining the necessary elements of the lived experiences of participants (Archibald et al.; Gray et al.; Oliffe et al.; J. A. Smith et al.). Zoom has been shown to offer several advantages to the

confidentiality of participants in qualitative studies, which included user-specific authentication, real-time data encryption, and secure recording and storage options with no link to third-party software (Archibald et al., 2019; Gray et al., 2020; Oliffe et al., 2021). I was able to participate in Zoom meetings from a secure location that had no distractions to protect the privacy of the participants and the sensitive information that they revealed (Archibald et al.; Gray et al.; Nunkoosing, 2005; Oliffe et al.).

Participants

As is common in IPA research, participants were selected for my study in a purposive manner through convenience and snowball sampling to obtain a homogenous sample (Creswell, 2013; J. A. Smith et al., 2009, 2022). I utilized verbal invitations for participation from individuals, initially from my church congregation (see Appendix A). Participants recruited through snowball sampling received a verbal or email invitation for potential participation (see Appendix B). In the tradition of IPA research, which seeks to gain thick knowledge of the experiences of individuals and capture uniformity in these lived experiences, the sample size was eight participants (Alase, 2017; Creswell & Guetterman, 2019; J. A. Smith et al., 2022). This allowed the completion of semi-structured interviews (and possible follow-up interviews) and allowed me adequate time to examine and analyze the data to reach the essence of my participants' experiences, which is the power of the IPA approach (Giorgi, 1994). Participants were assigned pseudonyms to protect their identities, and their specific local church congregation was not discussed (Alase). Their geographic area was also only discussed in generalities based on broad US regional identifications.

Purposive sampling was used as IPA research requires that participants have had the experience and were able to speak about the specific phenomenon in question to provide

information-rich experiential data so that the researcher may corroborate the lived experiences across participants (Creswell, 2013; Creswell & Guetterman, 2019; Palinkas et al., 2015).

Individuals chosen for my study needed to meet the following participation criteria:

1. Be actively involved in an evangelical church congregation, as evidenced by regular church attendance.
2. Have a child who has been diagnosed with ADHD.
3. Have experienced any of the forms above of CPV.
4. Need the ability to speak of their experiences around the support that they have experienced from their church community.
5. The ability to speak to the thought processes that they went through when responding to their child's behaviors given the teachings of the evangelical church.
6. The ability to discuss how they feel that they have developed as parents because of their experiences with CPV from their ADHD children.

Procedures

IPA is a participant-oriented and interpretative research method that seeks to understand some of the most momentous experiences of its participants; as such, it requires the utmost integrity of the researcher and strict diligence to protect the dignities and privacy of participants without compromise (Alase, 2017; J. A. Smith et al., 2022). Before implementing my study, I presented and defended the proposal to the Dissertation Committee at Liberty University for approval by the Chair. Once approved, I completed the Liberty University Institutional Review Board (IRB) application to gain approval for the study to be considered ethical in treating adult human subjects. In addition, I secured and submitted documentation from any referring agencies

or practices to the IRB. No participants were recruited, nor were interviews conducted before IRB approval.

Personal contacts within my congregation and others allowed convenience and snowball sampling among EP who had experienced CPV from their ADHD-diagnosed children (Creswell & Guetterman, 2019; J. A. Smith et al., 2009). Once identified, participants were formally invited to participate in the study via a written formal email or mail invitation (J. A. Smith et al., 2022). This outlined the particulars of participation in the study, including my role, the nature of the study and its purpose, confidentiality protection, interview procedures, and options for participation via live interview or Zoom (Creswell, 2013).

The nature of phenomenological research is such that it seeks to uncover hidden experiences that would not be brought to light without the researcher's invitation (J. A. Smith, 2007). Topics discussed may have been sensitive to the participants and elicit strong feelings that may not have initially been anticipated (J. A. Smith & Nizza, 2022). All participants in this study were made aware of confidentiality measures. Each participant was informed that their identities would be kept confidential via pseudonyms and that interview tapes and transcripts would be held in a secure setting to which only this writer has access (Creswell, 2013; Peoples, 2021). Additionally, all respondents were informed they could stop the interview and withdraw from the study (Creswell; J. A. Smith). Written and signed informed consent forms (see Appendix C) with the option to end participation were obtained from each interviewee and held by the researcher for the duration of the study (Creswell; Peoples, 2021).

Data collection was via individual interviews conducted only by me in a semi-structured format drawn from the proposed interview schedule. The use of semi-structure interviews ensured some continuity across interviews while allowing me to adapt to the participants'

responses as IPA focuses on the sense-making process of the individuals regarding the phenomenon in question (Creswell & Creswell, 2018; Heppner et al., 2016; J. A. Smith et al., 2022). To facilitate rapport, I explained my role in and relationship to the research (J. A. Smith et al., 2009). IPA seeks to assess how participants make sense of significant life experiences. As such, participants were made aware that the interviewer considered them the experts on their experiences, that there are no right or wrong answers, and were encouraged to tell their own stories in their own words (Alase, 2017; Brocki & Wearden, 2006; J. A. Smith et al.; J. A. Smith & Nizza, 2022). The use of prompts and flexibility during the interview encouraged the exchange of the most meaningful experiences with the participant (J. A. Smith et al.; Smith & Nizza).

A pilot interview was completed with an actual participant to test the interview flow and refine the schedule (J. A. Smith & Nizza, 2022). Follow-up interviews were also conducted with participants when clarification was needed or there were gaps in the data (Peoples, 2021). The projected length of the initial interviews was 60-90 minutes, and the follow-up interviews, if indicated, were 30 minutes (J. A. Smith et al., 2022). All interviews were conducted in a neutral and confidential setting in person or via Zoom (Creswell, 2013). Interviews were audiotaped using two recording devices with the participants' consent and transcribed by this author (Alase, 2017). Audiotapes and transcriptions are being stored securely to protect the confidentiality of the participants and will be destroyed upon completion of the transcription and the dissertation's completion (Alase). The research chair reviewed the findings to offer a peer debriefing, and the final dissertation was made available to the participants so that they could discern if it accurately captured their unique perspectives (Creswell & Guetterman, 2019).

The Researcher's Role

IPA is a unique research approach that is participant-oriented and recognizes the researcher's vital role in the interaction and analysis (Creswell, 2013). I purposefully entered an exploratory interaction with participants to elicit, investigate, and interpret their valued lived experiences to access the root cause of the phenomenon in question (Creswell, 2013). I acknowledged to my participants in the initial invitation and prior to conducting interviews that the purpose of the inquiry was to identify meanings as expressed by participants in their own words and that part of the analysis would involve an interpretation on my part to further an understanding of the more significant phenomenon (Matua & Van Der Wal, 2015; Patton, 2020; J. A. Smith et al., 2022). An underlying assumption that I brought to this research was that the church is providing, or should be providing, support to EP who experienced CPV from their ADHD children based on the history of the church as a source of support for parents, the mentally ill and domestic violence victims (Carlin, 2018; Chiocca, 2017; Ellison & Sherkat, 1993; Zust et al., 2017).

As the human instrument in my study, I had a suitable sense of self, maintained a persistent state of self-reflection, and the distinctive comprehension that I was intruding on another's private life (Alase, 2017). My prior disclosure of having experienced this phenomenon placed me in a unique situation whereby I could closely relate to what my participants expressed, recognizing that I intentionally based my research on the participants' experiences and not my own. Bracketing, or attempting to set aside one's biases and experiences wholly, is a traditional qualitative approach but is more common among and applicable in transcendental or descriptive phenomenological approaches (Chan et al., 2013; Matua & Van Der Wal, 2015; Patton, 2020). IPA diverges from this school of thought by recognizing that the research is interpretative, which

allowed me the opportunity to develop an analytical interpretation of the experience of church support, parental decision-making, and parent development among EP experiencing CPV perpetrated by their ADHD-diagnosed children (J. A. Smith et al., 2022) This interpretation was firmly grounded in how participants, in their own words, expressed the sense-making process (J. A. Smith et al.).

My participants did not come from any professional practice setting in which I was involved but came from my church community or referred by them; participants were made aware that the strictest confidentiality would be maintained (Alase, 2017; Creswell, 2013; J. A. Smith et al., 2022). Before the onset of the analysis, I intentionally journaled presuppositions, fore-knowledge of the phenomenon based on professional experience and readings, and my personal experience with ADHD, CPV, the EC, and parental decision-making and development (Peoples, 2021; J. A. Smith & Nizza, 2022). Since I had personal and professional experience with the phenomenon, I explained this to participants before engaging them in interviews (J. A. Smith et al.). Care was taken during interviews to set aside preconceptions based on personal understandings, with participants made aware that I intended to understand, from their unique perspective, how they made sense of their experiences (Alase; Creswell; J. A. Smith et al.). To avoid imposing presumptive biases when using the interpretive phenomenological approach to the data, I remained engaged in reflexive journaling to continuously re-evaluate my foreknowledge of the phenomenon and how that may have impacted my data analysis. (Chan et al., 2013; Matua & Van Der Wal, 2015; Patton, 2020; Smith & Nizza).

Data Collection

A good interview guide is critical to data collection when conducting an IPA study so that the interaction between the participant and the researcher is conversational but steers

responses toward the rich data needed to assess the research questions (Creswell & Guetterman, 2019; Qu & Dumay, 2011; J. A. Smith & Nizza, 2022). The research has shown that an in-depth, semi-structure interview format assisted the researcher in developing rapport and keeping the conversation on track while allowing participants to speak reflectively in their own words about their stories and develop their ideas with depth (Creswell & Guetterman; Reid et al., 2005; J. A. Smith et al., 2009). The interview guide prepared the researcher to be an active and engaged listener while being responsive and flexible to give voice to participants' person-in-context relatedness to the phenomenon of interest (Alase, 2017; Larkin et al., 2006; J. A. Smith et al., 2022). An interview guide designed for IPA research encouraged a dialogue in which initial questions could have been modified based on participant responses to explore further areas of interest and experience that may have arisen, letting the participants' salient concerns and priorities reveal themselves in the process (Alase; Qu & Dumay, 2011; J. A. Smith et al., 2009).

Interview Schedule

Ice Breakers

1. Can you tell me a little bit about yourself? What makes you who you are?
2. Can you please tell me about your church and what it means to you?
3. Tell me a little bit about your journey in learning your child has ADHD. How was that experience for you?

Central Research Question

4. How do you experience your church's understanding of your struggles as a parent with an aggressive ADHD child?
5. Can you tell me what it means to you when you can share your experiences with your child with other church members?

- a. How did you interpret the responses in terms of being supportive?
- 6. Given how supportive their responses may have been, what was your thought process about it affected your ability to cope with your parenting situation?
- 7. Can you explain more about how you interpret the support from your church regarding your specific parenting situation overall?
- 8. Regarding your feelings about the church's responses to your situation, how do you interpret the support from your congregation?

First Guiding Question

- 9. How do you understand the experience of violence from your ADHD child, given the church's teachings on child-rearing?
 - a. What thought process did you go through when interpreting this?
- 10. Tell me about a time you have experienced aggression from your ADHD child and what your thoughts were when it was occurring.
- 11. Can you walk me through your reaction when this occurred?
 - a. How did you integrate your evangelical beliefs into your response?
- 12. How did you make sense of how you were feeling about your responses during this time, considering your understanding of what you have heard at church about parenting?
- 13. Can you tell me about how your understanding of church teachings on parenting has affected your decisions when responding during other violent episodes?
 - a. What were your thoughts about how easy/hard it was for you to apply what you learned at church based on your child's behaviors?

Second Guiding Question

14. What was your understanding of what parenting would be like, given church teachings on the obedience of children and the love of Christ as a guide?
15. How has your interpretation of being the parent of a violent ADHD child changed or remained the same based on what you have learned at church?
16. Can you explain why your parenting has changed in a positive or negative manner since experiencing violence from your ADHD child?
 - a. How has this affected your relationship with your child?
17. How do you interpret any changes in how you parent as a parent of a violent ADHD child in light given what you have heard at church?
 - a. Can you explain the thought process you went through based on your child's behaviors and church teaching?

Concluding Questions

18. How do you make sense of your experiences overall with the church, given your parenting and home life?
19. What would you like to say to believers who are in a similar situation, given your experiences?

Questions one through three were icebreaker knowledge questions designed to get to know how the participants viewed themselves within the specific phenomenon (Qu & Dumay, 2011). These questions were intentionally included to establish rapport and show the researcher's interest in the participant as a unique person whose characteristics were of value within a particular context (Larkin et al., 2006; J. A. Smith et al., 2022). The questions were written to be

non-threatening and to learn how the participants came to where they were at the time of the interviews (J. A. Smith et al., 2009).

Question four was designed to gain insight into the larger view of the church about ADHD children who are aggressive toward parents as well as the more specific experience of the participant. This was important as a basis for questions five through eight. It spoke to specific instances where the participant interacted with church members regarding their unique home life and how they interpreted their support. Prior research has shown that parents experiencing CPV often report a sense of isolation from their support systems and frequently do not share their experiences with others for fear of reproach and judgment (Clarke et al., 2017; Moulds et al., 2016; M. Williams et al., 2017). The primary research question sought to understand how this was uniquely experienced by EP, whose belief structure and surrounding social environment played a role in how they made sense of available support for their experience of CPV from an ADHD child (Clarke et al.; Edenborough et al., 2008; Gerber, 2007; Papamichail & Bates, 2020).

Questions nine through 13 were specific to the participants' responses to their child's behavior, given their belief system. It has been shown that the EC values obedience and respect in children and parents (Ellison & Sherkat, 1993; Welch et al., 2006). My participants offered a unique insight into how those ideologies affected their decision-making when responding to the aggressive behaviors of their non-neurotypical children (Ghanizadeh & Jafari, 2010). The goal of these questions was to understand the internal sense-making dialogue that went on when an instance of violence occurred and how that dialogue shaped reactions (J. A. Smith et al., 2022).

Questions 15 through 17 were designed to understand how, over time, participants had come to view their approaches to parenting, given their beliefs and experiences. The questions

looked at prior expectations among the parents about what child-rearing might have been like and how that was alike or different from their perspectives having experienced CPV. Previous research has shown that parents develop different responses to child-rearing based on their interactions with their child(ren), especially when a neurodevelopmental disorder and CPV are present (Clarke et al., 2017; Edenborough et al., 2008; Gerber, 2007; Papamichail & Bates, 2020). These questions sought to understand those changes from the evangelical Christian worldview of my participants.

The closing questions (18 through 19) were here to assess the current perspective of parents experiencing CPV from their ADHD children within the church setting on a larger scale. My goal was to wrap up the discussion with how participants broadly interpreted their experiences within the church and to provide an opportunity to pass on any unique insights they might have had to others in similar situations (Rutter, 2021; J. A. Smith et al., 2022). It was important here to give voice to what the parents had learned how they saw their overall situation, and to highlight how their experiences were valuable to the researcher and others (Brule & Eckstein, 2016; Qu & Dumay, 2011; J. A. Smith et al.).

Data Analysis

The data analysis process in IPA is inductive and iterative, seeking to focus its attention on the participants' attempts to make sense of their experiences of a phenomenon for the researcher to understand their point of view and meaning-making process in a particular context (J. A. Smith et al., 2022; Yardley, 2017). The process is complex, collaborative, rigorous, and intense as it moves from the experience to the shared and from the descriptive to the analytical or interpretative (Reid et al., 2005; J. A. Smith, 2007; J. A. Smith et al., 2022; Yardley, 2000, 2017). Data analysis for the IPA researcher allowed flexibility and nuance in engaging with the

transcriptions as it involved a joint effort between the researcher and the participant in the double hermeneutic process (Creswell & Creswell, 2018; J. A. Smith et al.). The analysis and resultant truth claims were subjective by nature. However, they were not without constraint as they involved a systematic, dialogical, and rigorous application that was sensitive to content. At the same time, results were made transparently available to the reader to delineate how the interpretation was derived from the data (J. A. Smith et al.; Yardley).

The dynamic analysis allowed a fluid movement from part to whole as small parts of the text were examined while also considering the context of the entire transcription as the analyst moved through the hermeneutic circle (J. A. Smith et al., 2022). This occurred in the larger context of the whole interview as an unfolding exchange between the participant and the researcher (J. A. Smith et al.; Yardley, 2000). By nature of the double hermeneutic process, IPA research involves an ultimate interpretative analysis by the researcher of the participants' expressed experiences, allowing the above-noted engagement in the process (Braun & Clarke, 2022; J. A. Smith, 2007). Conducting IPA data analysis in this manner demanded that the researcher intentionally capture the participants' lived experiences at the outset without superimposing the researcher's biases and experiences onto the data while giving the researcher an interpretative opportunity in the final product (Heidegger, 1962; J. A. Smith). This was the unique coherence of IPA's philosophical underpinnings and the double hermeneutic, as the analyst understood how the participants made sense of their experience (J. A. Smith et al.; Smith; Yardley).

It is important to note at this time that, given the wide repertoire of strategies utilized by the IPA researcher and the underlying principles of the process itself, recent research has moved toward a change in terminology to clarify themes in the analysis (J. A. Smith et al., 2022). In

prior IPA research, emergent themes were organized to make up superordinate themes. J. A. Smith et al. suggested that IPA research should instead refer to this as experiential themes clustered together to identify personal experiential themes. This semantic change was reflected in my study.

Data Analysis Process

1. Immersion in the Data

The first step involved selecting the first case transcription for repeated reading to familiarize myself with the dialogue and gain insight into how parts of the narrative bound together certain sections of the interview (Creswell et al., 2007; J. A. Smith et al., 2022). The initial reading was completed while listening, along with the taped interview, to remind myself of the interaction with the participant and assist with a more complete analysis later in the process (J. A. Smith et al.). To prevent the tendency for quick data analysis, I maintained a separate notebook, which included my most salient recollections of the interview process and any initial striking observations about the transcription (J. A. Smith et al.). This was separate and parallel to what occurred in later notation steps to assist me with recognizing any effects that these observations had on my subsequent analysis and allowed my focus to remain on the participant data itself (J. A. Smith et al.). Additionally, this allowed me to understand how rapport developed throughout the interview and mapped the timeline and flow of the discussion from broader topics to the specific details of events (J. A. Smith et al.).

2. Exploratory Noting and Coding

This step was a continued engagement with the transcription. It involved completing a close heuristic analysis of the data with an open mind to look at the semantics and language to take exploratory notes and code any interesting content (Saldaña, 2020; J. A. Smith et al., 2022).

The goal was to have a detailed and comprehensive set of descriptive, linguistic, conceptual, and initial interpretative codes on the data to draw in subsequent steps (Braun & Clarke, 2022; Creswell et al., 2007; J. A. Smith et al.). Codes were initially taken on the descriptive and linguistic aspects of the transcript, record keywords, phrases, explanations, specific use of language, tone, pauses, and metaphors that appeared to have meaning for the participant and highlighted or structured their experiences (Braun & Clarke; Creswell et al.; J. A. Smith et al.). The transcription was then re-read for the conceptual matter to focus on the participant's overall understanding of their experiences. It included interrogative content as I asked questions about the meanings of statements or phrases when the narrative was considered (Saldaña; J. A. Smith et al.). This co-occurred or led to more interpretative comments on my part as a way of using myself to help make sense of critical events and processes of the participant (J. A. Smith et al.). This step entailed taking copious notes with sufficient detail in a precise way so that any inferences were clear and bolded; highlighting or underlining was used to this end (J. A. Smith et al.).

3. Constructing Experiential Statements

This represented a shift from working primarily with the transcription to working more extensively with the exploratory notes and codes as I attempted to reduce the volume of detail while retaining intricacy and focusing on the most salient and significant features of the notes (Saldaña, 2020; J. A. Smith et al., 2022). Experiential statements related directly to the participant's experiences or how they made sense of what was happening to them and represented the initial indicator of the analytic work (Braun & Clarke, 2022; J. A. Smith et al.). The original totality of the transcript was analyzed as discrete sections focused on developing an experiential statement structure, like a code structure (Saldaña; Curry, 2015). This represented an

entrance into the hermeneutic circle as the part and whole of the transcription came back together in the ultimate analysis (J. A. Smith et al.). This was done to produce a succinct structure for what was of unique value in the exploratory notes and codes from the different sections of the transcript and reflected the original words of participants as well as my interpretation as I moved forward with the analysis (Braun & Clarke; Saldaña; J. A. Smith et al.).

4. Looking for Connections across Experiential Statements

This part of the analysis entailed going through the experiential statements and mapping how they fit together by giving each statement equal weight. It allowed me to note the principal aspects of the participant's responses (Braun & Clarke, 2022; J. A. Smith et al., 2022). A reflexive thematic analysis approach was used to begin moving toward a more coherent story of the data from the participant's perspective to reflect a balance of research analysis and data excerpts (Braun & Clarke). This involved evaluating the importance of some statements by re-evaluating the initial transcription and discarding them based on how they fit with my research questions (J. A. Smith et al.). I placed the experiential statements from the transcriptions on individual note cards (retaining participant identification for later stages). I placed them randomly on a large surface to break up their initial ordering and searched for a more conceptual ordering. In this way, I was able to examine the statements in their totality and explore different ways of clustering and sub-clustering the statements to reflect interconnected themes in the data (Braun & Clarke; J. A. Smith et al.).

5. Naming and Organizing the Personal Experiential Themes (PETS)

PETS are at the personal level in that they were derived from a particular participant, experiential because they were the specific experiences of that person, and themes because they reflected the analytic units from the larger transcript (Braun & Clarke, 2022; J. A. Smith et al.,

2022; Yardley, 2017). PETS were named according to their overarching content and were consolidated into a figure with the themes, subthemes, experiential statements (including the page from the transcription where the theme can be found), and a key phrase from the transcription that prompted it (Braun & Clarke; Saldaña; J. A. Smith et al.). This revealed an evidence trail that showed from where the theme was derived in the interview and allowed a reminder that the participant's words prompted the process (Braun & Clarke; J. A. Smith et al.).

6. Continuing the Analysis of Other Individual Cases

Processes one through five were replicated for the remainder of the transcriptions on their terms and with the same rigor. Each case was considered for its individuality, and care was taken not to reproduce analysis from prior cases that did not fit this participant's responses, allowing for new analytic inquiries to emerge from each transcription (J. A. Smith et al., 2022).

7. Developing Group Experiential Themes (GETS) Across Cases from PETS

After identifying PETS for each case, I looked for patterns of parallel or divergence across these themes to emphasize combined and distinctive characteristics across participant accounts (Braun & Clarke, 2022; Saldaña, 2020; J. A. Smith et al., 2022). The process was used to group and name PETS, but it was only scaled up to the next level to allow for exploring any latent themes revealed across transcriptions (Braun & Clarke; Saldaña; J. A. Smith et al.). A table was created like that noted above for the PETS to show convergence across experiences and to demonstrate how each unique participant represented a shared quality across cases (J. A. Smith et al.). This represented a pattern of broad similarities in all participant experiences and allowed for consideration of associations between them (Braun & Clark; Creswell et al.; Saldaña; J. A. Smith et al.).

Trustworthiness

Credibility

The need for my study has been established and noted in prior sections using key writers on similar topics from the literature (Saldaña, 2020). The situation to self and researcher role sections reflected my stance as the researcher in the analysis and a reflexive journal to record observation of self and reactions to the data to recognize and address imposing preconceived biases on the analysis (Levitt et al., 2018; J. A. Smith et al., 2022; J. A. Smith & Nizza, 2022; Yardley, 2000). The specific data analysis steps were outlined to show that the core of my research focused on the participants' experiences, including direct quotes in the PETS and GETS sections (Saldaña; J. A. Smith et al.). The rigorous data analysis represented IPA research's iterative, inductive, and reflexivity core by moving back and forth between the original transcriptions and the interpretation (Saldaña; Yardley). The hermeneutic circle aspect of my research reflected my active interaction with the data to maintain the integrity of the analysis by always basing it on participant responses (J. A. Smith et al.). Participants were allowed to read and respond to my draft to ensure that it reflected the essence and actuality of their experiences, and the draft was peer-reviewed for an external evaluation of its credibility (Creswell & Miller, 2000; Levitt et al., 2018; Saldaña).

Dependability and Confirmability

Participants for my study were selected by purposeful sampling for their shared experiences of CPV from their ADHD children and their ability to express their experiences of the phenomenon (Levitt et al., 2018; J. A. Smith et al., 2022). Data collection strategies and interview guides were presented to show that interviews were consistently administered with the recognition that IPA allows creativity and an ongoing process of refinement while maintaining

alignment with the research questions (Levitt et al.; Yardley). Consistency and transparency were reflected in the data analysis in that each case went through the same rigorous process of review, and the reader should be able to follow the audit trail of the process using PETS and GETS charts (Levitt et al.; J. A. Smith et al.; Yardley). The constructivist paradigm assumption from which my research was approached involved recognizing that my participant's appraisal and knowledge of external reality and the world of experience were profoundly shaped by their subjective and cultural experiences as part of a larger community (Creswell & Miller, 2000). The hermeneutic nature of IPA allowed exploration to be based on the interaction and discussion between the researcher and participant, given that the philosophical ideology underlying the research assumed that it is an interactive process involving both parties and the participant in a social context (Heidegger, 1962; Levitt et al.; J. A. Smith et al.).

Transferability

The larger goal of my research was to be sensitive to context and add to the extant body of research already presented with firsthand, rich data provided by a different set of individuals (evangelical parents) experiencing a similar phenomenon (CPV from their ADHD children) (J. A. Smith et al., 2022; Yardley, 2000). This represented the impact and importance of enriching the theoretical understanding of the phenomenon (Yardley). This was consistent with the bioecological theoretical framework of my study by adding to limitations in knowledge about parental development in a particular context at a specific time through a more far-reaching analysis, sensitivity to the transcription data itself, and the interpretative nature of IPA (Bronfenbrenner & Morris, 2006; Yardley). IPA's credibility from a constructivist approach to the experience of individual reality also recognized that a deeper analysis of the data involved review across transcriptions and formation of PETS implicated an examination of the data for

divergence so as not to limit the possibility of subtle context-sensitive, and rich interpretations of the data (Creswell & Miller, 2000). The broader impact of the study was found in its goal to not only explain an existing experience of the phenomenon but also to recognize the utility of applying this to practical issues raised by other qualitative and quantitative researchers, moving towards the creation of practical solutions about how to interact with individuals experiencing this phenomenon (Levitt et al.; Yardley). The sense here was to understand that all actions arise in a context, serve a social purpose, and have social effects beyond the individual (Yardley).

Ethical Considerations

All participants and their children were identified only through pseudonyms and any identifying information, including but not limited to specific location, church affiliation, or profession (Durdella, 2020; Peoples, 2021). Live interviews were conducted in a private, secure setting. Those who participated via electronic means could choose their location for the interview while I was in a self-contained setting without interruption (Creswell, 2013). Interviews and transcriptions are stored electronically and physically in password-protected or locked settings to protect the integrity and confidentiality of participants (Alase, 2017). Transcriptions will be destroyed at the appropriate time upon the conclusion of the research, understanding that they may be maintained for a specific time frame to protect the integrity of the data analysis and study (Alase). If the utility of the transcriptions extends beyond this time, participants were made aware of this and could elect to have the transcriptions destroyed at their discretion (Alase). Participants were fully informed of the research process and the data retention standard and signed informed consent forms before embarking with me on the research process (Durdella; Peoples; Smith & Nizza). They were advised to withdraw from the study at any time without question or repercussion (Peoples). This study went through the IRB process established by

Liberty University for external ethical consideration and to ensure its appropriateness for administration with human subjects.

Summary

The methodology used in my study was philosophically grounded in the hermeneutical tradition of IPA research and its constructivist approach to the lived reality of the participants. Participant selection was purposive, and data collection through semi-structured interviews reflected the theoretical basis of IPA to gain rich, thick descriptions from individuals who had intimately experienced the phenomenon of CPV from ADHD children within evangelical families. The interview guide was driven by my research questions and was designed to assess my participants' experiences at a particular time and setting. The rigorous data analysis procedures reflected my intention to immerse myself in the participant data as I moved towards an interpretative analysis of the experiences across participants and maintained a clear audit trail for the reader. The usefulness of this type of study was to move towards a greater understanding of the phenomenon by adding previously unheard voices to the conversation in the current body of literature on this topic and to suggest possible future ways of understanding these experiences for practical application in the field.

Chapter Four: Findings

Overview

The purpose of this study was to reveal how EP who experienced CPV from their ADHD children described their lived experience of support from their church. Data collection and analysis followed IPA guidelines and were subject to hermeneutic scrutiny. It was the intention of this section to describe the process that was followed, introduce the reader to my participants, and discuss the themes that emerged through rigorous analysis of the data. Each research question was examined through the lenses of the participants to reveal relevant themes and bring forth the meanings that participants ascribed to their experiences.

Data Analysis Process

As the researcher, it is inherent in the IPA process that I cannot completely isolate my prior experience or bracket it from the analysis (Patton, 2020; Peoples, 2021; J. A. Smith et al., 2022). As such, prior to beginning the interviews, I journaled any presuppositions that I may have brought to the research process and made my personal experience with the phenomenon explicit to the participants (Peoples; Smith & Nizza). An initial pilot interview was conducted to verify whether the questions in the interview schedule appropriately targeted the data required by the research questions; it was found to be efficacious and was utilized for the remainder of the interviews (Smith & Nizza). Data was collected through semi-structured interviews conducted via an online platform and transcribed by the program. To ensure the accuracy of the transcription, I listened to the recordings multiple times to check the accuracy and correct the transcriptions where relevant. This assisted me in the initial steps of data analysis. I had multiple exposures to the transcriptions while listening closely to the recordings for nuances in tone and inflection by my participants (J. A. Smith et al., 2022).

The process of analysis followed J. A. Smith et al. (2022) with immersion in the data, exploratory noting, notation of personal experiential statements, and development of personal experiential themes (PETS) for each data set then moving into the development of group experiential themes (GETS) across data sets. These steps involved an iterative and ideographic analysis, which led back to the original data to put emergent themes in the context of the participant narratives and to all participant experiences as a complete data set (J. A. Smith & Nizza, 2022; J. A. Smith & Osborn, 2003). As themes emerged, they were directly drawn from the experiences as they were understood by the participants and analyzed by me through engaging with the double hermeneutic (Matua & Van Der Wal, 2015; Patton, 2020; Smith & Osborn). After the analysis, tables of PETS were distributed to all participants, and confirmation was received from each that the themes were reflective of their individual experiences, and the draft was peer-reviewed to ensure the internal and external credibility of the analysis (Creswell & Miller, 2000; Levitt et al., 2018; Saldaña, 2020). Additionally, I engaged in a journaling process that began before the research was undertaken and which continued through the entire research process to record any presuppositions or individual biases that might have impacted the outcomes of my research (Levitt et al., 2018; J. A. Smith et al., 2022; Smith & Nizza; Yardley, 2000).

Participants

Table 1 shows participants by pseudonym, family composition, and type of CPV experienced.

