Raising children: A descriptive analysis of single-parents' parenting styles of children living with Attention Deficit / Hyperactive Disorder

A research report submitted to

The Department of Psychology
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Declaration

I hereby declare that this research project entitled: *"*Raising children: A descriptive analysis of single-parents' parenting styles of children living with Attention Deficit / Hyperactive Disorder*"* is my own work and that the assistance obtained has been only in the form of professional guidance and supervision; and that no part of the research has previously been submitted to any other institution of higher learning or university.

It is submitted in partial fulfilment of the requirements for the degree of Masters in Education (Educational Psychology) at the University of the Witwatersrand, Johannesburg, South Africa.

Signature:

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Abstract

This study has sought to explore the perceptions of single-parents raising children living with Attention Deficit / Hyperactive Disorder (ADHD). The researcher specifically investigated the participants' perceptions of their parenting styles raising a child living with ADHD. With the rise in the prevalence of ADHD and single-parented homes in the South African context, it was considered important to explore the dynamics between single parents and children living with ADHD, and particularly the interplay of parenting styles. Additionally, with the large gap in research on the single-parenting phenomenon in the South African context, this research aimed to bridge this gap. The single-parent phenomenon, raising a child living with ADHD and parenting methods thereof was highlighted in this study. The theoretical framework encompassed a discussion of Diana Baumrind's parenting dimensions, in order to understand the highlighted parenting methods. Furthermore, Intersectionality theory structured this research to provide a critical view of the applicability of Diana Baumrind's parenting theory within the South African context. The study exhibited the parenting dimensions employed by the participants were not adequately informed of Diana Baumrind's parenting theory. Subsequently, the study introduced an overview of a neoteric theoretical parent theory (Pan-African Millennial parenting model) to better illustrate the parenting methods of single parents raising children living with ADHD within the South African context.

This study was exploratory and qualitative, focusing on the participants' subjective experiences. The findings of the research suggested that all the participants had comparable although not homogenous experiences. Many participants found that their role as a single parent became more complex when raising a child living with ADHD; and sometimes they felt overwhelmed and lonely. Despite the aforementioned, conversely and uniquely, most of the participants indicated that being a single parent raising a child living with ADHD was simpler than traditional parenting. Furthermore, all the participants

reported to adapt their parenting style to the needs of their child, regardless of whether they would have been in a nuclear family system, or raising a typically developing child.

Key Words: Attention Deficit / Hyperactive Disorder, Single-Parenting, Parenting Styles, Parenting Theory

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CHAPTER 1: INTRODUCTION

Previous research studies to date describe Attention Deficit / Hyperactive Disorder, or generally referred to as ADHD as the most common psychiatric disorder diagnosed in children (Alizadeh & Andries, 2002; Derakhshanpour, Khaki, Shahini, Vakili, & Saghebi, 2016; Hinshaw & Ellison, 2016; Modesto-Lowe, Danforth, & Brooks, 2008). According to Schoeman and De Klerk (2017) between 2.0% and 16.0% of school-aged children in South Africa are affected by this common psychiatric disorder.

The Diagnostic and Statistical Manual for Mental Disorders-5 [DSM-5] (2013) categorizes ADHD as a neuro-developmental disorder; and it is defined by the impaired levels of inattention, disorganisation, and/or hyperactivity-impulsivity (Appendix E: DSM-V Criteria). Hunt (2013) and Modesto-Lowe et al. (2008) highlight that there is a high prevalence rate of ADHD reported in schools and ADHD support groups. Moreover, Schoeman and De Klerk (2017) postulate that ADHD is impacting the daily functioning and the development of 1 in 20 school-going children in South Africa.

ADHD can also impair functioning across several other areas, including the home and relationships with others (Modesto-Lowe et al., 2008; Schoeman & De Klerk, 2017). Thus, the interrogation of the relationships and interactions between families and children living with ADHD is vital, when looking at the dynamics and the treatment models of ADHD, particularly the interplay of parental involvement. When we consider parental involvement, parenting styles play a significant role in the treatment of ADHD. To understand this phenomenon and advocating its importance, a study was done by Derakhshanpour et al. (2016) in India accentuating the vital role a family plays in the management of children living with ADHD.

Another important factor that needs highlighting is that parenting often ensues with parenting stress, which prevails in parents adapting to raising children living with ADHD, often resulting in complex and multi-faceted psychological reactions to parenting (Modesto-Lowe et al., 2008; Samiei, Daneshmand, Keramatfar, Khooshabi, Amiri, Farhadi, Farzadfard, Kachooi, & Samad, 2015; Yamaoka, Tamiya, Izumida, Kawamura, Takahashi, & Noguchi, 2016).

Roman, Makwakwa and Lacante (2016) and Barkley (2005) further indicated that single-parented households are susceptible to higher rates of parental stress; and that this is even more so in single female parented households, where they become more vulnerable to parenting pressures to adequately provide and parent their children. Recent statistical research in South Africa shows that 42.5% of children aged below five years lived with only their biological mothers; and 2.0% lived with only their biological fathers (Statistics South Africa, 2018). Given these statistics, it is plausible to presume there are numerous children being raised in single-parent families in South Africa. Additionally, per the Mbalo Brief dated March 2018, 16.3% of the women population in South Africa aged 12–50 who were pregnant during 2016, lived in households where children or adults suffered from hunger because there was not enough food (Statistics South Africa, 2018). Moreover, of the 7.2 million South African population children in 2015, 21% (approximately 1.5 million) of the children did not have access to more than one meal a day (Statistics South Africa, 2018). Accordingly, when considering the socio-economic status (SES) of these families, there is a steady privation of access to resources such as health treatment, education, social support and basic needs prevalent in the South African context (Hinshaw & Ellison, 2016; Statistics South Africa, 2018). Nonetheless, these factors are closely related to a child's healthy well-being and development, hence these challenges are acute to

many families raising a child living with ADHD (Hinshaw & Ellison, 2016; Modesto-Lowe et al., 2008).

In support of the aforementioned argument, Yousefia, Far, and Abdolahian (2011) and Barkley (2005) stated that parenting style is one of the most important aspects influencing children's behaviour, thus the style of parenting exhibited can greatly influence children's development. Given that ADHD has been around for decades and that single-parented households have become a norm, along with the increased rate of ADHD diagnosis and low SES in the South African context, combined with the use of a more multimodal method of treatment, there is a need for further research in this area. Moreover, to the best of the researcher's knowledge, it appears that little has been done to address this deficit in research – the focus on single-parenting styles in children living with ADHD.

1.1 Aims of the research

The aim of this research is to explore and understand the accounts of single-parents' parenting styles of children living with ADHD. As mentioned earlier, parenting style plays an important role in the treatment dynamics of children living with ADHD; and with the rise in single-parented homes in the South African context, research focusing on parenting styles of single parents of children living with ADHD is significant in providing numerous answers to questions related to the complexities in the treatment and management of ADHD.

Additionally, improved development and understanding of the treatment of children living with ADHD in the single-parented context is warranted, but also necessary.

1.2 Research questions

The main research question is:

a. What are the accounts of single-parents' parenting styles in raising children with ADHD?

The following are the sub-questions:

b. How do single-parents' view their parenting styles raising children living with ADHD?

c. How do single-parents view their parenting styles differently from those employed in traditional parenting?

1.3 Rationale

The Mbalo Brief dated March, 2018 reported that in 2016, of the 15% of the child population living in South Africa aged 0-6 years-old, 47.6% lived in single-parent families. Of this percentage, 45.6% grow up living with their mothers only and 2% lived with their fathers only (Statistics South Africa, 2015). Eddy and Holborn (2011) and Roman et al. (2016) affirm that the norm for South Africa is that the typical child is raised by the mother in a single-parent household. In addition, according to a 2014 article published by the Attention Deficit and Hyperactivity Support Group of Southern Africa (ADHASA), South Africa is identified as one of the countries with the highest rates of prescribing ADHD medication.

With both ADHD and single-parenting being highly prevalent in the South African context, research on single-parented homes is necessary. Through an in-depth literature search, it became evident that there is a substantial international body of research that addresses the topic of raising children living with ADHD, as well the parenting and parenting styles; but only limited research

studies deal with the experiences of single parents raising a child living with ADHD; and very limited studies have been conducted in South Africa (Roman et al., 2016).

Previous research in South Africa placed the emphasis on parenting practices across ethnic groups and gender; but little research has focused on single-parent households. Consequently, further research is essential pertaining to the association of ADHD and single-parents' parenting styles. As previously stated, there are many factors that play a role in the aetiology of ADHD; and the role that parents play is vital, especially that of the mother (Moghaddam, Assareh, Heidaripoor, Rad, & Pishjoo, 2013; Roman, 2014; Samiei, et al., 2015; Yamaoka, et al., 2016).

By understanding the parenting styles of single parents of children living with ADHD, we can further develop appropriate psychosocial treatment models, which may include educational support, behaviourally based strategies and parent-training programs to guide and positively shape the symptomology and treatment of ADHD (Modesto-Lowe et al., 2008; Sellmaier, Leo, Brennan, Judy, & Houck, 2016; Roman, 2014).

The use of parent-training programs for parents of children living with ADHD has been researched in several studies around the globe to highlight the emphasis that parenting should play in modifying the course of ADHD (Alizadeh & Andries, 2002; Barkley, 2005; Modesto-Lowe et al., 2008; Roman et al., 2016). A study on behavioural parenting-therapy program (BPT) done by Lee, Niew, Yang and Chen (2013) suggested that BPT can be a useful and effective tool to improve the parenting of children. Therefore, gaining a deeper understanding of single-parents' parenting styles of children living with ADHD can provide greater insight into these parent-child relationships, which should be useful in the development of psycho-educational treatment plans. Furthermore, this research may help to shape community educational programs, such as parents' training camps, allowing teachers and professionals to better support parents and

children living with ADHD, as well as raising awareness on ADHD in single-parented households in the South African context.

A recent study by Modesto-Lowe et al. (2008) on the efficacy of a parent-training program to parent boys with conduct problems indicated that the mothers of boys with ADHD, who attended the program over a 24-week period reported decreased experiences of adverse parenting interactions with their children; and they revealed significant improvement in boy's behaviour, according to their mothers' observations. It is hoped that this study should equally help to reveal and address the above-mentioned challenges related to single parents raising children living with ADHD.

CHAPTER 2: THE LITERATURE REVIEW

2.1. Introduction

This literature will embark on a discussion on concepts of Attention Deficit / Hyperactivity Disorder (ADHD), single-parenting and parenting styles. Due to a lack of research on this topic, the literature will be investigated to explain each of the following concepts pertinent to this study: defining and understanding ADHD; the relationship between ADHD and parenting; and the single-parenting phenomenon in the South African context.

2.2. Defining Attention Deficit / Hyperactive Disorder (ADHD)

The literature on the history of ADHD reveals that the continuous increase in knowledge from brain-development studies can help to adjust and update the way we address and define the rudimental elements of ADHD. According to Lange, Reichl, Lange, Tucha and Tucha (2010) and Barkley (2005) the clinical descriptions and classifications of ADHD have considerably changed over time.

ADHD is characterised by symptoms of inability to focus, to maintain one's attention on tasks, and in some cases hyperactive behaviours. A diagnosis of ADHD is customarily made by a psychologist; and the diagnostic criteria, according to the DSM-5 require the individual to present the hyperactive-impulsive or inattentive symptoms for at least 6 months; and these must be inconsistent with the respective developmental level (Appendix E: DSM-V Diagnostic Criteria for ADHD).

There are several ways to treat ADHD, which commonly include medication and/or behaviour therapy to help manage the symptoms (American Psychiatric Asscociation, n.d; Barkley, 2005). In addition to the aforementioned, a common component of treatment is

parental involvement; and because parental involvement contributes vastly to the treatment plan of children living with ADHD, parenting styles may largely be attributed to the symptom presentation in children (Abidin, 1992; Alizadeh & Andries; Hunt, 2013; Barkley, 2005).

ADHD can be precipitated by several factors, for example, heritability (nature) but not limited to environment (nurture) (Hinshaw & Ellison, 2016; Vogel, 2014). Forthrightly, ADHD is a multifaceted syndrome with no direct cause (see Figure 1 below); this research study explores the nurturing role of the environment within which a child living with ADHD is raised, particularly the role of parenting.

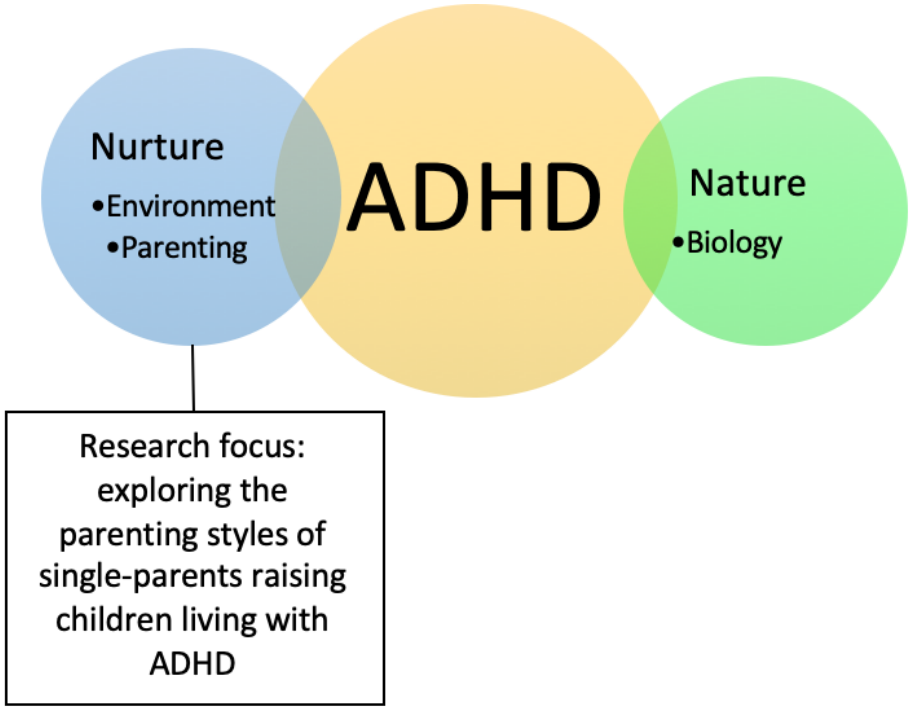

Figure: 1 *Causes of ADHD*

Bornstein and Zlotnik (2008), Barkley (2005), and Peters and Jackson (2008) mention that parenting plays a vital role in the management of ADHD. However, most importantly, the style

of parenting exhibited can largely influence the child's development; this may be considered as nurturing. Hinshaw and Ellison (2015), Roman et al. (2016) and Schellak and Meyer (2012) further add that ADHD can arise and be shaped by both nature and nurture, biology and the environment; thus, making the context in which a child living with ADHD is reared an important element of the ADHD framework. The next section of this chapter will go on to further discuss the relationship between parenting styles and ADHD.

2.3. The relationship between parenting styles and ADHD

Children are first shaped inside their family unit (Bornstein & Zlotnik, 2008), hence there is great importance placed on the parents' role and their behaviour on nurturing a child's development (Barkley, 2005; Roman et al., 2016). Moreover, Davids, Roman and Leach (2016) emphasize parenting as the central characteristic of the familial environment. Therefore, skilful parenting can contribute a great deal to the child living with ADHD's functional and behavioural aetiology, which then logically leads to the focus on the concepts of parenting and parenting styles.

Ishak, Low and Lau (2012) define parenting style as a collection or pattern of attitudes and behaviours that are communicated to the child over time. Parents will often raise their children based on their own learnt experiences; and the way that parents implement these learnt parented behaviours can fundamentally impact the way their children are raised (Bornstein & Zlotnik, 2008; Roman et al., 2016).

Abidin (1992), Darling and Steinberg (1993) and Yousefia et al. (2011) further add that parents' methods of child-rearing are considered as one of the most important contributors to

evolving and developing behavioural problems in children. As such, understanding parenting methods employed within the family system is increasingly important to developmental researchers and family practitioners; a thorough understanding of the interactions between parenting styles and ADHD can lead to more effective assessment of the ADHD disorder and the targeted treatment thereof.

Take for example a child living with ADHD who is very impulsive, they may unintentionally violate rules and boundaries set by parents, and parents may react emotionally. This type of reaction may not be conducive to calm the child living with ADHD (Barkley, 2005). Moreover, a parent who may be occupied with other parental responsibilities may not have the mental and emotional capacity to provide the most ideal parenting resulting in lowered domestic and environmental peace (Hinshaw & Ellison, 2016). As such, for more positive and advantageous nurturing, the identification of positive and negative parenting experiences of children living with ADHD can assist in developing effective parent-training programs, as a component of the treatment and management of ADHD.

McKee, Harvey, Danforth, Ulaszek and Friedman (2004) also note that identifying the specific parenting styles that are associated with the rearing of children living with ADHD may help with the choice of a treatment approach, for example, application of behavioural parent training, medical intervention and/or therapy.

On the other hand, children living with ADHD can influence parenting practices and present greater challenges for the parents raising them (Hinshaw & Ellison, 2016; Samiei et al., 2015). Barkley (2005), and Babinski, William, Molina, Gnagy, Waschbusch, Wymbs, Sibley, Derefinko and Kuriyan (2012) indicate that parent-child relationships (but not limited to) of the

child living with ADHD have been associated with higher levels of conflict. Accordingly, the parents of children living with ADHD tend to experience higher levels of stress; and as a result, these parents may experience lowered parental self-esteem and a decreased sense of competence (Barkley, 2005; Moen, Hedelin, & Hall-Lord, 2016; Samiei, et al., 2015).

Additonally, single-parented homes may experience higher levels of parental challenges (American Psychiatric Asscociation, 2013; Shenoy, Lee, & Trieu, 2015). Golombok, Zadeh, Imrie, Smith and Simmons (2016) and Moen et al. (2016) further add that single-parented families raising children living with disabilties may experience stress that is more complex in nature which may inadvertently impact the type of parenting employed. Hence, the parent-child relationship is interdependent. Figure 2 below depicts the reciprocal, dynamic and dyadic nature of the interaction and relationship between a parent and a child living with ADHD.

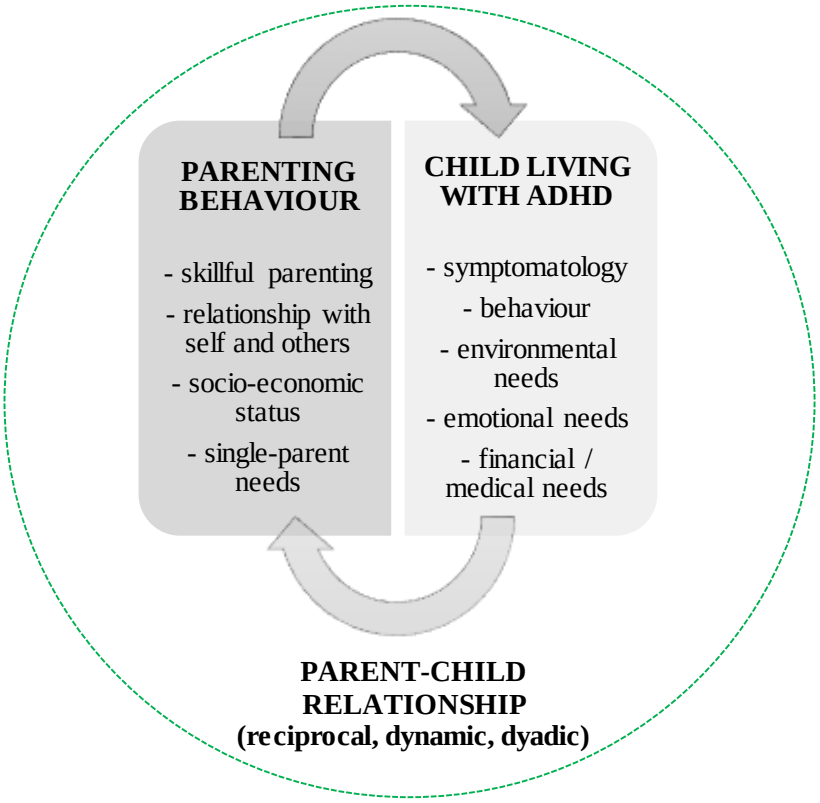

Figure: 2 The parent-child relationship

In summary, ADHD is a complex disorder that may be caused by one or more of several different elements. While the biological nature of ADHD is important; the nature and severity of the symptoms of ADHD unfold within (but not limited to) the family system. Simultaneously, the role of the environment within which a child living with ADHD is nurtured, particularly the influence of parenting methods, is intergral to the effective management of the ADHD disorder as well as toward the favourable development of the chld living with ADHD. To emphasize further complexity, while skillful parenting can make a great difference to the behaviour and the management of the child living with ADHD; it is important to note that a child living with ADHD can influence their parents' parenting behaviour.

