

Raising children: single parents' parenting styles with children living with attention-deficit/hyperactive disorder

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Abstract

This article reports on the perceptions of single parents on their parenting styles in raising their children living with attention-deficit/hyperactive disorder (ADHD). Purposive sampling was used to collect the sample group. The study comprised 10 female participants of white, Indian, and coloured descent with a mean age of 35.6 years. The participants were single parents of a child formally diagnosed with ADHD and living in South Africa. Qualitative data were gathered using semi-structured interviews and subsequently thematically analyzed. The study found that the single parents of children with ADHD perceived their parenting styles as unique from their parents' traditional methods. The results also revealed shortcomings in the theoretical framework used to guide this study, especially in regard to non-traditional parenting structures. Future research could explore a proposed conceptual framework, the Pan-African Millennial Parenting conceptual framework.

Keywords: Attention-deficit/hyperactivity disorder (ADHD); single parenting; parenting styles; parenting theory; South African parenting; ADHD interventions

Introduction and literature review

Central to this study is the phenomenon of single parenting and ADHD in South Africa. Recent statistical research in South Africa showed that 42.5% of children **younger than five** lived with only their biological mothers and **that** 2.0% lived with only their biological fathers (Statistics South Africa, 2018). While mental health data in South Africa are limited, approximately 16 million children in the United States are currently diagnosed with ADHD (Additude, 2020). However, according to (2019), 1.15 million children in South Africa are estimated to have sensory, developmental, cognitive, and motor disabilities, which includes ADHD. These statistics suggest that single-parent families with children with ADHD are common in South Africa. Single-parented households are also more likely to be living under the poverty line thus limiting their access to adequate healthcare in South Africa (Golombok, Zadeh, Imrie, Smith, & Freeman, 2016; Moen, Hedelin, & Hall-Lord, 2016; Ocholla-Ayayo, 2000; Roman, 2014). Inevitably living under the poverty line impacts parenting practices which these parents adopt (Roman, 2011, 2014; Roman, Akaka, & Lacante, 2016; Shung-King et al., 2019; Yousefia, Far, & Abdollahian, 2011).

The authors of this article endeavoured to understand single parents' experiences of parenting their child living with ADHD and to gain insight into the challenges of single parenting in South Africa. A further aim of the study was to determine the existence of appropriate psychosocial treatment models and educational policies, educational support and interventions, behaviourally based strategies, and parent-training programmes to guide the symptomology and treatment of ADHD. Chesterfeild, Porzig-Drummond, Stevenson, and Stevenson (2020), for example, reported that less disruptive and severe symptoms presented in children with ADHD, and less dysfunctional parenting methods were evident

after parents attended behavioural parenting group interventions. Treatment methods for ADHD generally include medication, behavioural therapy, and parent training programmes (Barkley, 2005a; 2005b; Harazni & Alkaissi, 2016).

The study focused on the influence of single parents' parenting styles on ADHD, a disorder that is characterized by an inability to focus and concentrate and in some cases hyperactive behaviours. ADHD is usually diagnosed by a psychologist or psychiatrist (American Psychiatric Association, 2013; Hinshaw & Ellison, 2016). Furthermore, according to the Diagnostic Statistical Manual fifth edition (DSM-5), the diagnostic criteria require individuals to present with hyperactive-impulsive or inattentive symptoms for a minimum of six months, and they must be atypically developmentally classified (American Psychiatric Association, 2013). ADHD is the most common psychiatric disorder diagnosed in children and one of the most researched neurodevelopmental disorders (American Psychiatric Association, n.d.; Derakhshanpour, Khaki, Shahini, Vakili, & Saghebi, 2016; Shung-King et al., 2019). This has led to interest in the relationships and interactions between families and children living with ADHD. As a study of parental styles could not be done in isolation, the influence of culture, gender, interventions, political history, and educational policy on parenting styles in South Africa was also considered in this study.