Table 1*Participant Information*

Pseudonym	Age	Marital Status	Total Children	Children with ADHD	Type pf CPV
Ashley	39	M	2	1	ER, V
Shannon	50	M	2	1	ER, P, V
Chris	62	M	4	1	ER, P, V
Susan	42	M	1	1	ER, V
Mike	47	M	2	1	ER, P, PD, V
Louis	40	M	2	1	ER, V
Jennifer	40	M	2	1	ER, P, V
Mary	55	M	1	1	ER, V

Note: ER = Emotional Reactivity, P = Physical Aggression, PD = Property Destruction, V = Verbal Aggression

Ashley

Ashley is the married biological mother of a daughter and son who are elementary aged children. She has never been married before and these are her only children. Her son, who is the youngest child, has been diagnosed with ADHD since kindergarten when he began having trouble attending school and expressing dislike for his experience there. He exhibits moderate behavioral outbursts and has difficulty communicating his feelings when upset. She has an extensive history working with children who have behavioral differences as a mental health professional and has ADHD herself but admits difficulty mobilizing her efforts to address it early on due to fears of labeling and medication. Ashley was raised in the Methodist church and currently attends a liberal evangelical church (EC) in the southeastern US which is new to the family since about 2020 after the family left the prior church because of ideological differences around diversity. She values the nonjudgmental and open environment of her church as it relates to her experience with her son and his behaviors. Ashley is very dedicated to being open to the different experiences of others and holds grace as an esteemed biblical value when interacting

with her family. It is of note that Ashley is married to Louis and offers her unique perspective as the mother of the same child.

Shannon

Shannon is the mother of two teenaged children, a son and daughter, who were both adopted as babies. She is married to Chris and presents a mother's perspective of her experience of aggressive and manipulative behaviors by her ADHD son. Both Shannon and Chris were married previously, and Chris has two children from the prior marriage who do not live in the home. Her son was diagnosed with ADHD in the first grade after his teachers noted that he was unable to sit still in class. Her son is described as highly intelligent and was removed from the public school system to home school so that his learning differences could be better addressed from her perspective. At the time of the interview her son had been placed outside of the home in a Christian residential facility to address his behaviors and the safety of the others in the home. Amy is a devout evangelical Christian whose faith is the cornerstone of her experience of the world. She was raised as a Christian and now attends a fairly large church that is dedicated to biblical inerrancy. She views the church as a large part of her support system and invaluable to her experience with her son. She is a stay-at-home mother who is fiercely dedicated to her children and feels a strong responsibility to raise her children based on the values of the church.

Chris

Chris is the husband of Shannon and the adoptive father of her two children. As stated above, he was married previously and has two children from that marriage who do not live in the home and do not have ADHD. He was not working at the time of the interview but has a long history of employment and sees his role as the provider for his family. His son has exhibited more aggressive behaviors towards him than he has Shannon and there are frequent incidences

reported where they have had conflict over values and Chris's role as a parent. Chris is a devoted father who also feels strongly that it is his role to pass on Christian values to his children. He attends the same church as his wife and views the church as an extended family who are there to 'support and not solve' when problems arise. He was raised in a strong Christian home and values the experiences in his life that have brought his strong foundation in the faith to the forefront of how he interprets the world. Chris has difficulty talking about the episodes of aggression by his son in specific ways, but he has been profoundly impacted by them and loves his son fiercely despite their differences.

Susan

Susan is the biological mother of an only daughter who is now in her early 20's. Her husband is also the biological father of their daughter, and this is their only marriage. Susan and her husband work full time and their daughter is living in the home with them and works. Neither parent has ADHD. Susan's daughter was diagnosed with ADHD when she was in early elementary school during which time, they struggled to find a medication that would not have intolerable side effects. Her daughter exhibits defiance and emotional dysregulation. Susan does report struggling with having no other child in the home with which to gauge her daughter's behaviors. Susan acknowledges that she was not raised in the church and that her daughter brought she and her husband to the faith. She attends an EC in the southeastern US which has grown significantly since she joined and which she states feels like home. Susan stated that not being raised in the faith was an impediment when it came to raising her own child from that perspective but also reported that her mother had mental health issues, so she came to the experience of her daughter's ADHD with insight into the disease model. She is very devoted to

her daughter, reports a strong sense of her experience as a parent as a journey of learning, and sees her family as having “survived and survived well.”

Mike

Mike is the married father of two sons, one in elementary and one in middle school at the time of the interview. This is his first marriage and the second for his wife who had no children from the previous union. He is a blue-collar worker with a very strong work ethic and a demanding job that keeps him away from home for long hours and he views his role as a father who provides a great deal for his family. His oldest son was diagnosed with ADHD in the first grade after seeing a series of providers and a long struggle to understand what was causing his behavioral outbursts. His son began exhibiting behavioral problems at three years old and has shown physical and verbal aggression towards all members of the family, property destruction, and school refusal. Mike’s experience of these behaviors has been over a long time and only now is seeing an improvement after much treatment. Mike was raised in a Methodist home, but religion was not a primary focus of his upbringing. His family and he currently attend a large EC in the southeast US and is a quiet participant in church activities but with a good understanding of the faith. Mike is more focused on the medical and behavioral treatments for his son’s ADHD but recognizes the role of the church in their family life.

Louis

Louis is the husband of Ashely and the biological parent of their two children. He works in the technology industry, has an advanced degree, and values his place as a role model for his child. Louis has ADHD and takes medication to help manage his own symptoms which has given him some insight into his son but acknowledges that he is now seeing it from the child’s perspective. Louis was born in South America and raised in the Catholic church. He stated that

he converted to Protestantism as the result of his marriage to his wife and seems to have a strong sense of guilt that can be associated with some religious teachings. He attends the same church as his wife and values accepting people as they are and having his children understand the experiences of others. He strongly views ADHD as a medical fact and not a spiritual condition and struggles to engage in conversation with other Christians about ADHD if they are not open to this approach. Louis values the church for what it represents and acknowledges that the church he currently attends struggles to address traditional family issues due to its focus on community. He is very dedicated to his son with ADHD and holds strong opinions about what is and is not helpful for his child.

Jennifer

Jennifer is the mother of two middle school aged sons and is married to their biological father, neither of whom were married before. She is a mental health professional who currently works at home in the nonprofit sector. Her youngest son was diagnosed with ADHD early in his school years after psychological testing and having struggled to understand what was causing his behaviors. Her son has exhibited verbal and physical aggression towards herself and her other son but notes that these behaviors are not as prominent when her husband is at home. She notes that her husband is gone a great deal for work, and she was frequently dealing with the behaviors on her own. Jennifer was raised in a steadfast Christian family, with her father having an advance degree in theology. As such, she has a strong grasp of theological principles which comes out clearly in her conversation. Her experience of the church in terms of her experience as a parent of an aggressive ADHD child has not been favorable, and she primarily discusses her experience in terms of her prior church which she has since left to join a new evangelical congregation. She views the church as a valuable support but strongly advocates for validation of the experiences of

all parents and notes with dismay that the church is poorly equipped to address her parenting situation from a biblical worldview.

Mary

Mary is also a married mother of an only son who is the biological child of her husband and her. She has never been married before however her husband has been, though there were no children from his prior marriage. Mary is a medical professional who works full time from home and her husband is currently retired. Like the other participants, her son was diagnosed early in his elementary years because of the inability to perform well in the traditional school setting despite his inherent intelligence. Mary reported that her son has had behavioral outbursts at home and in public and that she views this because of emotions that he does not understand. She comes from a strong Christian home and holds her faith as a very important part of her parenting experience. Mary frequently references her mother as someone whose teachings have impacted her biblical approach to her son. Mary currently attends an EC in the southeastern US, though she was raised in the northeast. She views the church as a vital part of her experience as a parent and values its support of her family and child.

Results

Table 2 lists the themes and subthemes that arose from participant responses.

Table 2

Group Experiential Themes and Subthemes by Research Question

Central Research Question: What Church Support Means to Parents of ADHD Children Who Exhibit CPV

Theme 1: Support Means Understanding and Acceptance

- 1.1 Sympathy, Empathy, and Church Support

Theme 2: Support at Church Is About Relatedness

- 2.1: Support Means Small Group Connection
- 2.2: Large Churches and New Churches

Theme 3: Church Support Can Be Double-Edged

- 3.1 Sharing Important but Taking a Risk

First Guiding Question: Evangelical Parent's Response to their ADHD Child's Behaviors

Theme 4: Unrealistic Perceptions of Church Teachings on Child-Rearing**Theme 5: Church Teachings and the Nuances of ADHD Behaviors**

- 5.1 Misunderstanding and Isolation at Church
- 5.2 Tension Between Church Teachings and ADHD Behaviors
- 5.3 More Discipline is Not the Answer

Theme 6: Aggressive Episodes are Frustrating

- 6.1 Hyperfocus, Triggers, and Outbursts
- 6.2 CPV, Safety, Disbelief, and Church Teachings
- 6.3 The Devil May not be in the Details – Reluctance to Discuss Specifics

Second Guiding Question: Development of Parents and the Teachings of the Evangelical Church

Theme 7: Diagnosis, Medication, and the ADHD Journey**Theme 8: Development is Learning as You Go**

- 8.1 Experience and Growth Through Relationship

Theme 9: Development Through Multiple Resources

Theme 1: Central Research Question: Support Means Understanding and Acceptance

Encouragement and welcoming children with ADHD in their spiritual path are crucial; supporting children with ADHD requires acceptance and comprehension. They may feel more included in the community and less alone. Church support was central to each participant in my study, whether it was revealed in the abundant experience of support or the lack of the experience. Shannon stated of her church, “Wonderful group of members. Got lots of people praying for us right now, which is much appreciated.” She clearly views the church as an important support system and that prayer is a valuable aspect of her experience at the church. Her husband Chris, stated of his experience at their church, “What a great group of people we've been blessed to be around.” His use of the term blessed is important as it denotes his sense that the people in his church have been a gift to his family that has made a difference in their lives. Ashley also confirmed that her church is consistently supportive of her family, “Mm-hmm. Always.” Understanding was a very prominent aspect of Mary’s experience of how the church has helped her cope with parenting her ADHD child, “It feels good to know that people understand your situation and want to help in any way they can, and it helps you to cope.”

The contrary was experienced by other participants who reported that the level of support was variable and, in some cases, actively unsupportive. Mike’s responses consistently indicated that he did not feel very much active support from his church, “No. I know I can't recall anybody from the church ever coming over here, and hey, let’s sit down and talk to him for a little while.” His statement revealed that he is looking for church members to offer support by trying to get to know his child and family at home to see what their lives are like and that this is lacking in his experience at his church. Jennifer offers a more striking and direct commentary on how her former church was unsupportive of her:

But when I would express just kind of frustrations of things, I think it was more taken like she just doesn't know what she's doing, and she just really needs to discipline them more. Umm, and then that comment was actually made towards the end when we left the church, which we did not leave the church for that reason. There were other reasons, but that comment came out very strongly. Like I just don't have the ability to handle parenting like some parents do.

This statement reveals how the responses of church members can be very damaging to parents of ADHD children who exhibit CPV and ultimately be part of the reason that these families leave a church. The sense that the church members were taking the stance that she was to blame for her child's behaviors is obvious and this theme ran throughout Jennifer's responses.

Most of the participants in my study mentioned understanding as key to their experience of church support in their individual parenting situations. It was crucial for participants to view the church as making an attempt to understand their struggles as parents from their perspective and responses showed variances and nuances in how open their church was to accepting their experience as unique. Mary expressed this succinctly by stating that her church is, "Open to listening to our needs and concerns." She elaborated on what this means to her by stating:

The church has taken the time to try and understand my child personally, they try and understand how he learns, um how he, perceives things sort of the environments surround him and what may be his triggers so they can tailor the way that they interact with him. It's been a, it's been a long journey though it didn't start out that way, but they understand that he may experience things differently. Umm. And because of that, it helps support me as a parent and my church experience.

Mary explained the nuance of her support in terms of the way church members have taken time to know her child as an individual and his unique needs in terms of his ADHD. Her response showed that how a child is treated makes a big difference to how a parent will experience the support of their church.

The data was clear that most of my participants felt that taking the time to listen and really understand the parenting situation was of great value to perceiving their church as supportive. Responses showed that it was not necessarily an underlying understanding of ADHD itself that was important to support, although this idea is discussed later in the results, but that support is much more about church members' actively listening and trying to see things from the perspective of my participants. Mary spoke most frequently about understanding as key to her experience and stated the following about her church and how she saw their support of her and her child. "They're open to listening and understanding and understanding what exactly he needs... it's individual for each for each child and each family, so they do listen and try to help and understand things." This shows the value that she places on the church as a place where people genuinely care about each other and want to understand so that they can help.

Similarly, Susan noted that it was important that a core group of people at her church took the time to understand:

Umm, for the for the couple of people that we've let into our circle, they are supportive because they, um, they've asked the questions and they've seen how we handle things and they've seen, you know, obviously my daughter and been around her enough to understand. So they're, you know, very supportive because they've taken the time um to educate themselves about the situation.

Her comment shows that there are specific people at her church who have taken the time with herself and her daughter to really learn what her life is like and have been exposed to her child in social settings outside of church. On the other hand, Susan noted the contrary perspective about the larger body of members in her church very clearly, “There would be no support. Because they wouldn't, you know, they wouldn't understand. They would probably turn, you know, turn their shoulder, umm and just, you know, keep going.” Her experience of church support is restricted to those that have taken the time to get to know her situation and she indicates starkly that there is no support outside of this group. This is an important observation and ties into a later theme about small group settings being the staple of support.

Acceptance of the child's diagnosis and behaviors was valued as an aspect of support for the parents in my study as this was key to their ability to cope, specifically in the church setting. Ashley noted that her church is very accepting of differences, “I know that I could, if needed, walk him out of the service and no one bat an eye, right. I know that if he's having a bad day, nobody would say anything.” A core feature of this comment is that the church members were not prone to judgment of her or her child in difficult situations and attributes this not to a character flaw but to the type of day that they were having at that time. Her husband Louis also expressed that if he were to share about his experiences with his son or see his son behave differently their church would be open to supporting them, “I do this, this church, I definitely do, yes, that we're at they, they would be welcoming of it and supportive from that perspective.” Ashley elaborated that their church was interested in her child's specific needs, “They're amazing in terms of they give them space... They get on his level.” This is very similar to Mary in that both participants clearly experience the value to the parent of having their child understood for who they are.

Chris viewed support from the church as a two-way interaction that involves acceptance that everyone has problems in life and that church members understand this. He stated:

You talk about a matter of support because not only are you, are you, are you, I say drinking in, but I mean, are you taking the, the support that you received but you also wanna be able to give support as well because these are the same, very same people have things going on in their lives as well that maybe you might just, a kind word uh is, is simple enough but, but it can make a difference and so.

His statement showed that he has a mature conceptualization of the Christian life in that everyone has issues with which they struggle, and church members are there to be accepting of this fact. Chris made it very clear throughout his interview that the support of the church is fundamental to his experience of CPV with his ADHD child and in all aspects of his life.

Jennifer's response was interesting in its dichotomy about acceptance in that the church seemed more open to the behavior of the children than to the issues facing the parents:

Again, it was just my inability to parent, so it, it wasn't like. I mean, I don't think that it was like I don't think we were like, well, I was like down negatively I think. But in general, like it won't. Maybe my kids were too. I don't know. It was, it was interesting because for the longest time, honestly, I appreciated that church because they were very much like, let the kids be the kids. They have energy like we understand this like if they want to run up and down the aisles at the end of church and go bang on the drums like that's fine. Like we're OK with that.

She pointed out a distinction between what she liked about her prior church's acceptance of rambunctious behavior in children and her disappointment that this same grace was not extended to parents. It points to a double standard held by the church whereby adults are expected to

maintain control of their children as parents but that in some way children were seen as free spirited. It is unclear from her response how the church could hold this mutually exclusive opinion, but her response was given with a disappointed facial expression which seemed to stem from the fact that she was not afforded the same tolerance as she struggled to parent a child who was physically aggressive towards her.

Not all participants felt that their church was particularly accepting of their child's behaviors when they did not conform to social norms. Shannon offered a poignant example of her son's experience in the youth group when they began attending their current church, "He was not welcomed in the youth group. He was picked on the first night he was there, but he didn't care. I guess he's used to being picked on and he, he loved the big group." It was clear in her body language as she relayed this statement that this was not a good experience for her as she sighed and expressed frustration with the reaction of this group of youths to her child's eccentricities. She did seem positive that he was not as bothered by their treatment but was resigned in her statement that she guessed that her son is accustomed to being picked on by others.

In Mike's case it was not the actual lack of acceptance that made the difference but the fear that it would not be given due his perception of how church members may view his child.

He stated:

Well, well, in one way you don't want entire church to be looking at, you know, well that's, that's the kid who can't control himself when he gets too upset. They may, might would look at you differently. Not wanna be around you with that kid because of something might happen.

The aggressive behaviors that his son exhibited at home were so unpredictable that he expressed concern that his child may act out towards others at church and be viewed as dangerous in some way. This sentiment was a barrier to his seeking support from the church because of his concern over how the family would be viewed by the church. The fear of judgment will be further examined when the double-edged nature of church support is discussed.

Subtheme 1.1: Sympathy, Empathy, and Church Support

Several participants in my study expressed the difference between sympathy and empathy. The concept of ‘coming alongside’ was mentioned as meaningful to their experience of support in the church. Most participants noted that sympathy was the primary response of church members, and the distinction was made that this was related to whether they encountered other members who had similar experiences.

The concept of the confluence of sympathy and instrumental support was revealed in Jennifer’s response:

I mean, there were definitely people that would empathize with me. Umm. Or maybe sympathize. Sympathize. I always get those two mixed up. But there were like no suggestions or come alongside or anything like that, with the exception of I will say, I don't know that necessarily has to do anything with that, but we did have one couple that would periodically like watch the kids or whatever. And so I don't know if it's just because they felt like it was giving me a break or what.

She corrected herself initially when trying to explain her experience but then clearly stated that no church members tried to really get inside of her experience to assist. There was some confusion on her part about the motivation of the couple who would babysit her children and it is not clear that she really saw this as being supportive. It is interesting that she mentioned that no

one made any suggestions to her in this statement, as she consistently reported throughout the interview that she never received any helpful biblical suggestions from other church members about how to handle the CPV exhibited by her son.

Mike expressed sympathy in a different way:

Like anything else, I think if you'd ask for at church, they feel sorry for you, and they want the best for you, because they wouldn't be there as part of the church if they didn't care about you in some way, you know?

He noted in this statement his belief that other church members are genuinely caring about his family by the nature of their involvement in the church. This speaks to his overall perspective of the type of people who attend church and his expectation that they will be concerned; however, he ended his comment with a question as if seeking confirmation that this is the case. A later statement about his small group reveals that he does find them to be supportive of successes:

And if something did come up and you tell the Sunday school class, hey this is what he did and it's, it's a step in the right direction, you know, then you can tell most of them are happy for you about it because it helps out, you know, in general with you.

It is interesting that throughout his responses there ran a sense of distrust of other church members and it seemed as though he was not sure that they could be counted on regularly to provide support. This will be revealed in some of the later analysis of his comments.

Sympathy and empathy were clearly distinguished from one another in some comments and is associated with the ability to understand when one has not had the experience of CPV.

Shannon described it this way, "I think, sympathy, I don't know about empathy. But there's, I don't know that they understand." This statement expresses her sincere perception that the experience of CPV from an ADHD child is a foreign concept to most people in the church. She

went on later to clarify: “It was almost like, oh my gosh, somebody else is going through this. Somebody that we can actually open up to that isn't gonna think, are you serious? You know, because you've been there, done that.” The sense of relief over finding another family who had a similar experience was palpable on her face and in her response. A genuine and powerful feeling of liberation was conveyed by Shannon as she realized that she could feel free to share her experiences with another family who will be able to truly understand her experience. The sharing of experiences to access support is another theme that will be examined later.

Chris also expressed the distinction between empathy and sympathy when he discussed how he does not believe that other church members can really understand the unique experience of having an ADHD child. He stated:

I don't know that they do because I think I don't. I don't think you can without, without and even be it aggressive or nonaggressive um until you experience it. You really, I don't think you can understand it, you may, and it's a difference between sympathizing and empathizing.

He pointed out his understanding of the inability to understand something that has not been experienced and his narrative did not indicate any aspect of hindrance that this may have had on his perception of church support. He reiterated this point:

You know, you, yet there are few people that know the full extent. They can't. Again, that's something else that I talked about earlier. They cannot know the full extent of it. So you, you take their words, you, you look for, you look for words of wisdom.

His view of the church as supportive was forgiving of the limitations of others and he expressed the value of taking what he could from the wisdom that is offered him by other church members.

Louis spoke initially about his general viewpoint that church is a place that is representative of empathy:

So when I think of church, it's more, you know, to me it's, it's a place to reassure me that there's still that physical location that people still go to for obtaining a spiritual connection or finding empathy where you don't usually see it out in the world nowadays.

It is notable that he did not speak about his personal experience of support and that could be attributed to his affirmation that he does not share his experiences with his child at church. He described this approach earlier in his responses when he stated:

I don't really divulge everything unless it's either asked or it comes up in some form of discussion topic that we're all going through, right? So the church, to me, hasn't really asked about my challenges I guess with ADHD per se.

This is an interesting insight from Louis as he was relaying that the church does not make an active attempt to seek information from him about his experiences and he is not inclined to share out of context. It follows that he does not see the church as a source of support at this time, but he did respond earlier to the hypothetical that the church would be supportive if he chose to share his struggles with his child's behaviors.

Louis, like Mary and Ashley, revealed the importance of his ADHD child's experience when asked about how he perceived the support of church members. He stated:

I think personally that they are very patient number one and also empathetic with the fact that he is that, that he has ADHD, right? I don't know if they fully understand ADHD, however I know we also have other kids with like autism and things like that and in attendance and they are very caring, very understanding, very patient. So I feel like they

are they, they're well received to any of these challenges specifically, like with ADHD as well.

His response shows that while he does not seek support from the church per se, his son is accepted there and finds them open to neurocognitive differences. Louis places great value on being open to diversity throughout his comments and sees his church as being one that openly embraces all people regardless of their membership status. He stated that a full understanding of ADHD is not required to be open and accepting and that he is appreciative of his church's support of his son.

Theme 2: Central Research Question: Support at Church Is About Relatedness

The central research question was designed to understand what church support means to parents of who experience an ADHD child who exhibits CPV. Supporting emotional and psychological well-being within a church requires cultivating community, connection, and relatedness. Emphasizing the value of relationships and creating a supportive atmosphere based on relatedness can greatly benefit church members. Church-based support should prioritize establishing relationships, peer support, emotional support, encouragement, validation, collaborative problem-solving, and creating a helpful environment.

By developing deep connections within the church community, EPs and their children can experience a sense of acceptance and belonging. Connecting with individuals who share similar experiences can alleviate isolation and enhance their understanding of the community. Establishing peer support networks within the church context can be particularly advantageous. Having peers who can empathize with their struggles can foster a sense of empathy and camaraderie. A nurturing and supportive atmosphere can be created by prioritizing relatedness

within the church community, promoting spiritual growth, overall well-being, and a strong sense of belonging.

Participants noted the importance of relationship or relatedness to their perceptions of how supportive their churches are of their experiences with CPV. Close relationships formed at church with a select group of members was shown to be a key aspect for most participants, with it being a significant part of their lived experience of support. Mary made an important and unique distinction among participants about the relationship with clergy and their understanding of her situation, “I would say as far as, uh elders, pastors, that kind of thing, I think they're absolutely more understanding.” This insight is of worthy of attention as the literature has shown that many clergy feel that they are ill equipped to handle the challenges of mental illness and domestic violence (Adams et al., 2018; Jankowski et al., 2018; Lloyd & Waller, 2020; Mercer, 2013; Westenberg, 2017; Zust et al., 2017). Mary highlighted that in her church, there is an openness on the part of the elders and the pastor to gaining insight into her experience which was unique to her narrative.

It is also important to note that interest in the relational life of the family is considered supportive as well as that which is specific to the parenting of an ADHD child who exhibits CPV. The relationships that are formed within the church lend themselves to active involvement in the life of the family. Ashley described this as follows, “I've gotten four emails in the past week and they're like, hey, we're thinking we're praying for [non-ADHD child] thinking about [this child]. We're praying for you.” This engagement with the entire family is also unique and important in showing that her church recognizes that the family as a unit exists on an ongoing basis outside of their struggles with the ADHD child. The relationships formed at church translated into support of the entire family as an environment in which all members are of value.

Chris expressed the significance that his church places on relationships, “I think that the that it's a, a deeper understanding amongst the, the, the family of, of members um at the church that um, that, that relationship is above problems.” This statement revealed how Chris has consistently reported that he views the church as a family relationship, and he holds this as a cornerstone value in his experience of support from his church. His wife, Shannon stated this more specifically, “But as far as our friends at church, the people that we're in small group with and the people we're in church with, they've been wonderful and supportive and um, lots of prayers.” She highlighted her appreciation of the prayers that the church provides and the importance of small group engagement. This concept of there being a smaller subset of church members presents itself as a subtheme to the larger theme of relatedness and is deserving of its own discussion.

Subtheme 2.1: Support Means Small Group Connection

Supporting emotional and psychological well-being within a church community requires the cultivation of a sense of community, connection, and relatedness. Church members can greatly benefit from emphasizing the value of relationships and creating a supportive atmosphere based on relatedness. Church-based support should prioritize establishing relationships, peer support, emotional support, encouragement, validation, collaborative problem-solving, and creating a helpful environment.

Several participants emphasized the importance of their small groups and how these relationships were a core part of their sense of support from the church. It is noted that these settings allowed for closer interactions and is where the majority share their experiences as a parent of an ADHD child who exhibits CPV. There is a sense in the comments that this is a safer

space for sharing due to the relationships that are formed in this more intimate setting, especially in larger churches. Chris commented on his experience of support from the small group:

The church members are very, very supportive and as you break it down from church to small group, small group is, is really, I guess super involved with this journey along with us and, and, and everybody's questioning ... because a lot of people express an interest.

He introduced the metaphor of his situation as a journey and that he does not feel alone due to the interest and support of his smaller group who are walking alongside him through this stage of his life. His statement points out that the church is supportive but that the most value comes from a smaller cluster of individuals who have taken an active interest in his family. He elaborated:

It's like, hey, I'm here for you. I care about you. If you need to talk about it more, don't hesitate to call and then, you know, at times, those people will call back and say, hey, how you doing out of the blue? So yeah, it's very supportive, supportive.

There is the real sense from Chris that his small group is very involved with his family, makes themselves available to him, and they do this out of a genuine care for them.

There is consistency in this experience as his wife Shannon also reported that their small group was a major part of support for her. She stated, "But as far as our friends at church, the people that we're in small group with and the people we're in church with, they've been wonderful and supportive and um, lots of prayers." This comment reiterates that Shannon values prayer as a significant part of support and sees the small group as offering individual prayers for her family and her. She elaborated on this aspect of small group support when discussing her outreach to the small group leader:

I called him and he said we need your church to pray. We need your friends to pray. I called him and he reached out to a ton of people just immediately and, and got us the

prayers we needed and, and they worked ... So that's, that's a super, super big support system to have.

Shannon's double use of the word super may indicate the large extent to which she experienced this group connection and prayer network as central to support for her. She has reported in other areas of her transcript that these aspects of church support are valuable to her, especially prayer which she describes as, "Prayer is where it's at."

The relationship aspect of smaller subsets of people within the church for Chris and Shannon comes from familiarity with their family and child. This is a connection that is held of value for Susan as well when she stated:

I have a couple of close people at church that I've shared and, and they've seen um, because they're close enough to our family. They've seen, you know, the outburst, or they've seen her misbehaving. You know, I hate to say misbehavior, but they've seen the behavior um, so they're close enough to understand, you know that this is what happens when things escalate and you know when maybe she doesn't get per se her way or, you know, things don't go the way she thinks they should.

Her use of the term 'close enough' on two occasions, combined with her reported value of small group support, may indicate her sense that a more intimate relationship that involves an active engagement with her situation and her child's behaviors. She conveyed that there is a deeper understanding of what she as a parent manages with her child and how situations in her family develop. It is also of value to note that she corrected herself when she used the term misbehavior, changing it to behavior. This emerged throughout her narrative and shows the value that she places on not seeing her child as a problem but as someone with a disorder whose behaviors may not always be under her control.

Small group connection was also noted by Mike when prompted to describe who within the church is supportive of him. He stated, “Probably just a small group of people more than likely.” His use of the terms probably and more than likely, combined with other statements that he made about the nature of telling people his personal issues, indicated some sense that he is not necessarily the most open to sharing with others. This is shown in the following comment:

Yeah, it, it probably helps. Cause it means you're not having to keep everything internalized for the point that you can't control it and help, but you can't keep on, control it anymore. You know, there is somebody out there you could go to and, so, they, they know, and you could go, and you go, could go probably talk to them about it and they can probably say something.

The hesitancy in his speech and repetition of the term probably denoted a lack of openness to the smaller group but a recognition that they were there to access if needed but only when things had gone beyond his internal control. The ambiguous statement, “They can probably say something.” is not a resounding commendation on his sense of the reliability of their response. In contrast to Chris, Shannon, and Susan, Mike appeared to be cautious around sharing and this will be further revealed in the next section as he discusses the inability of others to understand what he has gone through with his son.

Jennifer’s experience of sharing her situation with CPV from her ADHD son was largely negative. She expressed that she is a very open person and shared her experiences with members of her prior church. Unfortunately, in her case the response was less than useful and highlights the importance of an understanding response by those with whom she shared her plight. She stated, “No, because I just thought that I didn't know what I was doing, and I was just a terrible parent and was a failure because I couldn't figure it out. Like that's really it.” This is a stark

contrast to the responses of Chris, Shannon, and Susan in that it reveals the value of feeling safe to share without judgment with a small group of people. This is a theme that will be discussed later in the results section for my central research question.

Subtheme 2.2: Large Churches and New Churches

The central research question sought to understand what church support means to parents who experience CPV at the hands of their ADHD children. Large and new churches must understand ADHD to create a welcoming and supportive environment for all members. New churches can introduce ADHD awareness early to promote inclusivity, while larger churches can incorporate ADHD training into their educational programs. All churches can provide amenities like quiet areas or sensory-friendly rooms to accommodate individuals with ADHD during services and events. By being mindful of the needs of children with ADHD, churches can adapt their programs to be more inclusive and accessible.

Large churches may offer ministries and peer support groups tailored for individuals with ADHD. On the other hand, new churches should consider establishing support groups to provide a space for individuals with ADHD to connect, share experiences, and receive support from fellow church members. By implementing inclusive policies and collaborating with mental health professionals, churches of all sizes can ensure that every member, including those with ADHD, feels valued and supported within the church community.

The size of a church and the experience of seeking a new church due to ideological or other differences emerged as a theme for all but one participant. Larger churches were mentioned as a barrier to the experience of support in terms of being able to establish relational connectedness with others and a lack of familiarity with the family's situation. This was a driving factor in the experience of support through small group relationships, as discussed above.

Mike noted this quite poignantly:

It's just too many people there to, unless you go up in front of each service and ask if somebody here who has a, a kid like mine, who I could talk to and spend time with just to see how you handle it.

He used an extreme example of the process he would have to go through to connect with another family who has similar experiences and could help support him in handling his child's behaviors. The scenario that he presented would strike fear into the hearts of most people when considering the idea that it would be necessary to share this type of personal information with the three services held at his church to access support. As discussed previously, Mike is wary of sharing and gives the impression in his responses that he is not confident in the ability of others to really support him in his situation. His additional comment highlighted this when he spoke about having church members engage his son in activities, "I think that if you find the right, small handful of people, they would, they will help and they would encourage him to come, at least give it a try." The group that he referred to would have to be "right" and limited to a "small handful," indicating that he sees his support at church as select and limited.

Susan expressed a similar concern about the growth in size at her church:

If I had to say, you know, support overall probably as large as the church is now, um people probably don't even, don't even know what's wrong with [her daughter]. They probably honestly would just say she's a spoiled teenager.