The sub-section below will go on to explicate the single-parent phenomenon in depth.

2.4. The single-parent phenomenon

The next aspect discussed is the single-parent phenomenon as this research focuses on the experiences of single parents: most single-parent research did not emerge before the late 1950s; and the focus was placed more on quantitative views of single-parented homes, rather than on the attitudes and perceptions of single-parent families (Usdansky, 2003). Over the past 20 years, we have seen an increase in the commonality of single-parent households, rather than on the so-called nuclear-family unit (American Psychiatric Asscociation, n.d; Roman et al., 2016). Even more so that in the latest South African Mbalo Brief report, the nuclear family is defined as a family which consists of at least one of the two parents and a child (Statistics South Africa, 2018). Additionally, it was reported that 31.6% of the South African children population aged between 0-6 years grew up in a single-parent income generated home.

As emphasized earlier, single-parent families may experience stressors different from those of a traditional nuclear-family; and this may influence their parenting styles (Barkley, 2005; Brown, Wiener, Kupst, Brennan, Behrman, Compas, Elkin, Friebert, Fairclough & Katz, 2008; Hinshaw & Ellison, 2016). Thus, there is a necessity to investigate the association between ADHD and the parenting styles in single-parent households; so that we can gain a deeper understanding of parenting; and how best to approach the manifestations of ADHD in the single-parented household context.

Furthermore, when considering the South African context, single parents may experience superfluous stressors other than those encountered when raising a child single-handed.

Take for instance South Africa's socio-political history, Apartheid impelled many individuals to be separated from their familes (Holborn & Eddy, 2011; Roman, 2014; Roman, 2011). For example, due the Migrant-Labour System at the time, black men were often forced to seek work in South Afrcian mines to earn a living accordingly, leaving the females to head the home and nurture the children single-handedly. While the abolition of apartheid meant an evolution of many things, this single-motherhood cultural practice still manifests in the present day (Roman, 2014; Roman et al., 2016; Schellak & Meyer, 2012). Holborn and Eddy (2011) indicated that 40% of South African children between the ages of 0–17 years have lived with only their mothers.

Earlier it was noted that single-parents in the South African context may experience additional stressors which may inadvertently impact the type of parenting employed (American Psychiatric Asscociation, 2013; Golombok, Zadeh, Imrie, Smith and Simmons, 2016; Moen et al., 2016; Shenoy, Lee, & Trieu, 2015). The statistics below demonstrate the disposition of the

South African context for majority of children and mothers. According to a survey on South Africa's young children: their family and home environment, the majority of children during the survey had access to social grants, but most of the children under foster care were not receiving a foster grant (Statistics South Africa, 2012). Additionally, according to the Mbalo Brief dated March 2018, 16.3% of the women population in South Africa aged 12–50 who were pregnant during 2016, lived in households where children or adults suffered from hunger; because there was not enough food (Statistics South Africa, 2018). Moreover, of the 7.2 million South African population comprising children in 2015, 21% (approximately 1.5 million) of the children did not have access to more than one meal a day (Statistics South Africa, 2018).

South Africans continue to experience limited access to resources and low socio-economic circumstances; as such, parents who may be experiencing socio-economic difficulties may be further challenged in providing the best parenting they can (Roman, 2014; Roman et al., 2016; Shenoy, Lee, & Trieu, 2015). This may be even more so for single-parents raising children living with ADHD, looking for a variety of income streams due to the increased demands of raising a child living with ADHD, subsequently leading to higher stress and parental exhaustion (American Psychiatric Asscociation, 2013; Hinshaw & Ellison, 2016; Golombok et al., 2016; Moen et al., 2016; Shenoy et al., 2015).

Moreover, the occupation with the demands of being a single-parent, for example, minimal time and monetary anxieties, they may experience difficulty drawing on resources, such as medical treatment, support structures from school and/or their communities, thereby further rendering the parenting process challenging (Brown, et al., 2008; Roman, 2011; Roman, 2014).

Additionally, South Africa's diverse and rich culture plays an integral role in the approach parents utilize to raise their children (Roman, 2014). Burton, Leoschut and Bonora (2009), and Roman et al. (2016) postulate that culture is a vessel through which traditional values and modes of parenting can be transferred, thus influencing the parenting styles employed. In a study by Burton et al. (2009) on young offenders in South Africa, indicated that due to South Africa's abysmal history with Apartheid and violent culture, many youths were raised with harsh disciplinary methods; and these methods may continue to persist in many South African families today.

It is evident from the literature that there are various factors within the South African context that may influence the experiences of being a single-parent raising a child living with ADHD. Moreover, according to Ocholla-Ayayo (2000) and Roman (2014) culture intertwined with low socio-economic status and the modernization in Africa ensued in the fragmentation of societies, culture with higher living demands. This subsequently resulted in social problems, such as the inability of families to cope.

Likewise, while ADHD is largely understood as a neurologically based disorder, there are many other factors that contribute to the developement of ADHD, thus rendering the management and treatment of its symptomatology multifacted, as depicted below (Figure 3) (Alizadeh & Andries, 2002; American Psychiatric Asscociation, 2013; Schellak & Meyer, 2012).

Figure: 3 *Treatment modalities of ADHD*

Each of the diverse dimensions represented in Figure 3 is associated with ADHD, where the symptoms of ADHD can manifest peculiarly; and which might require specific treatment modalities. However, although, each dimension may be associated with a different treatment modality, depending on the presentation of the symptoms; all of the areas are interconnected and related to the specific context: such as low socio-economic status, resource availability, race, gender, ethnicity and disability status. Moreover, these contextual factors are very pertinent to South Africa, as illustrated earlier. As such, it would be important to conceptualise the parenting styles of single-parents raising children living with ADHD by using a theory that encompasses these factors that are prevalent in the South African context.

The next chapter will introduce the theoretical aspect required to understand parenting styles within the South African context.

2.5. Summary of the literature review

Both parenting style and ADHD have been central to numerous research studies over the past few decades. Based on this, one may assume that existing parenting styles employed to raise children living with ADHD may not be that complex. However, one cannot be certain of this, due to the differences noted in raising children living with ADHD. Moreover, the effect of globalization, as well as the changing cultural and societal norms on parenting in the South African context has had an impact on the parenting phenomenon. Additionally, the continuous updating on ADHD literature, the concept of single-parenting and the relationship between ADHD and parenting styles have been explored. The following chapter will go on to discuss the theoretical frameworks that structures this research study.

CHAPTER 3: THE THEORETICAL FRAMEWORK

3.1. Introduction

The theoretical framework encompasses a discussion of Diana Baumrind's Parenting Pillar model, as well as its suitability to this research study. By understanding the influence of parenting styles and the way parents deal with the Attention Deficit / Hyperactive disorder, we can further conceptualise the parenting styles that parents adopt when raising children living with ADHD. Diana Baumrind's parenting Pillar theory illustrates how parenting style can influence the child's behaviour; and her theory does this in terms of demand and response, also referred to as warmth and parental control which will be further explained later (Baumrind, 1971).

However, a major limitation of Diana's parenting work to date, is that her conceptualisation of parenting styles is almost exclusive to western traditional parental structures (McKee, Harvey, Danforth, Ulaszek & Friedman, 2004). We noted earlier in chapter two, ADHD manifests and is influenced by multiple factors, such as low socio-economic status, resource availability, race, gender, ethnicity and disability status; and all of the factors are interconnected, related and pertinent to the South African context. Additionally, during the sample recruitment, the macro and meso systems at a systemic level failed us; in that obtaining a diverse sample of participants proved challenging. Considering the South African context that has been described above, we can deduce many possible participants did not have access to social and electronic media, thus may not have been aware of the study. Furthermore, low SES difficulties may have hindered interested participants in contacting the researcher.

Thus, while Diana Baumrind's parenting model structures the main theoretical framework of this study; an intersectional viewpoint is infused to critically analyse the interlocking systems of single-parenting in the context of South Africa subsequently, highlighting the change in culture

and modernization that is illustrated in the preceding chapter (Whitford, 2018). Moreover, intersectionality theory is used as a lens of critique, because the seminal work of Diana Baumrind appeared lacking.

3.2. Diana Baumrind's parenting pillar model

Diana Baumrind's parenting pillar model clearly outlines the parenting dimensions employed by caregivers. There are two primary concepts central to Diana Baumrind's parenting pillar model; Demand and Warmth (Baumrind, 1971).

Demand is how much of behavioural control a parent places on a child (Berk, 2009). The other component is response, which relates to the level of parental affection exchanged in the relationship; and it also refers to the level of affection and support that parents afford to their children's needs (Baumrind, 1971).

Based on these concepts, she differentiated between three parenting styles, namely: authoritative, authoritarian, and permissive parenting. The three parenting styles will be discussed further, thereby providing a descriptive insight of how parents might raise their children.

a. Authoritarian:

Authoritarian parents have high expectations of their children; and they have very strict rules. Authoritarian parents are described as wanting to shape and control the behaviours, responses and attitudes of the child (Hunt, 2013). This style is high on demanding behavioural compliance (Darling & Steinberg, 1993). Complete obedience is expected from children raised with this type of parenting; and it is usually coupled with low nurturance.

This parenting style is often associated with the hindrance of the child's maturation; and it encourages less positive development (Berk, 2009; Bornstein & Zlotnik, 2008; Bornstein, 2002).

b. Permissive:

Permissive parenting is described as high on warmth and low on parental control. This type of parenting style is also known as indulgent parenting (Bornstein & Zlotnik, 2008; Hunt, 2013). These parents generally do not discipline their children, because of their low demands for self-control and maturity; and this is often met with a lot of nurturance. This type of parenting can be detrimental to positive child outcomes (Hunt, 2013; Power, 2011).

c. Authoritative:

The authoritative parent can be described as having a balance of parental control and warmth. The authoritative parent encourages a verbal give-and-take, and often promotes autonomy of the child, while still incorporating discipline through communication and nurturance. This type of parenting encourages warmth and involvement; while discipline is used, based on explanation and reasoning (Baumrind, 1971). Authoritative parents aim to maintain the balance between saying no; but this is also open to discussion and communication. This form of parenting is the favoured style; since children raised by these parents tend to show high levels of self-confidence (Baumrind, 1971). According to Hunt (2013), and Bornstein and Zlotnik (2008) children reared with this type of parenting style are less likely to have psychosocial problems; and this is the favoured method of raising children.

Hence, the various parenting styles used to socialise children can compromise or promote the child's mental and social health. As depicted above, authoritative parents encourage their children to develop self-reliance; and thus, these children are more confident in their ability to deal with stress, peer-pressure and importantly the development of social and cognitive skills (Bornstein & Zlotnik, 2008). Children then, ultimately, are socialized based on the parenting style employed; and the different parenting styles influence the ability of a child to self-regulate; an important capability to children living with ADHD.

Parenting that positively highlights children's capabilities, and adequately manages their developmental tasks nurtures positive outcomes (Bornstein, 2001). This seems like an important aspect to consider when parenting a child living with ADHD.

Authoritative parenting provides a warm and trusting environment, in which children can flourish; and it renders a strong bond between parent and child (Bornstein & Zlotnik, 2008). This, in turn, fosters trust; and it endorses a positive attitude and good values in these children. However, no two parenting styles can be quite the same; parents have their own way of parenting, usually influenced from the way they were raised (Bornstein, 2001).

Earlier, we noted that parenting style is the emotional climate between parents and children; Darling and Steinberg (1993) further noted that parenting style is the way in which children are reared; and it is influential in their behaviour; and this can be applied to children living with and the expression of their ADHD symptoms. Children living with ADHD tend to present with short attention spans, impulsivity and low self-regulation skills, which can result in optimal parenting or less optimal, deterring parenting. Bajaria (2015) affirms that children's behaviours and temperaments can have an influence on the quality of the parenting they receive, as well.

Earlier, we illuminated in the context of South Africa, in addition to having to deal with the demands of raising a child living with ADHD, there are accompanying difficult contextual factors that a single-parent may experience which is not accounted for in Baumrind's parenting model which will be explicated later on in this chapter.

Parenting theories generally operate on the premise of attitudes, behaviours, and experiences of the parents in raising their children. Parents of children living with ADHD tend to develop a unique style of parenting, frequently giving more verbal directions and repeated demands; and they also tend to praise less (Bajaria, 2015). In a Japanese research study, Modesto-Lowe et al. (2008) elucidated that parents of children with ADHD had higher scores for negative parenting style and parental stress measures than the parents of typically developing children.

Furthermore, these parents were found to have lower self-esteem, leading to less responsiveness and involvement with their children (Modesto-Lowe, et al., 2008).

Diana Baumrind's theory can assist in discerning the unique parental styles employed in single-parented homes, and to assist with the acquisition of insight into the possible interactions between single-parenting styles and ADHD, thus, leading to the effective development of targeted management and treatment. Moreover, this model was mentioned to assist in pointing how unresponsive parenting, poor parental coping skills, and non-authoritative parenting styles seem related to the exacerbation of ADHD symptoms. Reference was made to this model throughout the discussion chapter of the research report, in order to analyse the data that were collected.

However, when considering parenting within the South African context, Diana Baumrind's parenting model presents significant short falls in considering the influence of culture on

parenting dimensions. The following section will go on to further discuss the use of Diana Baumrind's model in the South African context.

3.3. Diana Baumrind's theory in the South African context

As mentioned earlier, at the centre of Diana Baumrind's research of parenting, the role of parenting styles is fore-grounded; and this is largely based on the way in which parents discipline and control their children (Baumrind, 1971; Roman et al., 2016). Thus, Baumrind's parental style typology can be used clearly to understand and analyse the parenting methods single-parents employ raising children living with ADHD.

A study by Roman et al. (2016) on the perceived parenting styles between ethnic groups showed that most ethnic groups in South Africa favoured authoritative parenting methods. Likewise, Kritzas and Grobler (2005) showed that similar parenting methods were used across race groups.

Moreover, in the past decade, like many other developing countries, South Africa has been exposed to globalization, thereby resulting in possible cultural shifts, which may have influenced the social construction of current parenting and management patterns of ADHD. Long (2004) highlights the fact that even American society has changed over time, becoming more diverse and culturally rich, thus impacting the roles of the various parenting styles. Intrinsically, the work of Diana Baumrind to this date is largely limited in encompassing the context and factors within which these participants are raising their children living with ADHD. Furthermore, the parenting styles highlighted in Diana Baumrind's Parenting Pillar Model, are almost exclusive to the traditional western parenting context and nuclear family (McKee et al., 2004).

Additionally, as outlined earlier, in the context of South Africa the nuclear family can be viewed differently; the nuclear family from the South African perspective can be described as a family with one or both caregivers living with one child or more (Statistics South Africa, 2018); further rendering Diana Baumrind's Parenting Pillar Model inapt to describe the parenting styles of the participants in this study. Hence, the institution of a Pan-African parenting conceptual framework. This is further explicated in the figure 4 below:

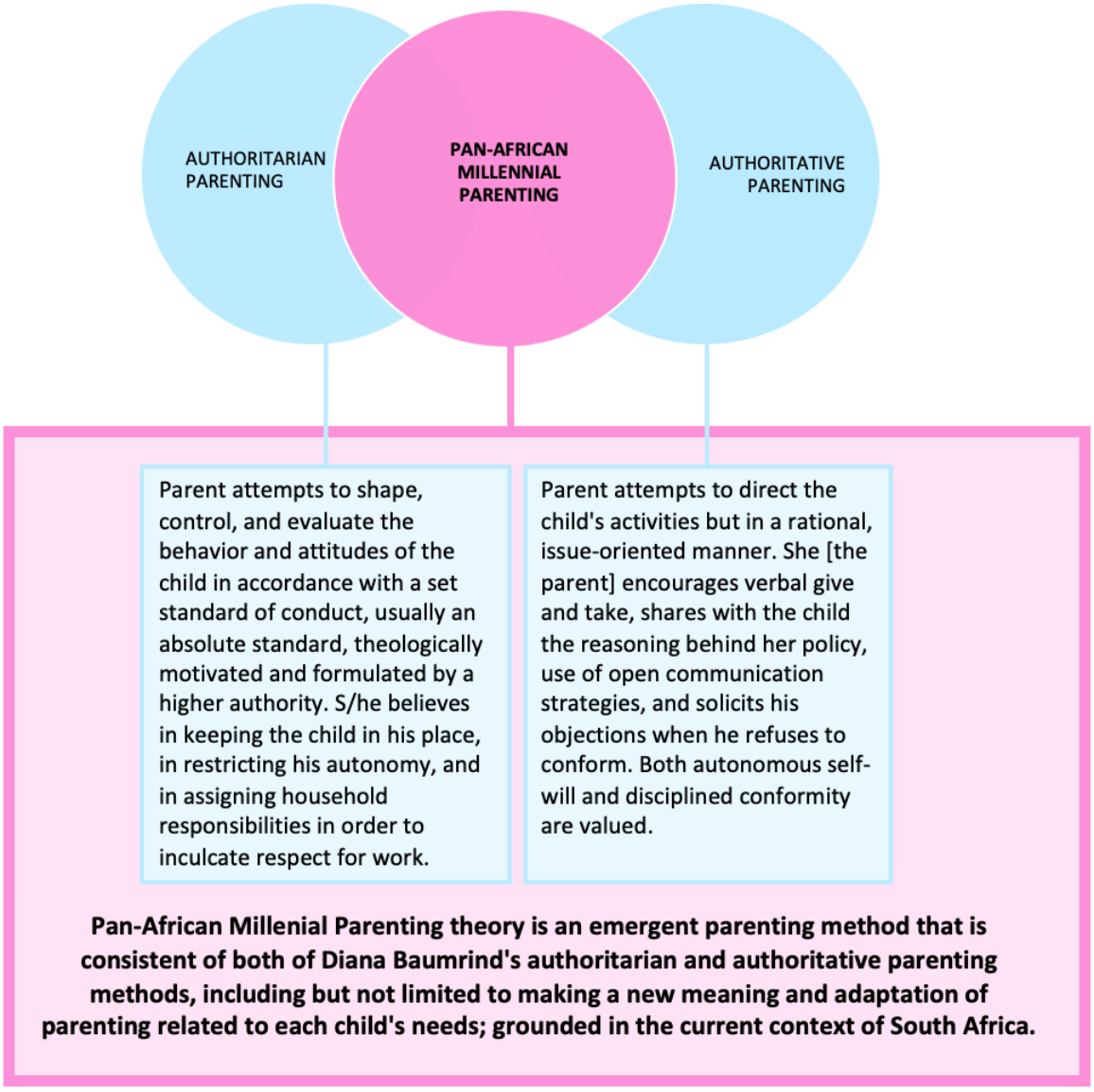

Figure: 4 The Pan African Millennial Parenting conceptual framework

In the light of the outlined changes and concept to the structure of the South African family, as well as the underlined contextual factors discussed that influence the understanding of parenting practices in South Africa; the relationship between Diana Baumrind's parenting dimensions to South African single-parents' parenting experiences and child-rearing practices is seemingly more complex than was previously believed.