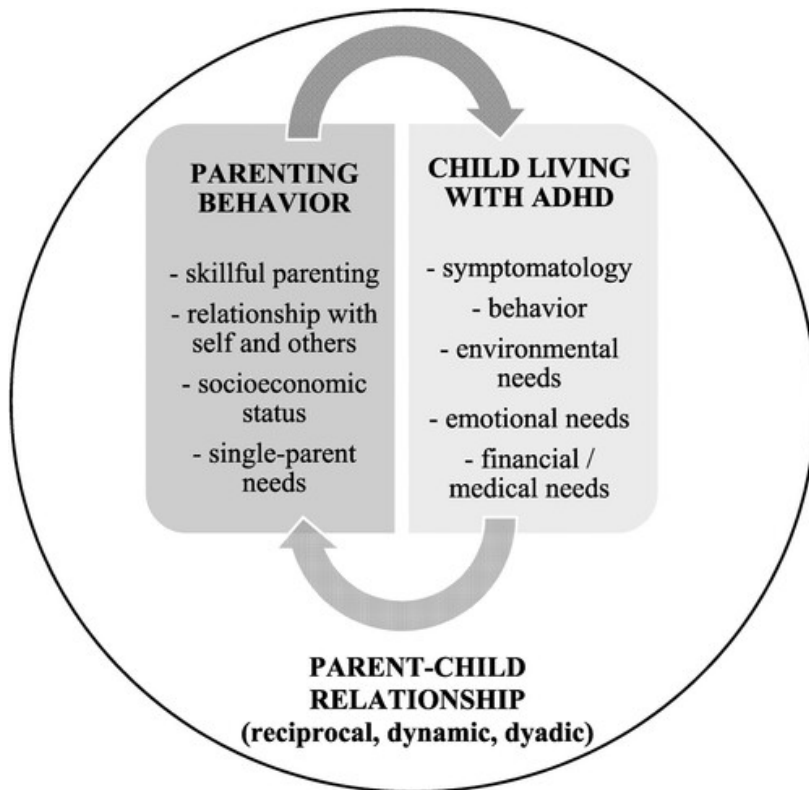


Figure 1. Relationship between parenting styles and single parents.

Note: The dyadic relationship between the parenting styles of single parents raising children with ADHD is central to parenting practices. This study specifically explored single parents' parenting styles in the South African context.

When looking at the precipitating factors of ADHD, hereditary as well as environmental factors are important (Hinshaw & Ellison, 2016; Wirth et al., 2019). According to Barkley (2005a), Roman et al. (2016), and Shung-King et al. (2019), the type of environment in which children are reared is pivotal, especially for children living with ADHD. A study by

Derakhshanpour et al. (2016) highlighted the integral influence of parenting methods on the manifestation of mental health disorders in children. Similarly, Hunt (2013), Muñoz-Silva, Lago-Urbano, Sanchez-Garcia, and Carmona-Márquez (2017), Ullsperger, Nigg, and Nikolas (2016), and Yousefia et al. (2011) reported on how the behaviour of a child with ADHD can impact the child-rearing practices of parents, as the interaction is bi-directional (see Figure 1). Barkley (2005a) and Wirth et al. (2019) state that a child with ADHD and showing impulsive behaviour may unintentionally disobey rules set by parents, which may result in unintentional autocratic behavioural parenting styles by parents. This type of reaction may not be helpful in changing the behaviour of the ADHD child.

Single parents often have additional parental responsibilities and often live in marginalized circumstances with increased traumatic overtones that may lower their emotional resources (Moen et al., 2016). This may result in reduced domestic and environmental harmony thereby impacting the type of parenting methods used (American Psychiatric Association, n.d.; Barkley, 2005a; Golombok et al., 2016; Hinshaw & Ellison, 2016; Wirth et al., 2019).

Noteworthy stressors in South Africa, such as the country's violent political history, the cultural and ethnic diversity of South Africans, different socioeconomic statuses, the unequal distribution of advancement in technology, and divorce and single parenting in the millennial age may play a role in the abovementioned dyadic relationship (Burton, Leoschut, & Bonora, 2009; McLaren & Parusel, 2015; Ocholla-Ayayo, 2000; Shung-King et al., 2019; Whitford, 2018). Further stressors highlighted by Chesterfield et al. (2020) include the effects of the global Covid-19 pandemic, which may have intensified existing social complexities such as the inability of families to cope economically, emotionally, and physically (Chesterfield et al., 2020). It may even have further lowered their emotional well-being and financial status, resulting in modified or completely altered parenting methods (Chesterfield et al., 2020). A study on traditional methods of parenting by Burton et al. (2009) on young offenders in South Africa found that due to South Africa's apartheid history and predisposition to violence, many youths were raised under conditions of harsh discipline. They added that these conditions still persist in South African families today (Burton et al., 2009).

Theoretical review

Based on the seminal work of Diana Baumrind, parenting practices can be classified into three parenting styles: authoritative, authoritarian, and permissive, differentiated by the various levels of demand and warmth exhibited (Baumrind, 1971; Bornstein & Zlotnik, 2008). There are several parenting theories on parenting practices. However, because this study focused on the parenting styles of single parents, Baumrind's theory was originally considered applicable in providing descriptive insight into the parenting methods of such parents. After collecting and analyzing the data of the study, it was found that the parenting styles of the participants could not be distinctly identified and understood using Baumrind's theory. Furthermore, the participant sample remained homogenous, possibly influencing the results, despite several attempts to gather a more diverse sample. An intersectional lens (see Figure 2 below) was therefore used to appraise these observable challenges critically.