Like her prior comments about understanding of her daughter among the small group relationships that she has formed, she expressed that if others in the church observed her daughter's behaviors, they would have an inaccurate impression of her situation. Her assessment of their judgment of her daughter speaks in some sense to how she sees some element of

judgment or misunderstanding at her church which precludes her ability to seek support from the larger group. It is interesting that when she speaks to looking for a new church, she described her current church as follows, “And when we came to [current church] it, it was just like finding home. Um, the people were inviting.” This contrast in these statements highlights that the growth of the church has changed the nature of the overall group in some way whereby she senses that there are simply too many people there at the present time to really form as many close relationships as possible for support.

Five participants spoke more about having to make a change in churches in recent years, not necessarily directly to access support for their parenting situation, but to seek a more understanding group of people and to address ideological differences. The fear of judgment was commonly expressed and revealed that most participants had experienced this phenomenon in prior churches, and it was a barrier to support. Shannon stated this succinctly when referencing her prior church, “They're very judgy.” She elaborated on the difference between her experience of support at her current church as opposed to the prior one:

It's been a really positive one, a really supportive one. Um, we're thankful for, for the people there and the, the experience that we've had, I don't, I know that at our old church.

Even though we were there for a long time. We would not have had this kind of support. She was firm that the support would have been lacking although they were established members of the prior church.

Jennifer offered the most straightforward example of judgment at her prior church when she stated, “For the church we were in for many years. It was, or just, I just was an ineffective parent, and my kid just needed more discipline.” She was very clear in her responses that prior church members outright told her that she was unable to parent well and offered the further

judgment that her son simply required more discipline. This is representative of their not taking the time to form a closer relationship with her family to really “come alongside” and try to understand the experience of having an ADHD child who exhibits CPV. She experienced no support from her former church and expressed that validation of her experience would have made of big difference in how she viewed their support. She noted:

So, the one thing that I always like to say is to validate the experiences that people have because I feel like Christians so often just say, ohh if you put on a smile and just trust God like, you're gonna be OK, God gives you everything that you need and so you just have to let him do it. And that's like the most frustrating and like I don't know for people that don't know Jesus, I feel like that would just be such a turn off as well so.

Jennifer’s insight into this is very important because she was referring to her own experience of receiving trite answers as well as speaking about the witness of those in the church to those who are not believers. Validation of the experience alone was viewed by her as a valuable to her lived experience of support.

Validation implies acceptance that every person’s experience is unique and real for them as they go through their lives. The openness of church members to accepting this reality without judgment was noted by Chris:

Every situation is different. I just know my own and I know that uh, that that that people have been super open ... And there was stuff talked about that we couldn't talk that couldn't be mentioned where we were before.

He presented the idea that at his prior church there were some taboo topics of discussion and contrasts that to his experience of support at his current church which is open to all types of situations. Chris clarified how he experienced support at his current church:

And so, you know, you don't feel intimidated by the fact that you may be the only one that has the story or negative story, and we all got negative stories and so not necessarily, lean on, because they'll lean on, they'll, they'll prop you up. If you'll let them.

This idea that sharing without fear is clearly an important aspect of how Chris views church support.

Openness to education about ADHD as a medical diagnosis was also noted to be part of participants' experiences at church and will be discussed in more detail about the first guiding question. One comment made by Louis was relevant in that respect as he discussed his experiences at prior churches. It is important to remind the reader that Louis was raised in the Catholic church and several times in his interview mentioned the guilt that he associated with that upbringing. He noted the following about his current church as opposed to churches he had attended in the past:

Yeah, they're, they're more open to a lot of ideologies around, whether its science-based, or religion based ... so you, you try to go through that understanding, I've, I've been at churches where man, you don't attend like, it's like don't come here because you will leave guilty, and it just may not end well for you.

Louis did not elaborate on what he meant by things not ending well in this statement and I can only speculate that it may have meant that the experience would leave one feeling guilty over having what he considers a legitimate medical condition.

Changing churches because of ideological disputes was also mentioned in terms of a church's acceptance of differences in its members. Ashley and Louis were married and attended a new church at this time having left the prior church because their value of diversity did not align with what that church taught. Ashley stated it this way, "The previous church wasn't so

inclusive and welcoming to people that believe and live their lives differently than others.” Her family has a broader mindset about social issues and places value in a church that is accepting of a wide variety of experiences. She related this to her experience with her son as being neurocognitively different:

They also have space to where like for Sunday school. You know, we're not just sitting there learning, right? They're doing lots of activities they are. Uh, just. I mean, they're busy, right? So it doesn't really affect...He doesn't have to sit still.

Ashley valued that her current church accepted her son for who he is in their relationship with him and is open to allowing him lenience in how he interacts with the church.

The nature of the marital relationship between Ashley and Louis lends itself to similar worldviews in this area. Louis expressed the same idea in this way, “The church that we go to is more, they preach more about, how to treat one another as a whole, regardless of age, gender, culture, whatever.” He focused on the larger picture of what the current church teaches about treating people with differences generally and stated, “We don't wanna have discussions after church about things that we are trying to instill in our kids, right.” Ashley also noted that this was the case at their prior church when she said, “You know, when we would go, I would have to, like, debrief with the kids on the way home like, Ohh we don't believe, you know, whatever.” This situation became so untenable for her that she emphatically stated, “And I'm so glad that we switched because I was, I was real, yeah, I was real done four years ago.” These nuanced responses reveal that they feel inclusivity is a valuable aspect of support at church as relationships are established with their child who experiences the world differently.

Theme 3: Central Research Question: Church Support Can Be Double-Edged

The research question focused on the dual nature of church support for EP of ADHD children. Church support offers spiritual nourishment through guidance, spiritual growth, and support. Members also benefit from deep connections, a sense of belonging, and social support. Prayer, therapy, and friendship provide comfort during challenging times. Additionally, churches aid personal growth by imparting moral principles and ethical guidance.

However, challenges exist. Church groups may impose expectations that, if unmet, lead to feelings of inadequacy or guilt. Support from the church may come with conditions, such as pressure to conform or obey authority figures. Differences in views or practices within a church group can lead to tension, division, or exclusion.

To navigate the complexities of church support, individuals must weigh the benefits of a supportive community against potential drawbacks. EP must exercise discernment, set boundaries, and seek help beyond the church to maintain a positive and empowering relationship with their church community.

Sharing their story was considered by many to be the key to accessing church support and meeting others who may have had similar experiences while it also presented a risk of judgment or shame. Mike presented this as such:

It's kind of double-edged... Well, in a way, you wanna tell them because you might, because they might be able to help him in some way, you know, and maybe help him get out and do some things he might like to do, but then on the other hand, don't want to tell them the way he acts, it's because it might make them fearful of letting their kids be around him. After all, he might have an outburst at one of the kids. It's just, you never know.

This is a reiteration of the statement that was discussed earlier and reflects his recognition that church members may be there for him, but there was a distinct sense that sharing with them may have negative consequences. Mike's statement seemed to reveal more about his fears than those of other members of the church given that his child displayed very aggressive behaviors with his family at home. The unpredictable nature of these outbursts had left him with feelings that he may be prone to act out in other environments such as church, which he confirmed as follows:

Unless you say my kid through a toy the window or he kicks holes in the walls or anything like that, all you're doing is just asking for prayers for my son and hoping that helps because they, well, unless that one time he did show, he did flip out at church and parking lot and roll around, and they saw it then so, there's a couple of handful, couple of people who do now and they have seen it. So those are the small handful people that do know.

He indicated that this son had displayed extreme behaviors at church and that his parenting situation, or perhaps a family secret, was revealed to other members of the church not by himself, but by his son. He also indicated some sense of bleakness about the church's ability to assist or support him when he stated that he can ask for prayers, "hoping that helps." This and other comments that will be discussed later suggest his lack of reliance on the power of prayer to change his situation which contrasts with some of the other participants such as Shannon.

Participant responses on sharing with church members what happens at home and how their child behaves revealed a two-fold experience of support, sometimes within the same transcription. The overall theme of church support as being double-edged is most clearly addressed looking at it further from the standpoint of sharing the experience with other church

members and what response is received. It is important to note that even the perception by participants that they will be judged will prevent robust sharing.

Subtheme 3.1: Sharing Important but Taking a Risk

Sharing experiences of CPV from an ADHD child to access support at church was viewed in divergent ways by participants. Responses varied from very positive to actively antagonistic with nuances in the experience. Some reported a hesitancy to share due to prior church experiences, perceptions that they would be judged, no answers would be forthcoming, and surprise at the actual response of their church members to actual experiences of negative feedback from church members on parenting skills. Others noted that the church is very open to all experiences and sharing is the key to accessing support.

Given the potential consequences that can arise, it is both crucial and risky to disclose that a child has ADHD and exhibits CPV. However, there is value in discussing ADHD and its associated behaviors. By informing relevant individuals such as teachers, caregivers, and family members, they can better understand an ADHD child's needs and provide appropriate support. Engaging in open conversations about ADHD can help break down misconceptions and reduce stigma, fostering a supportive environment. However, it is essential to note that misunderstandings and judgments may still occur. Some individuals may misinterpret ADHD or make assumptions based on false information, leading to stigma or prejudice. If not handled tactfully or if privacy boundaries are not respected, disclosing private information about an ADHD diagnosis can potentially result in privacy issues.

Ashley's church, which she described as very inclusive, is open to hearing all types of experiences "People know it's safe, so you're just it's, it's nothing to hear somebody's trauma or somebody's experience and it's not off-putting at all... So we're you know, it's just so inclusive. It

really is awesome.” Her experience was that no matter what the content of a person’s experience may reveal, the church members are supportive, and no topic is off-limits to share. This bolstered her comfort in sharing her experience of CPV with church members and she viewed this as an important aspect of their support of her. She described the extra level of support that was offered by a licensed mental health professional on staff at her church:

I know that if I needed anything like if I needed extra support like if I needed um to do a session with [name withheld], who's the Minister. Who's the LMFT... He would, he would be like, alright, let's talk about it. Let's work it out, like it's, it's so awesome.

Ashley used the term awesome numerous times to describe the support of her church and expresses a high regard for their availability to her family.

Other participants noted their hesitancy to share initially. Mary expressed it this way, “I think sometimes people are afraid to take the first step and are waiting for you to open up and you may be shocked at how many people may have experienced something similar.” She felt very comfortable sharing with her church and felt that by doing so she could open the door for others to access the same support that she was experiencing. Mary’s comment revealed that she did recognize that it is scary to share the experience of CPV but that once it is done there is something of a pleasant surprise in finding other parents with the same experience. She noted that sharing and accessing support at church is a process that improves with understanding, “I think it's been good again, it's a continuous process. I think it's come a long way from where it was initially and there's been a lot of growth and, um, I do think it's definitely gotten better.”

It was clear that at some churches the language of telling their story took on a particular meaning for participants and since several of the participants attended the same church, this was not a surprising development. That church seems to equate the telling of a personal story in some

way with sharing their testimony. The culture there is such that it is accepted that some stories are more pleasant than others, and that there is value in sharing these things so that other members of the church realize that the Christian life is not promised to be an easy one. Chris stated this quite unequivocally about this church, “Just like being a Christian, you just tell your story. And um, fortunately, at our church people will tell their story.” His use of the word fortunately shows that he considered this a positive aspect of the church environment where he did not feel that this type of sharing was considered too personal. Chris mentioned that this had been something that he had experienced as supportive across his life as a Christian, “Be it good news, bad news, you had support um, and, and, then you um, you had sharing in good news and so yeah, it's just, it's just something that that has been a part of my life forever.”

Chris’s wife Shannon reported that there was an initial hesitancy to share what was really going on with their son and this was presented in the context of her earlier statements about how their prior church was judgmental of others. She noted that initially she had the following approach at their new church:

And we did, for a while. We just asked for, for prayers and everybody's like ohh, you know, he's just a teenager. It'll be fine and. And no, it's not gonna be fine. And, and the prayers. We need them. But you have no idea how much we need them.

She again focused on the need for prayer but in this case, was asking for prayer to avoid sharing the whole truth about her experience. Notably, she received feedback that it is all part of the process of raising a teenager to which her internal response was that these were not just normal teenage rebellions. There was a palpable sense of desperation in her reluctance to share at that time when she stated of prayers, “But you have no idea how much we need them.” Her perspective changed a great deal after she shared her struggles with her son with the small group:

And I wish we would have opened up earlier because we probably would have had the support that we really needed sooner. But it's hard to tell somebody that, I mean, I don't know if we're failing as parents for him, but that's kind of the way we felt like it would be looked at.

Shannon expressed regret that her fear of what impression she would make on other church members prevented her from accessing the support that she had subsequently experienced. Her experiences revealed that she felt an internal struggle that she might have been failing him as a parent and that by sharing she would reveal this to the church members and open herself up to some type of judgment.

This idea was stated more plainly by Susan who was frank that she had a small group of supportive people out of this same fear, “Our circle is just it's, it's very small. Umm, just honestly, for fear of, of that. Umm. [pause] What's the word that I'm looking for, for fear of that? Judgment. That's what I'm trying to think of judgment.” She had a difficult time expressing her thoughts and has difficulty coming up with the word judgment. I got the impression that she was trying to find a better way to describe this experience that did not involve the use of that word since it is contrary to her Christian nature. Her use of the term “circle” again to denote the people that she considered supportive implied that she viewed this as an enclosed and trusted group. Susan’s experiences outside of church with others have likely led to her hesitancy to share and reflect a similar idea that discipline is a point of judgment and loss of support:

Umm, but you know we've, we've also had friends in the past that just, you know basically said look, I can't, I can't take this, this is a little extreme and they've, you know, walked away because they just felt like we were being slack parents and not disciplining our child.

This statement revealed the isolating nature of CPV in ADHD children and is a theme that will be discussed in a later section.

Another concern about sharing with church members is the fear of gossip about the child and family. Mike explained that it was hard to find support at church without sharing and his following statement showed his concern, “You're putting yourself out there, to where so and so's kid here has a problem at home...there might be people in church who would spread that gossip around, you know, that just is what it is.” This comment came at a point in the interview where he had been asked about how he would go about seeking support at church and he stated just prior to the above, “If you can find help there, I don't know how you'd go about finding it other than like you say, asking people, do you know somebody”? His use of the term “if” denotes his underlying belief that there may not be any support to be had at church and seems to be born of his seeking more instrumental support for his child and family. He stated of church support:

Well, not in a physical way. Because none of them have ever really, I don't believe, have ever really said, hey, why don't you bring your son out here and let me spend some time with him and see if there's something here, I could like, get him, find something, he may like me to do, like to do with my kids or something.

Mike's focus on this type of support over emotional support is reflective of his solution-focused approach to his child and his need for someone to help the child get out of his comfort zone and experience new things. In this statement, it also seemed that he was looking for a respite from the behaviors of the child at home.

Direct negative feedback from church members had a big impact on Jennifer's experience of support at her church. She repeatedly mentioned how the church members made comments

that led her to view herself as an ineffective parent and to doubt her abilities to manage her son's behaviors. She described a specific instance:

Sometimes I'm just, like, too shocked to really process it or be able to respond, and so I don't think about things until later. But again, at that time I thought I'd, just didn't know what I was doing. So, I probably didn't think much of it other than like, well I said something and still, there's like nothing to help me do anything different, I guess if that makes sense.

She expressed not being offered any assistance or suggestions about how she could do things differently since her experience at church had led her to internalize that she was incapable. This presented a no-win situation for her whereby she was being told she was ineffective but not being supported in any way that would improve that perceived ineffectiveness. She poignantly expressed the effect this had on her personally, "I had a lot of issues from it that I had to go through in therapy...That was a few years ago and it took me quite a while to not just keep going back to that...That's tiring." Her experience shows that negative and unhelpful comments by church members are not welcome to parents experiencing CPV from their ADHD children, to the contrary, have an ongoing detrimental effect on their overall mental health.

These themes represent the polarity in responses from the church that were experienced by my participants. It is the very differences in experience that highlight the importance of how positive responses by the church highlight what is being done right and negative responses what needs to be changed for parents who experience CPV to access church support. Both concepts and the nuances therein reveal that the support of the church for EP of ADHD children who exhibit CPV is considered valuable.

Theme 4: First Guiding Question: Unrealistic Perceptions of Church Teachings on Child-Rearing

The first guiding question focused on how EPs respond to their ADHD child's behavior given the teachings of their church. Perceptions of church teachings on child-rearing can sometimes be unrealistic or idealized, leading to misunderstandings or challenges. There are some factors to consider when evaluating these perceptions.

Without acknowledging the challenges and realities of parenting, some individuals may believe that strictly following religious teachings on child-rearing will result in flawless families or children. These ideological beliefs are not practical, as no universal method works for everyone. Failing to recognize the diversity of family dynamics, needs, and circumstances while assuming that a single set of religious principles will suit all families and children can lead to issues. Enforcing rigid interpretations of religious doctrines in child-rearing without considering individual differences, evolving cultural contexts, or adaptability may lead to complications. Unrealistic expectations can also bring about challenges. Parents may feel ashamed if they struggle to meet unrealistic standards. Children might feel pressured to conform to strict religious guidelines, hindering their independence, creativity, and authenticity. To avoid unrealistic expectations, a balanced approach that acknowledges the complexities of parenting, the unique needs of each child, and the importance of open communication, empathy, and flexibility within families is necessary.

All participants but one expressed the perception that the church's teachings on how to raise children were unrealistic and idealized, with some using unique metaphors and turns of phrase to describe this experience. This was one of the most obvious themes in the data and is connected to many other themes that ran through the data sets about managing CPV and the

behaviors of ADHD children. One of the key questions that brought forth this theme was how the participants thought parenting would be given their church's teachings on child-rearing.

Louis was unique in his response that he reported no expectations:

I'll be honest, I winged it, which is what parenting really is. So, I, I went in with no expectations. So that was my approach. Like I just didn't have any ... I didn't have relationship with my dad, I don't still don't. I didn't have mom, so to me it was like I didn't really know who to ask those questions to, I guess.

Louis noted that he had no prior notions of what being a parent would be like because his family was "very broken." And he did not have anyone he could really ask for advice. Notably, he was also raised as a Roman Catholic and his childhood experience of church was uniquely different from his current evangelical denomination. Louis also has ADHD himself and did not feel close enough to his parents to really go to them and ask questions, "What was it like for you? Like, what did you do? Like what? You know what did you? What? What things did you run into that I should know about? Like I never did any of that."

Louis's wife Ashley approached her impression of what parenting would be like with humor:

I mean, a cakewalk. Seriously, it was like my kids are gonna love me. They're gonna be, you know, perfect. And they're gonna like, ohh, they're gonna not only are they gonna love me, but they're gonna obey me. They're gonna do what I say, and people are gonna recognize that. And then when they're older, we're going to be best friends. And then I'm like, what? No, answer is no to all of that.

She showed that her expectations based on the church were that her children would be perfect, that parenting would be a "cake walk" and that others would perceive her children as obedient.

The actual reality of parenting for her is expressed in her last comment and shows that none of her expectations came to fruition with her children, especially given that one has ADHD. She mentioned in other comments about this that she knew that her child's behaviors were normal for him:

I think that I think I have more empathy and I think because I'm around it every day ... I can go back, and I can remember like, oh yeah, this is normal. This is, you know, like whatever. But I think for like Louis, I have to remind him I'm like you have ADHD, you like. You don't think you did this when you were little?

Ashley revealed in this comment that although she did not expect to have a child with ADHD, she recognized that his behaviors were to be expected and she could adjust. The interplay between the spouses is interesting because Louis has admitted that he did not go back to his parents for parenting advice and Ashley reminded him as an adult that he may have behaved in similar ways when he was a child.

One metaphor about what parenting would be like given the church's teachings was the idea that life would be like "The Cleavers." This is reflective of a television ideal of parenting reflected in the US program of the 1950s and 60s called *Leave it to Beaver*. Shannon stated, "I really thought that that it would go, The Cleavers I guess, um and that's, that's pretty much how life was until two years ago." This response shows that Shannon's experience of parenting was idealized in her mind until her son began exhibiting CPV within the recent past. She noted this with a real feeling of regret and later stated with a palpable sense of loss, "Yeah, it's really hard. For me. And I'm sure for Chris too, but I was a whole lot closer with him." This loss of her honored relationship has left her wondering what happened to her son, "I say he's a shell of our kid. He looks like our kid, but the heart of our kid is not there anymore." The unrealistic

expectations she had prior to having children, fueled by her earlier experiences with her son, have left her adrift to some extent in knowing how to relate to him in their present circumstances. Her grief over unrealized expectations and her son's CPV came through clearly in how she expresses her lived experience.

A similar metaphor of "The Gerber Baby" was used by Mary to describe her expectations of parenting from the church. The Gerber Baby is the reflection of the perfect child depicted on Gerber brand infant products. Mary included herself with others who have unrealistic ideas when she stated:

I think everybody kind of has said, right there along with the Gerber Baby where you kind of think that everything is gonna be perfect and you're gonna, what you say goes.

And there's never gonna be any resistance. Which is not the case.

It is interesting that, like Ashley, she ended her description of how she thought things would go with a simple statement that this was not the reality of her experience with her son. The use of the word "perfect" is also similar as is the idea that the child would be willingly obedient to the parents' requests. Mary's response was not reflective of antagonism towards her child but a simple statement of fact that her lived experience with her son was not reflected in her example of a picture ideal.

Mike also reported that his church painted a picture-like representation of how children and parents should behave and added the image of a "white picket fence." He noted of his impression from church:

Like something you'd see in, on a painting on the wall or, or a white picket fence. And you know, the dads and the sons are all happy, fishing and running around doing guy things, and the girls and the moms are having tea parties and fine, and tell the kids go to

bed and they go to bed, tell them we're getting up and going to church and they're all happy and excited about it. It's like, and on Sunday mornings they didn't have to, 'going to church [grunts like an angry child]' of kind of like that in a way.

His impression moved from the still life to a moving picture of family activities and then on to his reality with his son who resisted even going to church. Mike's body language and grunting during this comment reflected how his ADHD child responds when told to do something that he does not want to do. He elaborated in another comment, "Which you'd expect from church if they talked to him, 'oh yeah, I'll go do it right now, I'll be happy to do', which is in my mind, not that case in the real world with real people." His realism and focus on the concrete frailties of the human experience reflected his opinion that perfectly obedient children are a thing of idealism and his child does not fit that picture.

Susan described how she anticipated parenting based on church teachings that were similar but used different terms:

I honestly, I thought it was gonna be very black and white. I thought it would be very easy to make choices, that it would be very easy to say 'You're doing this wrong, cut it out and you're doing this right. Perfect. That's exactly what you're supposed to be doing'.

And I thought that, umm, yeah, you know, parenting wouldn't be all, you know, flowers and rainbows, but, um...

She saw parenting as an endeavor that would be easy and that clear answers to the problems of everyday life with her child would come effortlessly. She bracketed her description with the two contrasting but complimentary images of "black and white" and "flowers and rainbows." One indicates an absence of color with clear delineation of responses and then paints a bright and

happy picture of idealism but then she trailed off in her answer, indicating that this was not her experience. She went on to reiterate:

No, they they don't. They, umm, they teach a very black and white um, way of parenting and in my opinion, even in a perfect world, parenting is not black and white. Even if you have a regular child, it's not black or white.

This response echoed what Mike stated about the need to live in the “real world” as a parent, especially of an ADHD child who exhibits CPV.

The last participant who discussed unrealistic expectations did not use metaphorical representations of parenting but instead looked more at the biblical aspects of the issue. Jennifer’s response when asked about what she thought parenting would be like was as follows: “I don't know nothing that I've experienced with parenting. [laughs] But then the actual act of, umm, raising the child, the child-like, there's no thought of that.” She admitted that her experience was nothing like what she expected, and that actual parenting was a neglected thought after the excitement of pregnancy and the birth of a child. She elaborated on how she perceived the church’s teachings:

I guess I thought that there was just like one way that you raised your children and if you do that, like you're just you do the best that you can, and then you hope for the best and let God take care of the rest.

Jennifer’s response implies a prescriptive parenting approach that is taught by the church whereby if she parented like they described, everything should go well, and God is always present to fulfill the rest. This was not her experience with her ADHD son and represents an outcome that may be more characteristic for parents of neurotypical children, though this is not

directly stated. The idea that church teachings on childrearing are not necessarily realistic for ADHD children who exhibit CPV will be discussed later.

Theme 5: First Guiding Question: Church Teachings and the Nuances of ADHD Behaviors

The first guiding question sought to understand the thought process that EP' went through when responding to their ADHD child's behavior given the teachings of their church. Understanding the neurodevelopmental aspects of ADHD is crucial in addressing the challenges faced by children with this condition. ADHD can impact a child's focus, behavior management, and emotional regulation, leading to symptoms like hyperactivity, impulsivity, and inattention. Each child may exhibit different behaviors due to changes in brain function related to attention, executive function, and impulse control. By combining religious precepts with a compassionate and understanding approach, families and church communities can create supportive environments that cater to the unique needs of children with ADHD. This collaborative effort, grounded in empathy and open communication, is essential in bridging the gap between church teachings and the complexities of ADHD behaviors.

More than half of the participants in my study expressed that their ADHD child's behaviors did not fit in with what the church teaches about how children should behave. It has been discussed already that some perceived the church's view on parenting as idealized and they explained this when they spoke about how their experience with their ADHD child did not align with the church's teachings. Participants expressed this in a variety of ways which aligned into three subthemes.

The data shows that many participants' experiences with their church reflected some level of misunderstanding about the root cause of their child's behaviors and how the parents must respond to them. Interactions with church members revealed that ADHD is not necessarily

understood as a medical condition or a mental health condition for which some treatments do not involve spirituality. The fear of judgment, and in some cases outright judgment, has already been discussed but is also involved with how parents of ADHD children cannot follow the prescriptive child-rearing practices promoted by their church. Parents who experience CPV from these children can thereby feel isolated from other members by their experience which is a barrier to seeking support from the church. Promotion of more punishment and discipline by church members does not align with the experience of my participants who experienced this advice as not useful to their unique experience. These are the main points of the three subthemes discussed below.

Subtheme 5.1: Misunderstanding and Isolation at Church

Discussion of the need to be more flexible with an ADHD child led to a subtheme among some participants that there were misunderstandings at church about ADHD and some expressed that it should be approached as a medical or mental health condition rather than a spiritual problem. EPs facing these situations may encounter challenges when trying to explain ADHD, and they may experience a sense of isolation within their church community. This is due to a lack of knowledge, which can lead to preconceived notions or assumptions about the behavior of children with ADHD. The reason behind this is that many EPs do not recognize ADHD as a neurological condition. Misunderstandings about ADHD have the potential to stigmatize or vilify individuals who live with it, resulting in negative perceptions or inappropriate behavior within places of worship.

The feeling of being different can be intensified for EPs and children with ADHD due to difficulties with concentration, social interaction, and adherence to traditional routines or expectations within the church setting. Another consequence of insufficient support is that it can

amplify feelings of estrangement, loneliness, or detachment from the church community for those with ADHD. By actively challenging common misconceptions about ADHD, promoting inclusivity, and fostering a supportive community environment, children with the disorder can experience a greater sense of connection, acceptance, and understanding when participating in church activities.

One of the most outspoken about this concept was Louis, who was very firm in his position that it should not even be discussed as a spiritual problem with other church members. He stated his approach as such:

And I'm gonna say it, any reference to like God or Jesus or Mary, whatever, I don't bring in the spiritual or the verbal association to a believer if that helps. Like I, I just don't reference it. I don't bring it in, and I stick more to the factual sciences behind it.

Louis had difficulty during this part of his interview as he seemed to be attempting to avoid saying directly that people who identify themselves as “believers” tend to view the world through a strictly spiritual lens to the exclusion of scientific fact when it comes to ADHD. He elaborated in a somewhat halting manner:

Every time I hear it, I feel like the, the term, the, I feel like it's used as an excuse to, I don't know how to say this, to really, to either understand what your child or somebody else's kid might be going through, or it's used as a way to shy away from the, the medical aspect of it or anything else so it's one of the reasons why I usually just don't, don't do it.

These comments show that Louis is more focused on the experience of the person with ADHD and understanding that it is a medical condition is important to his perspective. He is conveying that talking about it from a spiritual perspective seems to place blame on the individual for

something over which they have no control and that this is a way to avoid what he considers to be the facts of ADHD.

Louis's perspective is unique because he has ADHD and has life experience in managing his symptoms and now those of his son. He spoke of his experience, "I shy away from my talk to anybody who's Christian or any religion to kind of tie religion back into it because I don't, I don't think it has helped in the past so." It seems that he has had some less than helpful interactions in the past with religious people when talking about ADHD and so he had decided that it was best to avoid discussion of the topic in this arena. His perception is that the church teaches that ADHD is a spiritual condition and this is contrary to his experience. He reiterated that for him it is about understanding and the relationship with the child:

Because one ADHD would be very different than another. So, it's understanding what and how your kid operates and, and, and finding the right ways to approach the relationship. Again, whether it's, I wouldn't say spiritually; however, it's, it's, whether it's through communication or physical, physicality or, or something to help embrace however that child acts or behaves or, or even operates at the end of the day, right?

Louis's focus was on how the church should teach that understanding ADHD and its associated behaviors is key to reaching the goal of doing what is best for the child. He also stated that there are ways to offer support and guidance that are not reliant on a strictly spiritual approach since he does not believe it is a spiritual issue.

Susan was the other participant who referred to the biological causes of ADHD and her child's behaviors, which she described as the realm of a mental illness rather than a medical condition per se. She noted the misunderstanding of ADHD:

I don't think it's a very understood, Umm issue. Umm, you know, I wouldn't say that it's, as you know, frowned upon, as like a mental illness. But I would say that you know, people don't understand. They just see that your child is not quote-unquote normal. And they don't know how to take it or what to do.

She stated that ADHD is a mental illness in other parts of her interview, but then noted that it did not carry the same stigma as a mental illness. What she inferred was that she does not consider it one of the major mental illnesses that tend to be associated with worse symptomology by most lay people. She clarified this point, “You know, you, you always have to take in mind her condition and I think a lot of that for me comes because my mother had a mental health illness.” Susan’s experience with her mother’s mental illness has set the stage for her experience with her daughter and that she has a mental condition which always needs to be considered when dealing with her daughter.

She explained her experience with misunderstanding at church more specifically when she discussed that the nature of ADHD is that the child cannot just control their behaviors like other children. She described this again in terms of how it can be difficult to share with others because of the misunderstanding. Susan stated:

Yes, yes, it’s very hard to share. Because you know, people don’t understand that it’s not something that you as a parent can just say snap out of it, or cut that out, or don’t do that or you’re gonna get, you know, x,y,z punishment and they can just stop what’s happening. It’s not something that they can completely control.

This is a key point in her experience because she stated on multiple occasions that there was a point where she knew her interactions with her daughter would escalate if she continued to ask her to do something she was not inclined to do. Susan’s understanding of her child does not fit

with her church's expectations that children display immediate obedience to the demands of parents. She stated, "No, no, they don't. They don't understand the amount of work that a parent who has a child with ADHD has to put in." Susan expressed her experience that her child requires more effort from the parent than a neurotypical child and that this is soundly misunderstood by church members.

Susan gave a rather agonizing example of how this affected her in just getting her child to church on Sunday as a struggle that church members would never understand. She stated:

No, because you know, a parent with ADHD, to go to church on Sunday, they don't just get up and everybody gets dressed and everybody gets out the door and everybody walks into church like everybody else... You know a, a parent with a child with ADHD probably has been fighting with the child for an hour or more and probably had to drag them into the car and, you know, probably had to beg him to get out of the car in the church parking lot for another half hour. And you know may have had to pick him up and carry him to get him into church.