As this report has suggested thus far, research on parenting in Africa is complex; and the African culture can shape Africans' perspectives in a variety of ways. African perspectives in particular - how African parents think about their children, and how they enact these ideas in parenting - have had notable impacts in understanding and making the meaning of the participant's subjective experiences. Henceforth, Intersectionality theory is proposed to further critically analyse the applicability of Diana Baumrind's theory to the research data.

Intersectionality theory allows for researchers and theorists to explore the individual experiences of those who live within a complex social context, as well as a guiding theoretical tool (Cho, Crenshaw, & McCall, 2013; Ferree, 2018; Super et al., 2011). The section below will go further to address the limitations of Diana Baumrind's theory in relation to parenting in the South African context through an intersectional theoretical lens.

3.4. Parenting in South Africa through an intersectional theoretical lens

Intersectionality theory was introduced in the 1980s to address the anti-discrimination and social-movement politics that were deemed singular in nature (Cho et al., 2013). It has been used as an identifier for the intersection/overlap of identities that compares the unique characteristics of all individuals (Ferree, 2018; Whitford, 2018). Moreover, intersectionality

theory has been deemed a useful theory that can be used to understand and explain the unique experiences of individuals, who are not the identical yet are connected (Whitford, 2018).

According to Cole (2009), and Ferree (2018) intersectionality theory can assist in understanding the intersections among inequalities that may point to a plethora of new theoretical, methodological, and political theories such as the conceptual framework of Pan African Millennial parenting.

Before the theory of Intersectionality is explained, more about the different factors of intersectionality; and the standpoint from which we have approached the ways in which single-parents' parenting styles be best conceptualized within an intersectional framework will be expanded on.

Psychologists involved in research are becoming progressively interested in the dynamics between race, gender, social class, and sexuality and mental health wellbeing, behaviour and social identity (Cole, 2009). Most important, is the social categories to which the members of a society ascribe, and how they make meaning of this; intersectionality can differ, according to the research context, but a constant thread across definitions is that social identities serve as organizing features of social relations; and the process of assuming identity is dynamic; but it can also be categorised (Cole, 2009; Sheilds, 2008).

Consequently, the social identification to a particular identity can be both oppressive and advantageous – by opening up access to status and opportunities that are unavailable to other intersections. Furthermore, a certain intersectional position may be more advantageous than that of another group (Cole, 2009; Sheilds, 2008; Super, Harkness, Barry, & Zeitlin, 2011). For example, a white single-parent mother may be disadvantaged because of divergence from the traditional parenting standard; but relative to other single-parents, she may enjoy racial privilege.

Moreover, a single-parent already deprived of the mainstream social context of parenting, raising a child living with ADHD may further marginalise the parent. Additionally, if the child living with ADHD is considered, different mechanisms, such as being stigmatised with a mental health disorder and special needs (culture regarding mental health) may conjoin to depress the optimal developmental context compared to other typically developing children; and the experience of being raised in a single-parent home can distinguish these individuals of the two groups: single-parents and the child living with ADHD. Hence, intersectionality assumes a significant position in thinking about the single-parenting of a child living with ADHD within the multifaceted South African context.

As explicated earlier, Diana Baumrind's parenting theory is largely focused on the American westernised traditional family context. However, when we critically analyse the applicability of her theory to this study through an intersectional lens, one of the limitations of her theory is that it does not consider how the various intersections of culture, social class and gender play a role in determining the parenting styles of single-parents raising a child living with ADHD.

Accordingly, the participants' experiences are unique, but connected; since that they all reside within South Africa. According to an intersectionality viewpoint, the parenting role is, in many contexts, a social location of power and privilege; in relation to raising a child living with ADHD, treatment and ultimately parenting is largely dependent on the intersectional factors of social context, culture, and the parent and the child as individuals (Barkley, 2005; Hinshaw & Ellison, 2016).

Moreover, Diana Baumrind's theory does little in exploring how parenting identities i.e. single parent, social location, culture, race and gender intersect with other identity axes of single-parenting a child living with ADHD.

It is important to reveal the challenges, as described above, that may occur for single parents; as they navigate integrating their challenges with their identities, as the parents of a child living with ADHD; since this may influence their parenting styles.

It is expected that although the single-parenting role is culturally normalized, single-parents of children living with ADHD face unique challenges; single parent's identity as well as bearing a child living with ADHD is often treated as being culturally and socially disadvantaged (Cole, 2009; Ferree, 2018; Sheilds, 2008). Therefore, single parents raising children with ADHD may feel the need to carefully manage their visibility in parenting communities, motivating their will to seek support and to express their true experiences (Sheilds, 2008; Roman, 2011; Roman, 2014). Furthermore, this may ultimately lead to an adaptation of their parenting styles (Roman, 2014).

Ferree (2018) suggests that intersectional processes can create a sense of awareness of the practical struggles against social injustices that individuals may experience, without implying that they are identical. Moreover, the usefulness of intersectionality is its adaptability to the various discursive environments, such as the South African parenting context. Through the perspective of intersectionality, the analysis of the single-parenting context may suggest ways to alleviate the stressors experienced; as single parents negotiate their challenges in conjunction with their parenting.

Additionally, the intersectionality theory ultimately reveals how Diana Baumrind's theory fails to distinguish the multiple facets to ADHD and single-parenting within the diverse South

African context; and these injustices that may affect single parents parenting styles. Moreover, the intersections between these factors uncover a large disparity between Diana Baumrind's parenting pillar as a model to the South African context and thus the rise to the Pan-African Millennial parenting model. This is more clearly illustrated in Figure 5.

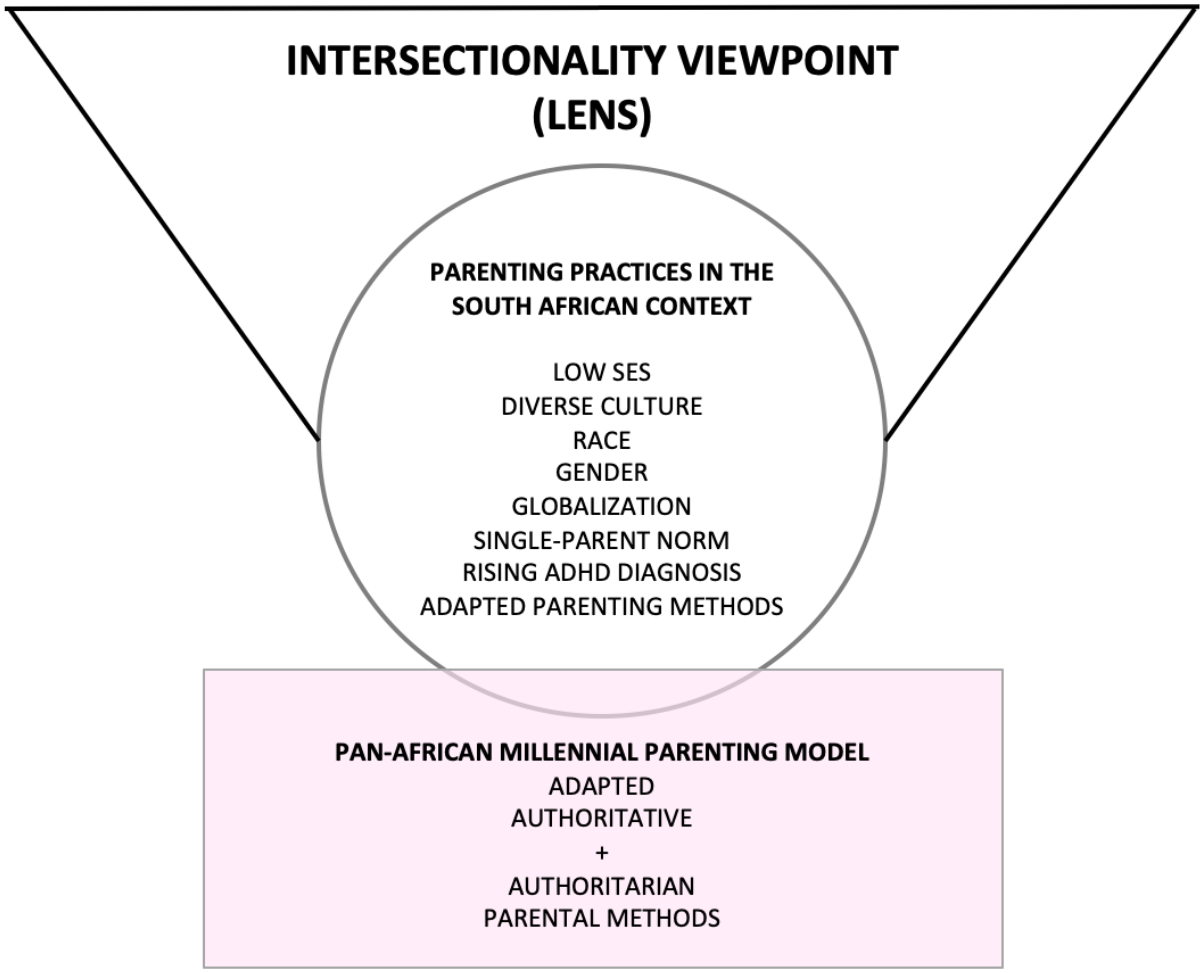

Figure: 5 An Intersectional lens of critical analysis

Thus, using intersectionality theory to critically analyse parenting culture in the context of South Africa, the researcher proposed a single-parent South African centric conceptual

framework that provides a deeper level of understanding of the subjective experiences of the participants. The subsequent section will go on to expound on the proposed framework.

3.5. The Pan-African Millennial parenting conceptual framework

The principal theoretical framework in research on parent-child relationships has been mostly associated with the early work of Diana Baumrind since the 1960s. Secondly, the existing parenting theory largely focuses on the traditional sense of parenting; that is to say, parenting within the nuclear-family system. Furthermore, research based on Baumrind's conceptualization of parenting styles has produced a remarkably consistent picture of the type of parenting conducive to the successful socialisation of children into the dominant culture of the United States.

As stated earlier, the rise in single-parenting, and considering parenting in the South African context today, calls for research into the development of a more diverse and inclusive theory on parenting. To the best of the researcher's knowledge, there have been no advances into this type of research, particularly in South Africa. It is argued that to understand the experiences of single-parents' parenting style in South Africa, it is necessary to take into account how the different factors, such as culture, socio-economic status and gender within the South African context and parenting intertwine. Consequently, a proposed parenting concept is brought forward: i.e. the Pan-African Millennial Parenting model. The term seeks to encompass the contemporary South African context, which includes the globalization of culture; and it further covers a broad range of the components of single-parenting a child living with ADHD.

Parenting has appeared to evolve through the years; there is a pattern of change in the type of parenting being observed. According to the American Psychiatric Asscociation (n.d.), and Roman et al. (2016), there is a discernible increase in the commonality and the normalization of

single-parent households, rather than on the so-called nuclear-family unit. This is substantiated by the latest South African Mbalo Brief report, in which the nuclear family is described as a family that consists of at least one of the two parents and a child (Statistics South Africa, 2018). Conceivably, the context of single-parenting may be a perversion of the South African culture forthcoming from the history of Apartheid.

Holborn and Eddy (2011), Roman (2011) and Roman (2014) maintained that the Apartheid Migrant-Labour laws impelled many African fathers to seek work remotely from their families, thereby forcing them to be separated from their familes; thus, leaving the females to head the home and nurture the children single-handedly.

In addition to the shift in type of parenting, a shift in parenting methods over the last century can be observed (Long, 2004). There are several factors that may have contributed to this shift. Perhaps the access to an autobahn of internet knowledge, and the easy access to support groups on-line, have contributed to gaining knowledge regarding parenting and ADHD; and perhaps these factors have given rise to alternative methods of communication and control, as well as all aspects of the parenting styles (McLaren & Parusel, 2015).

Moreover, because of the change in culture and lifestyle through the process of globalisation, mothers are no longer focusing on motherhood only; and there is also the focus on building a career, thereby shifting the parenting dynamics that are applied. Furthermore, one cannot overlook the impacts of Apartheid and the socio-political history of South Africa – laden with violence, poverty and inequity (Roman, 2014; McLaren & Parusel, 2015).

Conversely, the present-day single-parent has far less access to a day-to-day support network to rely on in a predicament, thereby forcing the single parents to adapt their parenting methods

daily (Roman, 2011). As a result, we have become observers of a new generation of parenting style, unsupported by any existing parenting theory. Although currently, very little information exists on South African single-parents' parenting styles, there is some indication that these parents do demonstrate parenting practices that are consistent with both authoritative and authoritarian parenting styles, according to Diana Baumrind's parenting Pillar model.

Based on the viewpoint of Intersectionality theory, single-parents' parenting styles intersected with the South African context, socio-economic status, socio-political history, race and gender can be conceptualised as being interdependent. Furthermore, the seminal work of Diana Baumrind on parenting through an intersectional lens may not be adequately applicable to South African single-parents' parenting styles.

3.6. Summary of the theoretical framework

Diana Baumrind's Parenting pillar model structures the main theoretical framework of this chapter, and is critically analysed using intersectionality theory, in order gain a deeper understanding of the single-parents' experiences in the context of South Africa.

Most theoretical underpinnings of parenting are ascribed to international settings; and they are applicable to the nuclear-family context. From an intersectional viewpoint, present-day single parents must contend with numerous contextual factors, such as change in cultural systems, globalization, socio-political history and socio-economic status, while attempting to flexibly adapt their parental styles to the needs of each child, understanding that this is the most pragmatic and effective way to build their child's self-concept. Using an intersectional lens, it became evident that Diana Baumrind's theory has several limitations to its applicability to the South African parenting climate.

The chapter also introduced a proposed conceptual parenting framework, that must be further researched in future, that intersects the diverse factors of single-parenting and raising a child living with ADHD in the South African context i.e. the Pan-African Millennial parenting model. The proposed parenting model incorporates flexible, but structured parenting methods intersected with the diverse South African context.

Thus, this chapter aimed to provide structure and a framework to better understand and analyse the subjective, yet connected experiences of single parents and the parenting styles of children living with Attention Deficit / Hyperactive Disorder. The analysis of the research results in relation to these concepts will be described in Chapter 5 (The Analysis and Discussion of Findings).

CHAPTER 4: THE RESEARCH METHODOLOGY

4.1. Introduction

This section of the report builds on the preceding review of the literature on the perceptions of single-parents' parenting styles of ADHD. Furthermore, the methodology and analytical framework employed in this study to explore the research title in greater detail will be elaborated upon. The research methodology discusses the methods and tools that were used to guide the research process, which is aimed to address the research questions and the aims of the study (Babbie, 2014; Yin, 2016)

4.2. Design

This research study took on a qualitative research method; and it was done from a phenomenological interpretive analysis paradigm (IPA). Studies grounded on IPA, places emphasis on exploring how individuals make meaning of their life experiences (Babbie, 2014; Rohleder & Lyons, 2015). IPA is a detailed analysis of the individuals' personal accounts followed by presenting and discussing the unique but homogenous experiential themes typically paired with researcher's own interpretation (Babbie, 2014; Larkin & Thompson, 2012; Willig & Stainton-Rogers, 2008). A qualitative method of investigation was employed; because this method allowed for a deep subjective exploration of people in their world and how they understand their own experiences and perceptions (Babbie, 2014; Finlay, 2009; Larkin & Thompson, 2012; Willig & Stainton-Rogers, 2008).

The qualitative research method allowed the researcher to explore and make sense of the parenting styles employed by single parents of children living with ADHD through the participants' own subjective perspectives. Because the aim of the research is to study the lived

experiences of single parents raising children living with ADHD, this study fell within the phenomenological interpretive analysis paradigm by gaining an in-depth understanding of the participants' experiences and perceptions. Phenomenological research is used to encapsulate the phenomenon experienced, as closely as possible, as stated by Babbie (2013).

Interpretivism was used to look for the psychological meanings and understanding of how the individuals live, behave and experience their life situations. The primary goal was to provide some explanation of how single parents experience raising their child living with ADHD.

4.3. The study

The purpose of this study was to gather information in order to gain insight into the experiences of single parents regarding their parenting styles utilised to raise a child living with ADHD. Ten single-parents were selected, to describe their experiences of raising a child living with ADHD. Each participant was interviewed individually; and their experiences were reviewed to determine the various themes in raising children living with ADHD. This multiple-case study was analysed by using Braun and Clarke's (2012) thematic analysis model. Thematic analysis is a useful method to conducting qualitative analysis, which can theoretically provide a rich and detailed, yet complex account of data (Braun & Clarke, 2012).

Table 1

Summary of Braun and Clarks' Thematic Analysis Model

Phases	Explanation of the phases
Phase 1: Familiarisation of the Data	The researcher fully immersed and actively engaged in the data by firstly transcribing the interactions and then reading (and re-reading) the transcripts and/or listening to the recordings. Initial ideas were noted down.
Phase 2: Generating Initial Codes	Preliminary themes were identified using preliminary codes, which are the features of the data that appear interesting and meaningful. Codes are more numerous and specific than themes, but provide an indication of the context of the conversation.
Phase 3: Searching for Themes	In this step, the codes are interpreted and analysed. The relevant data extracts are sorted (combined or split) according to the overarching themes. The researcher's thought process should allude to the relationship between codes, subthemes, and themes.
Phase 4: Reviewing the themes	The identified themes were further analyzed, they were combined, refined, separated, or discarded based on clear distinctions between the themes. A thematic 'map' was generated from this step to better collate the themes.
Phase 5: Reviewing, Defining and Naming the themes	This step involved refining and defining the themes and potential subthemes within the data. Ongoing analysis was required to further enhance the identified themes. At this point, a unified story of the data emerged from the themes.
Phase 6: Writing up the themes	Finally, the researcher transformed the analysis into an interpretable piece of writing by using vivid and compelling extract examples that related to the themes, research question, and literature.

Note: information from Braun & Clarke (2012)

4.4. The researcher

The researcher is an Indian female psychology Master's student, who would like to understand the experiences of single parents' parenting styles raising a child living with ADHD. Prior to this research study, the researcher has had experience in working with adults and children diagnosed with ADHD; and she believed that by understanding how single parents raise their child diagnosed with ADHD, the findings should contribute to positive social change and enhance the development of ADHD children in the single-parented context, by serving as a basis for the possible development of programs to help single parents to address the barriers to parenting their child diagnosed with ADHD.

Furthermore, as an educational psychologist in training, who works with individuals diagnosed with ADHD and other intellectual disabilities, the researcher is a strong advocate for the appropriate services to be provided to these individuals. Prior to conducting this research, the researcher became aware of the lack of services to families, and the lack of training provided to single parents of children diagnosed with ADHD. To address any bias, misunderstandings and preconceptions, the researcher discussed matters with her research supervisor and colleagues and suspended any personal bias and judgment. The researcher also made use of reflexivity, an observation and reflexive diary, as well as an audit trail of all interviews and data collection.

4.5. Sampling

This section comprises of discussion on the non-probability sampling methods that were made use of in this research study; and then it will go on to provide a brief description of the ten participants' biographical information.