Her description revealed how she had experienced going to church with her child although she spoke in the third person. She was speaking from personal experience and the first part of this statement shows that she believes that the experience of other parents is much more simplistic, which may be a general misperception on her part. The difference for her was in the second part of the statement where she described more time-consuming and drastic behaviors on the part of the child that required parental intervention, making her experience one that requires special care because of ADHD and CPV.

Susan's final comment about this example was particularly poignant in how it revealed the response of an ADHD parent to getting to church and the value that lies in the ability to have a respite. She stated:

You know, so it's, you know, by the time that a parent of a child with ADHD makes an into church and sits down in their seat, they're exhausted. They are literally exhausted, and you know all they wanna do, they don't even wanna talk to anybody, they just wanna hear the sermon and sit still with nobody to have to tell what to do for that hour.

She continued in the third person but again this is reflective of her experience of being able to have time as a parent to take in the sermon at church in relative peace which contrasts with the scene that she described about getting to this point. Her relief in this statement was palpable when she stated, "Sit still with nobody to have to tell what to do for that hour." Susan believes that most church members would not believe what she has gone through on any given Sunday and that she may be sitting in the service in complete exhaustion because of her child's behaviors that do not conform to what the church teaches about obedience. Her struggles in balancing her experience and these viewpoints will be discussed in a later subtheme where she directly notes her church's value of obedience.

It has been noted that several participants attend the same church and Mike attends the same church as Susan. He expressed the same opinion about how the church in general does not understand. He noted, "Probably the, the one where they don't understand it, I am assuming." He uses language of assuming that there is a misunderstanding at church. He tied this back to his experience that no one there had ever really reached out to him to assist with his child:

I don't know about, people, anybody up there asking, hey why don't you bring him up there to the church and let me talk to him. You know, like not from the, just, just to see if

I can get him to, open him up here. You know something like that? I mean, I've never had anybody offer to do that.

Mike's comment is reflective of his overall view that the church is not generally helpful to his parenting situation in terms of one-to-one interaction with his son. Alternatively, he also noted in his interview that he is reluctant to share and that most people at church have no idea what goes on at home with his son but that he has shared with the smaller group. He concedes at another part of the interview that a select group has attempted to engage his son in church activities, "A few have tried. That know us."

Other participants gave the impression that their experiences of CPV from their ADHD child could not be reasonably understood by church members who have not had similar experiences. Mary, who presented herself as very accepting of the responses of her church, described her experience in a more balanced way:

You know, there's always gonna be some are, some aren't. If you're talking about the church as a whole, I'd say, sometimes family, families may not be or, or people that are attending church are not always accepting because they don't understand the situation. She acknowledges that the acceptance of her son's behaviors is the result of misunderstanding by others in the larger church and explained:

Of course, there's always gonna be people that are not understanding or, or just umm, it's more difficult for them because the only thing that they seem to focus on is just the outbursts or, or interruption I guess you could say umm, and don't understand it. They just don't understand it. Don't want to understand it and, and I under, I understand that. Her explanation reveals that she offers reciprocal understanding to the members who focus only on her son's disruptive behaviors. This seems to arise from the overall accepting nature of her

church environment as revealed by other statements that she made about their openness to her experience.

Chris's statements about the church not being able to fully understand the extent of his son's behaviors and the effects on the parents have been discussed previously. It is of note to mention a further insight on his part about his bafflement at CPV by his son. He stated, "You know, how can? I can't really expect members of church to be able to understand that if they've not experienced it when I still don't understand it fully and I'm going through it," His insight is astute that if he cannot make a full understanding of his experience with his son, he can have no expectations that church members without the same experience could comprehend it. He did report that his church has been very supportive of his experience and describes their response:

They have been, been very supportive um, and, and, and, and, you know if, and if, if there was an issue that needed to be discussed uh it, it's done in a very, very loving way.

And I tell you what we, we uh, have a lot of trust and, and those who are responsible for him as well. So, it, it's been met very well by our church.

Chris has stated his belief that the church is a family and considers his son part of that family. He offers grace to the other church members whom he views as not being able to really understand but also notes that despite this they are supportive of his family.

There is a congruence between Chris's experience and that of his wife Shannon. She also recognized that their church members cannot completely understand the experience but that they are steadfast in their support. She expressed it in this way, "Even if they don't really understand they're, they are there for us and that that means a lot to us, that there's people in our corner, even if they don't totally get it, they're still there for us," She reiterated the theme that the smaller group understanding has been very important to her experience of CPV from her ADHD son:

I don't know how people that haven't been through it would react. But I think a lot of the people in our small group especially would, no matter what take to it. I just think we have a really good group of people.

She expressed that she still had some doubts about the understanding of others who have not had the experience but that this smaller subset of people had approached her without judgment and provided valuable support.

Other participants spoke about how there is a general misunderstanding of ADHD, the behaviors associated with it, and what this is like for the parents who may become isolated as a result. Jennifer highlighted how her church had never seemed to give ADHD as a condition any consideration:

Oh no, I don't think they had any idea, I, because one it was a smaller church and there were not a ton of kids, and the only child there that had ADHD, I think like the mom had it as well. And so, and he was on medication, and that was just like the normal whatever, and that's like the only, I don't know, that's the only thing I think anybody knew, and I don't know that anybody really gave it much thought.

It seems clear from this example that the other child in the church with ADHD was on medication, was not known to exhibit extreme behaviors or CPV, and so it was just not considered anything to think about. Jennifer's lived experience with her son's ADHD and CPV does not align with this more simplistic presentation of another ADHD child. This comment must be taken in context with her other statements that her prior church was not supportive of her experience to understand how the lack of knowledge in her church about ADHD affected her. It is this consideration of her overall experience with the church that reveals their lack of

understanding about how children with ADHD can exhibit vastly different behaviors, all of which cannot be simply controlled with medication.

Jennifer expressed the isolating aspect of this experience because of her church's expectation that people should present an idealized view of what their life is like. She stated:

That goes back to my whole comment about just put on a happy face and you will be ok. Like I think that we are kind of trained to not share the yuck, we're supposed to just be sharing the good things and like there is something wrong with you if these things are going on. But that's again why I was like I am just going to keep talking until I find somebody because I don't know what else to do and I know that I can't be the only one although I really feel like I am!

She expressed a firm belief that she should be able to share with church members in the good and bad times of life. Her statement shows that she feels like she is the only one reveals a sense of isolation because of the CPV she has experienced, and she is sharing to find another person with a similar understanding. She expressed the profound sense of relief that she felt when she finally identified another mother through sharing:

This is why I'm very passionate and not, about not like hiding this from people and I will, and I actually, I talked openly about this for years before I ever met somebody that had any kind of experience similar and when I met her, I immediately cried.

It is valuable to note her description of how long it took to find someone else who shared her experience because it highlights her lonely struggle with CPV which is the result of isolation.

The isolating aspect of Jennifer's experience is echoed by Susan who described it differently. The following statement reveals again her strong desire for her ADHD daughter to

participate in small group activities at church and the misunderstanding that the church members have about the reason behind this reluctance. She stated:

And others in the church don't understand. They don't understand why I have the kid who never came to youth, and I have the kid now that's not gonna come to the college class.

And you know it, it just, I feel like it puts a bad light in a sense on my family because my kid doesn't participate in those youth events and those, you know, youth programs.

Susan gave the impression throughout her description of her experiences at church that they value these smaller group relationships in which most children in the church were eager to participate. Her daughter's refusal to be involved in this manner created in Susan a sense of distance from the other church members due to their misunderstanding.

Susan said, "But that that's exactly what it is. There's, there's a distancing. You know, it's kind of like, don't talk to them because they don't make their kid comply." This statement reflects her perception that there is an active intention on the part of church members to isolate her family because of what is perceived as the parent's inability to make the daughter obedient. Her response was made with adamance and the feeling of being dissimilar and misunderstood was discernable in her tone. This also revealed how she experienced some members of her church as judgmental of her approach to her child, which may be associated with this misinterpretation of her daughter's unique needs.

The impression of judgment from church members runs throughout most of the participant data sets. Mary, despite her amenable approach to other church members' perceptions, does recognize that her child's behaviors can create a distance due to their uncomfortable nature. She reported:

I think dealing with a child that is, that's impulsive and can be angry or violent at times can make you feel like your whole situation is out of control. Uh, like you know, like you lack the proper abilities as a parent to understand and, and even comfort your child properly. And it can be embarrassing, um, because, you know, people can be so judgmental.

Her response was like Susan's but with the nuance that not only did she perceive that some church members may view her as being an ineffective parent, but also that she in some way was incapable of offering the proper support to her son. Mary's pattern of speech showed that she was reluctant to describe any church members as disapproving but that some are indeed that way. She made mention of feeling out of control several times in her interview and this, combined with feelings of embarrassment, contributed to her sense that she is alone to some extent within her church due to her experience of CPV.

An additional way that CPV from ADHD children was expressed as isolative at church came in the form of it being a family secret. Mike gave the impression that his son's behaviors at home are something that the members of the church would not expect given most of his behaviors in the church environment, apart from the experience noted earlier in the church parking lot. He stated his son's interaction with younger children at church:

He would go to the nursery, and he would sit with the little kids in there and he was perfectly fine with them. No problems doing that and like you tell him what he does at home, and they won't believe it.

He considered his son's CPV to be so outside of the norm for what church members expect of children that they would not believe or understand how extreme the behaviors are at home. The ability of his son to control his behaviors had been noted by Mike to be inconsistent and

unpredictable whereby he was somewhat fearful of what his son might do in any given situation. This lends itself to keeping the behaviors a secret within the family and promotes isolation from church support.

Mike's experience of separation at church was also related to another aspect of why these home experiences are not shared:

Yeah, that's probably why you've never heard, if there's anybody else in church who has a kid like that. Because they're afraid to come out say it somebody, because within a week, you know, 40 people know about this kid who has a problem at home and they might kinda back away a little bit of helping you, though you might finally get that one person would help you. Who knows?

He had previously revealed his perception that sharing is risky due to the potential for gossip about his home situation and isolation of his son due to fear of his behaviors. This comment divulges something of a generalization on his part of his experience to others in the church. He ends his comment with "who knows" as though acknowledging that this is speculation on his part, but that he mentioned it at all shows that he sees his experience of CPV as very much isolating and something that he feels most people would hide for various reasons. Mike's responses reflected the strong sense that he has experienced some occasions of betrayal from a church member in the past and that this has colored his insights.

Subtheme 5.2: Tension Between Church Teachings and ADHD Behaviors

The first guiding question examined how EP respond to their ADHD child's behavior given the teachings of their church. Participants' expectations and perceptions about what child-rearing would be like considering their churches' teachings revealed that there was a disconnect

between beliefs about child behavior and the experiences of these parents who had experiences of CPV from their ADHD children.

The conflict between religious teachings and ADHD behaviors necessitates a compassionate, understanding, and dedicated approach to finding a solution that honors both religious beliefs and the difficulties posed by ADHD. While religious teachings often stress self-control, obedience, and discipline, these values can be particularly challenging for individuals with ADHD who struggle with impulsivity and inattention. Children with ADHD may face obstacles in adhering to religious practices, participating in religious activities, or meeting the expectations of their church communities due to their symptoms. Conversely, many religious traditions emphasize empathy, compassion, and inclusivity. In addition to impacting social skills, communication, and sensory sensitivity, ADHD can also hinder a child's ability to form relationships and engage in church-related events. Educating the church community about ADHD, its symptoms, and associated behaviors can help reduce stigma and promote acceptance, empathy, and understanding. By prioritizing values such as empathy, inclusivity, and grace, the church can create a more welcoming and understanding environment for all members, bridging the gap between ADHD behaviors and religious teachings.

Six of the eight participants expressed that their ADHD child was simply not able to exhibit the obedience, compliance, and self-control that was taught by their church. They used various terms to describe this struggle to reconcile their experiences with what the church sets as the expectation and it was clear that this was an aspect of their faith with which they had to grapple in parenting their ADHD child.

Louis and Ashley attend a church that is very accepting of the differences in families, but this has not been Louis's experience at other churches he has attended. He noted:

The previous church was way more focused on that, so they, they did talk about kids and, and tie in a lot of them, every now and then bring in subjects about how kids should do A, B, and C or, or things like that. This one church that we're in in right now has not in my mind since I've been there, done anything like that.

He noted that the prior church gave somewhat of a prescriptive view of how children should behave but that the current church does not bring ideas like that into the discussion. His tone when giving this response suggested that he did not see this as an accurate portrayal of what parenting is like for him and that he appreciated his new church's response.

Louis explained that parenting is not addressed at all in their current church per se. He described it as such, "Sermons aren't really done based on family focus, if that helps, like it's not and, and I don't know if it's because of the low attendance we have of family members." His response reflects the underlying approach of his church to be focused on community and to some extent their openness to nontraditional families precludes any specific teaching on childrearing. He acknowledged this:

I think it's, it's an opportunity for that church. Personally, I think it's something that they are aware of and they're trying to. However, it's still a struggle because of it, because there's no identification, there's not, it does not identify itself as a from a family perspective.

His recognition that the church sees this as an area of growth may be valuable to families attending the church but he does not see this as problematic to his experience with child-rearing.

Louis's experience is unique as most participants were bothered by the incongruence between their experiences with CPV from their ADHD child and what the church teaches about parenting and child behavior. The idea that an ADHD child is unable to conform due to their

diagnoses and symptoms was a much more prominent experience. Mike noted that his child is incapable of conforming to his church's expectations of obedience. He described it in this way:

According to them, no. It seems like their kids, they, according to hearing him preach and the kids there, they're supposed to be, you know, all morally correct and ... doing everything the right way and sit nicely and pay attention and do all the Bible studies, which him, with ADHD he can't do.

Mike emphasized that ADHD prevents his son from behaving in certain ways because he may not be able to sit still, retain information, or comply in the same way as other children and acts to the extreme opposite by exhibiting CPV. His use of the term "morally correct" reveals an ideal image of children that is not necessarily indicative of what his church teaches about the sinful nature of man, but it is his perception of the church's expectations that colors his view of their approach to child behavior. Mike's son behaves in such a contradictory manner to this perception that he has difficulty reconciling aggression from his child with "doing everything the right way."

Susan most starkly described her striving to merge her ADHD child's CPV and what she considers her church's "black and white" view of how children should act. She stated unequivocally, "Ohh, they're, they're, they're, the, which is value or the church's view of obedience umm, does not fit with a child with ADHD." She elaborated her experience uniquely:

They, they have a very strict, you know, viewpoint of obedience and it's like teaching a dog obedience training. You teach them right, you teach them wrong, and you, you have that flat line right and wrong, black, and white, and with a child with ADHD it's not cut or dry. It's not gonna be the same every day.

Her use of the analogy of dog training in this statement indicated just how clear-cut her church makes parenting and child behavior seem. This is a somewhat disconcerting parallel to make and she recognized that what she had heard at church was in no way what happens in her home and that this is an unrealistic expectation. Susan used numerous dichotomous terms, “right and wrong,” “flat line,” black and white” and “cut and dry” and then stated her experience that each day brings new challenges to this outlook.

Susan was very expressive in her responses and use of language to describe her experience. Her descriptive phraseology continued, “I definitely was not prepared for the challenges that come with ADHD and the, the juggles and struggles that you have to do, umm to maintain a balance.” She is presenting her parenting situation as one that incorporates the imagery of walking a perplexing tightrope and having to juggle many aspects of her child’s behaviors that she did not anticipate based on what the church teaches about parenting. She described this:

I feel like it's, it's challenging, very challenging to apply, that the parents in charge because, umm, in a kid with ADHD it's um, it's not always that the parents in charge. Unfortunately, umm, you're, you're walking on a tightrope. And yeah, you're, you're, you're, you're walking on a tightrope and sometimes the, the disease is in charge [laughs].

She mentioned again that she views her child’s behaviors as being attributed to a disease over which she may not always have control. Susan experiences her daughter’s ADHD behaviors almost as an entity that results in the loss of parental control in the home and that is something that her church does not understand. There is a very intense sense of danger in the metaphor of the tightrope from which a fall may result in disastrous consequences. She is struggling to apply

the church-taught idea that the parent is in control of the child, but this has not been successful. This balancing act for Susan will be further discussed under the subtheme of discipline.

The desire to raise children from a biblical standpoint was also difficult for Jennifer who also described her struggle to fit her experience into the church's teachings. Her sincere attempt to reconcile this was described as a journey:

And so, and so oftentimes in my journey of trying to figure out what to do. Because I have like the desire for the biblical perspective and like teaching and training my kids to know what it is to live a life of Christ, I would see some of these other parenting suggestions and then I would think, but you're missing the heart aspect of that. So how? Like what? How, how can I have the boundaries and the greys but still make that heart connection knowing that we like we are sinful and it's not just um, like you have to have that active, like the active, like confession, repentance like all that.

Her value is placed on how to teach her child to live a Christian life and that this involves aspects of grace and the need for forgiveness.

She expressed a tension between what the church teaches about parenting and the behaviors of her child, and she communicated difficulty finding answers from the church that would resolve it. Jennifer described this:

I've had a very difficult time finding any kind of resource that believes the Bible. Like we're going to keep the boundaries because these are important and we wanna connect to the heart and make sure that they're understanding what it is. Umm to so you just live your life. Umm, you know, like grace and truth like the Bible talks about. And not just go from like 1 extreme to the other.

Her experience was like Susan's in that there was a seeking of balance between biblical concepts and the reality of her situation with an ADHD child who exhibits CPV, needs structure and boundaries, but also understanding and love. Jennifer used different language but the sense of walking a fine line is palpable in her earnest desire to raise her child based on biblical principles. She summed this up very directly, "Yes. So any biblically based resources that kind of meet in the middle of the road, they either seem to be like one extreme with a spanking and punishing everything to the other extreme of just no boundaries," Jennifer used the term "middle of the road" which is reminiscent of Susan's use of "black and white" but is inherently different because she is talking about the extremes of parenting style while Susan referred to her church teaching only one way of parenting. In either case, they both are caught in the middle trying to understand their experience and resolve the tension created by their church's approach to child-rearing.

The value of raising a child with biblical values was also very important to Shannon who expressed consternation and confusion over how her child could become aggressive when he was raised in a Christian home. Shannon spoke robustly about this topic and struggles to understand how a child for whom the parenting was based on church teachings could behave this way towards his parents. She stated:

I don't understand. He wasn't, he wasn't brought up that way. He wasn't. We've had him since birth. He's adopted, but I know genetics, nature versus nurture. I don't know. I, I don't know. I don't know why he's the way he is or how he's the way he is because it's not, it's not a nurtured thing.

She noted that her son was adopted and there was some question in her mind if that was a causative factor for his behaviors because she was adamant that it was not the result of his home

environment. She continued later in the narrative to reiterate this point, “We raised them in church, and we eat meals together and we pray before meals and you know, try to do things the way that, that church suggests that you do.”

Shannon’s responses revealed that she sincerely believes some outside reason for his behaviors due to her sense that she and her husband did everything according to an evangelical Christian worldview.

I mean just in the last year, become aggressive and in your face and challenging and he never was that way before, and I don't know. I mean he’s, he's had some bad influences at school and online. Um, and I guess maybe that's all it is, I don't know. Or maybe we think that some things came with the chemical changes in puberty also.

Her strong faith in the tenants of the church on how parents should behave is reflected in this seeking of another reason for his CPV. Shannon, like Susan and Jennifer, was caught in the tension between what she believes is right and her own experience, but her responses were unique in that she was the only participant to seek a reason outside his ADHD diagnosis. She gave other hypotheses, “He had a girlfriend that really tried to pull him away from us” and “He does have depression and anxiety in his genes.”

Shannon and Chris made the difficult decision to place their son outside of the home due to safety concerns about his aggression. She expressed some dissonance about this because she feels that they were truly out of viable options for him but also feels unsure if this aligned with what her church would consider an acceptable parental response. She stated:

I struggle with, with what we're supposed to do, um, and what we feel like we have to do...

At this point we, we felt like it was kind of like a lifeline, like we had nowhere else to turn.

He could not stay here. And I don't know if that's what the church would support, sending

your child away ... And I, I just, I don't know. I don't know if, if what if the church as a whole agrees with what we've done.

Her use of the phrase “lifeline, like we had nowhere else to turn” revealed her sense that they had exhausted all the resources available to them at the time and that this was a desperate attempt on their part to effect a change for their son. Her hesitancy in this response when she discussed what the larger church may think about this decision highlights the tension she felt between her faith in the child-rearing practices taught by her church and her lived experience. Shannon has spoken clearly about how much she values her faith and church support, but this reveals her lingering doubts about how her parenting situation may not fit the mold in this environment which is a real struggle for her.

Shannon’s husband Chris spoke somewhat differently about his experience with what their church teaches about child-rearing. He also sees the church as providing the truth for how to parent and how children should behave. Chris stated this firm belief, “I think that that is a, a part of um, a part of the, the church to tell you the truth...let's not have that action again because we're not, we're not going down that route at all.” He sees his son’s behaviors as not acceptable based on his evangelical Christian worldview and that it contrasts with what he would expect of his son.

He continued to describe what he has heard about parental responsibility at church and how his experience with his son that he is very resistant to conformity. Chris explained:

Um, you would have heard at church about parenting is having a responsibility, to teach my children, what's right and what's wrong um. “Now, how, how, how we get to that point any of us is there are variations. And some require I think some require different actions than others because it depends on the level of conformity that an individual is

willing or thought, that an individual has ... There are closed hand issues and there are open hand issues and, and what a great analogy I thought. Um, now what may be closed? A closed-hand issue to me may not be by any means a closed-hand issue to [his son]. And, and in all likelihood, isn't. And so that is where I guess the, the greatest stress it can be found.

His use of the phrases “closed-hand” and “open-hand” issues came directly from the values of his church whereby their teachings are that some issues are not open for discussion (the inerrancy of the Bible, Jesus Christ is the Savior) and others are based on personal conviction (what one should wear to church). Chris used this analogy to describe how his ADHD son holds strong opinions that may not conform to what his parents believe and that it has been stressful for the family to adjust to this situation. Like Jennifer, he maintained that he wants to pass on the heart aspect of church based on his experience of support, “That caring is, is really what you wanna pass along to that child.”

Subtheme 5.3: More Discipline is Not the Answer

The first guiding question was focused on how EP respond to their ADHD child's CPV given the teachings of their church. Several participants reported that church members have suggested that their child simply needs more discipline which in many cases arose from their perception of the church's underlying assumption that children should be obedient to their parents. These commonplace responses about obedience are considered unhelpful and negating of parent's lived experience with an ADHD child who exhibits CPV. Participants felt that their child did not respond well to the traditional forms of discipline taught by the church and it in fact could provoke further CPV. Although this was not the only form of discipline discussed, it is

interesting that more than one participant spoke about church teachings on corporeal punishment and how it was particularly impractical for their ADHD child.

The idea that spanking a child will produce positive changes in an ADHD child's behaviors was revealed to be a fallacy in the experience of Mary. She quoted scripture to describe this:

I think that you know, it makes me think of, I'm sure everyone's heard, uh, some version of spare the rod, spoil the child in Proverbs and I guess it can be kind of confusing to a parent of an ADHD child with the with impulsive behavior because the violence is not always that they are wanting to hurt you.

Mary has heard the use of this scripture at church to promote the use of corporal punishment with children. This response reflects something of a misunderstanding of the term rod in biblical terms as this refers to a rod that was used by the shepherd to guide the sheep out of danger. Mary's response shows that traditionally held interpretations of certain passages of scripture are precarious in their implications. She acknowledged this, "I think it's all up to interpretation. I don't think that literal is always best. Umm. Especially when dealing with this kind of a situation."

Notably, Mary recognized this interpretation as a stumbling block to parents who experience CPV from their ADHD children because their behavior does not necessarily arise from intentional malevolence. She explained her experience, "Many times it is just a manifestation of other things that are going on around them or how they're perceiving things or the amount of possibly the stimulation going on that's around them and they feel out of control." Mary discussed the concept of control on several occasions in her interview and loss of control seems to be a slippery slope in her experience with her child. She stated, "Physically punishing

or yelling can escalate the situation and, and have the opposite effect.” Mary’s experience has taught her that using aggressive forms of punishment will only intensify the behavior in her ADHD child and make the CPV worse. The result was that she takes a different approach with her son and expresses that it has worked, “You can set limits and provide structure with a good effect without physical or verbal abuse as a parent.”

Other participants expressed that the way the church presents discipline is not useful for children who have ADHD who exhibit CPV. Jennifer described her experience:

Umm, I think the traditional way of parenting that the church teaches is not helpful for children with ADHD. But there's not, there's not options given. I don't know. I've always found this very hard balance between what I think the Bible teaches about discipline and how the church actually has followed through on it for the last couple generations, I guess.

She clearly stated that the traditional approaches to discipline taught at church have not been helpful in her experiences with her son and again referred to the balance that must be struck with an ADHD child. Her response revealed that she has a sense that the church teaches one thing but has not held a strict adherence to the advice in recent times, which creates even more perplexity for her.

Jennifer’s expression that no other options are given is key to her experience. She described her frustration:

I never had, like an alternative of what to do. I had all these things of like you just need to discipline them more. Umm, but there was no like, OK, well, this isn't working, so what do I do instead? And so then I think it goes back to just, I only know this way, nothing else is working, I've tried other things but nobody gives you, I don't know, it just seems

like this big experiment of like trying to figure out what's gonna work, but you're kind of doing it alone, and there's really nobody to guide you or give you or to even think outside the box a little bit differently, I guess.

She said that she has only been presented with one way to handle her child's behaviors, it does not work in her experience, and she feels alone in her struggle to find answers. She described it as a "big experiment" that she was conducting in isolation, and she needed some alternative guidance that was not forthcoming from her church because more discipline was the only answer they had to offer.

It is interesting that later in her interview Jennifer described a more polarized prescription for parenting that is presented by the church in which two options are given, neither of which was useful to her. She stated:

The church in general, I feel like we have we have like one extreme to the other we have like the, the hardcore umm, you must spank your child, or you must punish them for every little thing that they do so that they know what to do. And then you have this other extreme I think of like it's super gentle parenting where you just kind of let them do whatever they want to do.

It is notable that while two courses of action are given, only one involves active discipline with the other being no discipline at all. This highlights the lack of acceptable options for her ADHD child. She also mentioned corporal punishment but did not elaborate except to say that punishment is designed to teach the child appropriate behavior and none of this appeals to her sense of the church's other teachings on how to respond with grace and heartfelt concern.

Jennifer sought other Christian resources to provide guidance that may offer additional insight beyond her church's teachings. She was met with a similar response:

I, so I think again going kind of back to where the church like the thought is, the kid just needs more discipline and even we, our pediatrician, is a Christian practice. And I had brought this up to the pediatrician. And again, pediatrician who's a Christian was like your kid just needs more discipline.

Jennifer's attempts to find another way to approach her child were met at every turn with one recommendation which she knew from experience would not work for her ADHD son. Her frustration at this came across very clearly in her voice when she provided these responses and reflected her sincere and impassioned entreaty for alternative options to address her son's CPV behaviors. Jennifer described her journey of finding answers which will be discussed in a later section on how parents must learn and develop with an ADHD child.

Discipline and corporal punishment were also mentioned by Mike as something that is taught by the pastor at his church. He stated:

I mean, I think I - listening to the preacher, I'm pretty sure he told up, he grew up you know in the South, and every once in a while you get a paddling or spanking, and it's just and you learned your lesson. With him, he wouldn't learn his lesson, even though, he's been paddled or spanked, and he would just go back and do it again it wouldn't sink in, into his mindset. So, probably didn't work.

The use of spanking was not effective with his son in that he did not connect the punishment with the behavior and would simply repeat the same actions again and again. The teaching at church was not useful for his son, especially when he was being aggressive towards his parents.

The promotion of corporal punishment seems counterintuitive to Mike, because how can you tell a child not to be aggressive toward the parent if the parent is in turn being aggressive

toward the child? He described this as a conundrum for which another alternative is to ignore the behavior so that it does not escalate. He stated:

You know, it's, it's almost like a no-win situation because if you if you don't, even though as the older he's gotten, if you ignored, he stops versus when he was younger, when it would just go on and on. If you try to stop it, it makes it worse.

Mike noted that his son's CPV behaviors were so extreme that he was concerned about his son's safety during episodes, and he is caught in a situation where he needs to act for those reasons but that the outcomes may be less than ideal.

Mike's experience is of being placed in a position where he had very limited options in the face of his son's behaviors based on church teaching and he had to resort to intervening but in a more passive way. He described this:

He gets, would get so mad that he's not thinking clearly and not understanding that me being bigger, stronger, and more experience in life, know that you know what he's wanting to do, and thinking, his mind is telling him to do was not logical. And if I really wanted to, I could basically just lay on top of him until he stops.

Mike has had to restrain his son on several occasions when his behaviors were so out of control that he feared his son would be injured. This is not reflective of more discipline but of the necessity to intervene with a child who had lost complete control and sense of the reality of what he was doing. Mike's description of this was punctuated by his facial expressions and tone which portrayed his frustration and dismay that the CPV devolved to this level. It was with some resignation that he stated, "Just something as your first kid, you just don't know. You just kind of like have to learn as you go and adjust."

Shannon expressed that it was not just what the church taught about discipline but also suggestions that were made by other Christian parents who were close to her situation. Shannon described one such instance with a family member, “You need to, to be strict, more strict on him. You need to make him follow the rules. Well, if I could, I would. There's nothing else that that we know of that we could do.” Her frustration with this advice came across clearly in her facial expression and tone when she discussed this interaction. Shannon also expressed that she has taken every measure at her disposal to discourage her son’s behaviors: “What else are you gonna do? We took away his phone. We took away the computer we took away playing with, you know, playing with but hanging out with friends. Took door off his room.” She is exasperated with the suggestions that she has been given and even noted that he had been spanked when he was younger to no avail.

Shannon experienced one of the most extreme suggestions by an outsider that was reported by any participant. She reported this with shock and indignation:

I actually had somebody tell me we'll just take him back to [another state], put him back with his birth mom. Like, no, he is my child, I would never, ever give up on him, and I can't believe that you would suggest that.

Her family was the only one who participated in my research that had adopted children and so the situation is unique in that way; however, this statement reflects complete disregard for Shannon’s experience and love for her son. This remark dealt a heavy blow to Shannon’s relationship with the person who made it. This is like the suggestions made to Jennifer about her parenting abilities and points to the fact that approaching parents who experience CPV about discipline should not be done with unkind or unhelpful commentary.

Shannon expressed regret that she must discipline her son in a particular manner because of his ADHD and behaviors. She noted:

So we, we may have taken more things away than we should have at I felt bad sometimes, over punishments of removing things or not letting him go to something he was supposed to go to, or whatever. But then you know, I talked to the doctor about it, and he said you have to, even though he may not be able to help it, you have to continue to have discipline because he's got to learn to live in the world that has rules.

Interestingly, she sought the advice of her son's doctor who reinforced that her son cannot help his behaviors but he still must learn to cope with rules, which is a fair point. The main revelation in her comment is the internal dialogue that she was having with herself about the actions she has had to take as a parent for her son as opposed to her daughter. She stated, "I probably easier on [her daughter], um, just because she's easier on us." Shannon's thought process is guilt-invoking and is not atypical of ADHD parents who struggle to determine what is under their child's control and what is not when deciding how to approach discipline especially when there is also a neurotypical child in the home. She admitted her sympathy with her son but that there again was a demanding balance to be struck which was hard for her as a mother, "Life just in general is harder on him and he needed a break. But if you gave him a break then, if you gave him an inch, he took a mile, you know. So that was tough."

Susan's lived experience with her daughter was similar when it comes to trying to balance church teachings on discipline with a child who has a condition that precludes obedience. His thought process reflects similar questions to those that Shannon asked herself when considering how to discipline her child. Susan continued to use the analogy of a balancing act:

Umm, and you know, there's always that balance of trying to make sure you're doing the right thing and that you are disciplining enough and you're not, let, you know you're not being slack at the same time. Umm, but also understanding that there is a condition here. Umm. And so, you've gotta treat a condition and not discipline a condition. Umm, so it's, it's definitely a balancing act.

This statement reflects her understanding that her daughter has ADHD, which is a condition that, at some times, prevents her daughter from behaving in ways that are not generally acceptable. The issue is that she feels that she is caught in the balance between doing what is considered “right” in the eyes of the church and what works best for her daughter.

Susan explained her struggle to find this balance between her experience of CPV and what her church teaches about discipline:

So, you know them, of course, the church teaches, you know that we should be responsible for our children, that we should teach them about the Lord, and that we should discipline our children. Umm, which [sighs], it is very hard for me, umm and, and I'll be honest, as a parent I, I really struggle with that.

She perceives the church's teachings about discipline are her responsibility as a parent and are tied to biblical concepts, the fact that her experience does not directly align with this results in dissonance for her. Parents of ADHD children who experience CPV are faced with constant demands on their patience, parenting abilities, and coping skills. The additional layer of prescriptive church teachings can add to their stress and test their faith. Susan's sigh when providing this response revealed how this is something of a constant battle within her that she grapples with when deciding how to discipline her child.

This experience was exacerbated by her childhood experience, “I wasn't raised in a church home, so it was all new to me. You know, I didn't come across my faith until I was older in life.” Susan’s lack of having been raised in a home that did not adhere to Christian teachings on child-rearing provided her with no frame of reference from which to approach raising a neurotypical child, much less a child with ADHD who exhibits CPV. She explained her experience in heartfelt terms:

So it was like a whirlwind for me to to kind of take that stance. Um, so I felt like I was drinking from a fire hose to to make those choices. Umm, but I looked at, you know, some of the, the folks in my life that I looked at as mentors and, and kind of said, you know, look, um you know, this is what my child has, and I, I can't treat her like a typical child. I don't wanna be harsh in my treatment and my discipline, but I don't wanna be lax, because I don't want to go that path. Umm, you know, can you help me sift through and make some decisions on the correct punishments um, and, and even me and my husband have sat down and, and had that conversation of, of making those decisions.

Susan expressed her sincere desire to raise her child in accordance with biblical principles and has sought input from those whom she considers to be valuable sources of input, including her husband who is also an evangelical Christian. Her dedication to her faith and her daughter is admirable as is her understanding of the nuances of ADHD.

One participant expressed that she has learned a primarily compassionate approach to parenting from her church as opposed to the more rigid teachings that others reported. Ashley described her parenting style towards her ADHD son who exhibits CPV as one of grace and tolerance. She stated, “It's loving, but right, I'm supposed to give you grace. I'm supposed to allow forgiveness.” She sees her church as teaching that there is not some inherent flaw in

herself as a parent or in her son, but that it is a matter of human experience. She described her church's teachings, "I think for them their message is more grace and we need to do our best and you know you should listen. But if you're if you have a bad day, you had a bad day kind of thing." Her response represents an acceptance that all people have difficult days, and this is normalized, even in the case of ADHD.

Ashley takes the approach that communication and not immediate discipline may be the more prudent response to her son's behaviors and her reactions. She stated:

I need you to understand that, Mom, I'm feeling a certain way. I'm feeling like I'm about to yell at you and say things that are gonna be mean and I'm gonna feel bad about it later. So I'm gonna walk away, and when I walk away, we're both gonna calm down and then we're gonna come back and we're gonna talk about this.

Her response revealed that she has explained how she is feeling to her son and that there is a need to allow time for cooler heads to prevail. Ashley's son does not exhibit the more severe forms of CPV where an immediate response is required for safety reasons like Mike and Jennifer, which is an important distinction to highlight. She has the leeway to allow time for that grace in her responses to her son and proceeds to describe her thought process, "Like goes through your head. It's like keep your cool, Jesus wouldn't behave like this. You know what I mean? Like Lord be with me, you know that kind of thing." This emphasizes her reliance on her faith during frustrating episodes with her son.

Ashley did admit to her human frailties when responding to her frustration at her son's behaviors and recognized that grace is key to her response rather than an immediate leap to discipline. She described a more benign example, "I definitely think it's for the better because I allow that grace right like I might say, as frustrating when I have to tell him three times to brush

his teeth.” Her response indicates the repetitive nature of interactions between ADHD children and their parent whereby the child’s focus is not necessarily on the task being presented to them. This is stress-provoking for parents who may not understand the way an ADHD child’s brain processes information.

Ashley has the advantage of being a mental health professional who works with neurodivergent children but admits that at times she must rely heavily on Jesus to temper her responses and she is not always successful. She stated:

Ebbs and flows, but for the most part I'm able to kind of take that breath and rely on, you know that higher power of just being like I know you're gonna get me through this because, yeah, you have to, right? ... Like, but again I'm not perfect.

The “you” that she refers to is Jesus and she is placing her faith in him to help her when responding to her son. She approaches these situations with refreshing humor, “Like it's that whole, it's that just cliché now, but Jesus, take the wheel, like, just take that wheel and make sure that I don't act a fool.” Ashley’s response reflects her faith and reliance on Jesus to be there for her in difficult times with her son and that a forgiving attitude is key to coping. The thought process that she goes through is obvious and is reflective of what she has heard at church about how to approach child-rearing specifically and all people in a more general sense.

Theme 6: First Guiding Question: Aggressive Episodes are Frustrating

The parents in my study expressed frustration over the sometimes-bewildering behaviors of their ADHD children, especially when it came to aggression and outbursts. They were not prepared for this from their child either in a general sense or from the perspective of their EC teachings on parenting. Many discussed disbelief that their child would act this way whether it be because they were raised in a Christian home, an affront that the child would escalate to physical

aggression, or because reactions came because of what most would consider mild to no provocation. Some expressed a sense of exhaustion with the child's behaviors and in some cases apathy and active dislike of the child because of the CPV.

Controlling aggressive outbursts can be a difficult and unpleasant task, especially in the presence of ADHD. It is crucial to understand impulsivity and emotional dysregulation to comprehend aggressive episodes associated with ADHD. Children with ADHD often display intense impulsivity and emotional dysregulation, which can lead to violent outbursts triggered by stress, frustration, or sensory overload. Anger manifests a lack of self-control and impulse control issues, particularly when impulsive aggressive actions are not aligned with the individual's true intentions.

Mike made a general statement about his experience of the frustration he has with his son, "Confused. Upset. Angry at times because it well, after so many years, you just get tired of it and dealing with it. And it's like just, just stop." Ashley pointed out that sometimes the behaviors become overwhelming, "And then others I'm just like it goes out the window and then I just start screaming at him cause like I've hit my wall." Given the variety of responses, this theme has been broken out into three subthemes for clarity of explication and to highlight the specific concerns that the participants revealed.

Subtheme 6.1: Hyperfocus, Triggers, and Outbursts

The first guiding question was directed toward understanding how EP respond to their ADHD child's CPV, given the teachings of their church. An important part of the experience of CPV for my participants revolved around the neurocognitive differences in the way that they perceive the world and how their child perceives it. Things that seem like normal daily requests to the parent can escalate into outbursts and aggression from their children because they lack the

frustration tolerance or flexibility to adjust to those requests. The idea that a child can seem so distractible at times but then become hyper-focused on something was particularly perplexing to some parents.

Managing hyperfocus, triggers, and outbursts can be particularly challenging, especially in the presence of ADHD. Hyperfocus, characterized by intense concentration on a single task or activity to the exclusion of others, is a common trait of ADHD. Shifting focus can be difficult, making switching between tasks and time management challenging. Recognizing triggers is vital. Individuals can better predict and control their reactions by identifying common triggers like sensory overload, emotional stress, transitions, or unexpected changes. Parents should involve ADHD children in self-awareness practices to help them recognize triggers and develop coping strategies proactively. Due to intense emotions, heightened reactions to triggers, impulsivity, sensory sensitivity, and difficulty managing responses, children with ADHD may experience outbursts. Responding to these outbursts with composure and compassion while remaining calm can help de-escalate the situation and model healthy coping mechanisms for the individual involved.

Mike reported it this way:

It doesn't cause he might listen well at times, other times he's just gonna like, not listen because he might be doing something else, which is his...He hyper-focused and you might tell him to feed the dog or something like that and he's gonna 'let me we finish this, let me finish this' because he's probably hyper-focused on what he's doing.

Mike seems to understand that this is an issue for his child but still expresses a sense of confusion that his child will do something one time with no issue and then others will not

comply. He had stated this in the context of the church's view on how children should behave and notes that this is contrary to the view his church presents of a child being promptly obedient.

Louis has had similar experiences with his child and explains it in the form of a recent story about his son's upcoming summer vacation from school. He began:

I kid you not, the day he got out of school. 'I only have two weeks. I don't. I only have two months. That's eight weeks. I gotta do ABCD'. I'm like, calm down, man, like we got so much time. He goes. 'No, no, no, no. Summer's short, I gotta maximize it'.

His son had hyper-focused on what he wanted to do during the break and was not open to listening to what Louis considered the voice of reason about the time he had to do all the things he wanted to do. Louis explained that his son's reaction when he told him he had responsibilities for his soccer team that summer:

I told him no - blew up and I had, I had to explain - he's like 'I just wanna have sleepovers, I just wanna be able to hang out with my friends'. Like you're gonna hang out with your friends. So no, and I caught myself cause my initial reaction was no when I should have said yes, with stipulations associated with it. Right? So I, at that time when I had that, that first answer of no again he just got angry.

This example shows how Louis must be very careful in how he approaches communication with his son because it can result in an angry outburst. He has noted that his church focuses on how to treat people in general and relates how this helps with his son in these instances, "Especially when we talk about hate or anger, a lot of that ties back in. So, and it and not only to me, personally, I think it also helps me communicating with my son."

This concept of ADHD children becoming fixated on something and their reaction when thwarted was experienced by Susan as well. She reported that she must approach her child differently:

I can't always, you know, treat her like a normal 17-year-old child. Umm, because she, she does have those factors. Umm, you know what, to her may be a huge deal to me and you would be nothing. But because of her fixation on something, it is the end of the world. Umm, and I have to keep that in mind.

Susan highlighted the differences in the way her daughter thinks and how she must adjust her responses as a result. This came in the context of Susan discussing how her mother had a mental illness that she had to adjust to as a child, and she draws a comparison between this experience and her interactions with her daughter. She stated of her daughter's ADHD, "I take kind of that same approach." The result when care is not taken is shown in the following:

She, you know, just would not join youth, was not having anything to do with it, and had a meltdown publicly at church, because I said you need to go to youth and, and people, quite frankly, at church kind of got a little offended because I didn't make her go to youth.

Susan discussed at length that she had tried to get her daughter more engaged in small group activities at church because of how much she felt it was of benefit to her as an adult. This instance shows that the reaction of the church members who were witnesses to this behavioral outburst was one of incredulity and misunderstanding that Susan did not force her child to go to something she was adamant that she had no interest in.

She described their response to her attempt to mitigate an even worse consequence in front of the other parents at church:

You know, the reaction from some of the other parents was you're the parent, you should make her go umm. But you know, being the parent of someone who has ADHD, you're, you're only going to make the situation worse if you push the issue, you're going to cause and all out rager of an outburst if you really push the issue and you know no one wants to have that in public.

This reveals that her earlier stated fear of judgment around sharing her experiences of CPV with church members is justified to some extent and fits into her overall narrative. It also shows CPV in how the prospect of a child behaving poorly in public serves to control the parent to some extent, although Susan did not view this as intentional on her child's part because of her ADHD, it still resulted in an embarrassing scenario for Susan as the parent.

A similar aspect of the frustration that parents feel with children who have ADHD is how even the smallest requests can lend themselves to disastrous results. Simple requests over mundane household or personal responsibilities can lead to defiance or verbal and physical aggression. Chris reported of his son, "Over the simplest things, you know, the simplest things that...if it didn't make sense to him to do it, or if the time frame didn't make sense for him to do it then. Then then he wouldn't do it." He makes two points in that his son resists simple requests and those that do fit into his timing, both of which are difficult neurocognitive concepts for children who have ADHD but frustrating for their neurotypical parents who have church-taught expectations of obedience.

Chris explained how his son escalates the tension:

Many times, you know? I mean, you, it, had to have the last word and, and so, yeah, and I'm telling you, when I got to the point, I said, don't say another word. Why, why shouldn't I say another word? And I mean drove, I mean I could feel from the tip of my

toe all the way up to the top of my head if I, if there was a red ink, you could just see it going up, up, up, up and it's like, I mean this is, might be the 4th time. We don't say another word. And here it comes, had to do it, had to do it, yeah.

It is clear from this statement that Chris's son is causing him significant anger in his noncompliance and that he pushes the limits without recognizing the effect his actions are having on the emotions of his father, another unfortunate deficit in the ADHD child. In somewhat of a paradox, the ADHD child's lack of recognition of the effect they have on others leads them to just move on as if nothing has happened while their parent may still be feeling intense emotions. Chris described this as well, "[His son] is very adept at, at just changing gears it in a short period of time...and it may be an hour or two hours later, and, and I'm still, you know, I'm still in knots over it."

Ashley also attributed the behavioral outbursts she experiences from her son to his ADHD and despite being a mental health professional she still expresses disbelief over how simple things can lead to outbursts. She stated, "Emotional regulation like, he just, regulation, he just cannot. He struggles to regulate it sometimes...This is what this is over? Like you, sometimes it just blows your mind that the littlest things can just create these massive like meltdowns." Ashley gave an example of when her child had an outburst over his unauthorized use of the video game system in which he had lied about having permission from his father, she confirmed this was not the case, and she approached him about it. She describes this interaction with her son:

Clearly the answer is no, so I've given you 3 opportunities homie and now you've straight up lied to me with the straightest face...So I went in, and I was like hey, get off your computer. You lied to me. We're done. NO! Like, that's what triggers that. It's just

meltdown city. Like, pushes this chair away like, you know, like, whatever. And I was like alright, I'm gonna let you calm down.

This shows his emotional dysregulation as well as his intent focus on what it was that he wanted to do at the time, like the hyperfocus presented by other participants. Ashley admitted that she allows him time to calm down and attributes this to her reliance on Jesus in frustrating times, "I know Jesus is right here with me. Like girl, you're gonna be alright."

The ability to recognize her own emotions during an outburst and rely on her faith was also important to Mary. She was a very serene person in her presentation and clearly of very strong faith, both of which are revealed in her responses to her son's CPV. She noted:

Initially that it, it's just frustrating and, and you feel, you feel out of control as much as I think they do because you, just initially you just wanted to stop, and I think in the moment you get kind of angry and then you just have to really stop and think about what's going on.

She admitted that her child's behavior angered her, and it was something that she just wanted to end as she uses similar terms to those used by Mike when she said, "You just want it to stop." Mary's description with the advantage of being in retrospect, shows that she really had to be intentional about stopping at the time to think. She stated, "I guess after sort of taking a few deep breaths and saying a quick prayer realized that I was feeling really just as out of control as, as he was." Mary's use of her faith in this instance is much like Ashley's report that she was able to rely on Jesus when her son acted out toward her. This is not the case for every participant in that those who experienced more severe forms of violence such as physical aggression towards themselves, and property destruction expressed no time for the use of their faith in the moment.

Subtheme 6.2: CPV, Safety, Disbelief, and Church Teachings

The first guiding question was focused on how EP respond to their ADHD child's behavior given the teachings of their church. Four of the participants reported that during episodes of CPV, they were not able to think through their responses in the context of church philosophies on child-rearing. The more extreme nature of the behaviors of these children appears to be a contributing factor in how the parents experience their need to respond to what they estimated as more urgent concerns. Understanding the intricacies of these processes and their effects on people as well as communities is essential to addressing the nexus of church parental violence, safety issues, disbelief, and contradictory church teachings. It is imperative to align theological beliefs with moral principles that prioritize the wellness and dignity of every individual, especially when addressing conflicting teachings on abuse, violence, and safety within the church.

Mike described his thought process during an aggressive episode in this way:

You can't, you can't think that because you're reacting in the moment, I think. Or you can't just sit there and when you hear, you hear your kid in there banging stuff against the wall, you can't get down on your knees and pray, 'oh please stop banging on, against the wall or please just don't do it, just go away.

His son's behaviors are described as being very destructive and sometimes present a danger to himself or other members of the household. In this statement, he was asked about what thought process he goes through when his son has escalated to aggression, and he clearly expresses that his experience is that action must be taken at that moment. Mike seems to view prayer as not very useful to him in his response because there is an immediate need to protect the safety of the child. He explained:

That doesn't speak from, to a logical way, to me in a logical at the moment point of view when he might sling himself into, the shutters or the window and cut himself up open or fall off the bed and break his arm.

This statement reflects Mike's overall viewpoint on the practical matter of how he must behave as a parent and his focus on real-world solutions. His concern for his son is very apparent in that his primary thought process is to maintain the safety of the child.

Mike did not speak about his safety or that of his wife when he reflects on the behavior of his son, but he does express concern for his younger son. Mike's ADHD son is two years older than his brother and the younger son has known nothing but these behaviors since he can remember. Mike expressed his thought process of how to respond given his concern for both children, "Do I ignore it, you know, do I try and calm him down, do I take the little brother out of the house somewhere, so he doesn't see it again." The ongoing nature of his CPV in his home has led Mike to this stepwise process of response whereby he first considers safety and then goes through a checklist of what to do next, but at no time in this process does he consider what he has heard at church about how to manage his children. He expressed a sense of resignation to some extent when discussing his younger son's reactions, "Even though he'll say he doesn't like him, and it scares him. I think he's used to it. He's seen it long enough, it's all he's known, after so many years."

Jennifer's son displayed similar levels of CPV to what occurred in Mike's family, but the contrast is that she was typically the only adult at home when her son displayed aggressive behaviors. She expressed concern for her safety and that of her children during some of the most severe episodes but noted that she had not thought of how to handle the situation from a biblical perspective at the time of the experience. Jennifer stated:

So, in the moments of some of the very intense ones, some of those things aren't in my mind, the thing that I'm thinking in those moments is how am I going to keep myself safe? How am I going to keep my children safe? How am I gonna keep him safe? And who, who gets the rank here on who gets to stay safe when there's four of us involved? Because usually, it wasn't when my husband was around.

Her frustration came through when she was discussing this because there was no other adult in the home to help with the safety issue. It is particularly agonizing for her in that she describes it as having to rank whose protection was the most important at the time. Given the immediacy of the behaviors, she noted that anything around church instruction on child-rearing is not in her mind.

Jennifer described her growth in this area but notes that there were particularly bad times, and she defaulted to the approach that when a child does something wrong, consequences should be immediate. She stated:

I think I learned a bit more about empathy. Yes. Umm, before that? Definitely not, because, because those moments before that it was just like you're doing wrong. This isn't an option like you should be punished because you're doing this or whatever. So those times definitely like, I couldn't even think about biblically speaking or anything like that.

This focus on consequences is something that she described as a common teaching for parents whether it be from the church or outside resources and notes that when she looked to the church for alternative answers to her unique situation, no balanced biblical answers were available.

Jennifer's thought process on this aspect of her experience will be discussed in a later section.

Shannon only experienced one incident of physical aggression from her son although he had been verbally aggressive and defiant numerous times. Her response to this was disbelief,

“Um, well, the only time he was with me, it was kind of a, a whirlwind and I just couldn't believe that he would do that.” It is of note that Shannon is one of the only participants who described the actual incident of violence in detail. She had asked her son to get up and do something he had been asked and he refused:

No, I'm not getting up and you're not making me. And I grabbed his hand and pulled him and said get up now. And he just shocked me. I mean, just put his foot up and kicked me square in the chest and I saw it coming, of course ... I was just stunned that he would.

He's never been that way before. But with Chris, he's been in Chris's face several times.

But with me, I, there was no thought process other than, oh, my gosh, what is going on?

Shannon stated that this was the only time that her son was aggressive towards her, but this description of the occurrence reveals that there were incidents with her husband before this occurred with her. Her shock that he acted this way towards her is clear in the narrative as she had described him as being so close to her as a child. She explained that she had an injury to her thumb which required X-ray but was not broken.

Shannon described her thoughts, “Yeah, there was, there was no thought just, pure shock.” She was unable to draw on her faith during the episode, but she did not have time to think of this while it was occurring. She stated, “There was a lot of, a lot of faith afterward, but not during.” This statement reflects that after the initial shock of this incident of CPV, she was able to go back to her faith as a coping mechanism and did not express any thought that God had abandoned her or her family. Shannon's strong belief and faith in prayer are key to her coping, especially when combined with her sense of her church as a support system through these experiences.

Shannon's husband's reaction reflects his beliefs about how women are to be treated and his focus on the safety of his wife:

Chris heard him screaming at me and was we were in the basement because his bedrooms in the basement and he came running down the steps and saw it happened and, you know, grabbed him, and held him down and said, you know, you're not ever going to do that to your mom or any other woman.

She expressed much dismay that her son does not take responsibility for his behaviors and feels their actions as parents were justified, "And he, he told them, you know, my dad threw me on the floor. Just all he did was restrain him from hurting me." Shannon's son has been placed outside of the home in a residential treatment facility in the time frame since this incident and when discussing his violence towards his mother, he blames the parents for his behavior. This shifting of blame in instances of CPV is very confusing for Shannon whose experience with the phenomenon reveals that she was not provoking her son and was very much in disbelief at his response. She was clear that no harm was done to her son and that the incident has had a lasting effect on her:

You know, there were no marks on him. Nothing happened to him that shouldn't have.

He just deflects, doesn't want responsibility for, for anything that he's done, um but that was, that was an awful experience that continues to play back in my, in my mind.

The focus on the safety of the whole family was clear in Shannon's experience as she described how her daughter, who is younger than her ADHD son, had become fearful of her brother. She expressed a similar sense of having limited options but needing to keep everyone in the family safe, so she and her husband had to make the difficult decision to remove the child from the home. She stated, "I don't know, but we have two kids...and we have to protect both of

them... We just did the best that that we knew to do to protect him from himself right now and [sister] um, and us.” This sense of striving to do what was right for everyone in the family was a struggle for her and she was second-guessing her reactions. She described her incredulity that her son’s behaviors had escalated, “Um, but I still struggle with, I don't know. It's my kid. And how did? How did we get here? How did, how did we get to this point?”

The progression of behaviors that led to aggression in Shannon’s family is explained creatively by her husband Chris, who also expressed shock over their son’s escalation. Chris describes this:

Um a disbelief, really. Disbelief because um [pause]. You know it [pause] it, it's, it's, it's pretty, it's pretty, pretty black and white to to everybody else that's, that, that may be in the room and yet, you know every child wants to express them more at times, wants to express themselves in certain ways but um but yeah, you know, I, I, I would have to say uh, yeah, sheer disbelief.

Chris had difficulty describing an actual incidence of CPV from his son, as do several other participants (a later theme) but clearly reported his astonishment at his son’s behaviors. His manner of describing the experience is halting and he seemed to be attempting to give his son some benefit of the doubt but also noted that others observing the behavior would consider it inappropriate. He described that the actual experiences of CPV are the genesis of his disbelief, “I've had him uh, I guess he got a little bit older um, kind of blow up to me and, and, and um, I and that, and that, and, and that's where the disbelief came.”

Chris’s description of his son’s inability to drop a subject of conversation was introduced earlier but I will describe how he saw the progression of events from rebellion and disobedience to physical aggression. He noted that it began as such, “I mean, he started out that, you know,

well started out, it's always been, has been a retort. So that was prior to bowing up, was a retort, and it's like, don't say another word. And here comes another.” His portrayal is that his son could not seem to stop himself from continuing to maintain his position and that this preceded actual physical aggression, described by Chris as “bowing up.” He explained:

It depends on where you are in the action itself too because the first time that action, is brought out. You're like, oh, no, no, no, no, no, no, no, we're not, we are not going down that road. This will not. No, you get that out of your head. Now take that out of your head and throw it away because we're not even going down that road at all. And so um, you know, then it, then it, then it happens again and it's a recurring thing. And so, by the time, you know, you get a short ways into it, I mean it's like, this is part of our world now, and so your reaction to it is, is different.

His adamant reaction that escalating behavior was not to be tolerated reflects his view of childrearing in this scenario in that children are to be obedient and deferential to their parents. Chris clearly considers his son's reactions contrary to his beliefs on child behavior and that is not acceptable to his worldview.

Chris made an analogy about how CPV became part of the backdrop and reality of his home experience. He stated, “I think it uh it's just like something that you bring into your home, and you put in the floor beside the door that doesn't belong there, and over time it becomes a part of the landscape.” His use of this analogy reflects the repetitive nature of his son's behaviors and how it seems to have simply become the norm in his family. He explained, “And so those actions are the same way. And they get replaced by, something bigger and gaudier and uglier. And so, you don't really don't even pay attention to the one that was first brought in.” This reflects some

sense that as CPV progressed in his family the initial verbal aggression and defiance became the least of their problems as physical aggression came to the fore.

Chris's resignation to this progression of events was tangible in his tone when discussing this but there remains a sense of indignation that his son behaves in such a contrary fashion to his Christian upbringing. Chris's son continues to be defiant towards the parents and Chris attributed this in part to their steadfast belief in Christian values about his conduct:

Well, you know, at this point he is he is still rebellious of us and they're easier. You know when I say that um, you know, one of the reasons that he has a, he has a, a problem with us is because we are um, we, we're Christian and we're conservative and so um, you know those are, those are values that we have and that we will retain.

This statement reflects Chris's dedication to his faith and what he considers suitable behaviors on the part of his son, despite what his son may think about Chris's worldview. It is not surprising that this is the case since he described his church family as a large part of his support system and his reliance on faith throughout this experience has been vital to him.

Subtheme 6.3: The Devil May Not be in the Details – Reluctance to Discuss Specifics

The first guiding question was designed to understand the thought processes of EP when responding to their ADHD child's behavior given the teachings of their church. This subtheme arose from what was not present more than from what was presented. Individuals who struggle to delve into details may do so due to embarrassment, discomfort, or a desire for privacy. It is crucial to respect personal boundaries and allow individuals to choose what they are comfortable discussing. Building a relationship based on approachability, non-judgment, respect, and active listening can create a safe space for individuals to open up at their own pace, promoting transparency over time. By being attentive to emotions, tone, and nonverbal cues, one can

understand underlying concerns without pressuring individuals to share more than they are ready to. Recognizing the importance of their experiences and supporting their emotions is critical. Providing alternative communication channels can help individuals express themselves more easily when verbal communication is challenging. Foster an empathetic and supportive environment that respects individual boundaries and encourages meaningful dialogue by understanding and respecting individuals' reasons for hesitancy in discussing specifics, promoting open communication and trust, offering resources and support, and providing alternative channels for expression.

Several of the participants were reluctant to discuss the specifics of the CPV that they had experienced from their child despite having been asked directly to go through their thought process during a specific instance with their child. It was clear that this topic brought forth strong emotions in some and a continued hesitancy to share the specifics of behaviors that may be considered something of a family secret. The emotions associated with CPV were visceral and demanding for some participants to put into words because the behaviors strike at the heart of the parent-child relationship and to beliefs around parental expectations of appropriate child behaviors based on an idealized view from church teachings.

Jennifer was particularly forthcoming about her experiences with other church members and did not hesitate to express the negative interactions that she had with them in the past. She was also very clear that she was open to sharing her experiences with her child, but it was clear that this evoked much more emotion. The request to recall a specific incident prompted the following:

We, last year we went through a very, very rough period of probably two and a half months. There were daily if not multiple times-a-day instances, and that was probably the lowest point for us. And I'm sorry, it always makes me cry.

In this comment, she discussed a generally difficult time frame, but never in her narrative did she speak to an actual incident outside of the particulars of how she had to choose a response. She became tearful when remembering this timeframe and it was obvious that it caused her a great deal of distress to discuss this most trying period with her son.

She offered the following insight into her experience over time, "I feel like I've felt kind of all the things over the years, depending on what day it is and how often we've done this or how long it's been since this has happened or something like that." Jennifer pointed out that her emotions and responses have been dependent upon multiple factors, including the frequency and duration of her child's CPV behaviors. This is a valuable distinction when taken in the context of the other participant transcriptions such as Chris who expressed how the behaviors just become part of the family scenery. Jennifer had a more visceral reaction to her son which was very disturbing to her as a mother, "There were times when...I didn't like him, and I didn't want to be near him, and I felt awful." She again expressed strong sentiment but was not describing the detailed nature of the CPV that she experienced that made it so distressing.

It may be more valuable to simply note that the effect of her son's CPV on her was so impactful as to provoke cognitive dissonance in her emotions of motherly love and dislike. She was tearful when she recalled:

It's that knew he was my kid and I loved him so much, but I couldn't stand what he was doing, and I didn't know how to fix it, so I wanted to give up. There are plenty of times like that.

Jennifer expressed the struggle of a mother who wants desperately to help the child whom she loves but is without adequate solutions. The hopelessness and love she conveys in this statement are profound and speak loudly of her lived experience as a parent caught in a conflict that she does not fully understand.

A similar experience was reported by Mike whose son has been exhibiting CPV for many years. He reported, “He started what, I guess, 6 to 8 years ago roughly, so you know it's gotten better recently, but still there's a time frame for about five years, it was just brutal, really bad.” This is a significant time frame for any parent to experience such extreme behaviors from a child and this statement reflects that the frequency, intensity, and duration of his son’s CPV became an almost untenable stress over time.

Mike did not discuss his thought process during a specific time of CPV but as stated before, he was firm that responses to the behaviors must be based on safety and not church teachings. He gave several examples of the behaviors that his son has exhibited when he talks about trying to help him calm down:

You know to calm him down. Otherwise, you know, the fear of him, throwing something, hurting himself, cutting himself. You know falling down something in the house while, while he would flail. When he's out of control until he finally calms himself down somehow until he's back to normal.

His concern for the welfare of his son was obvious in this comment and lent itself to his perspective that an active intervention was needed in some cases for safety. Mike also noted how unprepared he was to deal with the extremes of his son’s behavior, “So but I, I didn't, didn't think I'd have a kid who would throw toys against the wall through the window, so.” His responses, while more descriptive of what types of behaviors his child displays, did not describe a particular

experience. Mike and Lauren's description of how the CPV affected them more valuable as a point to reveal that the theme of not talking about violent episodes does not mean that there was no significant impact on the parent.

Chris was another participant who never fully described his son's behaviors or any specific incidence of violence but for whom the child's CPV evoked strong emotional responses. The conversation with him about this issue was circuitous and never really came back to his thought process during any one episode of CPV, although he was prompted several times to describe such a circumstance. His reaction of anger to the experience with his son's insistence on having the last word reflected that the behaviors are frustrating for him, but there was no substantive explication of anything outside of verbal aggression and defiance. Chris struggled to put his experience into words throughout his interview but when taken in its totality, his responses provided insight into his strong faith throughout his experiences with CPV. He did make a unique distinction when he talked about not being able to physically attend church during the pandemic, "My response, was probably not as tempered as it was when I was in uh, when I was in close contact in, in the church setting, yeah, on a regular basis." This again highlights his reliance on the members of his church for support and that the fellowship he experiences there has the effect of tempering his responses to his son's CPV.