Since the aim of this research was to look at the experiences of single-parents raising children living with ADHD in their daily life, the participants of this research are the single-parents and their lived experiences. Social research, such as this, is often conducted in contexts that are not conducive to the use of surveys; hence non-probability sampling was employed.

Babbie (2013) defines non-probability sampling as a technique whereby samples are selected in some way that is not suggested by the probability theory. There are four types of non-probability sampling: reliance on availability; purposive sampling; snowball sampling; and quota sampling. This research employed purposive sampling; as the type of participants required were outlined at the outset of the research.

Purposive sampling was employed in this study, which enabled the researcher to access and select participants of whom we already had information for example: single-parents raising a child living with ADHD. The participants were accessed through the Attention Deficit/ Hyperactivity Association of Southern Africa (ADHASA), which is an organization based in Johannesburg with several branches across Southern Africa, offering support to families with children living with ADHD. The participants were also accessed through the social media, via the use of a research advertisement (Appendix F: Research Advert).

The advantage of using this organisation was that the children would already have been diagnosed with ADHD. The researcher sent an email to ADHASA requesting a meet-and-greet to present the research proposal; and to invite ADHASA to assist in the collecting of the research participants for the study. ADHASA was requested to circulate a bulk email attached with the participants' information sheet (Appendix A: Participant Information Sheet), on the researcher's

behalf, to all the parents of children with ADHD on their database, inviting them to participate in this research study. Additionally, the researcher approached the principal from Japari School and requested for participant information sheets to be circulated to the parents of children living with ADHD; however, this avenue was not made use of; since the number of participants required had already been attained through ADHASA. If insufficient participants were gathered, the researcher was to make use of snowball sampling; but neither was this needed.

Additionally,

4.5.1. Inclusion criteria

The participants had to meet the following criteria: 1) Single Parent/Guardian; 2) Must have a child formally diagnosed with ADHD; 3) Child diagnosed with ADHD must be between the ages of 7 – 11 years of age; 4) living in South Africa. Other demographic factors, such as socio-economic status, parent's age, and culture that emerged during the participant's presentation; and this was considered for sample homogeneity. Only participants who provided written consent, according to acceptable ethical standards, were included. All the participants were able to converse comfortably in English; and they were all willing to share their experiences.

4.5.2. Description of the sample (participants)

The cases for this study were single parents with a child diagnosed with ADHD. Single parents (participants) were recruited from an ADHD support organization. The organization focuses on providing support and information to parents, caregivers and individuals interested in increasing their skills, such as self-care, daily living, and decreasing disruptive behaviours. Purposeful sampling was used to recruit the participants; since purposeful sampling allowed the

researcher to focus on the important information and increased the possibility of the research questions being answered.

4.5.3. Biographical information of participants

Ten participants, who were the single-parents of a child living with ADHD volunteered to be interviewed for the purposes of this study; they are presented in the table 2 below. These individuals, aged 23 - 46 years of age, were selected mainly from the province of Gauteng, one from Limpopo, and one from the Western Cape. All of the ten participants were females. Two of them were in the 20 – 29 years of age range; two of them were in the 30 - 40 years of age range; and five of them were in the 41 – 50 years of age range. Each participant had a child between the ages of 6 - 11 years of age, who had been formally diagnosed with ADHD. They were from various socio-economic, ethnic and religious backgrounds.

Taking the above into consideration, it is evident that while the occupations of the participants may be suggestive of middle – upper SES; specific geographical location was considered during the interviews as a determining factor in the participant's SES.

Table 2

Participant information

Interviewee	Age	Race	Age of ADHD dependant	Pharmacotherapy	Occupation	Area of residence	Gender
Participant 1	23	White	6 yrs old	Yes	Student	Gauteng	F
Participant 2	28	White	9 yrs old	Yes	Student	Gauteng	F
Participant 3	30	Coloured	11 yrs old	Yes	Student	Western Cape	F
Participant 4	34	White	7 yrs old	Yes	SAP Programmer	Gauteng	F
Participant 5	44	White	11 yrs old	Yes	Travel Agent	Gauteng	F
Participant 6	41	White	11 yrs old	Yes	Speech Therapist	Gauteng	F
Participant 7	42	Indian	11 yrs old	Yes	MBA bussines manager	Gauteng	F
Participant 8	43	White	11 yrs old	Yes	NGO team manager	Gauteng	F
Participant 9	45	White	11 yrs old	Yes	HR recruiter	Gauteng	F
Participant 10	46	White	6 yrs old	Yes	Manager	Limpopo	F

4.6. General procedure

This section highlights the steps taken to recruit the participants and to analyse the data. The first step was to acquire ethical clearance from the Human Research Ethics Committee (HREC) of the University of Witwatersrand to conduct this study. After ethical clearance had been obtained and with the permission of ADHASA, a bulk email was sent to the parents on the ADHASA database; and a research study invitation was circulated across various social media platforms (Appendix F: Research Advert). Only five participants were obtained after a period of two months; it was observed that many participants were not able to participate in the research, due to time constraints and the distance from where the research was taking place, i.e. the University of the Witwatersrand, Gauteng.

Therefore, in order to speed up the data-collection process, further ethical clearance was requested to conduct the research interviews telephonically, in order to best accommodate the interested participants, residing outside the Gauteng area, as well as to accommodate the busy schedule of the single parents, who were not able to meet the researcher for a face to face interview. Potential participants were then contacted by the researcher; and they were formally invited to participate in the study. The following steps were taken:

a) The participants were asked to sign a consent form (Appendices B and B2: Consent form), thereby giving the researcher permission to include them in this study, and granting the researcher permission to interview them. The participants were also asked to sign for permission to be audio-recorded during the interview (Appendix C: Audio-Recording Consent Form).

b) A time and date were set to interview the participants telephonically, or face-to-face, at a place convenient and suitable to the participant. Additionally, privacy and quietness of space were considered. All telephonic interviews were conducted in the home or office space of the researcher, to take into account the need for privacy and quietness of the telephonic recordings.

c) On completion of the interviews, the audio-recordings were transcribed to reproduce all the spoken words. To ensure reliability, the transcripts were read and re-read, while listening to the recordings.

d) The transcripts were then analysed and discussed, based on the 6 phases of thematic analysis, as highlighted by Braun and Clarke (2012). These are explicated below in the data anaylsis section of this chapter.

4.6.1. The data collection

This study relied on in-depth interview strategies, which assist the research to capture a deeper meaning of subjective experiences in the participant's own words (Babbie, 2013; Braun & Clarke, 2012). In keeping with the IPA method, the data were collected via an in-depth semi-structured interview (Appendix D: Interview Guideline). The interviews were conducted face-to-face and via a telephonic method; and only the researcher conducted these interviews. The interviews were scheduled for 50 – 60 minutes.

The face-to-face interviews were conducted at the University of the Witwatersrand, to ensure privacy and quietness. All the interviews were voice-recorded and conducted in English. In keeping with the IPA method followed, the interviews were individual and in-depth; and they followed a conversational, non-directive style. A stance of enquiry was employed throughout the

interview process; and the questions were open-ended, with a focus on the account of the single-parents' parenting style.

The researcher kept an interview diary to record observations, for example, the transferences and counter-transferences, ambiances, nuances, and non-verbal information that seemed to be of value and was not captured on the audio recordings. The recordings were digitally stored with password-protected access. They were transcribed verbatim by the researcher and checked for accuracy before data analysis.

4.6.2. Data analysis

Phenomenological researchers are commonly in agreement that the central purpose and intention of interpretive phenomenological analytical research is to return to embodied, experiential meanings – which implies IPA relates to recognizing the importance for them (participants') meaning of their experiences' in their context (Larkin & Thompson, 2012; Willig & Stainton-Rogers, 2008). The aim is to discern the complex, rich descriptions of a phenomenon; as it is concretely lived by the participants of the research study (Finlay, 2009). Taken as a loose structure, rather than being rigid, the interviews were analysed by using thematic-content analysis tabulated in table 2 earlier.

4.7. Ethical considerations

Before commencing on this study, an ethical-clearance certificate was obtained by the University of Witwatersrand ethics committee (Human Research Ethics Committee) to ensure best research practice. The following privacy issues were considered, when conducting this study:

4.7.1. Consent

The participants were provided 'participant-information sheets' (Appendix A: PIS), inviting them to participate in this study. The PIS clearly stated the aims and objectives of the study, the inclusion criteria, the confidential nature of their participation; and what was required of them, if they chose to participate. It was clearly emphasised that participation was voluntary; and they were free to withdraw from the study at any time, without obligation or penalization. Prior to the interviews, all the participants were to give their written informed consent to being interviewed and audio-recorded. Consent was also obtained from the participants for this research to be presented at a conference, published as an article or publication, and to be available at the University of Witwatersrand Library.

4.7.2. Confidentiality

The participants had the right to anonymity and confidentiality; and thus, it became the researcher's obligation to ensure that all the information remained confidential. The researcher made use of pseudonyms during supervision, and in this final report, where necessary. The participants, however, were made aware of the fact that anonymity could not be ensured during the interviews, as well as the fact that direct quotes would be used in this final report; but these would be made unrecognizable or traceable to them as participants.

4.7.3. Disclosure

All the participants had the right to decide what information they wanted to disclose and what they wanted to remain private. The participants also had the right to refrain from any questions they found too intrusive; and they had the right to withdraw from the study at any time

without any penalty. However, no participants withdrew from the study; and all the participants were forthcoming and receptive to the interviewing process.

4.7.4. Data storage

The results of the research were disseminated in the form a Master's research report. The research will be stored at the University of Witwatersrand library for access by other students and on the University of Witwatersrand Library database. A summary of the report will be made available to the participants upon request, ADHASA, schools and people interested in the report for academic reasons. The research data collected will be stored for a period until the completion of the study in a secure and locked cabinet, and in a password-encrypted file on a computer. After such time, the data will be destroyed. The participants were notified that the results are stored, but not be seen by anyone other than the researcher and the supervisor.

4.7.5. Rigour of the Study

Credibility is similar to the concept of internal validity in that it helps to answer the question; does it "ring true?" (Babbie & Mouton, 2001). The steps taken to enhance quality assurance, reliability and validity for this particular study, the researcher engaged in prolonged exposure to the research material and field of research, checked interpretations against the raw data and additionally consulted with her supervisor. Additionally, the researcher left an audit trail, which means that an auditor will be able to trace all conclusions, interpretations and findings to their sources. Precision was taken to record accurately all raw data, data reduction and analysis of products (including field notes, theoretical notes and working hypotheses), data reconstruction and synthesised products (themes, findings, conclusions), process notes, material

relating to intentions and dispositions, as well as instrument development information (Babbie & Mouton, 2001). Inter-rater reliability was not completed.

CHAPTER 5: THE ANALYSIS AND DISCUSSION OF THE FINDINGS

5.1. Introduction

The specific objective of this research entailed the study of single-parents' experience with regard to raising a child living with ADHD. In order to answer the research topic, the results from this chapter were used to address the main research question and sub-questions one and two, as set out in the introduction chapter namely: 1. what are the participants' perceptions of their parenting styles regarding parenting differences in raising a child living with ADHD? And 2. What is their view of their parenting styles in relation to traditional parenting?

These findings are presented on the basis of individual face-to-face and telephonic interviews that took place with each participant. The information discussed below comprises findings that were deemed noteworthy and relevant for the purpose of this study.

The findings are explained in terms of the themes that emerged in relation to the existing literature, as well as new information. This chapter has been divided into three sections. Section A explores the various themes that emerged from the thematic analysis using the questions from the interview schedule as a guideline. The themes that were extricated from the interview transcripts are supported by quotations from the raw data to qualify and validate them. Section B addresses the emic themes from the study; and Section C concludes the chapter with a summary of the findings.

SECTION A

5.2. Findings based on interviews

As the data were analysed, two overarching themes emerged from the single-parents' descriptions of their experience of raising a child diagnosed with ADHD. Two identified sub-themes in each focal theme are included; these were followed by an implicit theme. The synthesised meanings and themes are presented further along. This format was incorporated to assist the reader in intuiting the meaning of the single-parents' lived experiences of raising a child that has been living with ADHD, as described in this study.

The researcher extrapolated themes from the data that had been obtained through the semi-structured interviews, while bearing the research questions in mind, as mentioned in Chapter One (The Introduction).

Revisiting the research questions:

The main research question is:

1. **What are the accounts of single-parents' parenting styles raising children with ADHD?**

The following are the sub-questions:

1.1. **How are the perceptions of single-parents parenting styles different between children with ADHD?**

1.2. **How do single-parents view their parenting styles differently from traditional parenting?**

The interview questions introduced general areas of parenting styles and perceptions of parenting. The themes were divided into superordinate and subthemes, all of which were grouped around the following questions, which were based on:

1. The participant's general experiences of single-parenting.
2. Whether in their view there was a difference between traditional and single-parenting.
3. Experiences of treatment and management of the child living with ADHD.
4. The various parenting styles and structure in the home, which include monitoring and control, strategies of punishment and discipline, communication style, independence and autonomy.

Several themes related to the single-parent's perceptions of raising a child living with ADHD were identified and analysed. Some of the themes were predetermined, while others emerged with the aid of the semi-structured interview schedule; and some simply emerged. An emergent approach allowed the categories to emerge and be discovered from the data during analysis (Braun & Clarke, 2012). Categories or themes were defined after repetitive ideas were found to be pertinent to the research findings. Themes that emerged from the data were assessed and re-assessed by the researcher to ensure congruence throughout, in order to establish the reliability and validity of the findings presented below. As stated in Chapter Three (Research Design), statements with analogous, though not with identical meanings, were gathered into themes describing the characteristics of raising a child living with ADHD as a single parent.

The predominant themes and their respective subthemes are the following:

1. OVERARCHING THEME 1: The difficulties experienced by the single-parents with regard to being a single-parent of a child living with ADHD.

   a. Overwhelming sense of responsibility
   b. Relational challenges

2. OVERARCHING THEME 2: The perceptions of single-parents' parenting styles
   a. Various Parenting styles/ Parenting methods
   b. Learning to be a parent

3. EMIC THEME: Contradiction underlying the single-parents' experiences raising a child living with ADHD

The above themes and sub-themes are presented in a diagram below (Figure 6) and then discussed, according to the relevant literature and/or supporting narratives. To enhance interpretation and to aid the reader, key phrases related to the themes have been italicised. The various themes highlighted the experiences of the single-parents in relation to their roles as the primary caregiver of the child; and they highlight the perceptions of the single-parents' views of their parenting styles, based on the manner in which they raise their child living with ADHD.

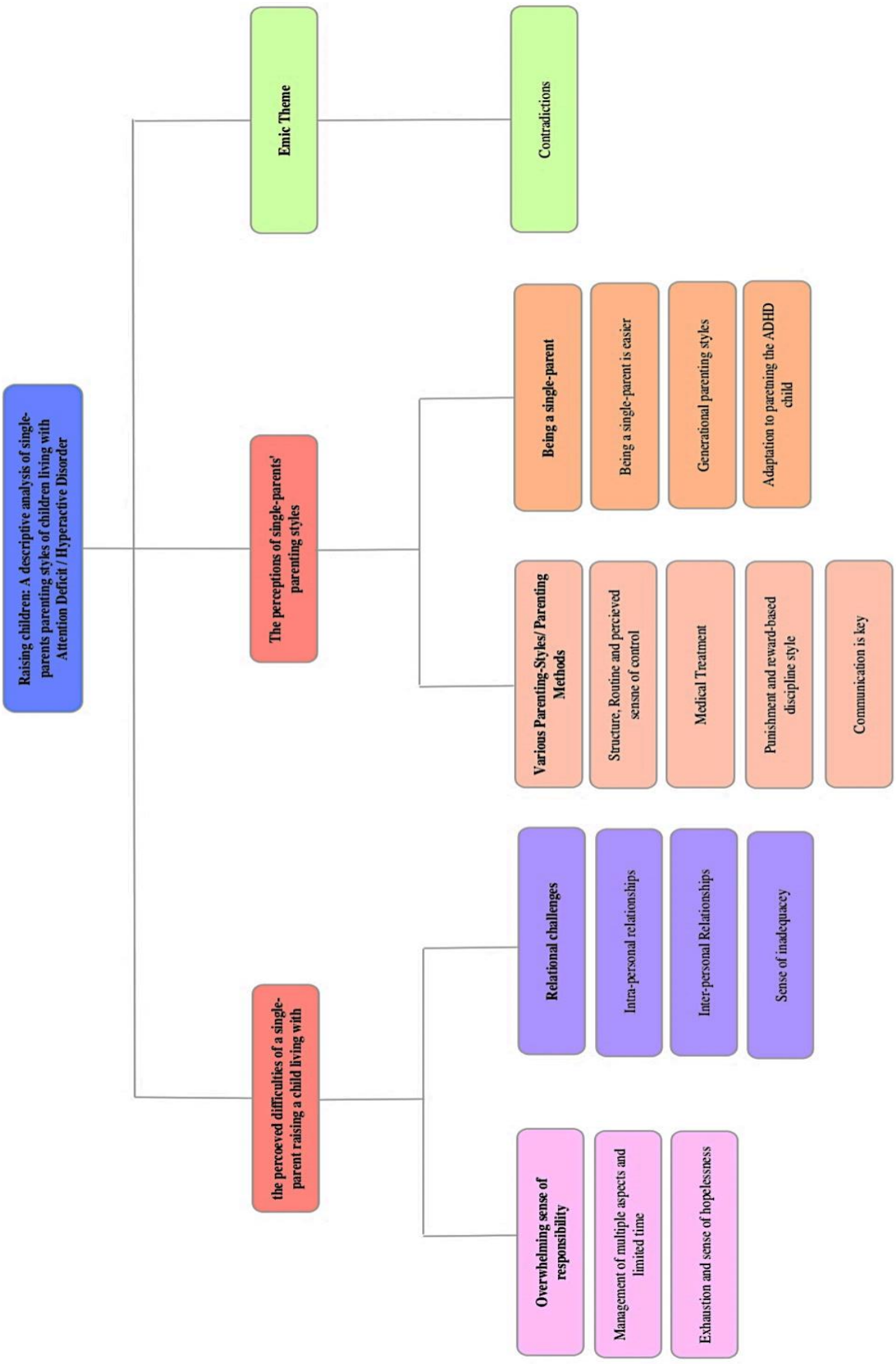

Figure: 6 Diagrammatical representation of research thematic results

5.2.1. THEME 1: Difficulties experienced by the single parents, as the primary caregiver of an ADHD child

Attention deficit/hyperactivity disorder (ADHD) may be considered as one of the most common psychiatric disorders in children (Hinshaw & Ellison, 2016). ADHD can have impacts on the daily functioning of children; and it can also impair functioning across several other areas, including the home and the relationships children build with others (Peters & Jackson, 2008). The family plays a vital role in the management of these children, particularly parental involvement and parental supervision (Moen et al., 2016; Peters & Jackson, 2008). Parenting style and family dynamics are important aspects in the treatment of ADHD (Barkley, 2005; Barkley, 2005).