Susan described her experience in more general terms overall and of particular importance to her was her daughter's reluctance to join the youth program at the church. Her responses indicated that she considers this a valuable aspect of support for her and expresses dismay that her daughter's ADHD seems to prevent her from taking similar advantage of this opportunity. This has been discussed in other areas but bears mentioning because she gives some description of her daughter's responses:

[My daughter] absolutely would not do small group, I mean youth group that was just not happening, um. We, we finally did talk her into going, I think two or three times. Umm, completely against her will, and after a lot of fighting and arguing and outburst and uh sweat and tears, um and you know after the third time, she said I'm just not going back. It's not for me.

It was apparent in her description of this experience that a significant amount of work was done to convince her daughter to participate and that the behaviors she exhibited were troublesome to Susan. She was more specific:

And she just kind of outburst: 'I'm not going. I don't do small groups. I don't care what you call it. I don't like small groups. I like to worship by myself. I'm already on a plan. I talk to God every morning and that's good enough for me. So, we don't have to talk about this again'.

Her description of this reflected her daughter's lack of openness to this experience and that the driving impetus behind Susan's comments was not to describe the CPV but to really convey how much she truly wanted her daughter to have some support from those her age at church.

Susan described her lived experience of how this response affected her as a parent of a child who may benefit from having more social support and friends:

Um, so it, it, it hurts my heart because I feel like she's shutting herself away from such an opportunity. Um, but you know, as, as a mom, I know that when she says, you know, we're done with this, there's no need to bring it up again, because it's just gonna be a bigger blow-up.

Her experience of this showed that she knew the limits of her daughter and her reaction to it was reflective of how her daughter's behavior affected her deeply. It is again not the specifics of the

child's behavior that is exemplary of Susan's experience, but what it evoked in her as a parent that was meaningful.

Other participants did not have children who exhibited the extremes of behaviors that Jennifer, Mike, Chris, and Shannon experienced. It seemed that those with less intense experiences of violence from their children were more comfortable discussing the specifics of what they thought as they were responding to their children. Louis was somewhat reluctant to discuss any reaction to his child's behaviors from a church standpoint, but this is exemplary of his statement that he does not share at church and his viewpoint that ADHD is a medical condition in need of treatment. Mary and Ashley openly discussed incidents with their sons and expressed how they had to rely on their faith to cope at that time which has already been discussed in other areas.

Theme 7: Second Guiding Question: Diagnosis, Medication, and the ADHD Journey

The second guiding question examined how parents developed in handling their child's behaviors given the teachings of the EC. Participants described the process they went through when learning that their child had ADHD and how they sought treatment, which in some cases was an arduous process. The experiences of the participants showed that those children who had more traditional symptoms of ADHD, such as distractibility, hyperactivity, and inattentiveness, were diagnosed more easily than those with primarily associated behaviors like aggression, tantrums, and anger. Some participants spoke of a hesitancy to obtain a diagnosis because of the desire to prevent giving the child a label while others sought to find answers for his or her behaviors in a diagnosis. Medications and other treatments were mentioned as options utilized initially to cope with the behaviors of the children with various levels of satisfaction. None of the participants reported that the first place they went for help with their child's behaviors was the

church, all sought medical or therapeutic treatment initially. The initial experiences of these parents in learning about their child's ADHD laid the groundwork necessary to discuss how they changed and developed as parents over time because of their experiences.

Parents should keep a close eye on their child's medication, side effects, and general health to guarantee the best possible care. This will enable them to decide intelligently whether to change medication dosages, add more therapy, or both as needed. Creating a solid support system with family, friends, organizations, or mental health specialists can provide comprehension, inspiration, and useful help. Acquire self-advocacy skills to boldly confront obstacles and make requests. To make necessary adjustments to strategies or procedures, it is imperative to periodically evaluate the outcomes of treatment, the obstacles encountered, and any alterations in symptoms. When dealing with ADHD issues, acknowledge that success could necessitate modifications or setbacks and embrace flexibility and resilience.

Two participants had children who exhibited behaviors that were outside the norm of typical ADHD and represented the most aggressive children discussed in my study. These children exhibited frequent CPV including verbal aggression and physical aggression towards parents, with one case including instances of property destruction. The parents of these children noted a delay in obtaining an accurate diagnosis for their child due to the primacy of the aggression rather than the behaviors described in the diagnostic criteria. Jennifer described her son as not having "classic" ADHD and the diagnostic process:

Ohm. It - I'm trying to think of how so it gave a name to something, but it also didn't necessarily make sense because he doesn't have like classic ADHD that like we think of like hyperactivity, bouncing off the walls, like can't sit, still, can't control themselves or whatever. Um, but we had also asked for help from professionals for years, and nobody

ever like suggested that maybe because they, because he wasn't classic symptoms so, in one sense, it was probably more of a relief and I will say too, the only reason we found out he has ADHD is because we decided to get him tested because I was concerned that maybe he was on the spectrum and that's why he was having so many behaviors. So, if it wasn't for that, I probably would never have even thought of that.

She noted a sense of relief at having a name to what the problem was with her son and that it was not that he was on the autism spectrum. Her experience was that she had spent many years reaching out for professional help without finding answers until she had her son complete psychological testing.

The acting out behaviors and CPV that are commonly associated with autism spectrum disorders can also be attributed to ADHD but are much less commonly reported as “classic” ADHD as Jennifer described. She makes an interesting statement about her experience, “But once, once we finally went to somebody for the testing, though, then it was then it was quick. But as far as anybody we had asked prior to that, that was never even a thought.” She made it clear that because her son’s behaviors did not fit into neat diagnostic categories no one ever considered that ADHD may be the root cause. This is reflective of the misunderstanding that some people, including professionals, continue to have about what ADHD looks like in the lives of those affected by it. Jennifer’s descriptions of her experiences with her son showed that this could delay appropriate treatment, frustrate parents, and result in the prolonging of CPV within the family.

Mike had a similar experience of trying to find out what was causing his son’s behaviors, who had been in treatment with an outpatient therapist and psychiatrist for some time before he received an accurate diagnosis. He described it:

Well, I guess it started with the temper tantrums. And then the inability to control himself, he'd lose control, tear things up, and then it was one trip to the hospital, which one doctor saw him, and he immediately knew ADHD, and that's where it went from there, and nobody else is seeing that, or could figure it out.

There are several things revealed in Mike's narration on how his son came to be diagnosed with ADHD, not the least of which is that it highlights the extreme nature of the behaviors to the extent that the child had to be taken to the emergency room. Mike has spoken about how his son's behaviors had presented as dangerous to himself and others throughout his interview, but this is the only instance where he mentions that they had to seek outside emergency intervention for the CPV.

Mike's experience also showed to some extent the element of luck that was involved in the diagnosis when he noted that an attending physician at the hospital just happened to see his son and recognize his behaviors for what they represented. His response indicated his frustration with the fact that his son had been treated by so many people for such a long period of time and all it took to get an accurate diagnosis was the right person asking the right questions at the right time. Mike's description of what his family experienced because of his ADHD son's CPV was tragic without the added layer of misdiagnosis and prolonged ineffective treatment. It seems understandable that Mike presented as somewhat mistrustful and wary of sharing his story with others when it had not resulted in very much that was positive for his family in the past.

The remainder of the participants reported that their children were diagnosed with ADHD shortly after entering elementary school because of their disruptive classroom behaviors. Some parents reported knowing that something was different about their child but did not seek help

until prompted by teachers or school administration. Susan described her experience with her daughter before she went to school:

Umm, you, you could tell that her mind ran faster than she could get her thoughts out, um is the easiest way that I can describe it and she would get very frustrated with herself because it, she would get frustrated with herself because she couldn't get her thoughts out fast enough and she would get frustrated with us because we couldn't get what she wanted to say fast enough. As she got older, um she would kind of bottle up that frustration until she would eventually explode and, and completely have a meltdown.

Susan described how her daughter's rapid thoughts and communication struggles combined with her low frustration tolerance result in behavioral outbursts. She described her thought process as one of naivety at that point in time, "So we um, just thought, you know, maybe, I mean this is our only child, maybe that's just what we've been dealt with and kind of you know dealt with it the best we could."

Susan's daughter went to school, and it became more obvious that something was different when she struggled academically. She was diagnosed with ADHD after being prompted by the first-grade teacher to seek an evaluation. Her daughter was placed on medication, and she described the outcome, "That's kind of where we were for a good long while, was struggling to get her to eat. Umm, of course, we didn't have as many outbursts, but you know we now had a new problem." Susan's experience with medication for her daughter is not unique but is an additional frustration in an already stressful situation. Susan maintains a positive attitude toward her daughter, "We've been pretty lucky [her daughter] is a really, really good kid. Um, knock on wood, we've been very blessed. I think the Lord knew we had enough on our hands just trying to manage her ADHD."

Ashley reported an intriguing initial reaction to the possibility that her son had ADHD, especially given that she is a mental health professional specializing in four- to eight-year-olds, and whose spouse has ADHD. She stated:

When I saw signs in [her son], I just immediately, immediately put up that wall and I was like absolutely not like you're not. You're not gonna be like one of those kids ... I was so surprised at my reaction to it.

Ashely was averse to seeing her own child exhibit behaviors that she was accustomed to encountering in a clinical setting at her job and further resisted medication, "So in kindergarten, I was like, I'm not putting my kid on meds. We're not getting an official diagnosis. I refuse like this is what I do. We will handle it. So, we started doing CBT." This comment shows a common response from parents of young children with ADHD, many of whom express the desire to avoid medication for as long as possible.

The result of her best efforts to prevent her child from taking medication were to no avail when he began saying that "I hate school" at which time she realized that further action was required. She described this and her guilt over having reacted in the way she did at that time:

But it's like I, I feel bad that I waited so long. When I knew, I knew, he was, you know what I mean? And he has ADHD, and we should have jumped on it. But I was like, no, not doing that, blah, blah, blah. And I felt real guilty because he started, it was like I don't wanna go to school.

Ashley's thought process at the time of the interview was to see this as some type of failure on her part but she neglected to recall that she had just stated that she sought therapy for her child prior to this. It is interesting that she then moved on very quickly to recognize that this is

something that happened, and she cannot change that now. She stated, “Uh that his psychiatrist and we got the official diagnosis and got meds and that’s history.”

Ashley’s husband Louis offered a unique insight into having their son diagnosed with ADHD since Louis has it as well. He described his experience, “It was enlightening and, and very eye-opening at the same time to understand what it is and what it means when it comes from a, a child’s perspective versus an adult because they are two different things.” He has been treated for ADHD with medication for many years and seeing his son learn to handle his diagnoses as a child is a new experience. Louis had been diagnosed with ADHD as a young person and described his own experience as having occurred in a time when, “Teachers were more patient and more, I, I feel like more tolerant to kids where medication didn’t exist, or education wasn’t there.” He reported that his experience as a child was that there was more time for exercise at school which was helpful for his ADHD.

Louis described the thought process he went through when making the decision to have his son diagnosed:

I wasn’t sure whether to get him formally diagnosed or not diagnosed. I didn’t know what that meant. Um, I know we talked about labels and all that kind of stuff, so that was a tough discussion as well and we ultimately decided that, look, it’s, it’s already affecting him in his school, it’s affecting him in his friendships and that really was one of the catalysts that allowed me to really be more of a pro-moving forward version of, let’s go ahead and formally diagnose this and get him the help he needs.

He saw the multiple areas where his son’s ADHD was affecting his life and he considered how any type of label may impact his son. Louis has a strong focus on the medical aspects of ADHD

rather than spiritual issues and his experience has been that this was an effective approach. He stated:

As parents were doing all we can, we've exhausted all of, the models. We've exhausted therapy. Let let's do the next step, which is the science behind this, and it's been it's been a, a positive outcome as a result.

It is perhaps his very experience of success with the medical approach that may have contributed to his resounding promotion of it was a valid way to treat ADHD.

The need for improved school performance and behaviors was also a driving factor for Shannon to take her son for an evaluation. She reported that her son was very intelligent, was bored in preschool, and subsequently was in trouble for being unable to sit still. It was in kindergarten at a Spanish immersion school that Shannon decided to have her son evaluated; however, there was a barrier:

So, he was bored in still in trouble. And I took him for a consult, but his teacher had to agree, and his kindergarten teacher did not believe in. That they said, she said, that the Americans just medicated their children to make them sit down and be quiet. So, she didn't answer, wouldn't answer the questions and they wouldn't do any kind of medication consultation without her.

This reflects a general misunderstanding of ADHD among some educators and others which prevented Shannon from getting her son evaluated until the first-grade teacher made the recommendation and referral.

She explained what happened, "So they put him on medication, and it helped a lot, but he couldn't sleep," like Susan, the medication was helpful, but the side effects were an impediment and eventually she took her son off medications. She described her decision and thoughts around

this, “And then we pulled him out of school in fourth grade and homeschooled because I didn't care where he did his work or how he did his work.” Shannon was able to adapt to her son's behaviors in the home and because of his inherent intelligence and curiosity, he did well as a home school student.

Two participants specifically stated that they had always known something was different about their child when they were very young. Chris stated it in this way:

Well. I think we recognized some of that, you know, or at an early age. Um, it's not like there was a well, you know, it's not like there was no aha moment because you could, you could really see you could pick up on things along the way.

It seemed that he was not sure what ADHD may have been all about but that his son's symptoms began to match up and that was the end of his discussion of finding out about this son's diagnosis. Mary reported something similar:

I guess the diagnosis was not a complete surprise because we knew something wasn't quite right, but it was still hard here. And I guess initially all your hopes and dreams that you have for your child come to a screeching halt at first.

Her reaction was much more dramatic in that she had some preconceived notions about what a diagnosis of ADHD may mean for her son and her personal expectations for him. She clarified, “Umm, but then you learn to focus on your child's strengths and to celebrate the small victories. And you learn to adapt to the situation as best as you can and not to give up hope.” ADHD seemed to have become less of a condemnation and viewed as part of the larger picture of her child's life, she attributed her adjustment to her faith, “Very much so. Umm it, it really helped, sort of, reel me back in and take a good look at things and, and just put everything in God's hands.”

Theme 8: Second Guiding Question Theme Two: Development is Learning as You Go

The second guiding question sought to understand the development of parents in how they handled their child's behaviors given the teachings of the evangelical church. "Development Is Learning as You Go" highlights the continuous nature of development, growth, and personal transformation, shaped by experiences, setbacks, and lessons acquired over time. As individuals progress through different phases of life, they gain and implement new perspectives, abilities, and coping mechanisms to navigate various opportunities, obstacles, and evolving situations. By accumulating knowledge, skills, and insights from experiences, relationships, and formal education, individuals enhance their problem-solving skills, personal growth, and ability to withstand uncertainty and challenges. Self-reflection, introspection, and evaluating one's beliefs, actions, and choices are often essential for personal development. Viewing failures, obstacles, and errors as opportunities for learning fosters a mindset of growth, resilience, and adaptability, empowering individuals to apply their newfound knowledge effectively.

All participants expressed that they went through a process when learning how to handle the CPV exhibited by their ADHD children. It has already been noted that they had struggles in identifying what may have been causing the behaviors of their children and this provided a baseline from whence they started the process. It is notable that none of the participants really reported that they sought answers from their church initially. Only a few participants reported that they were able to use the teachings of their church in handling the behaviors because of the incongruities between the child's ability to control their behaviors, and the approach to discipline that the church promotes. The growth as parents that some participants noted did arise from general approaches that the church takes on how to have grace and forgiveness in general, but

this did not necessarily arise out of the more specific teachings on parenting and acceptable child behavior.

The daily interactions that participants had with their children contributed to how they experienced their development as parents. There arose a sense of understanding of the child's behaviors over time with repeated interactions and it was presented primarily as a trial-and-error approach to parenting which is not dissimilar to what many parents may experience. The key difference for parents of ADHD children who exhibit CPV was the extremes of their behaviors and reactions to traditional parenting approaches as taught by their church. The use of the term "balancing act" by Susan was an apt description of how all participants perceived their interactions with their children as they developed their parenting style to adapt to their children's behaviors. There was a sense that it was something that they had to experience to make sense of how to respond effectively and that over time they were able to address many issues by growing in their relationship and interactions with their children.

Louis provided a representative example of this as he described his ongoing struggle with how to relate to his son who was ten years old at the time of the interview. He stated:

Like to him what he thinks is what he's gonna say and he just hopes that somebody gets it and it's in an angry format and not in a calm format. So, it's one of the challenges I had to, and I still struggle with it.

His son's immediate reactions to interactions seemed extreme to Louis who continues to learn how to respond in a manner that will deescalate the behaviors. He described his son's reactions as abrupt and without forethought about how he may be received by those around him. It was this very reactionary response that Louis must resist when he communicates with his son so that his reply does not make their interactions more contentious.

Louis describes this as an ongoing hindrance for him because of his son's hyperfocus on certain issues:

So, he's very fixated on it, so it takes. And that's the other frustration I have personally that I have to learn is I have to be very mindful of my responses and not to just go my gut sometimes just automatically say something.

This is a process of learning and adapting for Louis as a parent that he experienced as being frustrating and something that he must be constantly vigilant of when interacting with his son. Louis had stated previously that he approached these interactions with the understanding from church that there is a way to treat all people that involved a basic understanding that every person is unique and should be treated with kindness and understanding. The experience of having to be hyperaware of how something said to an ADHD child can escalate behaviors was expressed by other participants and is best discussed as a subtheme under the broader theme that this is an on-the-job learning activity that proceeds with repeated interaction and adaptation through experience.

Subtheme 8.1: Experience and Growth Through Relationship

The concept that experience is key to understanding and development as a parent was discussed by several participants. Disagreements in relationships can serve as chances to enhance communication skills, conflict resolution capabilities, and emotional regulation techniques, which ultimately foster growth, comprehension, and resilience. Feeling validated, connected, and belonging through supportive networks and communities can enhance individuals' mental well-being, direction in life, and personal development. By embracing opportunities for growth and learning within partnerships, individuals can cultivate deeper connections, heightened empathy, and a stronger sense of purpose.

I will continue with Louis in that vein. He expressed the firm perception that no one can understand or judge something that they have not experienced:

I think I'm a firm believer of experiences shape our opinions and I think they are a lot more valid when you have that experience um because I, I believe personally that opinions don't matter unless you've gone through something right? So that you can relate, and you can have, a legitimate opinion regarding that. So my personal experience with this has really allowed me to be a lot a lot more understanding of the child.

He described his viewpoint in strong terms such as “legitimate opinion” which implied that anyone who has not had this experience and offers suggestions about how to handle this type of child is offering an illegitimate opinion. Louis couched this in terms of his personal experience which revealed that he feels that he is in a unique situation with his ADHD child who exhibits CPV and has “gone through something.”

Louis explained how he came to this understanding by describing his prior reaction to parents whose child showed behaviors that were outside of the norm:

I think it's, it's given me a whole different parenting perspective because before it didn't, again, I really didn't get irritated with those kids who were like that; however, I always wondered what wrong with them. A lot of times like, well, why can't you control your kid? Lady? Like what? Why is this kid bouncing up and down? I don't judge. I don't judge like I don't judge at all, like you do what you gotta do with that kid and, and nobody cares, and nobody should.

His response revealed that his perspective as a parent had developed over time with experience and he held firm opinions about judging the parenting approaches of others. He described his internal process of trying to make sense of why children that he encountered in the past behaved

in the way they did and why the parents were unable to control their behavior. Louis conceded that he could not have understood those parents' experiences without going through it himself and that now he has a more understanding perspective.

Louis took the view that it was no one else's business how a person parents their individual child and without knowing what is really going on with a child there is no legitimate concern on the part of those who observe the behavior. He was specific about this experience for him:

So it, it's again, I think it's that, that has allowed me to have that different perspective of it where I don't know what they're going through. I don't know what kid may have, and they're parenting to the best ability that they can. Whether that's true or not, don't really care; however, now I, I truly follow it more to uh that thought process as opposed to the latter because of it.

This statement revealed how Louis's approach to parenting has changed over time and that he accepts that not every child needs to be parented in the same way. His method was in congruence with what he believes that his church teaches about approaching everyone with grace and how his parenting has developed through his relationship with his son. Louis stated:

I always explain it. You know, when I talk about that, it's more about having grace and having empathy and having the understanding, which again, it's all that, as we say, believers or Christians, we should be already accustomed to, or having the foundation established that kind of of mentality. However, it's it's one of those things that the way I would approach is more of understanding.

He expressed that his approach is based on the church's teaching of empathetic responses and allowing grace in his relationship with his son when his behaviors become difficult. Louis recognized that his son's ADHD contributed to how he responded to interactions:

He's got a short fuse where it's difficult to process things in a calm manner where his brain's moving at 100 miles an hour and he's going and firing off on all cylinders and doesn't really take the time to digest any reciprocation or information back or given to him. So he automatically spurs and just, you know, just goes off.

Communication with his son has been an ongoing process of growth for Louis as he has developed more understanding of how he needs to respond in their relationship. He has learned that patience in his responses and understanding how to approach communication is valuable in deescalating volatile interactions, "It takes him, Amber takes him like a while to kind of, let's, let's pull that let's pull that apart. Like I didn't mean it that way."

Louis's relationship with his son has changed over time as he has learned better ways of approaching their communication. He admitted that this has been a process that has resulted in changes in both him and his son:

I feel like I've gotten, further from him, sometimes uh because of what he's been going through, and I've also felt like I've gotten closer with him because of my ability to now under, have a better clear thought process in terms of understanding what, what our relationship entails, right. So, it's not just I don't wanna say give and take it, it's, it's a lot more well balanced in regards to, him also learning how to approach the relationship between me and him.

Louis's response revealed that there is a growth process that evolves through the relationship with his child and how they need to communicate with each other. He stated, "And that's, and

that's been tough with him because he doesn't still understand when I say I'm mad versus disappointed and I'm like it's not the same thing, and he's like it is. I'm like, it's really not man.”

This response highlights Louis's development in understanding how his son has difficulty interpreting the emotions behind his responses and that his son continues to struggle in this understanding but that by experience they have been working through this issue. Louis closed, “So it makes our communication better between each other and it's also allowed us to, to have more open discussions.”

Shannon also reported how her perception of and approach to parenting changed because of her interactions with her son. She also expressed that prior to her experience with her son, she had a different thought process about child misbehavior:

I used to see kids acting the way he acts and think why don't their parents control him, or you know, that's how you get kicked down a few levels when when you get the kid that is that kid and um we used to say, you know, where's his mom? Where's his dad? Where are his parents? But then you realize when your kid is that way if there was anything they could do. Well, some of them don't care. But a lot of them, if there was anything they could do, they wouldn't be acting that way, but you just you do the best you can

This statement reveals that she had a more judgmental response of other parents before her child began behaving in similar out of control ways. Her thought process had been that the parent should have been able to control their child's behaviors and that she was “kicked down a few levels” when her child began to show CPV. This statement reveals that she senses that she has been demoted from some moral high ground that she previously held as a parent, and this was a profound experience for her. She came to understand that those parents had been doing the best that they could with their child and recognized that if there was any conceivable way that they

could have changed the child's behavior, they would have done anything that they could have to make that change.

Shannon goes on to describe this in other terms, "He was, I mean everywhere we went, he was that kid. You know, there's always that kid. Our kid was that kid." At a later different time in her parenting, she came to experience her son as "that kid" that the parents could not control. Over time and with experience she started to recognize that her perspective had to change as her son began acting out and she could no longer hold the opinion that her child would never be allowed to act in such a way. She states it like this, "He was, you know, most people are like, not my kid. And I'm it was my kid, wasn't it"? She expresses this as a very eye-opening experience for her and that it changed her in an insightful fashion, and she had to approach her son differently as he had become "that kid" who she did not think she would ever have to handle. Shannon had stated that she felt that raising her child in a Christian home would result in appropriate behavior and that for a time this was the case, "And I, I thought that we had a really good thing going." Her tone and facial expressions when providing this account show her dismay and sense of loss over how she once viewed her son and her relationship with him.

The idea that the learning process changes how one views themselves as a parent is one that was expressed by other participants. Jennifer states it in this way:

So I think when they first started. Well, when they first started and he was younger, I feel like it was easier to manage and it wasn't, it was like frustrating and exasperating and like, why is this even happening? Like what is going on? Why can't I figure out how to fix this? Umm through sometimes anger of like why are you doing this? This is ridiculous. Why can't you just be OK with whatever is happening and not act like this? Umm, to, why did I not figure out or like what did I do to cause this? What did I miss

along the way that this is how we think it's OK to act or this is how you feel like you need to act or whatever. Umm. And then all the way to their moments of like empathy, and I can actually handle it well, once in a while.

Her response also reveals a learning process and how her perspective changed over time as she went through the thought process of trying to determine what she had done as a parent to cause the behaviors. Jennifer was legitimately trying to figure out how she could respond to her son in a way that would mitigate his behaviors and came up with few answers. She questions her ability as a parent in multiple ways and this questioning was reinforced by the responses of her church members to her situation which had firmly entrenched in her mind that she was an “ineffective parent.” She stated, “Just something about me being like less than as a parent and we know that I struggle more than others or whatever. Umm, So like that in particular, definitely he did not make me feel good.”

Jennifer’s closing comment shows that over time she began to feel that she grew to be able to “actually handle it well, once in a while” shows that she developed some coping skills over time but that it was not a consistent experience for her. She goes on to describe this process more positively:

I think even in the times that I'm now taken off guard and like, no, I'm not ready for this overall, I still feel like I'm in a better place parenting and being more competent in my parenting and being willing to say I don't really know what to do in this moment and as long as you're not like losing it on me or anybody else, I'm OK to just not do anything and address this later and that's OK. Whereas I think previously it would more be like this panic of ‘oh my goodness, they're doing something wrong. I need to figure out how to address this right now and regardless of what that is like, it has to fix this instant’ like the

whole idea of once they misbehave you needed to address it immediately, so it doesn't, you know, become some pattern later on in life or whatever instead of, hey, let's pause, let's like let my brain, let me get back to my logical brain. Let me let you get back to your logical brain and then we can like talk about this. So, I think absolutely positive in all the things that I have learned through this, most definitely.

Jennifer came to realize that she was not an incompetent parent and that she needed to take a different approach to her son because of his ADHD. She realized that as long as no one was being injured by her son's CPV, she had the leeway to not apply an immediate consequence and allow herself and her son the time to calm down before addressing the situation. She views this as growth for her as she has developed as a parent in how to cope with her son's behaviors with empathy and understanding.

Jennifer's later response reveals the pride that she has in her increased sense of competency as a parent:

I think it's definitely benefited our relationship because even now I can see. So he has gone through now what? A full year of therapy and it's interesting that sometimes the things that he has talked about, I will have recently read about in a book or something and then we'll kind of be able to reinforce it for each other. Or I will see him now doing something that I've modeled or tried to model over and over again and then like, I'll just be shocked be like ohh maybe, maybe me not saying something, but doing something actually really is making a difference.

Her more tempered responses to her son's behaviors have resulted in a positive change in their relationship as she has observed that he has learned from how she responds to him. She expresses shock that she has been able to effect a change in her son's behaviors over time and

that this is the result of her ongoing efforts to model appropriate responses. This reflects growth in herself as a parent and in her son as he has been able to respond to her more positively as their relationship has developed. Her pride in this growth is clear in her tone and inflection when relaying this response, there is a sense of relief for her that she no longer feels that she is completely out of control in her parenting.

There is a real sense of trauma for Jennifer in her experiences with her son and this is something that provokes lingering doubt in her mind despite the growth that she feels has occurred. She describes this:

Now, more recently, when things have popped up because it's been so long, I find myself going back to the place of like, I think panic and PTSD or whatever of like, ohh no, this isn't happening again, I can't do this, I'm not prepared for this and so because in some ways when it was happening repeatedly, I had built up the mental ability to be able to handle it. Since it has calmed so much when it does pop up, I think I don't love the word triggered, but I get super triggered, and I don't always respond the way I had got into a place of being able to respond because I'm just soo afraid that it's gonna start repeatedly again.

Her son's behaviors have been so longstanding and extreme that she continues to struggle with feelings that any one event with him could result in a devolution back their previous pattern of interaction. The current time that elapses between episodes due to her ability to respond in a more productive way now evokes a sense of dread that perhaps she has been lulled into some type of false sense of security because she is not constantly on guard against her son's behaviors. Jennifer experiences a real fear that her son's behaviors will return to the prior level of intensity despite all the progress that she has made, and this is very anxiety provoking for her though she

does not express that his behaviors have reverted. This is an important part of her experience in that the fear lingers in her thoughts although she verbalizes significant progress in their relationship.

The idea that an ADHD child who exhibits CPV require constant vigilance and knowing your child was also described by Mary. She reported:

I think it's maybe a better parent in some respects because you have to really, you really have to know, you really have to know your child, you really have to know their triggers. You have to know what's going on with them. You really have to just constantly kind of have a gauge there to see what's going on... But I think you just have to constantly be aware of what's going on and your surroundings and their surroundings to try and um, head things off before they start.

This response reveals Mary's experience of making an active preventative effort on her part as a parent. Triggers have been discussed as an issue for other participants with their ADHD children and the regular experience of being on the lookout for what may prompt aggressive behaviors presents a sense that having this type of child requires very active parenting. Hypervigilance results in the feeling that parents are always waiting for the other shoe to drop so to speak, and as Jennifer reported, this can be very anxiety-provoking.

Mary approaches this with equanimity in how it has promoted her development as a parent, "So I learned there was an emotion or feeling that was tied to the outbursts." This is statement is as simple as it is profound for her experience with her son. The recognition that her son's internal life has a bearing on his external behaviors resulted in her adaptation to his reactions and she believes this has made her a better parent. She states of her learning process, "I

kind of have a better idea of where he's coming from and how to you know, what impacts him in a negative way.”

Taking the time to understand and have grace with her son has proven valuable to her as a parent and she describes it as a matter of experience for her, “As you experience and you learn about your child, I think it's become more positive because I've learned, more about him, how to adapt things um, so I think it's actually made it more of a stronger relationship.” Her expression that her growth as a parent has resulted in a stronger relationship with her son was like the experience of other participants and is something that cannot be undervalued in situations where CPV is present. In summation she states, “I wanna say it, it's just a matter of learning how to deal with it and cope with it and the more you do that the better the relationship gets.”

The ongoing learning process of learning to parent an ADHD child through experience and its impact on the relationship with the child continues to run throughout the responses of other participants. Mike describes his experience in this way:

You learn to have more patience with it and learn that you know going after him and at him when he has a one of his episodes is not as good as just letting him, the episode run itself out because they've gotten shorter and not as many over the last how many years, especially the last year or so.

His focus on having patience with the process and his son who has such extreme behaviors over such a long timeframe that the experience may colloquially rival the patience of Job. The learning process has involved much trial and error on his part and there has finally been some alleviation of the struggles with his son as Mike has developed a less contentious approach to aggressive episodes. This parallels Jennifer's experience in that it seems that allowing the episode to “run itself out” is a more prudent approach to his son. This denotes a passive response

rather than an active one and given that Mike has expressed concern for the safety of his child during his aggression, which is a monumental act of endurance that reflects his growth as a parent.