Parenting often ensues with parenting stress, and single-parented households are susceptible to higher rates of these stressors (Moen et al., 2016; Shenoy et al., 2015). Furthermore, single parents paired with children living with a debility are predisposed to increased parental vulnerabilities (Golombok et al., 2016). ADHD therefore not only impacts the diagnosed individual; but it can impose difficulties on the parents/caregivers. This is evident in the narratives of the single-parents' experiences; the subthemes for this overarching theme indicate the various difficulties experienced by the single parent raising a child living with ADHD which the parents iterate is accompanied by an overwhelming sense of responsibility and the relational challenges.

a. The overwhelming sense of responsibility

It emerged throughout the participants' narratives that raising their children living with ADHD, came with its own complexities. They articulated their felt responsibility towards their child to manifest in increased consideration and sympathy of the child's diagnosis with ADHD. However, there was a resultant conflation regarding differentiating between punishable behaviours deemed part of the normal course of child development and those behaviours, which would not be evoking punishment; since it would fall under being understanding of the child and the effects of ADHD. This understandably convoluted matters for parents; as disciplining their children became complex, as they struggled to discipline their children without feeling that they were reprimanding them (the child) for his behaviour due to the ADHD.

For many of the participants, this seemed to them feeling burdened and overloaded. This is supported by the opinions of participant 2 and participant 9:

> *"The one thing that is difficult as a single parent uhm you tend to be a little more lenient even though you try to be somewhat strict; but eventually you want to give up; you know you're just likely to do whatever you want to: I've had enough".* And from participant 9 *"It's exhausting, if you really wanna know it's exhausting".*
>
> *"When I think of him, it's like exhausting that's all I mean it's that's the one word that comes to mind, absolutely exhausting and draining"* (Participant 9).

Participant 8 also shared:

> *"I'm not strict enough with him, I'm too lenient; because now I'm feeling sorry".*

Participant 6 added:

> *"You have to be more lenient; because they just don't have the same ability to, to organise themselves and do the things that a child who's differently developing does; because they do lose their things; and they do forget to write down their homework; and they do forget to tell you about things; and it's not because they're naughty or because they don't want to; it's because they can't and if you uhm punish them for that you punish them because the condition that they have, they have no control over".*

Furthermore, in previous studies on parents of children diagnosed with ADHD, the parents reported feeling too exhausted or overwhelmed at times due to the behavioural problems of children living with ADHD. Subsequently, they are feeling more stressed than normally developing children's parents do (Yousefia et al., 2011).

Additionally, a research study by Moen et al. (2016) found that mothers of children living with ADHD described their caregiver role as gruelling and demanding. Some participants described the caregiving process, as having to balance the effects of ADHD, as well as being a single parent; thus, having to manage multiple aspects on their own. This can inexorably lead to a sense of overwhelmedness, for example:

Participant 6: *"[…] you're hopping around all the time covering everything…"*

Participant 10: *"It can get very difficult, exhausting at times because of their hyperactivity uhm; and as a single parent you need to juggle the doctor's appointments with the work load and your set-up; you have to find a balance between everything".*

This research also emphasized the combination of being both a single-parent, and having to be the caregiver of a child living with ADHD, which creates a locale of greater stress which can

lead to a sense of fatigue. In a study by Golombok, et al. (2016), when single parents have differently abled children, the two sets of vulnerabilities may be compounded; resulting in higher rates of psychological stress. Then, there are the financial hardships suffered by a single earner, who is also solely responsible for all the housework, which is further exacerbated by the stigma attached to having a child diagnosed with a mental disorder and heading a single-parent home. Additionally, South African single-parents' challenges are further exacerbated by the difficulties of the multiple intersections of culture, socio-economic status, race and gender. This is supported by participant 10, who stated that:

> *"It can get very difficult, exhausting at times, because of their hyperactivity uhm; as a single parent, you need to juggle the doctor's appointments with the work load, and your set-up; you have to find a balance between everything".*

Another participant stated:

> *"I think I'm liking providing for (Name) everything he needs: being there for him emotionally, sometimes it difficult because you're divided; you're trying to be all the different heads that you are wearing as a single parent; and sometimes you just get home at night; and you're exhausted and you just want to have some time alone; and they want your time as well so yeah"* (Participant 8).

While the exhaustion appears to be a prominent theme in the accounts of the single-parents' experience raising a child living with ADHD, there appears to be an underlying attribute to the exhaustion; namely a sense of hopelessness. Babinski et al. (2012) draw attention to the myriad of difficulties parents of ADHD children experience, owing to the stress of raising a child living with ADHD; one of these difficulties being emotional conflicts.

Yousefia et al. (2011) further add that the parents of children with incapacities can experience detrimental effects on their well-being, as a result of chronic stress. In the interviews conducted for the current study, several participants described the process as exhausting, perhaps indicative of the demanding nature of the single-parenting role of a child living with ADHD.

> Participant 9: *"It's exhausting, if you really wanna know it's exhausting"*.

> Another participant affirmed: *"[…] I'm a very organised, very, a person who likes things organised and done; and I like things to be in a certain way, I like it to be this way; and it never works out quite like that"* (Participant 6).

Likewise, several of the participants expressed an underlying sense of hopelessness when they described what it means for them to be a single parent raising a child living with ADHD. Brown et al. (pg. 414-415, 2008) are quoted as suggesting that "the responsibilities of the single-parent, such as making and keeping health-care appointments, monitoring illness status, administering medications, and treatments, in addition to caring for household tasks, such as feeding the family and cleaning the home, have resulted in mothers' experiencing physical exhaustion".

In keeping with this research study, the single-parent participants describe this phenomenon as carrying the burden. This would make sense, considering that they are the only caregivers that must manage the multiple aspects to taking care of the child living with ADHD as well as manage the home. Additionally, Brown, et al. (2008) discuss the symptomatology of ADHD as being persistent over extended periods of time, if not relatively stable for the duration of the diagnosis; this may thus lead many mothers to assume the role of caregiving consistently, without a break, often leading to a sense of hopelessness. Furthermore, bearing all the

responsibility of care may allow for fewer opportunities to engage in activities outside the home, likely leading to feelings of lonesomeness and lowered social support (Brown, et al., 2008). Notably, other recent studies, such as those of Shenoy et al. (2015) have also alluded that the overwhelm of caring for a child living with a chronic health disorder may have considerable negative effects on a physiological level, including higher suicide attempts. Additionally, Yamoka et al. (2016) inferred from their study of children with incapacities and mother's mental health, that these mothers reportedly had higher levels of psychological stress than mothers raising children without frailties. Mothers raising children that are differently abled, also showed poorer mental health states than their counterparts (Babinski, et al., 2012; Yamaoka, et al., 2016).

Nonetheless, while the participants expressed the complexities of raising the child living with ADHD, they also presented with a sense of resilience in their thinking. Moen et al. (pg. 2, 2016) underline the concept of a "sense of coherence – SOC", an innate overall capability to deal with stressful life situations; and this serves as a health-protective function. Additionally, research by Ngai and Ngu (2011) indicated that parents who recounted to have high family SOC may have had a more positive appraisal of the circumstances in which they found themselves. They were confident in the availability of the resources they had, to cope with the demands, such as having a child living with ADHD.

One may assume from this research that while these participants may express a sense of hopelessness and it being demanding to raise a child living with ADHD as a single-parent; they must possess a certain level of SOC, in order to continue to provide for their child. This clearly exhibited by the following participants:

Participant 8 stated: *"I think all I can do is do my best to be there for him; even though it*

is just me you know".

Participant 6 also shared: *"I've also learnt to adapt you know...mmm I don't know, you learn as you go; you adapt, you know everything; you get a lot of advice going into it and then eventually, I don't think I've used half of the advice that I was given; it's more about adapting as you go".*

However, for some single parents being a single-parent, in spite of having to raise a child living with ADHD describes the process by using terms, such as: *"It's hard enough being on this road"* (participant 6) and *"I did find it extra hard"* (participant 2) to define their experience of being a single parent. Golombok, et al. (2016) highlighted the single-parenting experience as being manifested by high levels of economic and financial stress, and poor maternal mental health, irrespective of having children. It is evident there is an underlying sense of ambiguity expressed by the participants in this study which is further explored later in this chapter.

Additionally, the stresses discussed above may have an impact on the parent-child relationship (Tancred & Greeff, 2015). This introduces the secondary subtheme of relational challenges under the predominant theme of the 'difficulties of a single parent raising a child living with ADHD'.

b. Relational challenges

As previously cited, ADHD not only impacts the diagnosed individual; but it inflicts difficulties on the parents/caregivers too; and these might result in relational disturbances within the family (Yousefia et al., 2011). It is not unexpected that the difficulties associated with

intrapersonal challenges (the family unit, and the society at large), and interpersonal challenges (the caregiver's relationship with the self) were perceived in this research study. This section will go on to discuss the intrapersonal challenges first, thereafter designate a discussion on the interpersonal challenges accentuated in this study.

Evidently, through the lived experiences of the participants, many of them were perceived to have experienced struggles with regard to caring for the child living with ADHD within a larger context, i.e. outside the immediate household, as well as with themselves, as an individual. This type of relationship can be better described as intrapersonal relationships.

> Participant 1: *"We've been through about four schools so far; and I think the one, the one before now uh there were smaller kids or something; but he walked all over them; and they just let him get away with it; it used to drive me nuts; because then he would bring that behaviour home; and he would then think that was just okay"*.

It appears that the difficulty was around maintaining a sense of consistency in care/discipline outside the home environment. Additionally, the lived experience of a parent with an ADHD-diagnosed child can become very complex; as the care shifts from the child living with ADHD to the responsibilities of being a single-parent and having to manage the relationships the child has with others outside the home.

This was emphasised by Participant 1:

> *"My mother is the exact opposite of me, she'll say to him you haven't showered and you know you need to shower; and she'll carry on and on and on and he'll actually go mad and shut up don't talk to me like that, I'm not showering now like she doesn't get it, she makes a total argument of it always"*.

Harpin (2005) supplements that children living with ADHD often experience having difficulties when at home or at school. This resonated with many of the participants in this study; they found it hard to get friends or family who were willing to assist in looking after their child; or they found that their child was often excluded from social groups, as their peers or family struggled to understand them. An extract below, by participants 9 and 1 described their experiences.

> *"I'm managing the child on my own; I mean my mother doesn't understand him; my older kids don't understand him; and like me on my own, it's difficult" (Participant 9).*
>
> *"...making friends is a little difficult for him" (Participant 1).*

Another aspect of salience in this study is the single-parent's reliance of others' understanding of flexibility in relation to the single parent. Caregiving responsibilities of a child living with ADHD can occur frequently during the workday; and this requires flexibility in schedule and time, mainly from the parent's immediate environment of work, family, and childcare (Sellmaier et al., 2016). This is emphasized by the experiences of participants 10 and 6.

> Participant 10: *"Well I'm very lucky to have a boss that's very uhm how can I say uhm understanding with my situations if I need to take off time from work to take her to a doctor's appointment or a therapy appointment uhm I'm always allowed time to do it. It does get difficult, when you don't have a boss or a manager that doesn't understand your situation".*
>
> Participant 6 explains*: "And at some stage, she had to be somewhere; but there was a crisis with something that she had to have with her; and she said to me: let you go and*

> *fetch it; Dad will take me where I need to be. I was like wow that must be how it feels when you have two parents in the house you can actually manage the situation because there are two of you; you don't have to manage everything yourself; so, I think it's a bit hard; because you have to manage everything yourself".*

Likewise, an important aspect of parenting a child living with ADHD, is a reciprocal cooperative relationship between parents, teachers, and medical professionals, as highlighted by participant 8, and suggested by participant 2 below.

> Participant 8: *"Speak to the teachers, be in constant communication with the teachers, make them aware that you are not there to fight with them, but to help them help your child; and they must be there to help you help your child that type of thing".*

> Participant 2: *"Another thing is, have communication with your doctor, if you feel that something's not right …, you know go to the doctor and speak to him".*

Relating to relationships and children diagnosed with ADHD, Johnston and Mash (2001) emphasised a greater vulnerability of instabilities to optimal family functioning, due to increased levels of parental stress. Such vulnerabilities include volatile parent-child relationships and perceived reduced parenting efficacy. In this research study, such difficulties within the parent-child relationship may be seen in the form of difficulty in communication. Moreover, Tancred and Greeff (2015) point out that the parents of children living with ADHD tend to lose control of their composure more readily. Thus, the interrelationship of the single-parent with the self is equally important to the parenting context.

The analysis of the data suggests that raising a child living with ADHD in addition to being a

single-parent can be complex when communicating, and can also place strain on the single-parent in recognizing when their interpersonal conflicts are being transferred into the parent-child relationship. This understanding is described by the accounts of the following participants:

> Participant 1: *"[...] he couldn't understand you know why I'd get upset with him [...]"*

> Participant 5: *"We've had a full-blown fight; I dropped myself down to his level, instead of staying as an adult. I forget that I am an adult a lot of the time; and I shout and scream and yeah it's sometimes we have to do so; because he gets so defiant; he just won't do what you want him to do; so, if I asked him to do something he says no; and then and there I said to him: Don't expect me to do anything for you".*

> Participant 8: *"I tried to do that yes but sometimes I completely lose my cool; and I am the one that's throwing my toys out of the cot and then afterwards and I think; but you were so much immature at the moment; but a friend of mine said to me it's because you are so frustrated because you don't know really actually what to do; and how to do it, and that in that moment you are upset and angry with yourself because of that feeling; and that's why you act that way, which is inexcusable; it's not fair to him."*

Single parents of children living with ADHD have to contend with a greater number of behavioural, developmental and educational interruptions; and this often results in the prerequisite for more time, organisation and planning, as well as energy to be spent on the child (Moen et al., 2016). It is not surprising that these increased demands are frequently associated with increased stress levels on the single parent, impacting the interpersonal relationship the parent shares with the self. The experiences of participants 4, 6 and 7 highlight these stresses.

> Participant 4: *"I also go to a psychologist obviously uhm because being a single mom and all of that, it gets a lot".*

Participant 6: *"One thing about being a single parent is the fact that you have to handle everything yourself".*

Participant 7: *"So it does have the challenges in terms of loneliness, feeling not so sure about whether you are always doing the right thing".*

Participant 8: "I think I'm liking providing for (child) everything he needs, being there for him emotionally; but sometimes it difficult because your divided, your trying to be all the different heads that you are wearing as a single person; and sometimes you just get home at night and you're exhausted; and you just want to have some time alone; and they want your time as well; so yeah, I don't really know".

The well-being of one member of the family affects the well-being of all the other members; it has been indicated that the diagnosis of ADHD in one member of the household has shown to not only have an impact on the child diagnosed, but also on the parents' relationships with the self (Muñoz-Silva, Lago-Urbano, Sanchez-Garcia, & Carmona-Márquez, 2017; Harpin, 2005). It appears from the participants' experiences of high stress; a perceived sense of inadequacy was felt.

Participant 8: *"[...] sometimes I feel that it is not meeting his needs at all that's my general feeling about it".*

Participant 2: *"I try I try ... I do try".*

As previously highlighted, often the families of children living with ADHD have to contend with a greater number of behavioural, developmental and educational disturbances (Johnston & Mash, 2001). This often means they may require additional assistance and support; and this is more so the case in single-parented households.

> Participant 2: *"So, it's not always a great thing having a partner; but it will be a different thing if they help and they know how to monitor and they just give that extra foundation ya that would make it a lot easier".*
>
> Participant 8: *"I think in general as a single parent, life is so much easier having a partner; because while you're cooking dinner somebody else can make sure that the homework is done. But now you're cooking dinner and doing homework at the same time trying to fit everything in before bedtime and bath time and all those types of things and when you just need that 5-minute break of just coming down or reflecting, or whatever the situation, there's somebody that can take over from you; or I just think it's so much easier with a partner".*
>
> Participant 5: *"I think it's just having you know the extra pair of hands around, to have someone else who loves the child as much as you; and so, to help you raise him or her I think it's makes a big difference".*

Still, some of the participants expressed that raising a child living with ADHD as a single-parent was deemed simpler and harmonious. This is further explored later in the chapter under the emic theme.

5.2.2. THEME 2: Perceptions of single-parents' parenting styles

It seemed that many participants' accounts of single parenting a child living with ADHD, is that they perceived their parenting styles to a certain degree in the same way as do traditional parents'. The sub-themes below will further discuss and explore the perceived parenting styles experienced by the primary caregivers and the methods employed to raise a child diagnosed with ADHD. Many of the parenting styles perceived by the single-parents were centred on communication, discipline and control, as well as structure drawn from Diana Baumrind's'

parenting pillar model (Baumrind, 1971).

Additionally, many of the participants expressed the choice to be a single-parent; and how they had learnt to be a parent through adaptation and from their experience of their own parents' parenting styles. The identified and preferred methods in relation to the general parenting practices (communication styles, discipline and structure), as well as how they perceive themselves as single parents will be discussed in the next section.

a. The parenting styles of a single parent

Child-rearing parental practices are known to play an integral part for evolving and influencing behavioural problems that are persistent in children (Ellis & Nigg, 2009). As noted in the literature, Baumrind (1971) distinguishes between parenting-control behaviour methods by identifying three different parenting styles namely: authoritative, authoritarian and permissive. It was noteworthy that the single parents or caregivers of the participants in this study all had analogous methods and means to discipline their children. They had similar but not identical perceptions about how to parent their children; and they based their parenting on factors, such as tradition, their own experiences of being parented, as well as the current needs of their child. This influenced the way in which they disciplined their children and the methods they incorporated into the home to benefit the child living with ADHD and the family.

The participants in the current study had varying methods with regard to the type of parenting styles and the different explanations, as to why they thought they used the type of discipline on their child living with ADHD. From what was obtained in the interviews, it was evident that the implementation of structure and routine in the family played a significant role in

the way in which the caregiver parented the child living with ADHD, expressly during the weekdays of Monday to Friday.

Some of the participants reported to have a strict structure in the household – their parenting style appeared to be authoritarian in nature. It appeared that the structure was a means to control the perceived chaos; particularly in the mornings and evenings, when medication was not induced. For example, participants 5 and 10 stated:

> Participant 5: *"Oh we have lots of rules… […] I have to be a bit of a policeman and there's a strict structure".*

> Participant 10: *"Yes, yes there are rules and there's a strict structure, rules and structure in the home […]".*

However, for some single parents, contrary to research by Wirth, Reinelt, Gawrilow, Schwenck, Freitag and Rauch (2017) who indicated that the parents of children living with ADHD display parenting practices that are harsher, more commanding and directive; most of the participants in this study appeared to employ a more authoritative parenting style, expressing less control and more warmth in contrast to the authoritarian parents mentioned by these researchers.

> Participant 6: *"You have to be more lenient; because they just don't have the same ability to organise themselves and do the things that a child who's differently developing does; because they do lose their things; and they do forget to write down their homework and they do forget to tell you about things; and it's not because they're naughty, or because they don't want to; it's because they can't; and if you uhm punish them for that, you punish them because of the condition over which have they have no control; whereas another child has the ability to know that I was supposed to write down the homework;*

> *and I was supposed to pick that up; and I was supposed to take that medicine; I was supposed to take that […]".*
>
> Participant 9: *"I just think that I'm more lenient […]".*

As cited earlier, many of the participants felt a sense of overwhelm from continually having to decipher between behaviour of a developing child and the symptomatology of ADHD behaviour; this appears to inadvertently lead to the need to be lenient. Moreover, the need to be lenient appeared to stem from a sympathetic response to care for the child living with ADHD. A study by Ullsperger, Nigg, and Nikolas (2016) indicated that children diagnosed with ADHD, can be very difficult to adeptly control, as a result of their uncooperative and demanding behaviour. This is ascertained by the following participants:

> Participant 8: *"I'm not strict enough with him about that; I'm too lenient because now I'm feeling sorry for him".*
>
> Participant 1: *"I have to be a lot more patient because of the ADHD".*
>
> Participant 2: *"The one thing that is difficult as a single parent uhm you tend to be a little more lenient even though you try to be strict, but eventually you want to give up; you know you're just likely to do whatever you want to; and then I've had enough".*

Many of the more authoritarian single parents were reported to be flexible with the rules and structure. The participants noted that they only implemented the strict structure and rules from Monday to Friday, being more unperturbed on weekends. Wirth, et al. (2017) highlight that the

homes of parents of children with ADHD are loaded with chaos, thereby resulting in difficulties for them to provide structure and organization. Additionally, in line with Baumrind's (1991) authoritative style, high on both the dimensions of responsiveness and demandingness; with this mode of parenting, single parents in this study implemented appropriate rules and boundaries to the rules. They do not hesitate to establish and practise the rules set; and simultaneously, they were not afraid to confront misconduct. The rules could be amended occasionally; because the child's individualism is respected (Baumrind 1991). Thus, although parallel to the boundaries, there is also a measure of flexibility.