Mike also recognizes that his change in reaction has resulted in a positive change for his son that is like other participant responses. It seems that now there is more time to sit with the behavior long enough to look for alternative solutions without enduring additional CPV from his son. He describes this:

He doesn't say or do the things towards me that he used to do when he gets mad or upset about something, you know, something happens, when we're out somewhere you can in a way, kind of like tell him like hey, let it sit for a minute and you can talk him down and then fix the problem. That he would used to get mad at.

These small progressive steps towards stability are clearly a relief to Mike as he discusses this change in his relationship with his son. It is reminiscent of Louis's experience that the wrong response may provoke an extreme reaction from his son because of his inability to control his thought process in the moment. The idea that having a few minutes to calm down and think things through is something that may have developed in Mike's son over time with maturation of both parent and child. Mike's son is two years older than Louis's son and he has those two additional years of experience in learning about his son and how to best respond. Mike reflects on his development as a parent in terms of a learning process, "I think it's maturity and just learning as you go to where the way you were doing things the past didn't work. So you try something different and see if that works, and it did."

Susan also describes her experience with her ADHD daughter as a process of learning how to adapt to the ever-changing landscape of her daughter's behaviors. She describes some sense of being held hostage by her daughter's behaviors:

They're not going to be the same every day. You literally wake up and your day is determined by how they wake up and what mood there in and what umm, you know basically how their day is gonna go is gonna determine how your day goes.

The unpredictable nature of her daughter's behaviors dictates her experience to some extent, and this is something that she encounters daily. Susan does not express the same fear that Jennifer does, but there is some sense of resignation in her response that this is an ongoing process in adaptation that she must be ever vigilant of in their relationship.

She reports that she has experienced growth in this area with her daughter who is now 17 years old:

The longer that you're with the child with ADHD, the more that you learn over time, the more that you, you, you fail, and you get up and you try again, and you fail, and you try again, and you learn from your mistakes. Umm, I think, I think I'm better at it now than I was when she was five for example.

It is notable how long that Susan has been learning to adapt to her daughter's behaviors and that now, after 12 years she feels more competence in managing the situation through a long process of trial and error. Her response reflects how her development as a parent with an ADHD child is a slow and singular process that takes multiple daily experiences to evolve.

This learn-as-you-go approach is one that she undertook with very little guidance from others, including church members as she stated previously. This was something that she just had

to experience herself to become more proficient through a try and try again approach. She states that her responses are situationally specific and unique to her child:

Umm, because I've adapted and learned. OK, don't do that, cause that definitely does not work, or you know try this because it worked last time, and it diffused the situation quicker. Umm. Or, you know, handle, handle her this way when she does this, handle her that way when she does that.

There is a sense in her response of having to sort through a catalogue of experiences to find one that matches the present situation for a response that will resolve the interaction in a workable way. This reflects her unique experience as a parent with an ADHD child who exhibits CPV because there could be such a wide array of behaviors and reactions from which to navigate that may not occur with a neurotypical child.

Susan describes her experience with the sense that it requires active work that exists in isolation:

Um, so it's, it's, you know, it's one of those things as a parent, you have to really work to learn your child, umm, and, and kind of make your own parenting way. And you, you can't let anybody tell you how to do it. You have to figure it out the way that it works for you and yours.

Susan's expresses that her parenting situation is unique and that there is really no one who guided her through the process and goes on to describe it in terms of survival, "We've had ups, we've had downs, but overall we've survived, and we've survived very well. Umm, given where we've seen, you know, others struggle. Um, and, and for that I will always be proud." Her sense of accomplishment and pride in her experience is provided as a contrast to other people that she has encountered who have had more difficult situations. This recognition that things could have

been worse is the product of her development and experience with her daughter and is a valuable insight on her part.

Mary, Mike, and Susan were not the only participant to use the terminology of “learning your child” when describing their development as parents. Ashley describes a similar experience, “You just gotta know your kid. So I think that would, would be my advice too. It's just, you know, learning who they are as people and approach them with what's best for them, not necessarily me.” Her response is unique in that she clearly states that she accepts that she sometimes must do what is best for her son and that may not always be what is best or easiest for her at the time. This was implied in the experiences of the other participants when they reported that they had to adapt their behaviors to those of their child and that this required work, but Ashley was more explicit in her recognition of this aspect of her relationship with her son. She also noted her experience that every day is different, “You know, just to let them know that they're gonna have real bad days. They're gonna have great days. They're gonna have bad days. And to give themselves the parent, the grace.” Ashley's response is reflective of her church's recognition that there is not some inherent character flaw in the child or parent but that they are each individual people who experience life in different ways.

Ashley has an intentional focus on making her home a place for learning and acceptance for everyone involved. She highlights that she has expectations of her son's behavior but allows for the recognition that she will get upset and that forgiveness is key:

I think that he knows that ah, it's a safe place here, right? Like he knows that it's not supposed to be.... You know, we're not supposed to act that way, but I'm not gonna judge him for it. And I'm not gonna be mad at him forever.

Ashley does not expect perfection in herself or her son and realizes that judgment of his behaviors is not useful. She describes this as a learning process for her and that she must adapt her responses to her son in such a way that the relationships in the home are positive. She describes this, "I've just learned that that's what works for him, and it makes everybody else happier. Like, why don't, we don't need to have this, like, constant like yelling house when you know, it doesn't have to be that way."

Ashley's parenting has developed to be focused on making her son's experience of the home environment as positive overall and a place where learning from mistakes is valuable. She is future oriented in her approach as she keeps his ultimate perspective in mind:

I don't want his childhood to be me yelling at him or Louis yelling at him all the time.

Right. I want their memories to be of learning right and, and like life lessons, life lessons with consequences, positive and negative.

She focuses not only on his experience but the process by which he learns that his actions have consequences and that there may be better ways to navigate any given situation. Her parenting has developed to become solutioned focused in her responses to her son's behaviors. She states, "I want it to be more of like ohh. There might be other solutions to the problem, so let's, let's go this way. Let's, let's look at how can we get there and achieve what we need to achieve."

Teaching him alternative solutions and responses are important to Ashley in her desire that her son grow as a person as she has grown as a parent. She can use her own experience of learning her child to teach him about alternative ways of approaching problems from different perspectives.

Chris also reflected on how he has matured as a parent in his realization that he cannot be perfect in that role. He also allows himself grace in parenting his ADHD son and describes how his perspective has changed over time. He states:

The people that you're responsible for, you, you, I think you take that upon yourself as a reflection on, on you or the job that you've done to get them to that point and um, you know there are, um, I guess as I've matured, I've found that that to be the furthest from. I mean it's just not, you, you cannot, look at that and, and, and try to draw comparison.

He initially speaks in the second person in this statement to describe his own experience and it is not clear if he does this to distance himself or to offer advice in some way. He continues in the first person to reveal his experience of maturing as a parent through the realization that everything his child does is not necessarily a direct reflection on himself as a parent. Chris is careful to state that there is not a direct correlation between these two things in his experience when he says that a comparison cannot be drawn at any point in time.

He goes on to discuss the humbling nature of his experience with his ADHD son's CPV and how it has affected his view of himself. He describes this:

Yeah, yeah, do um, in uh, in self-confidence, and, and you can apply that to both positive and negative because it is a positive thing, I guess to come, like come to the realization, but to reckon with the fact that, you know the that you're not, you're not the perfect parent. You're not the perfect person um, you may be real, you, you may be wr, wr, wrong. Wrong. You may be wrong. Ohh. You may not be right. You know, that's a tough thing. But yet when that happens enough, it's like, man, what am I right about, you know? And so, you know, am I even, am I even worthy?

His characterization of his experience as one of reckoning belies that he had to come to face who he genuinely is as a parent and a person. Chris reflects on this as having a two-fold impact on his self-confidence in that he had to realize his fallibility in the face of a prior sense of accomplishment. He reflects on his lingering doubt in the final sentence when he ponders if he is even worthy to have the responsibility of parenthood. This is a profound statement by Chris because he had two children from a prior marriage, revealing that his experience with his ADHD son has presented him with such internal strife that he now questions his worthiness. There is some sense that whatever self-confidence that he had developed as a parent before this child has been affected by his experience with CPV.

Chris goes on to describe how this experience has led him to the realization that his child pushed him to extremes that he never thought that he would reach:

I don't think you can get too high or too low um, but you know part of that too, I think that we all we all reckon with, now that's not just for kids, somebody with that kid with ADHD, because how many people have you heard say: um I never thought I would. I can hear my mother when you know, or I can hear my father when I say, and because I said so, alright, everybody tells you that and there's a perfect example of um, of getting to a point that you know that you, you promised yourself you wouldn't get to.

He describes how he has experienced the highs and lows in his view of himself as a parent and again uses the reckoning imagery. It is interesting that he offers the caveat that this is not the unique experience of parents who have a child with ADHD, but that implies that it is a universal struggle in parenting. This again may be because he has experience with three neurotypical children from which to draw his frame of reference, but in this case, he is referring to what has happened with his ADHD son, so his generalization is intriguing. There is a distinct possibility

that he is trying to normalize his more troublesome parenting experience to assuage the feelings of inadequacy that it has invoked.

It is important to note at this point that some of these participants expressed how they were able to rely on concepts from church as they went through their development with their ADHD children; however, most primarily expressed that they had to learn daily through immediate trial and error. This is not surprising when considered in the context that participants had unrealistic expectations about parenting based on church teachings and that the church did not offer a great deal of guidance for parents of neurodivergent children. The “black and white” and “cut and dry” approach to parenting and child behavior were not applicable to the specifics of their unique experiences with ADHD children who exhibit CPV. This is valuable because the lack of applicability of specific church teachings on parenting highlights its primary inadequacy as a valuable resource for how to manage CPV from an ADHD child. Some participants expressed how aspects of church teachings about how to approach people in general were useful to parents but that there were outside resources that also proved effective.

Theme 9: Second Guiding Question: Development Through Multiple Resources

The second guiding question focused on parental development as they handled their child’s behaviors given the teachings of the EC. Participants noted multiple ways that they viewed their development as parents when dealing with the CPV behaviors of their ADHD children. It has already been stated that most participants expressed a learning process by which they learned as they went through the process of parenting their children who did not conform to traditional parenting approaches to discipline and behavior management. Church teachings on child-rearing were mentioned by some but the large majority drew from more general biblical concepts as their children did not fit into the prescriptive mold that their church promotes for

child behavior. Some participants expressed their use of what they learned at church in conjunction with other resources that they had at their disposal and others treated their church's approach with benign indifference. Church values of grace, acceptance, and forgiveness were primary for most participants who drew from the teachings of their church for guidance on how to raise their ADHD children. Other sources of guidance were sought in therapists, research, reading, talking with other parents, sports activities, and medication.

Mary's responses throughout her interview reflect her reliance on her faith in managing her child's behaviors. She specifically mentions the generational biblical advice that she received from her mother:

I remember my mother always saying that God made man and his own likeness and to treat others umm, the way you want to be treated and that particular, uh, statement to me it was always like a prayer to me when I had to deal with an outburst or aggressive behavior, and it made me stop and rethink how his handling the current situation.

This statement reveals that her childhood teaching on how to treat others was primary in her responses to her son's behaviors rather than a focus on the obedience of children or the view of parents as rule enforcers. Mary's adaptation and development as a parent was based on the idea that her child is a being made in the image of God and should be treated with value as such. She noted that she was able to use this concept as a prayer during times of aggression and that it was helpful to temper her responses to her son.

This application of the proverbial golden rule mirrors her church's treatment of her as a parent experiencing CPV as they were open and understanding of her experience. It seems that to some extent they modeled the approach that she took when responding to her son and it was in

congruence with what she had been taught as a child growing up in the church. Mary goes on to say of the church's teaching on child-rearing:

I think it's sometimes it's a little too cut and dry, and to me, when I think about, I think that God is love, short and sweet, and I can discipline my child in a way that works for him and still obey God.

This very simple statement reveals that Mary developed as a parent to work within the church's teachings to address her son's unique needs and still be obedient to God. She recognizes that there is an element of flexibility in discipline and that she must discipline her son out of love as God would discipline: "God disciplines us out of love and to put us on the right path just as parents do."

Mary describes how she has developed as a parent through her faith and prayer. She states, "So it, it's been something that I've learned along the way that you really have to look at it and pray on it and, and um, God kind of sends you what you need." This insight into her reliance on God to provide reflects her faith and that by being obedient herself she will receive the strength she needs to proceed as a parent of an ADHD son who exhibits CPV. She described her biblical approach to discipline, "It's disciplining them, but again, it's not in a harsh way. It's in a more structured way so they understand what the consequences are um, and what to expect." Mary has adapted her parenting to fit the needs of her unique child over time and maintains her belief that obedience to the Bible will yield positive results. Her closing statement about this again refers to teaching that she heard as a child, "My mom used to say if you obey the Bible, you can't go wrong."

Shannon also expressed that her faith has not been changed by son's behaviors but that it has certainly changed other aspects of her experience as a parent. She states, "The kid with their

ADHD changed a lot of things, but not really, not really, through the way we wanted to bring them up through church.” She experiences her parenting as changed through the process of learning to handle her son’s behaviors but remains steadfast that it is important to her that her son be raised in a church environment. Shannon has stated throughout her interview that she has had difficulty making sense of how her son’s behaviors came to be aggressive and defiant in the context of his having been raised with Christian values.

This is a struggle that continues to follow her, and she never came to any conclusion about how this evolved in that context given her strong value of a Christian upbringing. It was discussed previously that she sought many alternative explanations for his behavior but perseveres in her belief that raising a child in the church is a key value for her as a parent. She states, “With God, I, I don't think that that diagnosis changed anything in that perspective.” Shannon has previously stated that she had to adapt her responses to her son but maintains that following biblical approaches to child-rearing is her preference. She goes on to recommend that other parents seek help from their church, “That's definitely what I would tell somebody is, you know, get all the, welcome, all the support you can from your church and your friends and, and tell them what's going on and. Let them help you.”

Shannon’s husband Chris also adds the element of grace to his response:

In this case, if it's ADHD and and there is some um, there's some violence then. You know, how are you gonna react to that? You can, you just take it in a, a in a, in a Christian manner or you are, are you, you try to resolve it and, and what is such that is a Christian manner and so um. You know what would Jesus do?

His focus is that the church does not teach that ADHD is a problem that can be solved and his church approaches it with the popular idiom “What would Jesus do”? In this case the idiom

maintains its literal meaning but implies that the person using it understands that Jesus would approach others in a loving and forgiving manner. Chris has stated that his church members approach him in this way and, like Mary, have modeled an approach to the ADHD child and his or her parents that does not seek to solve the issue but to respond with caring and concern.

Chris also echoes his wife Shannon's sentiment that while his parenting has developed, he still feels that it is important to raise a child in the church. He bases this on his own experience as a child:

But I strayed away from that. I can tell you. But but seeds were planted and there was growth underneath that uh, that stayed there. And so I always had the belief that the that having children, that if you plant those seeds properly that happen, just like it did for me, right, well.

He describes his earnest expectation that if he raises his children in the church then the seeds of faith are planted. He goes on to explain how he cannot be sure that this will be the case with his son due to his ADHD. He states that he is not sure that the seeds will bear fruit in his son:

ADHD is a different level...And it may not make sense to you at that time, but as you as you get older, you may have aha moments. Your or you just may have feelings that say, hey, this is right, this is not right um, I need. I need to go with better things happen to me when I go with right. So I'm gonna chose right. But, but you cannot pinpoint what a child with ADHD is gonna do. And then what I have found is that when they do make a decision on something that they're, they're very passionate about it.

Chris's response seems to take a roundabout way to describe that he has doubts about whether what his son has been taught about right and wrong will ultimately result in his choosing according to those teachings. He expressed lingering doubts because of his ADHD son's

tendency to adhere to what he has decided is right without regard to what he may have been taught by his parents.

Chris goes on to explain his thought process about how his son's ADHD can result in positive outcomes but that it is so different from his experience that he has difficulty relating to it as a father. He states:

If you can ever, harness that and move it from one track to the next, you, you you'll be in good shape. But um, but I think that there is a sense of um, of, of individuality that, that these kids are looking for, to, and how and where that they can fit in is, is something that I think that they deal with uh and, and on a level that I never had to deal with.

He recognizes that his development as a parent can only go so far because his son lives a different reality than he did as a child. Chris is hopeful for the future of his son and maintains trust that bringing him up in church has at the very least, planted the seeds of faith in his son and reiterates the valuable support he has experienced from his church, "I don't know where we'd be without them. I mean, I, I shiver to think. Because. I just, I don't understand how people can do it without that kind of support."

Chris was not the only participant to mention the phrase "what would Jesus do" when thinking about how to respond to an ADHD child. Ashley uses this to sum up what she has learned at church about parenting but then goes on to explain what this means to her and her thought processes when parenting her ADHD son. She states:

We just try to do everything based on like, you know, what would Jesus do like? I don't want I, I want that inclusive, I want that welcoming. I wanna be, I wanna be the parent that teaches them to be kind humans and to respect everyone and to embrace and to listen and to have empathy and to just not judge. And so, that's, that's really what I wanna do

and my parenting style is just allowing for grace and just reminding them that they're not perfect and that we're gonna make mistakes. And as long as we're humble about that.

That's fine, and learning.

She has stated that she is focused on maintaining a warm environment in her home that promotes a learning process for her son and that her church teaches inclusivity. This statement is laden with values from her church and reflects these teachings. Ashley has developed a way to apply the general values of grace, empathy, humility, respect, and lack of judgment to her parenting approach.

Ashley describes her internal self-talk when discussing how she responds to her son during difficult times:

I think it ebbs and flows. I think it depends how far I'm in, but I would say for the most part, it's easy for me to kinda take that breath and go there, right, and just, be able to like center myself and, and use, and use and, and, and remember everything that you know I've been taught.

She admits that she is not perfect and that her responses vary depending upon how far she has gotten into an interaction with her son but that she now recognizes that she needs to take a moment to choose her response. She has stated previously that she uses prayer in difficult times and reminds herself that she is not alone in those situations and that Jesus is actively present in the moment to help guide her reactions.

Ashley also reports that there are other factors that have contributed to her growth as a parent. She states of her profession:

I do think I had a little bit of advantage, but it, it definitely it's even with what I do for a living. It's still hard and it's still where you're just like ohh yeah, you need you need a

reminder. You need those reminders, and you forget that their brains just work a little different.

She recognizes that even with her background in treating young children with behavioral issues, she must remind herself that her son's brain does not function the same as hers and that this is contributing to his behaviors. Ashley also recognizes that she has grown from her initial reaction to her son's symptoms when she talks about her thought process when responding to a change in her son's behaviors. She states, "I'm proud of myself because I immediately recognized and I was like, OK, so-called her up and. She was like, alright, let's add Focalin. So he's on both now and it's wonderful." This statement reflects not only her development as a parent but also her recognition that there is value in the use of medications for her son. She was able to apply what she had learned from waiting to have her son diagnosed and treated for his ADHD, "Yes, so I learned my yes, I learned from my, whatever... Yeah, I didn't wait this time."

Ashley goes on to make suggestions for other parents based on her experiences that reflect her developed insight. She expresses, like other participants, that this experience can be isolating:

You feel alone in those situations, and you feel like you're a bad person, or you might feel that your kid's bad because you don't see, you know, Sammy next door behaving that way. When people don't know what goes on in people's house is like, you know.

She recognizes through her own experience with her son that not everyone realizes that other people have similar experiences which may not be obvious to the outside observer. The idea of the family secret arises in this comment when she refers to not knowing what happens in other peoples' home and that there is an element of suffering in silence to this experience. She goes on to recommend a variety of options:

You know, find your support groups. If it's not your church, cause you know not everybody goes to church, if not your church, like it's something else but also therapy because, CBT DBT because that is we, we gotta learn how to understand that the individual that we're trying to parent, right, we gotta learn.

This statement reflects Ashley's broader viewpoint of coping with CPV from an ADHD child in its recognition that there are options outside of church support that are useful for parental support and growth.

Louis sees church as the source of a different type of experience for his growth and that of his son. He states his value in this way, "My goal is really to focus on the spirituality aspect of this and, and the, and what the church can represent." The community aspect of church, rather than his church's focus on specific doctrine, offers a respected experience for his son in that he is exposed to many different types of people and living circumstances. He describes this:

Meaning that you go there and it's one of the few churches that we attend that honestly have homeless people come in and they allow them to sit in, in church ... it's an exposure to him that I'm trying to make sure he understands that there is good in the world and that going to this to this church is more about giving him an opportunity to kind of see it versus just hearing it. Cause I think there's two different things, right. Once you experience something, your perspective changes versus you just hearing about it and like you have no, no ability to get it.

Louis clearly stated that the social experiences that his family is exposed to at the current church are important to viewing the church representative of benevolence and that there is more to the world than their own family. He sees this teaching as paramount over education on parenting or

child behavior, but he has recognized that his current church has an opportunity to offer more family-specific content.

Louis's focus on the medical aspects of his son's behaviors have resulted in his development as a parent through seeking alternative solutions based in the science of ADHD. He has stated that he has ADHD himself and that medication has made a huge difference in his life. This translates to his experience with his son, "So medication has made a huge difference, where it now allows him to be stable throughout the whole day." He also places value on the efficacy of physical activity, "So uh sports made made a huge difference, and for him especially, yet when he got into a sport like soccer."

Louis goes on to explain what has changed since his son started paying soccer:

And, I think it's it's helping my son because he's learning that at a young age, right? Like I, I told him like look your spot's not guaranteed. You got to try every year, so you got trials this year and I was like, look, if you don't make it, it's OK, you know? And, and he told us, like, yeah, I'm OK with it. I'll just do, I'll just do better. Like, OK, so we had we built the plan, he was he was willing to build the plan. Do I think if he's gonna follow through it, I have no idea? However, the fact that he was willing to verbalize that he was OK with either not making the team and that he was willing to do something until the next tryout season to get better showed me that sports was already helping him in some way mature much faster than if he wasn't in it.

This exemplifies not only his son's progress but his own advancements in how he has learned to communicate with his son. He shows that he had a conversation with his son about the soccer team and how to help him manage his expectations. Like Chris, he has some lingering doubts about how it will ultimately work out, but he maintains positivity that his son is making progress.

There is a very real sense of accomplishment for Louis in his development as a parent that is reflected in the growth of his son:

He's starting to get it an, and that's, that's what I love about seeing the progress right as they get older. Is that right now he's finally starting to take it's, it's not all the time, but he's starting to realize he needs to slow down and articulate himself better when it when talking to not just myself or he's learned to do with his friends as well.

There is a two-way interaction much like the modeling of behavior in other parents, whereby Louis's son has learned about better communication through interactions with his father who has developed his approach to his son over time.

Professional intervention in the form of medication and therapy was reported by others a crucial to their development in handling their child's CPV. Mike describes his need to learn more about what the diagnoses of ADHD entailed, "Well going to some of his appointments and understanding, you know. Listening to the doctors and counselors and his mom and helps you understand that, things a little bit better because something I didn't know anything about." Mike had no background with ADHD and did not know that a child with this diagnosis could exhibit the aggressive behaviors that his son was engaging in with him and his family. He admitted that learning about this was crucial to his growth as a parent and how he began to learn to respond to his son.

Mike also reported the growth of his son through sports as another approach that parents can take to ADHD behaviors. Mike had encouraged his son to try sports as a physical outlet for his energy in the hope that it would redirect his anger. He stated:

He's he uh broke down and started playing sports last fall and which is, was a big step for him and trying, playing soccer, then trying out for basketball team and then playing based on the baseball team, so he, he's branching out slowly.

This represents a great deal of progress for Mike's son who had previously exhibited school refusal and intolerance of failure. Mike is naturally athletic, and his younger son is also very involved in sports, so it is a value in the family that again was modeled for the son with ADHD. He describes the change in his home as stark:

It's much more calm. He's much better about just general things like, you know, taking a shower or brush, simple things, like, even brushing your teeth, which you would fight about, you know, two years ago, now he'll brush his teeth every night for the most part and going to bed.

Previously he had reported that there was a period where his home was in chaos because of his son's CPV when he stated there was, "a time frame for about five years, it was just brutal, really bad." At the time of the interview, he reports a significant change with a palpable tone of relief, "It's been so few, I mean it's here and there being I'd said no more than like three a month I'm guessing." Mike expressed pride in his son's progress which represents growth in himself as a parent who at one time did not know what would come of his child because of his behaviors. His sense of maturity as a parent is reflected in his new hope for the future of his child.

Research on the diagnoses and how to manage the behaviors of the child was also valued in other participants. Susan describes her development:

I think overtime with doing a lot of research and umm, you know, talking to other parents who have children with ADHD and um you know, having, having that small knit group

of, of people that I can, you know, kind of talk to and vent to and, and get advice from um, and getting older and getting wiser.

Her description uncovers that she had to do her own research outside of the church's teachings which she previously describes as "cut and dry." Susan seems to recognize also that there is some value in simply getting older through the experience with her child as she was 25 years old when her daughter was born. Her process of growth in parenting her ADHD child was in the context of growing up herself. This could be said of any parent, but the unique experience of CPV seems to accelerate that maturity in the parent by necessity.

Susan also reported that her faith was a big part of coping with her parenting situation, not in the sense that her church's teachings on child-rearing were integral but that parenting an ADHD child who exhibited CPV resulted in growth in the family's faith. She states:

I think, I think um, the, the good thing is [her daughter] found the Lord first and she brought me and my husband to the Lord next um. And with that, we grew as a family in our faith, and I think it had been a very different outcome had it not worked that way because we were able to, learn is a family grow as a family, keep faith in the middle of everything. Um and I really think that helped us because umm, in the middle of, you know, even when we discipline, we always think of things with a compassionate heart.

She gives credit to her daughter for bringing her to the faith and recognizes that part of her development was maintaining and growing her faith throughout the learning process with her daughter's behaviors. Susan points to compassion as a teaching that was valuable to her as she learned how to best discipline her daughter. This compassion is what makes it work for her family:

And I think that's what made or makes us work, and it, you know, it may not work for you and your child, but for me and my child, I think that's what works. And that's what makes us special umm because there's always a bit of compassion. You know if I have to tell her no or I have to discipline her. Umm, there's always compassion with it.

She is careful to note, through experience, that what works for her, and her daughter may not work for everyone, reinforcing her belief that there is no one size fits all prescription for parenting.

Susan makes the following recommendation for other Christian parents who have an ADHD child who exhibits CPV:

Um, it never hurts to educate umm, you know, that was the, the big thing that I learned with mental health. You know, the more that you educate, the more that people understand, the more that it's not a stigma anymore. Umm. And I would say the same thing about ADHD. The more that you educate, the more that people understand, the more that they're not so judgmental.

This statement is born directly of Susan's experience with some members of her church who were not accepting of her parenting approach to her daughter. She has stated that she felt pressure to force her daughter to be obedient and a sense of misunderstanding from others at her church. Her recommendation is to promote understanding through education so that there is less judgment and more support for the parents and child.

Jennifer found answers from resources outside of her church through which she was able to integrate her Christian beliefs. She noted that she sought help from a Christian therapist who helped her see more clearly her role as a parent:

The truth and lies things was very important for me as far as like the things that I thought about myself, and like the failures and the things that weren't working or whatever. But then what does God say about me as his child? Who am I in Christ? And replacing the lie of like you, other or whatever with, umm, God gave us to each other like there's a reason for this, like he hasn't left even though it's hard like he hasn't left, and he has equipped me. Even in the moments that I don't feel equipped. Umm, I think that was probably the biggest - replacing some of the lies that I had grown to believe with His truth.

The therapist did not promote any one child-rearing practice but helped Jennifer see the truth about who she is in Christ and how that reflected on her ability to parent. She recognized that she had to replace some of the thoughts that she had about herself as a parent which had been reinforced by the responses of her church members. Jennifer reiterates that she had to learn that she was not alone in difficult times, that God was with her, and that he had equipped her as a parent even when she may have felt like she was the only one. None of this came from her interactions at church or what she was taught there about how parents should behave, but her inherent faith was supported through the validation of her experience by the therapist.

She goes on to describe how outside influences promoted her sense of efficacy as a parent:

OK, so towards the end of some of that, because I was spending so much time like reading and listening to podcasts and talking to therapists and trying to figure out all the things possible, I feel like I got in a better place of being able to handle it and even to a place of being able to deescalate him more.

Her development as a parent was very reliant on her own efforts to seek guidance than from what she was taught about parenting at church. Jennifer acknowledges that she has grown through this

process and that she can handle her son's CPV. Her faith in biblical ideas is like that of Mary who spoke about being created in the image of God:

But I think just like, like we're each created uniquely and individually, we each have a unique relationship with Jesus um as believers, like our kids are all created differently. And there's a different way to parent each one of them. Umm, it's just, you know, figuring that out along the way, I guess.

This response also echoes that of Susan in her acknowledgment that there is a unique way to parent each child and parents of ADHD children have a distinctive experience in how they must learn to adapt along the way to CPV.

Jennifer's recommendations to other Christians who experience CPV from their ADHD children is especially touching:

And I think sharing the whole truth versus lies thing and recognizing that we all walk through seasons and some seasons are just like so awful. And at some point, we will walk through them we don't know what it's gonna look like or how quickly or how long it's gonna be or whatever, but I think just making sure that people don't feel like they're completely alone. But I I don't know. I really feel like the validating the experience is such a huge thing that a lot of Christians just ohh my gosh, miss.

Validation of her experience as a season of life that she is not walking through alone came from her long journey of seeking support and being provided with negative feedback on her abilities as a parent. The lies that she reported telling herself for so long has become so entrenched in her thought process that she was actively telling herself that this was a fact. Her shift in perspective is a powerful part of her growth as a parent. The fact that she verbalizes that Christian's "miss"

this should be very revealing of how to better approach parents who experience CPV. She goes on to state:

Because even with this like I think all of our situations, while there is probably similarities like there's always unique things but I think the most important thing is to be grounded in knowing who you are in Christ and then finding community umm to like support you at least be willing to listen.

The implication that her church community was not supportive or open to hearing her experience with acceptance is an unembellished call to action for the church.

Summary

The data from my study reveals the meaning and value that EP who experience CPV from their ADHD children place on the support of the church. This is highlighted by both the actual experience of support from church members and the lack of it that leaves in participants the sense that they cannot turn to those that they perceive should be supportive because of their faith. Participant responses also show that they perceive the church as providing an unrealistic view of parenting that does not align with their unique experience and leaves them without answers specific to how they should approach their ADHD child. While some participants clearly apply other church teachings such as grace and forgiveness to their child-rearing, they do not necessarily find these solutions in the church's teachings on how a parent should behave and the expected response of the child. Despite their perceived lack of preparation for parenting based on church teachings, most participants found that they were able to develop and grow in their parenting practices through repetitive experience with their child and the use of both church teachings on how to treat others and outside resources such as therapy and medication. Participant recommendations for parents of similar belief systems and family experiences reveal

that seeking the support of the church is encouraged but that the church's response may need to be adjusted in some cases.

Participant responses also show that they perceive the church as providing an unrealistic view of parenting that does not align with their unique experience and leaves them without answers specific to how they should approach their ADHD child. While some participants apply other church teachings, such as grace and forgiveness, to their child-rearing, they do not necessarily find these solutions in the church's teachings on how a parent should behave and the child's expected response. Despite their perceived lack of preparation for parenting based on church teachings, most participants found that they were able to develop and grow in their parenting practices through repetitive experience with their child and the use of both church teachings on how to treat others and outside resources such as therapy and medication.