> Participant 5: *"[…] over weekends I don't bother about picking up toys; but on a Sunday evening the rule is before you go to bed all the toys must be put away".*

> Participant 10: *"[…] I mean we've got a room where his room must be clean. Monday to Friday and then from Friday to Sunday, I am a little bit more lenient about it".*

> Participant 4: "*Not on weekends coz they're vastly different".*

It is not surprising that these single parents would bend the rules at times; most families raising a child living with ADHD seem to be attuned in trying to keep such a child organised; since implementing structure all the time can be frustrating and laborious.

> Participant 8: "*[…] I think it's easier with a child who doesn't have ADHD; as I don't want to use the word more controllable; but yeah it sometimes just seems to me like it's easier to work with those children".*

> Participant 9: *"When I think of him it's like exhausting that's all I mean it's that's the one word that comes to mind, absolutely exhausting and draining […] I have to follow up on every single thing with this child; it's absolutely exhausting"*.

> Participant 2: *"You have to keep, it's gonna sound, I can't think of the word now, you have to keep babying them"*.

Research by Harazni and Alkaissi (2016) indicates that the mothers of children living with ADHD experienced mornings, afternoons and bedtime as chaotic, and the most difficult times to deal with their children. This often led to emotional conflicts, such as frustration and exhaustion, and often led to feelings of inadequate parenting skills, as described in section 4.3.1. (b) Relational challenges experienced by single parents. Likewise, the single parents of children living with ADHD who participated in this study described their family life as chaotic and exhausting, especially in the mornings and evenings.

> Participant 5: *"The mornings are crazy; and by the time I get to work, I've worked for the day already"*.

> Participant 10: *"The mornings are chaos, because she's not a morning person"*.

> Participant 9: *"I would say mornings and evenings like bedtime are the most challenging"*.

Based on this study, medication was another component of the parenting strategy for children

living with ADHD that was used for management of the perceived chaos described above. Medication is seen as not a treatment for the ADHD per se, but rather as a tool for inculcating discipline and structure; medication assisted the single parents to find meaning in the chaos – perhaps even as an auxiliary support base, much like a partner would be of support. This would make sense; as one of the short-term benefits of medication for ADHD children includes a decrease in impulsive behaviour, as well as reduced hyperactivity and aggressive behaviour, thus making it easier to manage their behaviour (Harpin, 2005).

A South African research study on the treatment of ADHD showed the one most effective element in the treatment for ADHD was medication, with more than 50% of the respondents indicating an improved level of symptom control while on medication, particularly the child being calmer (Snyman & Truter, 2012). The respondents in this study agreed with the sentiments expressed in the above-mentioned research. Many of the participants in this study reported the child living with ADHD being more manageable while on medication.

> Participant 5: *"If he doesn't take his tablet, he's a different child; and he is so difficult to reason with; and you know everything is just it's just at 1000 paces an hour, and he gets into so much trouble with me and with everybody; because he just doesn't listen; and you know, he's this wild creature, when (Name) medicated; he is awesome, he doesn't get into trouble".*

> Participant 10: *"Without her medication, there's no way of controlling her, or getting through to her when communicating with her".*

> Participant 2: *"[…] she has calmed down a lot since the medication; and it has helped me an incredible amount".*

Participant 9: *"I think I would definitely say that medication is without a doubt like part of the answer; I know a lot of people are anti-medication; but it has changed my life, I'm definitely calmer with him when he's on his medication"*.

The fifth component of the parenting style of single parents observed in this study included the use of a reward-based disciplinary measure to control their child's behaviour. Contrary to research by Harazni and Alkaissi (2016) and Deault (2009) which showed that parents of children diagnosed with ADHD utilized more negative reinforcement and punishment strategies, with less warmth and parental involvement; this study revealed that single parents engaged in more warmth and positive reinforcement discipline strategies. The participants in this study utilised reward-based measures to discipline their children rather than negative punishment.

Participant 1: *"He gets rewarded"*.

Participant 2: *"If she's being very naughty, I'll say to her well I'm not reading you a story; and then I walk away. If she's behaving well, then I'll read her two short stories, I'll praise her like I'll give her a high five, calling her my favourite girl and giving her hugs; she really loves that, she's a craver for that, even though she's naughty, she craves that, she loves attention or telling her she's a superstar, that type of stuff"*.

Participant 6: *I verbally reward her quite often uhm I […] quite a lot; so, I have to reward her verbally she likes uh […] want to go for an ice cream, so that's her way of saying okay, I've worked hard, I want uhm ice-cream […]"*.

Participant 10: *"I have a system where I talk to her, if she can; if she is behaving well for a certain period let's say for a week, then on Friday I'll treat her to something, that way I*

motivate her to try to behave in the way we need her to; and it's working quite well with her".

Participant 8: *"Well, if he does something well, I generally praise him and uhm I try and uhm validate him with whatever he's done uhm; and then there are times where I might give him a reward for that, but it's not always; because if it happens all the time then it becomes an expectation; so, I don't want to create that expectation uhm and it might be something simple like taking him out to the movies, or something like that you know".*

When negative discipline-based methods were used, none of the participants narrated using physical or punitive methods; they rather used reward-based methods, such as withdrawing privileges (access to televisions/video games), or confiscating treats the child enjoys.

Participant 10: *"With my oldest son, with him disciplining him when he was smaller, we used to take away privileges mmm uhm something like that uhm that worked well with him".*

Participant 6: *"Uhm usually coz she loves watching television; and I take it away uhm; and she's not allowed to uhm watch ya those are basically the punishments I really give her ya or explain why she lies sometimes and that's why you're not allowed to lie, the consequences of lying, if you one day lie, things like that".*

However, communication strategies appeared to be preferred rather than other types of disciplinary methods. In the researcher's interviews with the single-parent mothers, they were asked about communication within the parent-child relationships. The single-parent mothers described communication as a tool to help them deal with the children living with ADHD behaviour. Communication allowed for the mothers to adjust to the child's level; and it created a

facilitative relationship that made the child feel understood. This in turn reinforced positive behaviour; and the mothers were able to better deal and cope with the child. These findings are in accordance with research study findings by Harazni and Alkaissi (2016), and Firmin and Phillips (2009), which showed that positive verbal reinforcement used by mothers was favourable for child compliance; and this made the child and the home more relaxed.

Participant 6: *"Yes, we talk a lot about things that come up; and if she's not uhm if we talk about things that's not right why it's not appropriate to do it ya so we talk a lot".*

Participant 10: *"Communication is quite important it's very important […]".*

Participant 1: *"[…] everything is better with communication […] it's good to have that communication because then I can sort of steer him towards like okay you know it's okay, it's not the end of the world, or you know".*

Participant 4: *"[…] I don't really have to punish him in the typical way that parents punish other kids, I'm gonna take your tablet, I'm gonna give you a hiding dadada; you can actually see the devastation on his face when he understands what he did and how it affected somebody else; so, once I've got that through to him…"*

Participant 8: "So it was the gold star, the black star depending on certain categories that we had agreed on uhm that used to help to a point uhm it didn't help, for a long period of time; because then it started being more about just doing specific things to get the gold star and to get a prize at the end of the day; so we then focused on getting things and stuff; so I had to now take the focus away from that uh; because he was becoming a bit materialistic; so it became more talking through issues uhm and bring it back to reality […] we do have devotions, as a family on a regular basis; and I try to teach the

> *values the value system to the children; and I use that in the discipline process; so if they're fighting with each other or uhm getting angry and can't control their emotions and I remind them that self-control is one of the values that we practice; so I try to do it that way."*

The participants of this research study appeared to employ a parenting style characterised by an overlap of parenting practices between authoritarian and authoritative methods correlated to high control, and conversely warmth. Based on the data analysis of this research study, it appears that Diana Baumrind's parenting style categories do not fully encompass the parenting style employed by South African single parents of children living with ADHD. Conceivably because child-rearing practices are often influenced by several factors previously highlighted in Chapter 2 (The Literature Review) that include: socio-economic status, culture, socio-political history, globalization, in addition to the needs and the characteristics of each child (Hinshaw & Ellison, 2016; Holborn & Eddy, 2011; Long, 2004; Roman, 2014; Samiei, et al., 2015; Super, Harkness, Barry, & Zeitlin, 2011). This is discernible in the single-parenting of children living with ADHD in this study. Their parenting style appears to be greatly influenced by the current cultural and societal norms, as well as the needs of the child living with ADHD within the South African context. This is discernible in the single-parenting of children living with ADHD in this study. Their parenting style appears to be greatly influenced by the current cultural and societal norms, as well as the needs of the child living with ADHD within the South African context. Therefore, it seems that the single-parents in this study made meaning of their methods of parenting and understanding of the child living with ADHD, by merging the two types of parenting dimensions; henceforth an archetype conceptual framework – Pan African Millennial parenting model is proposed to be further explored in-depth in a dedicated research study.

b. Being a single parent

According to the literature, children living with ADHD are particularly difficult to discipline (Harpin, 2005). It could therefore be considered that the presence of a child living with ADHD in the home might exacerbate anxiety experienced by the caregiver to raise and parent the child. However, this research showed that some of the participants opted to be single parents; and they indicated that it was easier to raise the child with ADHD, as a single parent.

> Participant 9: "*It's been easier to parent him as a single mother; because my ex and I had such different parenting styles that I actually think it was a problem, the conflict for him because my ex would shout and scream and punish him and they just clashed all the time and with it would be saying don't do that don't shout at him, now just me it actually has been easier I think and the mixed messages was a huge problem, I think that it's been much easier".*

> Participant 2: *"So it's not always a great thing having a partner; but it would be a different thing if they help and they know how to monitor and they just give that extra foundation ya that will make it a lot easier, as a single parent you don't have to get into a disagreement with somebody, you can just decide okay this is my plan of action".*

> Participant 10: *"When you have a partner that works with you, it can be very supportive; but unfortunately, it also does happen that you have a partner that's not on board; and that actually makes things worse".*

> Participant 8: "*I actually enjoy it; because it was my own choice".*

On the other hand, noted earlier, the single parents reported that raising a child living with ADHD was portrayed as a very emotional experience. Furthermore, while many of the parents expressed choosing to single-parent the child diagnosed with ADHD, they described inadequate support as a fundamental challenge in their ADHD child-rearing experience. This is in line with the research findings of Harazni and Alkaissi (2016). This research indicated that mothers of children living with ADHD expressed a lack of adequate family and school support to cope with the demands of the care associated with a child living with ADHD. This is also seen as described earlier, the sense of inadequacy experienced by the overwhelming need to care and manage the child living with ADHD on a daily basis alone, as a single parent.

> Participant 8: *"I think in general as a single parent, life is so much easier having a partner; because while you're cooking dinner somebody else can make sure that the homework is done; and now you're cooking dinner and doing homework at the same time trying to fit everything in before bedtime and bath time and all those type of things and when you just need that 5 minute break of just coming down or reflecting or whatever the situation there's somebody else that can take over from you; and I just think it's so much easier with a partner."*

> *Participant 2: "So it's not always a great thing having a partner; but it would be a different thing if they help and they know how to monitor and they just give that extra foundation ya that would make it a lot easier".*

> *Participant 5: "I think it's definitely harder. I don't think especially having a challenging child; I don't have the backup I don't have someone who can say ok let's talk […] I think it's just having you know the extra pair of hands around, to have someone else who loves the child as much as you; and so, help you raise him or her; and I think it's makes a big difference".*

In keeping with the theme of being a single parent, and their perception of their parenting styles in relation to traditional parenting, this research study found that single parents raising children living with ADHD did not perceive their parenting styles differently from traditional parenting; but they perceived their parenting style as largely reliant on adapting to the child and his needs. This is substantiated by a research study by Roman (2011), who indicated that the parenting practices of both single and married mothers were not influenced by their marital status.

Furthermore, this study brought to light that single-parents adapted their parenting style to the needs of their child, rather than basing them on past experiences. On the other hand, Fonagy (2001) suggests that a parent's ability to provide a secure attachment is greatly influenced by the type of parental care that they had received in their own childhood. This is known as an inter-generational transmission of attachment styles (Ainsworth & Bowlby, 1991). Many of the participants in this research said the ways in which they raised their children were not greatly influenced by their own upbringing. Rather, they have learnt to raise their children, based on the current knowledge accessed on the internet, and largely through the experience of raising the child with ADHD. Moreover, the participants in this study stated they had learnt to be parents mainly from adapting to the child; and while others drew from their childhood experiences, it was used as a guide more towards what not to do, or adapting that experience to their current needs. Many of the participants reported to have used their own experiences of the way they were raised, as a point of reference on how not to parent their child living with ADHD.

> Participant 6: *"It all is dependent on the child's need and adaptation [...] you learn as you go and you adapt, you know everything you get a lot of advice going into it and then eventually, I don't think I've used half of the advice that I was given. It's more about*

adapting as we go […] I didn't learn a lot from my mother really; because she had three children, and she was a working mom; so, I've been trying not to be like her. I think I've been trying to follow not her example; but I've been seeing a psychologist, so I've been trying to follow the psychologist; and I've been reading a lot of books on ADHD children, as well as on what to do".

Participant 2: *"I've also learnt to take every day as it is […] I'm trying to do it differently than my parents did".*

Participant 1: *"I think it's got a lot to do with the environment like everything around them seems to affect them; so as long as you can learn to adapt to find their ideal environment, I mean obviously, they're not all the same; but a very circumstantial way of parenting, there's just no set way to do it. Figure out what they like, what works […]".*

Participant 5: *"A lot of the things that I expect from my children come from the way I was growing up like greeting people by the names saying hello to them when you walk into a room, and saying please and thank you, using knives and forks all your general kind of things".*

Participant 10: *"I've learnt a lot through reading a lot".*

Participant 4: *"So I took a lot of that from my parents; and then I took it a bit further".*

SECTION B

5.3. EMIC THEME: Contradictions

In this study, based on the parents' descriptions, they all went through stages of discovering parenting styles and practices, searching for ways to maintain a sense of consistency and balance in the behaviour of their child living with ADHD. While the majority of the participants in this study indicated that they are able to efficiently and more straightforwardly parent as a single parent, as highlighted in the discussion chapter thus far, an emic theme of complexity of the strain incurred thereby was inferred.

Many of the participants endeavoured to normalize their lives and the obstacles of raising a child living with ADHD, perhaps expecting to find hope for their and their child's future. Moreover, while many of the participants stated choosing to be a single parent was easier, they reportedly felt overwhelmed by being the single parent of a child living with ADHD, but society expects them (the parents) to be 'perfect'; and coping defines their sense of adequacy. They then admitted that they feel stressed and in need of support; but on the other hand, they try to maintain the parenting of a 'perfect' mother; because they aim to portray the role that society expects. This can be a draining way to live; and it seems highly incongruent. Moen et al. (2016) emphasize the complexities of raising a child living with ADHD; and they suggested that it can become stressful and fatiguing. The study further indicated that mothers of children with ADHD are reported to be more susceptible to psychological distress than other mothers (Moen et al., 2016).

The emergence of the contradiction generates the following questions that can be addressed in future research: What is the true self of the single mother of a child living with ADHD? If she allows herself to not wear a mask, how will she present herself? What kind of mask does society determine a mother to wear who takes care of a child living with ADHD? Furthermore, what

does society prescribe her to be like as a single mother taking care of her child living with ADHD? Would it have been different if her child did not have ADHD and if she was not single? Additionally, why does she allow herself to subscribe to these normative ideas?

Moreover, the interviewing process gave a glimpse of how societal pressures may have altered women's experiences in the hope of presenting themselves as a socially conforming and acceptable mother. McCambridge, Witton, and Elbourne (2013) describe the Hawthorne effect as a psychological process, whereby the individuals being observed, become aware of this observation, and consequently, they may want to appear socially desirable, thereby leading to change in their behaviour and the presentation of their social image.

Furthermore, in this research study, there appears to be an underlying sense of acknowledgement that there is no control within the single-parented household; yet the participants mention that they (the parents) have had to adapt. Adaptation is perhaps a silent agreement that this is how life will be – resulting in possible subconscious anger, that cannot really be expressed, because of social pressure.

> Participant 8: *"I mean sometimes it gets a little overwhelming, but I don't mind I mean for the most part I try and be everything that he needs […]".*

> Participant 2: *"It was a good choice, I did find it extra hard".*

> Participant 10: *"When you have a partner that works with you, it can be very supportive; but unfortunately, it also does happen that you have a partner that's not on board; and that actually makes things worse".*

Drawing on intersectionality theory to enhance the understanding of the transferred subliminal anger; according to research studies on gendered parenting by McLaren and Parusel (2015), it is important to consider how culture and parenting intertwine.

As previously cited Hinshaw and Ellison (2016) suggests several factors such as socio-economic status, globalization and cultural/societal norms have influence on child-rearing practices. In particular, while the single-parent phenomenon is becoming conventional to the South African cultural context; single-parents are largely still viewed in a disadvantaged manner (Ocholla-Ayayo, 2000; Roman, 2011; Sheilds, 2008). Hence, it is plausible to presume that single-parents may be reluctant to candidly express their experiences and bona fide emotions. To some degree, the single-parents anticipate being disparaged for accepting being a single-parent as well as caring for a child living with ADHD is challenging, even more so on a personal level.

The article by McLaren and Parusel (2015) discusses the notion of parental mobility care and defines it as a multifarious set of domestic routines and responsibilities that focus on children's management of safety and preparation for travel. It is important to note this as an example of the manifold of routine domestic care that parents must manage, and is predominantly superintended by the maternal caregiver. Furthermore, it is an example of how these responsibilities are about social relationships and collective practices; as well as responsibilities that are solely reliant on the single-parent further paired with meeting the needs of a child living with ADHD (Barkley, 2005; Bornstein, 2002; Bornstein & Zlotnik, 2008; Roman, 2011).

Thus, some responsibilities of care may be dependent on gender, context and society as a whole. This further affirms the care of a child living with ADHD by a single-parent is deeply

embedded within contexts of South African culture.

Furthermore, in relation to culture, previous research studies by Fonagy (2001) and Bahrami, Dolatshahi, Pourshahbaz, and Mohammadkhani (2017) have indicated that parenting style and methods employed by parents are often caused by their own parents' parenting practices and past parental relationships. However, this study has illustrated that the participants of this study chose to utilize parenting practices that are different from their own parents, which may affect the outcome and behaviour of the child living with ADHD. Moreover, as found in this study, more children and parents would utilize therapeutic treatment; so, they look for a better environment–fit of schools; and they embrace a more positive form of parenting. This finding may be associated with the greater accessibility to parenting information, training and support from external sources to the family, such as the internet, social media, school-based support teams, and community-support groups (Long, 2004); which speaks to the diversification and globalization of South African culture (Ocholla-Ayayo, 2000; Roman et al., 2016; Vogel, 2014).

Additionally, Bahrami et al. (2017) and Roman et al. (2016) indicated that the determinants of parenting style are often different in every culture, thus we can deduce that the culture and sophistication of the current context has an influence in shaping the parenting styles of single parents today.