Chapter Five: Conclusion

Overview

The purpose of my research was to reveal the thought process that EP who experience CPV from their ADHD children go through when making sense of their lived experiences with their children, the support of their church, and their growth as parents. Findings from this study will be discussed briefly in terms of the themes that emerged from the data as they related to the research questions. I will discuss how my findings added to the extant body of qualitative IPA research on this topic and how this is associated with the bioecological theory of development proposed by Bronfenbrenner and Morris (2006). My research's theoretical, empirical, and practical will be discussed from an evangelical Christian worldview to examine how my findings may inform future research and practice for clergy, professionals, and the larger body of Christ. This worldview represents a set of presuppositions about reality and how to interact in the world which is all in submission to Christ. The worldview is unique in foundational its truths: there is a God who exists, he revealed himself through creation and the inerrant biblical text, and was embodied in the person of Jesus Christ who died on the cross as a propitiation for the sins of all those who believe in him (Barna, 2003; Phillips et al., 2009; Schultz & Swezey, 2013; Valk, 2012). Finally, I will discuss the delimitations and limitations of my research and how this will inform implications for future research on the topic of CPV by ADHD children from an evangelical Christian worldview.

Summary of Findings

Central Research Question

The purpose of the central research question was to gain insight into what participants revealed about their inner experience of support from their evangelical church and what this

meant to them as parents of children with ADHD who exhibit CPV. Participants in this study expressed the primacy of the church as a source of support in their experience of CPV based on how their faith informed their view of parenting and child behavior. This was revealed in the range of responses in which some participants described their church as implicitly supportive of their experience, and others expressed their expectation that the church would be supportive but described the experience as lacking to varying degrees. A key aspect of support described by the majority of participants was their church's active interest in their situation and the genuineness of the church's attempt to truly understand and accept their experience as a parent with an ADHD child who exhibits CPV. Participants described their experiences in terms of how open church members were to empathize with them and coming alongside to walk with them through their journey with their child while also noting, in some cases, an acceptance that their experience was so unique that all they could expect was more of a sympathetic response without judgment. The variety of responses revealed that participants experienced these factors as crucial to support whether they found it abundant, lacking, or absent.

Another critical aspect of the experience of church support was the connection made in smaller group settings within the church. Many participants found that this was the place where they felt most supported and understood, as they could share more openly in this setting without concerns of judgment by the small group members. Those participants who attended larger churches were especially keen to note that the wider congregation may not understand their experience but that they found support and solace when interacting in a more intimate setting. Some participants, whether it be from experiences at prior churches or their current church, expressed that sharing their experiences of CPV was a risky proposition whereby they feared judgment of their parenting abilities. Responses indicated to varying degrees that for some

participants, their fears were unfounded when they shared with their current church members, and others had their fears born out when responses were unsupportive or actively judgmental. All participant responses, whether positive or negative, highlighted that the support of the church was something they valued. This esteem for the support of the church arose from their genuine desire to approach the parenting of their children from a biblical worldview.

First Guiding Question

The first guiding question sought to illuminate how parents of children with ADHD who exhibit CPV approach childrearing and aggression from the perspective of their evangelical church's teachings on parenting. The majority of participants expressed that they felt ill-prepared by the church for their unique parenting situation because they interpreted church teachings on parenting and child behavior as too "black and white" and not accounting for the more nuanced interactions involved with parenting an ADHD child who can be aggressive. Misunderstanding by church members contributed to a sense of isolation in these parents as they sought to reconcile what the church taught about child-rearing and their experience of their own child's behaviors, which did not fit neatly into the prescribed behavioral expectations of the church. Participants revealed that they experienced their ADHD child as being inherently incapable of adhering to the proffered suggestions by church members that the child needed more discipline. This placed the parents in a place of tension between what their church expected of them as parents and their experience of the need for more nuance in approaching their children to mitigate further episodes of CPV.

The experience of CPV from their children resulted in a sense of disbelief and shock, also promulgated by their expectations of how a child should behave based on church teachings. There was a sense that the church had led them to believe if they followed the prescribed

evangelical childrearing methodology taught by their church that, the child would automatically fall into line behaviorally, and this was not their experience. The ADHD child's hyperfocus, sensitivity to triggers, and proneness to outbursts confounded parents as they went through the process of reconciling church teachings with their own experiences. The result was that several participants were reluctant to discuss the particulars of any given aggressive episode from the perspective of their church teachings on childrearing, which was likely exacerbated by residual fears of judgment and of revealing what had become something of a family secret. Several participants who experienced more severe CPV described their responses to episodes of aggression as merely an issue of maintaining safety in the home rather than engaging in philosophical mental gymnastics with church teachings during the episodes.

Second Guiding Question

The final research question was: How do the parents of children with ADHD who exhibit CPV describe how their parenting styles developed considering the teachings of the evangelical church? Participants expressed a genuine desire to base their child-rearing practices on sound biblical guidance from their church and to raise their children from an evangelical Christian worldview so that they can pass their values on to their children. The result was that participants had to go through a journey of understanding and reconciling their worldviews with the reality of their unique parenting situation. Most participants described that they initially had a difficult time even coming to a sense that the root cause of their child's behaviors lay in a diagnosis of ADHD and then their grappling with the accompanying behaviors that were associated with the diagnosis, which were not part of the diagnostic criteria. This process took years for some, and once it became clearer, they were then faced with aligning their experience as parents with what the church taught them about parenting children. Participants were left at that point with a trial-

and-error approach to parenting. They had to try multiple approaches tailored to their child's unique needs while retaining more general biblical values on approaching others with love. Participants expressed that through this process, they realized that their church likely had a misunderstanding of ADHD, its co-occurring behaviors, and limited insight into what they were experiencing as parents.

Participants placed value on learning how to parent their child as a unique individual created in the image of God and deserving of the love and appreciation that this entails. The parents in this study expressed that they could better use the biblical tenets of grace and love more than the church's specific guidance on child-rearing. This journey as a parent resulted in maturity and growth as parents came to accept that their ADHD child required more grace than the average child and that they had to allow that same lenience to themselves as parents. Participants came to accept that their child was different and that they could approach parenting from a biblical perspective in various ways that worked for their specific situation. The strong bond and relationship between participants and their children proved invaluable to their growth as parents and the continued development of their parenting practices over time. Many participants felt that other means of support and guidance were valuable in this process, such as professional assistance, medication, and the promulgation of physical activity in their child. All of the participants expressed that they have grown as parents through their experiences, had developed child-rearing practices that are based on biblical principles, and, at the time of the interview, had come to experience themselves as more effective parents.

Discussion

Empirical Literature

My research largely corroborates the findings of existing literature on CPV. It extends it into the specific realm of the experience of CPV by ADHD children in the context of the evangelical Christian worldview. Prior researchers have shown that children with ADHD are prone to reactive aggression in the context of what they perceive as stress-provoking situations, given their limited frustration tolerance (Bekker et al., 2016; Connor et al., 2010; Lugo-Candelas et al., 2017; Robe et al., 2021; Seymour et al., 2019). My participants revealed that their children typically exhibited emotional and behavioral dyscontrol when their internal intentions were thwarted and tended to lack recognition of the effects of their behavior on their parents (Bekker et al.; Connor et al.; Lugo-Candelas et al.; Robe et al.; Singh, 2011). Prior researchers have also shown that the neurocognitive deficits in executive function associated with ADHD may contribute to the expression of CPV (K. Li, 2013; Lugo-Candelas et al.; Starks & Robinson, 2005). My participants revealed that they struggled to balance evangelical expectations of obedience with the behaviors of their ADHD children who have these executive functioning impairments. Other current researchers have shown that this resulted in frustration and isolation for parents with limited outlets and support (Corcoran et al., 2017a, 2017b; Ringer et al., 2020; J. A. Smith et al., 2022). My participants experienced this in the context of their EC, where they had unrealistic expectations of their child's behaviors based on church teachings, confirming prior research that the Christian worldview values obedience and self-control (Ellison & Sherkat, 1993; K. Li; Starks & Robinson; Welch et al., 2006). Participants also reported a sense of learning over time that their responses to their children had to balance church teachings with an awareness that their ADHD children did not have the innate ability to always exercise control

over their behaviors, adding their unique perspective to the larger body of literature on ADHD and CPV.

In some cases, the behaviors of participants' children resulted in isolation from the church support they so valued, which revealed the value these parents placed on church support, as suggested by Dollahite and Marks (2018) and Merino (2014). Even in cases where participants experienced the church as supportive, there was a hesitancy to share initially for fear of judgment and recrimination for their inability to parent effectively, which corroborates prior research that parents of children who exhibit CPV experience judgment of their abilities to parent (Kuay & Towl, 2021; Rutter, 2021). Like others who have neurocognitive deficits, ADHD children are prone to CPV as they react to their environments in unique ways that must be managed carefully by their parents (Casey et al., 2012; Ghanizadeh & Jafari, 2010; Schnabel et al., 2020; Stewart et al., 2017; Watson et al., 2013). The church was shown in my research to lack understanding of ADHD and its associated behaviors, resulting in a fear of judgment by participants that led them to withhold their experience or be reluctant to share the true nature of their home life with others who may be able to offer support from the evangelical Christian worldview (Beckmann et al., 2021; Gerber, 2007; K. Li, 2013). It is in this way that participants confirmed prior research that the church is poorly equipped to respond to ADHD children and the unique form of domestic violence presented by CPV (Gerber, 2007; K. Li; O. Williams & Jenkins, 2019; Zust et al., 2017). There has been no prior research on CPV as a form of domestic violence by ADHD children from the perspective of the church, and this research adds the parents' unique lived experience to the current research base.

Similar to prior findings on CPV, the participants were hesitant to share their experiences with their ADHD children with church members, contributing to the idea that CPV is typically

underreported (Clarke et al., 2017; Condry & Miles, 2014; Rutter, 2021; M. Williams et al., 2017). This finding reveals a hesitancy to share their experiences and the sense that participants perceive that their experience is something that others cannot understand, or which may result in judgmental responses as noted above (Eckstein, 2004; Edenborough et al., 2008; Moulds et al., 2016; Rutter, 2021). This contributed to their expression of how they felt that the church should respond to parents in similar situations, whether that be because they experienced their church as supportive or it was viewed as unsupportive. Given that the research has shown that the church is a valuable source of support for evangelicals, this finding revealed that many factors contribute to parents' hesitancy to report their experiences in the church setting, which resulted in their isolation from a valuable source of support and guidance on child-rearing (Clarke et al., 2017; Dollahite & Marks, 2018; Merino, 2014; Papamichail & Bates, 2020). Several participants revealed the experience that they were successful in seeking insight into their child's behaviors from outside sources, such as mental health professionals and others, as well as looking for alternative ways of managing their situations using medications and physical activity. Interestingly, prior researchers have shown through studies that there is a lack of understanding of some of the concomitant behaviors associated with ADHD on the part of mental health professionals (Alshehri et al., 2020; Perle & Vasilevskis, 2021; See et al., 2021). This is a finding that is unique within the current research as no prior studies have approached CPV by ADHD children from the perspective of an evangelical Christian worldview while confirming that the experience is something of a family secret that is difficult to share in this setting.

It is notable that overall, this research confirms prior findings that aggressive behaviors of ADHD children are frustrating for parents and present a challenge to the child-rearing approaches taken by parents (Allmann et al., 2021; Stevens et al., 2019; Tancred & Greeff,

2015). Additionally, it is confirmed that CPV is poorly understood, inadequately recognized, frequently underreported, and results in isolation from support (Brule & Eckstein, 2016; Clarke et al., 2017; Coogan, 2011; Simmons et al., 2018). The church is considered a valuable source of support by evangelical Christians. My research corroborates prior findings on this as well as revealed that my participants experienced the church as confirming that obedience is expected in children and is poorly equipped to respond to both ADHD and CPV (Dollahite & Marks, 2018; K. Li, 2013; Merino, 2014; Starks & Robinson, 2005; Zust et al., 2017).

Theoretical Literature

The theoretical underpinning of my research was to look at EP' experiences of CPV from their ADHD children from the final iteration of the bioecological and PPCT research approach from an IPA perspective (Bronfenbrenner & Evans, 2000; Bronfenbrenner & Morris, 2006). Reciprocal interactions between parents and their ADHD children who exhibit CPV in the microsystem setting of the home include the child's CPV and the parental response to this behavior across time (Allmann et al., 2021; Bronfenbrenner & Morris, 2006; Stevens et al., 2019). My participants came to the parent-child interaction with the preexisting personal characteristics to include an evangelical Christian worldview and approach to parenting, which function within the macrosystem context of an increasingly liberal US society, though this larger system level impact was not specifically examined in the study (Bronfenbrenner & Morris, 2006; Navarro et al., 2022; Tancred & Greeff, 2015). This unique perspective drove their future interactions with their children, who came to the relationship with executive functioning deficits, or disruptive force characteristics, that preclude conventional evangelical notions about the obedience of children (Bronfenbrenner & Morris; Merino, 2014). Parents noted that they had the preconception, founded on their church's teachings, that parenting would be an easy endeavor

which would include the obedience of their children. Approaching their ADHD child from this perspective resulted in inverse proximal processes such that there was a thwarting of positive interactions with their children until such a later point in time that they were able to reconcile the child's behaviors with church teachings through an ongoing process of reciprocal interactions (Merçon-Vargas et al., 2020; Navarro et al., 2022).

The frequency and duration of the interactions between my participants and their children varied on a case-by-case basis, but all parents reported a diagnosis of ADHD in early elementary school and that CPV occurred frequently over several years (Navarro et al., 2022). The mesosystem influence of the evangelical church teachings on parenting impacted parents' microsystem interactions in the home, which elongated the time it took them to come to a more mature approach to their parenting (Bronfenbrenner & Morris, 2006). At the time of the interviews, after inverse proximal processes had been ongoing, parents in my study reported that they felt that they had matured and developed in their approach to parenting with a realization that the mesosystem influence of their church has varying degrees of impact on this change (Bronfenbrenner & Morris; Merçon-Vargas et al., 2020; Navarro et al.). This reflects a difference in my participants from the prior theoretical literature by Merçon-Vargas et al. (2020), who posited that inverse proximal processes would result in adverse developmental outcomes. The imbalance in power in the relationship between my parents and their children reportedly improved over time as the level of reciprocity in their interactions became more balanced (Merçon-Vargas et al.).

The qualitative approach to my study contributed to the current literature in that no IPA research to date adequately addresses Bronfenbrenner and Morris's (2006) theory, which was combined with the new concept of the inverse proximal process introduced by Merçon-Vargas et

al. (2020). Additionally, there had been no focus on adult development from a parenting perspective that accounted for the parents' preexisting evangelical Christian worldview and the ADHD child's deficits in executive function that resulted in their inability to control their CPV behavior (Navarro et al., 2022). This study not only sheds new light on the lived experiences of these parents but also extends the current conceptualization of inverse proximal processes in the development of parents. This area has not been previously addressed in the literature (Merçon-Vargas et al., 2020). The findings of this study are novel in that the outcomes in parental development reflect an ultimate positive change at the time of my study as the result of inverse proximal processes as opposed to the expected negative results proposed by Merçon-Vargas et al. (2020). It also expands on existing research on the adverse outcomes of reciprocal interactions between parents and their ADHD children (Merçon-Vargas et al.; Navarro et al.; Tancred & Greeff, 2015). This is an extension of the prior research that utilized Bronfenbrenner and Morris's theoretical framework in its final form combined with the concept of inverse proximal processes (Merçon-Vargas et al., 2020). These findings add to the field of study on CPV by ADHD children in evangelical families, which was an existing gap in the literature, by also revealing that positive changes can result from inverse proximal processes (Merçon-Vargas et al., 2020).

Implications

Empirical Implications

This study corroborates current empirical research on aggression by ADHD children, the nature of CPV and its effects on the family, and the value of church support from an IPA perspective. The contribution of the study to the empirical body of research was to approach CPV by ADHD children from the evangelical Christian worldview and how parents incorporated

their church's teaching on parenting into their experiences with their children. Participant responses revealed that value is placed on understanding and empathetic responses by church members who were absent of judgment. The detailed descriptions of the participants' lived experiences gave voice to a group previously not been approached in the literature on CPV from a qualitative perspective. Their descriptions of the struggles associated with holding their belief system in balance with their child's CPV behaviors offered valuable insight into how these parents approached child-rearing and the struggles that they faced to reconcile their beliefs and experiences. This is an extension of the current research base in that there has been no identified qualitative study that exclusively addresses CPV in ADHD children from the perspective of an evangelical Christian worldview. This worldview is unique in its reliance on belief in the triune God, the inerrancy of scripture, and the gift of salvation provided by the death of Jesus on the cross for all those who believe in him (Barna, 2003; Phillips et al., 2009; Schultz & Swezey, 2013). These beliefs guide a believer's perception of reality and appropriate conduct in the world (Valk, 2012). The participants' experiences revealed that their presuppositions about childrearing based on this worldview presented a challenge to them in how they should approach everyday life with an ADHD child who exhibits CPV. The parents in this study found it difficult to reconcile the church's teachings about submission and obedience in children with the actual behaviors that their neurocognitively unique children exhibit. These behaviors are a distinct challenge to the worldview in that they are contrary to how the participants perceived the teachings of their church on the inerrant biblical description of how parents and children should conduct themselves.

The empirical implications included the need to conduct further studies on CPV from other religious worldviews to add to the extant research base. Researchers may take from this

study different approaches to examining the topic from various religious viewpoints and alternative diagnoses to explore how CPV is experienced from those perspectives. More research in this domain needs to be conducted, and this study will inform future research on the topic by encouraging more in-depth IPA approaches to revealing the lived experience of families. It is valuable that further studies on this topic continue. This would promote a more robust understanding of the phenomenon and such that the research base becomes more nuanced and richer with the experiences of others who have similar experiences.

Theoretical Implications

The theoretical implications of this study include the need for further examination of inverse proximal processes and the outcomes that they produce in families, which are potentially positive, as shown in my research. Prior indications were that these processes would result in adverse outcomes, and for the theoretical base to evolve, there must be additional research on this topic from the bioecological framework to include the PPCT model (Chen et al., 2014; Merçon-Vargas et al., 2020). Tudge et al. (2009, 2016) have noted that Bronfenbrenner and Morris's (2006) model has frequently been poorly implemented in research, with many studies using the original model proposed in the 1970s, which is considered undeveloped considering Bronfenbrenner and Evans' (2000) updates. This study expanded the theory's use by utilizing its most recent iteration because it addressed the various levels of detail from the PPCT model discussed by Navarro et al. (2022). The need to continue expanding and interpreting the theory from a qualitative perspective speaks to Bronfenbrenner's (2001) belief that his approach was constantly evolving and that expansion into adult development was recommended. The development of adults has received scant research attention in the specific domain of parenting (Bronfenbrenner). This study informs the development of EP as they respond to their ADHD

child's CPV, and further research is needed to expand this into other domains of parenting and system level impacts to develop the extant research available on this phenomenon. The extension of the bioecological theory into future research should include the effects of inverse proximal processes to move this approach forward in the spirit of Bronfenbrenner.

Practical Implications

The results of the research inform practical implications in the clergy's response to ADHD and CPV, as well as how to approach parents who have experienced this phenomenon. The participants expressed a need for understanding, empathy, and nonjudgmental responses to the experience of CPV which was not received in all cases. Most responses indicated that the church's response to their situation was not ideal, whether in the current church or a prior one. This indicated, and several participants recommended, that the church needs education about ADHD and CPV because being more aware of the experiences of parents leads to a more open response on the part of the church. The clergy's leadership role in the church contributes to the attitudes of church members toward specific topics around parenting. Their interpretation of biblical concepts related to parenting can drive the church forward to a more receptive response to divergent family situations.

The value that participants placed on the small group setting as a safe place to share their experience implied that churches may consider smaller support groups for parents in these situations in addition to the traditional Sunday school setting. The fact that participants found considerable solace in finding other Christians who had experienced similar phenomena should be a call to the church to offer more outlets for unique parenting situations. Researchers have shown that participation in church-based support groups for families of those with mental illnesses and developmental disorders increased coping and resiliency and resulted in more

positive outcomes (Dollahite & Marks, 2018; Howell & Pierson, 2010; McLurkin, 2019; Poston & Turnbull, 2004). These supportive settings would allow the church to reach a group of families who value its support and feel they are suffering in silence. In a prior study, Westenberg (2017) suggested that correct biblical teaching about violence in the home would be of benefit to support, which suggests that there would be value in educating pastors and elders about the issue of CPV to promote increased understanding within the congregation and openness about discussing these experiences. Implementation of small support groups and correct biblical teaching from church leaders should be considered so that the church can move beyond the perception that congregants will be judged for their parenting by opening the dialogue for greater acceptance from an evangelical Christian worldview.

The Mental Health Grace Alliance (n.d.) offers biblically based, peer-led support group materials (the Family Grace program) for individuals caring for a family member with mental health diagnoses and have reported positive anecdotal results. Free training and ongoing support are offered for those who sign up as facilitators as they lead their church's 16-week, workbook-guided group (Mental Health Grace Alliance). Locations for these groups are listed by state on the Grace Alliance website; however, groups are limited in availability, and posting on the site depends upon the facilitator registering it for listing (Mental Health Grace Alliance). The results of this study lend themselves to the implementation of peer-led support groups, in alliance with the local church, for parents of ADHD children who exhibit CPV. The Family Grace support group format offers a good starting point for parents by which they can go through the provided workbook together to learn how to manage the feelings associated with being a caregiver of a child with mental health issues. The recommendation from this research would be that the facilitator be a parent with a firm sense of having navigated their child's behavior and that this

individual collaborates with clergy and pastoral counselors to integrate content into the materials that would address the specific concerns and experiences of these families. Participants in this study expressed the profound effect of finding other parents with similar experiences within the church and a desire to approach their child's behaviors from a biblical perspective. These needs may be met with the implementation of this type of peer-led support group with the addition of nuances specific to the experience of CPV by ADHD children. Support from the local church in offering these types of groups may be valuable in opening a conversation within the congregation about mental health issues from a biblical standpoint and allow an additional safe small group outlet for parents to share their experiences. Future researchers may consider examining how parents experience support from their church after the implementation of such a support group.

Delimitations and Limitations

Delimitations

My study was conducted only with EP who have experienced CPV from their ADHD children. This limited the study to the experiences of parents with a unique worldview that informed their parenting choices. This choice was made to restrict the bounds of the research to a manageable set of participants and data that would add new information to the current research on the topic of CPV. CPV is a poorly understood phenomenon, and there was a gap in the literature around the perpetration by ADHD children and, more specifically, the experiences of US parents who approach child-rearing from an evangelical Christian worldview. I limited my study to this group and context to fill the research gap and add my participants' unique voices to the current literature.

The IPA research approach, conducted with semi-structured interviews, was chosen because the phenomenon is best understood from the first-person accounts of those who have experienced it and can speak directly to its effects on their lives. A quantitative study would not have been capable of revealing the hidden meanings of participants or providing the rich detail and context of the experience. IPA's iterative nature allowed for the incorporation of myself as a tool in the research process through which I analyzed the data from the perspective of one making sense of the participants making sense of their world, which allows for a deeper and more meaningful explication of the phenomenon (J. A. Smith & Osborn, 2003). The IPA approach was chosen to supplement any nomothetic research on the topic by adding richer data about individual experiences from the standpoint that understanding the experiences of others evolves through the relationship with the researcher.

Limitations

One limitation of my research was that all participants were located in the Southeastern US, with only two states represented, which did not explicate an understanding of the experiences of EP in other areas of the country where cultures may differ. Three participants grew up in different areas of the US. One of these participants was raised in the Catholic faith by parents from South America, adding somewhat to broader developmental experiences. Participants were Caucasian except one, so this study does not robustly reflect experiences of more diverse ethnicities and their unique experiences within the church setting. Additionally, all participants were married and approached childrearing from that perspective, excluding the experiences of single parents. Four participants attended the same church, which limited the scope of perspective in a broader variety of church teachings. The nature of IPA research implies that the results of the study are not generalizable to the larger population due to the limited

number of participants with specific and unique experiences, a representation of only one geographic region in the US, and the constricted scope of church teachings due to attending the same church. This was offset by the rich value of the data itself but should be pointed out as a limitation if the value is placed on the generalizability of the results.

Recommendations for Future Research

The findings of my study could be extended by conducting further qualitative research in several areas. One focus of future research would be to examine CPV by ADHD children from different religious worldviews to reveal how the lived experience of alternative approaches to child-rearing that are based on various faiths. The evangelical Christian perspective is one of many world religions that could be examined, including other Christian denominations. It would be valuable to explore further how faiths that are biblically based approach support of families and teachings on child-rearing to reveal the differences between evangelicals and others who base their belief in Christianity. This would expand the research base by contributing alternative worldviews, which could then lead to an examination of other faiths and how they approach the support of parents, those with mental health issues, and those who experience CPV.

My study was limited to a particular area of the US. Future qualitative research is recommended to expand the perspective to other areas of the country to show differences in how churches in different regions approach the support of those experiencing this phenomenon. Additional qualitative research would add alternative voices to the larger conversation on CPV and church support. This area of research has many opportunities for expansion by the inclusion of parents of children with other psychiatric issues, specific forms of CPV (physical, verbal, psychological), different religious backgrounds, and any combination of these factors. While I recommend additional research specific to ADHD, which has been under-represented in the

literature, it is valuable to expand beyond this as researchers look for an in-depth analysis of the phenomenon and how the church can support families.

An additional opportunity for future research is to expand my study to include diverse family constellations. Many families are not comprised of the traditional mother, father, and child(ren) unit, and including single parents would add a greater range of experiences to the research base. Single parents face many different challenges in child-rearing, and how they interpret their experiences with their children and the support of their church would contribute a significant and valuable viewpoint. Research need not be limited to single parents, as there are also grandparents and other family members raising children, while adoptive families are another group whose voice should be heard. The design of my study could be replicated with these different groups to reveal how parents of ADHD children who exhibit CPV experience church support.

My study was conducted with a homogenous racial and ethnic group of parents. Future qualitative studies would benefit from including a wider variety of voices to capture the distinctive experiences of different cultural backgrounds. Adding these viewpoints would lead the researcher to examine Bronfenbrenner's (1979) other environmental levels, such as the macro system, which are concerned with the larger cultural influences on development. Bronfenbrenner and Morris's (2006) theory allows for the examination of multiple systems, personal characteristics, and timeframes to address the development of parents across a broad spectrum of experiences, including the influence of church support. It will be important for future researchers to consider the outcomes of inverse proximal processes when using this theoretical framework to expand the growth of this addition to the approach (Bronfenbrenner & Morris; Merçon-Vargas et al., 2020).

There are many opportunities for future research directions because of the outcome of my study. The spirit of IPA is to add unique voices to the more extensive knowledge base on the phenomenon and to add depth to the quantitative literature, as this area is fertile ground for additional studies. I hope this study inspires research on any number of combinations of the above recommendations so that the phenomenon of CPV in neurocognitively impaired children can be approached from a religious worldview. These types of studies are beneficial in informing the direct practices of the church and how it approaches the support of families.

Summary

The experiences of my participants revealed the humanity of parenting an ADHD child who exhibits CPV and how EP grapple with an additional layer of complexity through their faith. My study has shown that EP who experience CPV from their ADHD children value the support of their church, experience isolation despite this value, and go through an extensive process of development as they learn to manage their child's behaviors from a unique worldview. Prior research was confirmed and expanded by the results of my study, and there are opportunities for future research to develop the use of the bioecological theory. There are a variety of possibilities for future research as a result of my study through the examination of different populations, diagnoses, faiths, and system-level influences. The need for future research on this topic to inform professionals, clergy, and laypeople is revealed in the experience of Susan, who stated, "Nobody wants to step in and help if they don't understand what they can help with, but if you just simply take the time to educate them, everybody's willing to step in and pitch a hand."

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Appendix A

Recruitment Template: Verbal Script (Phone or In Person)

Hello [Potential Participant],

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to understand your experiences with your aggressive ADHD child at home and the support of you have received from your church. I would like to understand how it has affected your interactions with your child and any changes in your parenting and if you meet my participant criteria and are interested, I would like to invite you to join my study.

Participants must be 18 years of age or older, be an evangelical parent of a child with ADHD who has been aggressive or violent towards you currently or in the past and be able to discuss your experiences with the researcher. Participants, if willing, will be asked to:

1. Participate in an in-person or online audio-recorded interview to discuss your experiences.
2. At the conclusion of the study and before it is submitted to the University, you will be asked to read the account that I have provided to make sure that it accurately expresses your experiences.

It should take approximately 1-1.5 hours to complete the procedures listed. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

Would you like to participate? [Yes] Great, could I get your email address so I can we set up a time for an interview? [No] I understand. Thank you for your time.

A consent document will be given to you one week before the interview. The consent document

contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to me at the time of the interview

Thank you for your time. Do you have any questions?

Appendix B

Recruitment Template: Email or Letter

Dear [Recipient]:

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to understand your experiences with your aggressive ADHD child at home and the support of you have received from your church. I would like to understand how it has affected your interactions with your child and any changes in your parenting. I am writing to invite eligible participants to join my study.

Participants must be 18 years of age or older, be an evangelical parent of a child with ADHD who has been aggressive or violent towards you currently or in the past and be able to discuss your experiences with the researcher. Participants, if willing, will be asked to:

1. Participate in an in-person or online audio-recorded interview to discuss your experiences.
2. At the conclusion of the study and before it is submitted to the University, you will be asked to read the account that I have provided to make sure that it accurately expresses your experiences.

It should take approximately 1-1.5 hours to complete the procedures listed. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please contact me at [REDACTED] for more information and/or to schedule an interview.

A consent document will be given to you one week before the interview. The consent document

contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to me at the time of the interview

Sincerely,

Amber Hilton Stokes

Doctoral Candidate

[REDACTED]

Appendix C

Informed Consent Form

Title of the Project: Child to Parent Violence by ADHD Children: Experiences of Evangelical Parents

Principal Investigator: Amber Hilton Stokes, Doctoral Candidate, Department of Community Care and Counseling, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be an evangelical parent of a child with ADHD who has been aggressive or violent towards you currently or in the past and be able to discuss your experiences with the researcher. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to understand your experiences with your child at home and the support of your church. I would like to understand how it has affected your interactions with your child and any changes in your parenting.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. Participate in an in-person or online audio-recorded interview that will take no more than 1.5 hours.

2. At the conclusion of the study and before it is submitted to the University, you will be asked to read the account that I have provided to make sure that it accurately captures your experiences.

How could you or others benefit from this study?

Benefits to society include providing a better understanding of how the experience of evangelical families who have aggression/violence ADHD children are affected by the support of their church and how it has affected your parenting. Additionally, I hope to be able to offer suggestions to churches for ways to better support parents in these situations based on the results of the study.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life. The risks involved in this study include the possibility of psychological stress from being asked to recall and discuss prior experiences of violence from your child. To reduce risk, I will monitor participants, discontinue the interview if needed, allow the interview to be stopped at any time at participant direction, and provide referral information for counseling services.

I am a mandatory reporter. During this study, if I receive information about child abuse, child neglect, elder abuse, or intent to harm self or others, I will be required to report it to the appropriate authorities.

How will personal information be protected?

The records of this study will be kept private. Reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer and transcripts in a locked safe. After three years, all electronic records will be deleted and all hardcopy records will be shredded.
- Recordings will be stored on a password locked computer for three years/until participants have reviewed and confirmed the accuracy of the transcripts and then deleted. The researcher and members of her doctoral committee will have access to these recordings.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Amber Hilton Stokes. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at

██████████. You may also contact the researcher's faculty sponsor, Todd Schultz at

██████████.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record me as part of my participation in this study.

Printed Subject Name

Signature & Date