Selin (2014) suggests that Baumrind's parenting styles are often used by researchers and professionals to understand and describe the parenting styles of Non-Western parents; and it can be difficult to relate a non-western parenting culture to a predominantly Western theory. Furthermore, Roman et al. (2016) highlight that parenting practices in South Africa are vastly different from those international research studies on parenting. Thus, as addressed in Chapter

Three, the development of a new theory is understood to better include and describe the parenting practices of the South African culture in a post-colonial and a de-colonialized era.

Building on intersectionality perspectives, we argue that the relations of the single-parents' and the parenting styles utilised are deeply interwoven with social inequalities that take various forms such as class, ethnicity, age, and gender prevalent in South Africa which is not adequately addressed by Diana Baumrind's parenting model (Vogel, 2014; Whitford, 2018; Willig & Stainton-Rogers, 2008). Social inequalities have been assumed as unequal distributions of beneficial resources and this study emphasizes the everyday practical enactment. This research shows that inequitable division of affluence, quality of life, environmental burdens, and life contingencies can impact the parenting and household dynamics. Moreover, majority of this study's participants are white females and this view may provide an explanation for why single-parents from other races did not participate in the study; perhaps they did not have access to the ADHASA database due to limited access to the internet, or even a limited understanding of ADHD leaving many children undiagnosed. This further necessitates the supposed theory of parenting in the South African context.

SECTION C

5.4. Summary of findings and conclusion

The findings of the research therefore are that the perceptions of single parents of children living with ADHD do not view their parenting styles differently nor the same from those of traditional parents. Single parents appear to employ parenting styles centred on the context and needs of the child living with ADHD.

While the participants perceive their parenting to be no different from that of traditional parents, they largely acknowledge the 'self' differently; since being a single parent, they maintain parenting can be challenging owing to the lack of adequate emotional support. However, there appears to be a consensus amongst the single mothers that parenting a child living with ADHD may be less stressful for both the parent and the child, as there is less relational conflict than when there is a partner involved. This was largely a contradictory matter that was latent in the study.

Research studies by Sellmaier et al. (2016), and Johnston and Mash (2001) suggest that homes of children living with ADHD may be more susceptible to emotional chaos, when there are contradictory modes of discipline and care generally employed amongst partners or parents of the child living with ADHD. The participants in this study indicated that a positive and supportive factor of being a single parent, the less the chance of disagreement on parenting styles - particularly communication and disciplinary methods. Moreover, the decision-making process regarding the care and treatment, and the general raising methods of the child living with ADHD rely solely on one individual making it a more seamless and harmonious process for the single parent.

The themes of the single parents' perceptions and understandings of their parenting styles raising a child living with ADHD overlapped significantly; as many of the participants shared similar, though not homogenous experiences by describing the daily household context, parenting methods employed to manage the symptomatology of ADHD as well how they manage the multifarious relationships and responsibilities in raising their child living with ADHD.

The participants that participated in this study came from different backgrounds; some of them experiencing a significant difference in the way they were parented from the way they parent; while others noticed a difference, but did not report it as being noticeably disparate. Many participants found that their parenting styles were greatly influenced by the needs of the ADHD child, and the context of the single parented home. Many of them employed an authoritative parenting style; but they often chose to utilize authoritarian parenting practices which positively impacted the outcome of the behaviour of the child living with ADHD.

Many of the participants found that their role as a single parent is multifaceted and suggests the role as having an overwhelming sense of responsibility. All of the participants found themselves dealing with the complexities of not just being a single parent, but also parenting a child living with ADHD. Furthermore, the overwhelming sense of responsibility was narrated to have stemmed from the conflation of differentiating between punishable behaviours that were deemed part of the normal course of child development, and those behaviours as a result of the symptomatology of the ADHD diagnosis.

In addition to this, the participants reported having to assume all the responsibilities of being a single parent, including the management of the ADHD symptomatology. This often led to a feeling of exhaustion, and at times a sense of hopelessness; as they believed they could not have a break from the routine and responsibility of caring for the child; but they had to continue to provide for them. However, this is in contradiction of their positive presentation of being a single parent.

Another aspect highlighted in the findings of this research is the multifariousness of relationships between society and the child living with ADHD, and among the extended family

unit. Expectedly, the participants in this study reported to have difficulties in managing their interpersonal relationships, particularly in terms of maintaining consistency in caring for the child living with ADHD outside the home environment. Other themes included the lack of flexibility to juggle the multiple responsibilities that fell on the single-parent, even during working hours. The participants also reported to have difficulties within the parent-child dyad, indicating difficulty in understanding one another, particularly regarding the pretexts for discipline. Intrapersonal issues were also described by the experiences of the single parents. Intrapersonal issues were mainly associated with personal stress, which mostly arose seemingly from the perceived sense of inadequacy, perhaps related to needing to contend with a greater number of behavioural, developmental and educational disturbances, without any additional assistance.

What is more, prior to conducting this study, the expectation was to find some single parents employing Baumrind's authoritarian parenting or authoritative parenting methods. Though, on closer review of the parents' accounts, it was found that they used a mixture of these parenting styles to address their particular needs. According to the researcher's knowledge, she is not aware of any study or theory that encompasses this overlap of the parenting dimensions when applying Baumrind's theoretical underpinning or parenting styles. More clarity thus is needed about what type of parenting style is associated with single-parented families raising a child living with ADHD. These findings can be used by professionals in preventive and remedial interventions, and when supporting the single mothers of children living with ADHD. Therefore, a proposed theory of parenting, i.e. the Pan-African Millennial parenting model was introduced in this study to account for the large gap in the existing theory.

With regard to the parenting style, in contrast to existing research, the findings of this

research highlighted how the single-parents in this study adapted their parenting styles, in order to raise a child living with ADHD. The single parents neither displayed solely authoritarian parenting methods, nor authoritative methods, as outlined in Baumrind's parenting theory. However, they appeared to employ parenting methods comprising both authoritarian and authoritative parenting dimensions. The general consensus among the single parents regarding their parenting methods was around the implementation of structure and routine (authoritarian). The latter seemed to be perceived as an effective method utilised by the single parents to control the perceived chaos, especially when the child living with ADHD was not medically treated.

Yet, there was also unanimity for the need to be lenient (authoritative), which appeared to stem from a sympathetic response to care for the child living with ADHD.

Moreover, the participants reported that the way in which the parents managed the home was of significance; because a lack of structure and organisation was said to exacerbate the conflicts in the home. It is apparent there is an overlap between the parenting dimensions, which is not substantiated in the existing theory.

Another important finding of this study is the vital role that medication plays in controlling the key symptoms of ADHD and the general coping ability of the parents and the family as a whole. In this study, all of the children living with ADHD used medication during the day. Thus, the perceived chaos during the mornings and evenings when medication was not yet induced is plausible. Furthermore, the single parents reportedly used the medication as a form of parental control of the perceived chaos.

It was evident in the lives of all the participants that chaos played a role in the accounts of the single parents' parenting style. In the researcher's interviews with the single-parent mothers, that

they were also asked about disciplinary measures. In this study, the communication strategies were the most frequently reported as being via the disciplinary method. Communication allowed for the mothers to adjust to the child's level of functioning; and it created a facilitative relationship that made the child feel understood and the single mother heard.

A fifth component to their disciplinary measures was the use of a reward-based system. The single parents believed that an important way to deal with wilful behaviour was to revoke privileges and/or sequester treats. Nonetheless, all the participants reported that the use of communication strategies were the most constructive. Communication facilitated a co-operative and favourable relationship between the single parent and the child, predominantly aiding the single parent to adjust to the level of understanding of the child living with ADHD.

In keeping with the accounts of single parents' parenting styles raising children living with ADHD, the research which unfolded indicated that single parents perceived their parenting styles as neither the same nor different from those of traditional parenting. The themes of the single parent's perceptions of their parenting between ADHD and non-ADHD children and in relation to traditional parenting, overlapped significantly. All the participants had similar parenting experiences; they divulged that they didn't believe they would have parented differently from the parent in a nuclear family. In fact, they reported that experiencing single-parenting was 'easier'.

Conversely, this further revealed uncovered an emic theme of the single parents reportedly experiencing a sense of being overwhelmed, yet reporting the experience to be easier, as well as making use of a structure to control the perceived chaos; while still being lenient and flexible. This is suggestive of the societal pressures placed on single parents to be portrayed as good-enough mothers that may have further led to a Hawthorne effect, in order to appear socially

desirable (McCambridge, Witton, and Elbourne 2013).

Additionally, the participants that participated in the study came from a diverse background, i.e. age range, educational experience and geographical locations. Furthermore, some of the participants reported to have experienced a significant difference in the way they parent, as opposed to the way they were parented; while others noticed a difference, but did not report their own parenting style, as being noticeably disparate. However, it became apparent that these parents predominantly referred to their own parenting experiences as a guiding post of what not to do. All the participants indicated that they modified their parenting methods to the needs of their child. Thus, yielding an amendable and more flexible parenting style employed by single parents when raising a child living with ADHD in the current South African context.

This further necessitates the introduction of a neoteric parenting theory. The findings in this study highlight a need for designing a model of parenting that can assist both professionals and parents in understanding the current parenting behaviours, and to address the current varying and 'new' parental dimensions, in order to address the developmental needs of children living with ADHD. According to this study, communication and disciplinary methods need to feature prominently.

Concluding findings in this study contradict those of previous research, which showed that the parents of children with ADHD were more authoritarian, less affectionate and high on demanding (Alizadeh et al. 2007; Mano and Uno 2007). One possible reason for the difference in findings is that a number of mothers in this study were recruited via the ADHASA organisation. These mothers thus might already be in the process of trying to improve their parenting skills. However, further analysis revealed an inconsistency in the single parents'

positive parenting methods; the single parents also appeared to employ the less-positive traits of parenting (less warm and more demanding).

This may be on account of managing the more challenging symptomatology of the ADHD disorder, as displayed by the child living with ADHD i.e. the perceived chaos.

Nonetheless, the single parents in this study seemed to have sufficient knowledge on the associated features of ADHD and the management thereof. Furthermore, despite the challenges that these participants faced, most of them have found a way to deal with their child living with ADHD by adapting their parenting methods to accommodate the child's needs. This ultimately resulted in an overlap between the authoritarian and authoritative parenting methods, thereby sustaining the rise to a possible new theory on parenting addressed in chapter 3 (The Theoretical Underpinnings), i.e. 'Pan-African Millennial Parenting'.

Further recommendations, the strengths and limitations of the study will be addressed in the subsequent chapter.

CHAPTER 6: THE STRENGTHS, LIMITATIONS, RECOMMENDATIONS AND REFLECTIONS

The findings of this study provide awareness of the experiences of single parents in raising children living with ADHD. This study looked at the experiences of single parents' parenting styles raising children living with ADHD. The data collected were then analysed and used to draw conclusions on whether the single-parents' perceived their parenting styles differently from those of traditional parents; and how they viewed their parenting of a child living with ADHD. Thus, this study provided more valuable insight into the context of single parenting, parenting styles and children living with ADHD.

6.1. Strengths of the study

This study looked at both the single parent context and children living with ADHD, which allowed for insight into the factors associated within the single-parented family context. Furthermore, the study also uncovered parenting dimensions employed in the upbringing of children living with ADHD. While parenting style and ADHD is an emerging area of research in South Africa, the single parenting context is an area that has been largely discounted. Hence, this research was deemed both necessary and valuable.

The consideration of the experiences of single parents raising a child living with ADHD highlighted the need for greater support structures, as well as psycho-educational support policy implementation in schools to assist single parents for more seamless parenting and continuous support of the child, parent-training programs, and an important consideration of research into new updated parenting theory.

When the literature on single parenting and children living with ADHD was referred to, very little information could be found that came directly from single parents who were raising a child living with ADHD. Hence, this study is unique in that the emergent themes emanated from the single parents' own experiences; and the research methodology allowed a rich and in-depth view of their feelings. The primary focus of this research was to provide an in-depth analysis of the experience of parenting a child living with ADHD, as a single parent, consequently using the phenomenological approach. Using this approach allowed the researcher to access the insiders' perspective of being a single parent raising a child living with ADHD (Vaismoradi, Jones, Turunen, & Snelgrove, 2016).

Phenomenology permits access into the lived experience of the phenomenon, and through a qualitative analysis, the research participants' subjective meaning of experiences is appropriately conveyed in the research report (Braun & Clarke, 2012).

As stated in the introduction, it is essential for professionals to have a deeper understanding of the experiences of single parents raising children living with ADHD, in order to better understand the context. This greater understanding can assist in working with the single parents to provide the most effective treatment programme for the child living with ADHD, as well to provide support to the single parent. A number of implications for parenting theory arose from the current study's examination of single parents' experiences, insights, and strategies for dealing with the child living with ADHD.

6.2. Limitations of the study

When reflecting on the strengths of a research study, the limitations of the study must be addressed. One of the limitations of this study was single parents' time and availability for an interview, resulting in telephonic interviews, which may have impacted the validity of observable behaviour. Further noted limitations of this study are that some of the participants' experiences and parenting behaviours reported may also transpire within the nuclear family. Thus, future research could perhaps engage a control group of parents with typically developing children, in order to better identify the unique experiences of single parents raising a child living with ADHD.

The results of this research study further highlight the possibility that the parents of both ADHD children and non-ADHD children may well have similar but not identical experiences. Thus, the difference between parenting styles between these parents is not in the nature of the experiences or the behaviour themselves, but rather in the intensity thereof.

When reading the results of this research study, caution must be taken not to generalize these results to all single parents raising children living with ADHD; as these narratives are individualistic; and they only provide insight into experiences of a group of female single parents' parenting styles in South Africa. The participants in this study did not include black and/or male single-parents raising children living with ADHD. Although the sample size was relatively large, note must be taken that the sample mainly consisted of participants of Caucasian, Coloured and Indian race; and all the participants were females. Thus, caution needs to be taken in not generalizing the results to the dominant black race of South Africa, and to males also.

The absence of interest from Black and/or Coloured participants in this study may be largely due the complex nature of the South African culture regarding mental health, as well as the limited access to mental healthcare resources outlined earlier. Hence, many children experiencing symptoms of ADHD may remain undiagnosed and without any treatment.

Moreover, the results of this study should be read in the context of the following limitations. Scrutinising the literature to gain insight into the concepts of single parenting and ADHD, the gap in scientific research regarding single parenting was highlighted. As highlighted in the literature, existing parenting theory does not account for the diverse South African cultures and contexts. Thus, if we consider the South African milieu, many single parents do not have the access to the support and resources they need to raise children living with ADHD, highlighting the socio-economic inequality prevalent within the South African context. Furthermore, obtaining a sample for the purposes of this research was tedious and lengthy. At the outset, participants were to be recruited from Gauteng. However, because a diverse and large enough sample could not be accessed, ethical clearance was sought to further recruit participants from all over South Africa. Hence, the inclusion of telephonic and skype interviews to account for the challenges many participants faced i.e. access to the research study due to financial, transport and demands of time. This highlights the various intersections discussed using an intersectionality theory as a critical analysis of the applicability of Diana Baumrind's parenting theory to this research study.

It is important to understand that Intersectionality theory was used deductively as a lens to critically analyse the research sample and data thereof. It was evident that obtaining a diverse sample proved to be problematic at the outset of the study highlighted in the methods chapter; and this was critically analysed using intersectionality to make sense of this difficulty.

Intersectionality theory is used more as a lens to critically evaluate the sample and the research findings rather than as foreground to the research.

Many of the participants were recruited via ADHASA, and it brings forward the question of how many individuals have access to, or are knowledgeable of this resource. Furthermore, South Africa being a diverse country, the possible cultural differences in values and beliefs in mental health in South Africa may account for the homogeneous sample.

Another aspect that may have limited this study as outlined already, is the lack of prior research studies on the topic. Citing prior research studies forms the basis of a literature review, and helps lay a robust foundation for understanding the research problem being investigated. However, very little research has been completed on single-parenting styles and ADHD; hence limiting a deeper scientific understanding of single parents' parenting styles in raising children living with ADHD prior to this research study.

Other possible limitations can include the observer effect (the Hawthorne effect) by participants; the perceived need to represent a favourable picture to the researcher, which may account for the contradictory emic theme in the research findings (McBride, 2013).

6.3. Implications for future research and recommendations

The findings and limitations highlighted for this study lend to suggestions for future studies in this field. This study only looked at the parenting styles of single parents raising children living with ADHD. What was interesting is that none of the participants articulated intimacy and attachment needs. They expressed raising a child as a single parent easy; yet implicit data were available that showed the need for intrapersonal fulfilment of needs. This contradiction can be

investigated in future research; it would yield interesting results for investigating the relationship challenges when raising a child living with ADHD.

In order to determine the effects of gender, socio-economic status and culture on single-parenting and raising a child with ADHD within the South African context, further investigation into each of these variables could be done. Research into the concept of single parenting also showed that the number of children being raised within the single-parenting context is ever-increasing. Subsequent to the research interviews, a number of research participants exhibited a very keen interest to better understand other single parents' experiences. Furthermore, they also appeared to display a sense of appreciation towards the researcher for engaging with them regarding their experiences' in raising a child living with ADHD. The participants' experiences further highlighted the necessity for professionals who deal with the disorder to be aware of the parents' need to engage more; and they should be open to reviewing new and old information on single parents, and be willing to answer questions.

Moreover, it became evident that schools should endeavour to address more intensely the needs of single-parents' parenting needs, for instance, by holding informational evenings for parents. Nonetheless, if health and educational professionals are not able to respond to this need, they should refer parents to sources, such as ADHASA, who can provide information and support to such parents.

Additionally, the results from this research suggest the need for the enhanced training of professionals who work with children living with ADHD being raised in the single-parent context. A consistent statement by the participants in this study was that their child struggled to

connect with teachers and students, or to find a school that was the right fit for their children. It may be that schools and teachers are still inadequately prepared to teach effectively children with ADHD. Consequently, it is recommended that more training on ADHD should be implemented in teacher-training programmes for both regular and special education teachers. This training should include both instruction, as well as supervised practice in effective teaching and behaviour-management strategies.

Lastly, the introduction of the Pan African Millennial parenting concept is a conceptual framework from the critical analysis of the thematic findings in relation to the theoretical underpinnings of the research. While the participants parenting methods may be categorised using Baumrind's parenting model, the shortfalls of this model which are critiqued such as inclusion of culture, history, SES that does not encapsulate current South African parenting methods. The Pan African Millennial conceptual framework is not deterministic, it is tentative and a critical analysis of existing work seminal work on parenting in relation to the context of South Africa. It would be interesting to further develop the proposed parenting conceptual framework of Pan-African Millennial Parenting, in order to better understand and account for the findings differing from prior research on parenting. Because theory plays an integral role in the conceptualisation of raising a child living with ADHD, the expansion of a more inclusive and dynamic parenting theory could promote enhancement of the support provided to parents and children for the optimal functioning necessary for developmental success within the South African context.

6.4. Reflexivity

Reflexivity allows the researcher to assess the self; and understand how they might shape the analytical study (Macbeth, 2001). Since the researcher may enter the research exercise with preconceived thoughts and conceptions, it is important to identify and be aware of these throughout the research study.

The researcher understands that her own personal experiences may have had an influence on the participants' experiences; the researcher, however, endeavoured to discuss and reflect on her own experiences through journaling and supervision in relation to the study, in order to remain objective and bracket herself out of entering the participants' world.

6.4.1. The research study and the results

The purpose of this study was to examine parents' perceptions of raising a child living with ADHD focusing on:

- Parents' perceptions regarding their parenting styles;
- Parents' perceptions regarding their parenting styles in relation to traditional parenting;
- Parents' perceptions about their parenting experiences in raising children living with ADHD and without ADHD.

Very little information on single parenting and children living with ADHD could be found in the literature that came directly from single parents, who had a child living with ADHD. This study was unique in that the themes presented emerged from the parents' own words; and the methodology allowed a rich and in-depth view of their feelings and beliefs. The primary

focus of this research was to provide a description of the experiences of parenting a child with ADHD. Hence, by using the phenomenological approach, it was possible to access the insiders' perspectives of being such a parent (Vaismoradi, Jones, Turunen, & Snelgrove, 2016). Phenomenology permits access to the lived experience of the phenomenon; and through a qualitative analysis, the research participants' subjective meaning of their experiences is appropriately conveyed in the research report (Braun & Clarke, 2012).

As stated in the introduction, it is essential for professionals to have a deeper understanding of the experiences of single parents raising children living with ADHD, in order to better understand the context, which could better assist in working with the single parents to provide the most effective treatment programme for the child living with ADHD, as well support to the single parent. A number of implications for parenting theory arose from the current study's examination of single parents' experiences, insights, and strategies for dealing with the child living with ADHD.

The results from this study were not entirely expected; and this came as a surprise to the researcher. This enhanced the researcher's optimism to continue to see this study through to its end, as well as to generate the necessary enthusiasm to share the results. It is the hope of the researcher that this study will help to provide a deeper understanding of single parenting and ADHD in paving the way for enhanced treatment and management.

6.4.2. The research process

At the outset of the project, I was overwhelmed by the amount of work that seemed to follow. The path seemed daunting; and I questioned my ability to complete the project. My fear of not completing on time was further supplemented by the data-collection process that seemed to be drawn out over several months. However, the reassurance of my work and the research process by my supervisor aided me in gaining confidence and in understanding the process of research.

Upon reflection of the entire research project, it dawns upon me that the process in gathering participants was rather prolonged, perhaps due to the participants not wanting to disclose their relationship status. However, it became evident that many of the participants interested in partaking in the study did not have the time to meet for an interview, due to their busy schedules and limited resources to allow for flexibility. One such issue that limited their time was picking up their child from school. This ultimately led to an extension of the research timeline, in order to make allowance for the participants. This was achieved by incorporating telephonic interviews, which appeared to have suited the participants. Nonetheless, I believe the research project was completed and executed, according to all the steps highlighted when conducting qualitative research (Babbie, 2014).

An important phase that comes to mind is the process of the interviews. Initially, I was very nervous; and I did not know just what to expect during the interview. I was wary that I might have been asking the wrong questions – especially such ones that could have biased my participant in answering what they assumed I wanted to hear. I was also hesitant about whether

the information I received from my participants was substantial. However, after the first interview, I gained confidence for the remaining interviews, making adequate use of the IPA notes provided when conducting interviews of this nature. During my time conducting interviews, I thoroughly enjoyed myself, learning new things – especially on how to communicate with people from a different background and to gain new perspectives. Furthermore, my skills as a researcher became refined. As I interviewed my participants, I had already begun to notice some similarities regarding their parenting experiences between the women. I made a conscious effort to put those thoughts aside; as I interviewed the women because IPA suggests that the researcher needs to interview the participants without any bias, in order to prevent any prior assumptions regarding each of the individuals, and to ensure that they would bring their own innovative intervention to light.

Apart from the actual interviews being exciting and challenging, at the same time the attainment of my sample was rather a new learning experience for me. I was lucky to be granted the opportunity during the course of my subsequent Honours research study to meet well-renowned doctors in the breast-cancer field, as well as to attend a support-group session for women suffering from breast cancer, which allowed me to gain knowledge, to ask questions and to clarify thoughts related to breast cancer. For example, I was unaware that a mastectomy includes the removal of the nipples; but becoming aware of such information allowed me to react in a professional and mature approach towards my participants when they revealed their concerns regarding the mastectomy. This allowed me to learn to be more sensitive during interviews, a skill I was able to draw on during the interview process of this research study. I

was able to find a balance between asking objective questions, while exuding a sense of empathy, which allowed my participants to share more freely.

The transcription of the interviews in my opinion was the most tedious; it took me a long time to transcribe all ten interviews word-for-word. The analysis of the interviews was interesting, employing colour-coding, as my method for drawing out the common themes of the collected data. It was simply amazing to see the similarities between the participants gradually reveal themselves.

6.4.3. General reflection and ethics

This research study was a remarkable learning experience; however, there were several challenges that I had to overcome, in order to present a complete research study. The first challenge was getting started with the research study; as I was unsure of what was expected of me and where to begin; but my supervisor guided me in the right direction.

A second challenge was that of time management. I struggled to balance time between working as an intern psychologist, as well as finding the necessary time for research. There were weeks when I would solely concentrate on my research study; and weeks when I would make time only for my internship responsibilities. However, later in the year, I began juggling all my responsibilities to the best of my ability. Most importantly, the supervision, guidance and reassurance offered by my supervisor assisted me a great deal in completing this research study, remaining steadfast throughout my research experience. My friends and family also offered their support in pushing me to reach heights of achievements I was hesitant of being able to accomplish.

An additional important reflection to make is on the theoretical component of this research study; other suitable parenting theories may have been considered to ground this research, such as, Maccoby and Martin's parenting model which explicates and expands on the four types of Baumrind's parenting pillar. The applicability of Baumrind's theory to this study, is the use of seminal work as well as that Baumrind's parenting pillar speaks more specifically to parenting styles which is the focus of this research; whereas Maccoby and Martin's work provides a broader encapsulation of parenting.

6.4.4. Concluding thoughts

Finally, this research study highlighted for me that the single parents of children living with ADHD expend enormous energy and time on their children; and at times they may feel overwhelmed, helpless and lonely; and yet they appeared to persevere. On the completion of this study, the researcher found herself left with a renewed respect for the resilience and strength of these ordinary, yet extraordinary, parents. Perhaps the major strength of this study lies simply in the advice of the parents who participated; because they had been there, done that, and got the T-shirt.

CHAPTER 7: SUMMARY AND CONCLUSION

This research study aimed to explore the experiences of single parents' parenting styles raising children living with ADHD in the South African context. A semi-structured interview was used to deduce the subjective experiences of the single-parents'. This took place over a period of three months; and the overall research study was completed over a period of two consecutive years.

The study's research question was:

1. **What are the accounts of single parents' parenting styles in raising children with ADHD?**

The following were the sub-questions:

1.1. How are the perceptions of single parents' parenting styles different in children with ADHD?

1.2. How do single-parents view their parenting styles differently from those of traditional parenting?

Major themes with regard to the accounts of single parents' parenting styles in raising children living with ADHD include the difficulties experienced by a single parent raising a child living with ADHD, i.e. an overwhelming sense of responsibility, relational challenges and ambivalent experiences. Other themes include the single parents' perceptions of their parenting styles relative to those of traditional parents and non-ADHD children, i.e. the various parenting styles employed when raising a child living with ADHD as a single parent and their understanding of being a single parent.

The findings of the research, therefore, indicated that the child diagnosed with ADHD does indeed have an impact on the family system, thereby impacting the parenting process and

consequently the parenting style employed by these parents. These findings are consistent with those reported in the literature (Abidin, 1992; Alizadeh & Andries, 2002; Hunt, 2013; Golombok et al., 2016).

Furthermore, the research results indicated that there are multiple intersections between single-parents, children living with ADHD, the South African culture, gender and socio-economic status that circuitously impact the experiences of single-parents' parenting style when raising children living with ADHD.

The research data also indicated that the use of Diana Baumrind's parenting pillar may be inappropriate in defining and structuring the parenting methods of single-parents raising children living with ADHD within the South African context. Furthermore, from the viewpoint of intersectionality, the various challenges these single-parents experience were illuminated, further demonstrating the limitations of Diana Baumrind's parenting pillar model to the South African context. This necessitated the institution of a neoteric South African-centred parenting theory, i.e. the Pan-African Millennial parenting model. The proposed theory aimed to encompass the multiple intersections of both single-parents, children living with ADHD, and the parenting styles employed to raise children living with ADHD.

Overall, the study exemplifies the fact that the single parents of children living with ADHD perceive their parenting styles to be unique. Moreover, they neither perceive their parenting style to be different, nor the same as that of traditional parents' parenting styles. This study therefore emphasizes an exigence to further explore the proposed Pan-African Millennial parenting theory that sufficiently encompasses the experiences of single-parents' parenting styles when raising children living with ADHD in the current South African context.

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APPENDIX LIST

1. Appendix A: Participant Information Sheet
2. Appendix B: Informed consent form
3. Appendix B2: General Consent form 2
4. Appendix C: Audio Recordings consent form
5. Appendix D: Interview Question Guideline
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7. Appendix F: Research Social Media Advert
8. Appendix G: Turnitin Report

Appendix A: Invitation to the Research Study

RE: Invitation and consent to participate in a research study

Good day, my name is Razeenah Mahomed and I am conducting research for the purposes of obtaining my Master's degree at the University of Witwatersrand. I invite you to participate in my research titled **"Raising children: Descriptive analysis of single-parents' parenting styles of children living with Attention Deficit / Hyperactive Disorder".** Your participation will help me gain a deeper insight into an area that has been under-researched in South Africa.

Your involvement in this research requires your consent for participation in an interview of approximately 50 to 60 minutes via skype (video calling), telephonic or scheduled at place and a time convenient to you. You will be asked permission to be audio recorded during the interview to ensure accuracy. Please note that your participation in this study is voluntary and you will not be rewarded or penalized in any way. Should you feel the need to withdraw from the study, you are free to do so at any time. You may also refuse to answer questions that make you feel uncomfortable. In addition, you may choose to remain anonymous or a pseudonym will be used (a name other than their own) when writing up the information pertaining to the interviews. All data collected during the interview discussion (including audio recordings, notes and transcripts) will be kept strictly confidential, and no material will be made available to any third parties apart from my supervisor. However, kindly be aware that quotations from the interview may be used in the research report but your name will not be mentioned anywhere in the report. All data will be kept in a safe location with restricted access.

All participants will be informed about the nature of the study and asked to sign an informed consent form granting permission to partake in the study. The proceedings of the study may also be presented at a conference and written up as a research article or publication. Informed consent will also be required for these. A summary of the results will be made available to you upon request after completion.

It is my understanding that this study will not pose any risks or result in any benefits to you. However, personal and sensitive information may be divulged during the interview, and should any emotional responses be evoked, you can seek free counselling by calling Lifeline Johannesburg (011 728 1347). If you are interested in partaking in this research, please contact Mrs. Razeenah Mahomed via email on razeenah.mahomed@gmail.com
For any further enquiries please feel free to contact me or my research supervisor Dr. Daleen Alexander via email dinah.alexander@wits.ac.za

Thanking You, Razeenah Mahomed (Researcher, Student Psychologist)

1

Appendix B: Informed Consent Form

UNIVERISTY OF THE WITWATERSRAND ENGLISH INFORMED CONSENT FORM

Statement concerning participation in a Research Project

Name of Study:

Raising children: Descriptive analysis of single-parents' parenting styles of children living with Attention Deficit / Hyperactive Disorder

I agree that I have read the information on the proposed study and I clearly understand the aims and objectives, and was provided the opportunity to clarify any questions.

I know that audio recordings and notes will be taken during the interview. I consent to this and understand that my name will not be revealed. I also understand that I have the right to remain anonymous. I understand that quotes may be used, but that it will not be traced back to me.

I understand that my participation in this study is completely voluntary and I will not be granted any benefits or penalization for my participation. I understand that I may withdraw from this study at any time without any penalties.

I know that this study will be approved by the Human Research Ethics Committee (HREC) of the University of Witwatersrand. I am fully aware that the data gathered from this research will be used for scientific purposes for a master's dissertation and it may be presented at a conference, used in scientific publications and will be electronically available in the public domain. I agree to this, provided that my privacy is guaranteed.

I hereby give consent to participate in this study.

…… **Name of participant/volunteer**

…… **Signature of participant/volunteer**

…… **Place**

…… **Date**

1

Appendix B2: Informed Consent Form 2

UNIVERSITY OF THE WITWATERSRAND ENGLISH CONSENT FORM 2

Name of Study:

Raising children: Descriptive analysis of single-parents' parenting styles of children living with Attention Deficit / Hyperactive Disorder

I, _____ (full name) hereby voluntarily consent to participate in Razeenah Mahomed's Research Study as stated above.

I, _____ (full name) understand what this research entails and I know that I can ask the researcher questions at any time.

I, _____ (full name) give the researcher consent to tape record the interview session using her own voice recorder.

I, _____ (full name) understand that I can withdraw from this Research Study at any time without any reasoning and no further implications.

I agree to give the researcher this information below so that she can contact me to arrange an interview.

Name: ……

Contact Number: ……

…… ……

Signature of participant / volunteer **Date**

……

Place

1

Appendix C: Audio Recording Consent Form

UNIVERSITY OF THE WITWATERSRAND ENGLISH AUDIO RECORDING CONSENT FORM

Name of Study:

Raising children: Descriptive analysis of single-parents' parenting styles of children living with Attention Deficit / Hyperactive Disorder

I, _____ (full name) hereby voluntarily consent to participate and be audio recorded in Razeenah Mahomed's Research study interview.

I understand and agree to the following:

- The digital recordings and transcripts will not be made available to any third parties except for the researcher's supervisor.
- All digital recordings will be destroyed after the researcher has been examined.
- Verbatim quotes may be used in the research report but no identifying information will be given, thus ensuring that anonymity is maintained throughout the study.

…… ……

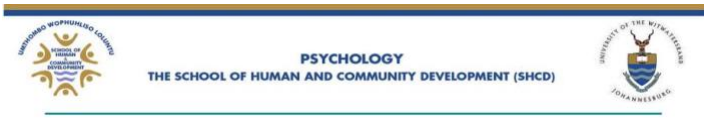
Signature of participant / volunteer **Date**

……

Place

1

Appendix D: Interview Question Guideline



Interview Question Guideline

Introduction:
I am a researcher who is interested in the experiences of single-parents of children living with ADHD and the parenting styles they use. As a parent of such a child, you are in a unique position to describe what that experience is like and how it affects you and your parenting. And that is what this interview is about: your experience of ADHD and your thoughts about your experiences of parenting this child.

I will be interviewing a minimum of 10 people, which will be combined in a research report. Nothing you say will ever be identified with you personally. As we go through the interview, if you have any questions about why I am asking something, please feel free to ask. Or if there is anything you don't want to answer just say so. The purpose of this interview is to get your insights into parenting a child with ADHD.

Do you have any questions before we begin?

Biographical Details:

1. Name: ……
   (Please note that your name will not be used for confidentiality purposes and will remain anonymous at all times)
2. Age: ……
3. Gender: Male Female
4. Are you a single-parent? ……
5. Do you have a child aged between 7 – 10 years formally diagnosed with Attention Deficit/ Hyperactive Disorder (ADHD)?
   ……
6. Is the child taking any medication for ADHD currently? ……
7. What is the child's current education level? ……
8. Are you diagnosed with ADHD? ……
9. What is your education level or occupation? ……
10. Did you or your child receive any treatment or counselling? ……

Semi – Structured interview schedule

General experiences of single-parenting a child living with ADHD:

1. Tell me about your view of yourself as a single-parent.
2. Tell me your perceptions of how you learned to be a parent.

Traditional parenting vs single-parenting:

1. Reflect upon your view of the differences between parenting an ADHD child as a single-parent and parenting an ADHD child with a partner.
2. Can you reflect upon the differences between parenting an ADHD child and a non-ADHD child?
3. Can you walk me through a day in your family/household?

Experiences of treatment and management:

1. Tell me your experiences as a single parent managing the treatment and care of an ADHD child.
2. ***(If applicable)*** Tell me about your feelings regarding the use of medication and how that process has been for you as a single-parent.

Experiences of monitoring and control:

1. Are there any rules in your household?
2. How are the rules set?

Strategies of punishment and discipline:

1. What happens when rules are broken.
2. If one of your kids is being difficult, what is one creative way you have used to deal with the behaviour.

Communication styles:

1. What happens if your child is successful at something or did something that pleased your family?
2. What happens if your child fails or disappoints at something? How do you respond?
3. What are ways that you show love to your child?

Independence and autonomy:

1. What things can your child decide for themselves?
2. What happens when you disagree on something.
3. How much privacy do you give to your child?

Conclusion:

That covers the things I wanted to ask; is there anything you would like to add.
Thank you for taking the time for this interview. Should you have any questions or concerns, please feel free to contact me or my research supervisor.

Additional Notes: Date: ___ /___ /___

Appendix E: DSM-V Diagnostic Criteria for ADHD

disorders, and other comorbid diagnoses. Among individuals who are nonverbal or have language deficits, observable signs such as changes in sleep or eating and increases in challenging behavior should trigger an evaluation for anxiety or depression. Specific learning difficulties (literacy and numeracy) are common, as is developmental coordination disorder. Medical conditions commonly associated with autism spectrum disorder should be noted under the "associated with a known medical/genetic or environmental/acquired condition" specifier. Such medical conditions include epilepsy, sleep problems, and constipation. Avoidant-restrictive food intake disorder is a fairly frequent presenting feature of autism spectrum disorder, and extreme and narrow food preferences may persist.

Attention-Deficit/Hyperactivity Disorder

Attention-Deficit/Hyperactivity Disorder

Diagnostic Criteria

A. A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):

1. **Inattention:** Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:
   Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.
   a. Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).
   b. Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).
   c. Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).
   d. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).
   e. Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).
   f. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).
   g. Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
   h. Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).
   i. Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).

2. **Hyperactivity and impulsivity:** Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:
   Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or a failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.
   a. Often fidgets with or taps hands or feet or squirms in seat.
   b. Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).
   c. Often runs about or climbs in situations where it is inappropriate. (**Note:** In adolescents or adults, may be limited to feeling restless.)
   d. Often unable to play or engage in leisure activities quietly.
   e. Is often "on the go," acting as if "driven by a motor" (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).
   f. Often talks excessively.
   g. Often blurts out an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation).
   h. Often has difficulty waiting his or her turn (e.g., while waiting in line).
   i. Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).

B. Several inattentive or hyperactive-impulsive symptoms were present prior to age 12 years.

C. Several inattentive or hyperactive-impulsive symptoms are present in two or more settings (e.g., at home, school, or work; with friends or relatives; in other activities).

D. There is clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning.

E. The symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorder, personality disorder, substance intoxication or withdrawal).

Specify whether:

314.01 (F90.2) Combined presentation: If both Criterion A1 (inattention) and Criterion A2 (hyperactivity-impulsivity) are met for the past 6 months.
314.00 (F90.0) Predominantly inattentive presentation: If Criterion A1 (inattention) is met but Criterion A2 (hyperactivity-impulsivity) is not met for the past 6 months.
314.01 (F90.1) Predominantly hyperactive/impulsive presentation: If Criterion A2 (hyperactivity-impulsivity) is met and Criterion A1 (inattention) is not met for the past 6 months.

Specify if:

In partial remission: When full criteria were previously met, fewer than the full criteria have been met for the past 6 months, and the symptoms still result in impairment in social, academic, or occupational functioning.

Specify current severity:

Mild: Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social or occupational functioning.
Moderate: Symptoms or functional impairment between "mild" and "severe" are present.

Appendix F: Research Advertisement

Appendix G: Turnitin Report

Turnitin Originality Report

307054:Razeenah_Mahomed_(307054)_M.Ed_Research_Report_Turnitin_copy.docx
by Razeenah Mahomed

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