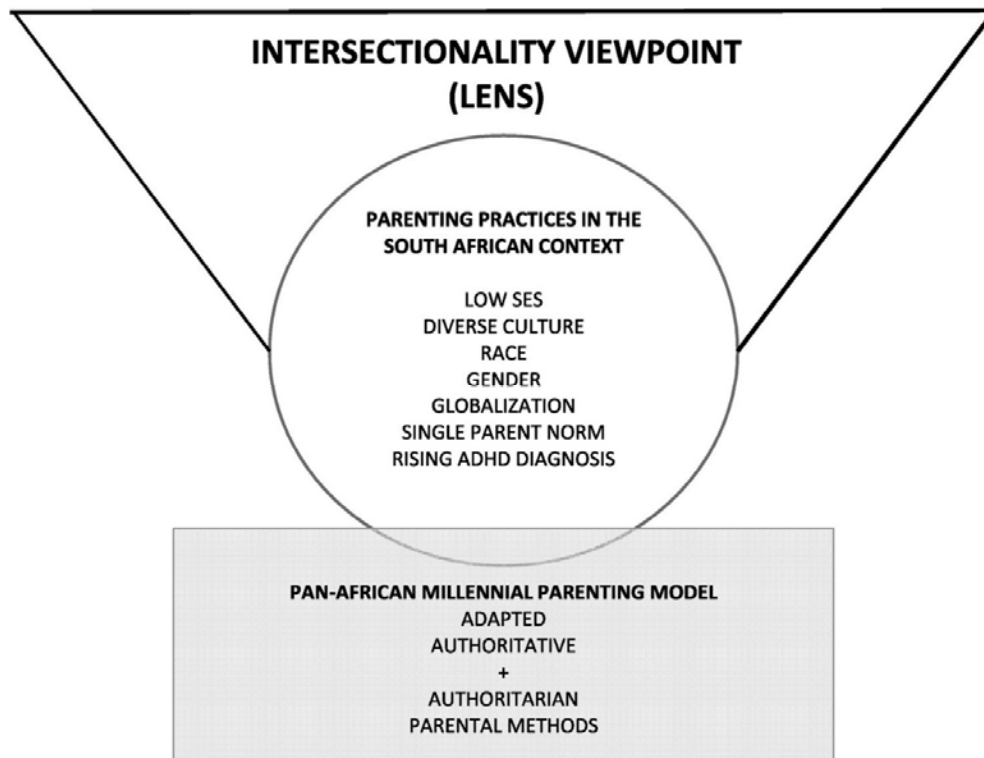


Figure 2. Intersectional lens.

Note: An intersectional lens of critical analysis depicting the intersection of multiple factors in parenting in South Africa leading to a proposed new parenting concept.

According to Cole (2009) and Ferree (2018), intersectionality theory can assist in understanding the intersections among inequalities that may point to new theoretical, methodological, and political theories, as well as understanding psychological phenomena and behaviour. An intersectional analysis revealed an intersection between South Africa's history of apartheid and the violent culture in South Africa's current ethnic composition and parenting ethos. Moreover, the impact of apartheid has left the raising of many children in the hands of the female members of a family (Roman, 2014; Schoeman & De Klerk, 2017; Sheilds, 2008). Further effects of apartheid and globalization in South Africa but not limited to include poor access to resources and education, limited job opportunities, and low socioeconomic statuses (Roman, 2011, 2014; Selin, 2014; Shung-King et al., 2019; Whitford, 2018). These effects influence the parenting culture of South African single parents and inadvertently their parenting methods (Sellmaier, Leo, Brennan, Kendall, & Houck, 2016; Shenoy, Lee, & Trieu, 2016).

It should be noted that intersectionality theory was never intended to be used to analyze the data obtained during the study. It was used more as a tool to review the results and the theoretical framework. When Diana Baumrind's theory was applied, a gap in the theory was identified. The parenting methods of the South African single parents in the study could not be clearly identified using Baumrind's parenting pillar model. A review of Baumrind's theory revealed that due to its typical applicability to traditional Western families and culture there was a disconnect in its applicability to African parenting culture. This cultural system includes women-led households, single parenting, and contextual factors such as poor economic status, the impact of apartheid, and the Covid-19 pandemic. To facilitate further inquiry, intersectionality theory was used to critically appraise and evaluate the imparity of Baumrind's parenting model in the South African situation as well as to better understand the

data set. An intersectional lens highlighted the need for a theory that takes into account the South African single-parent parenting culture and parent dimensions emanated. The researcher accordingly proposed a conceptual framework that provides greater insight into the subjective experiences of the participants depicted in Figure 3 below. This framework, the Pan African Millennial Parenting conceptual framework, seeks to cover the parenting situation in South Africa as it is today, which includes the globalization of culture and a broad range of the components of the parenting context such as single-parent households, gender roles, socioeconomic status, religion, past parenting experiences, the effect of apartheid, education, and caregivers single parenting a child with ADHD.

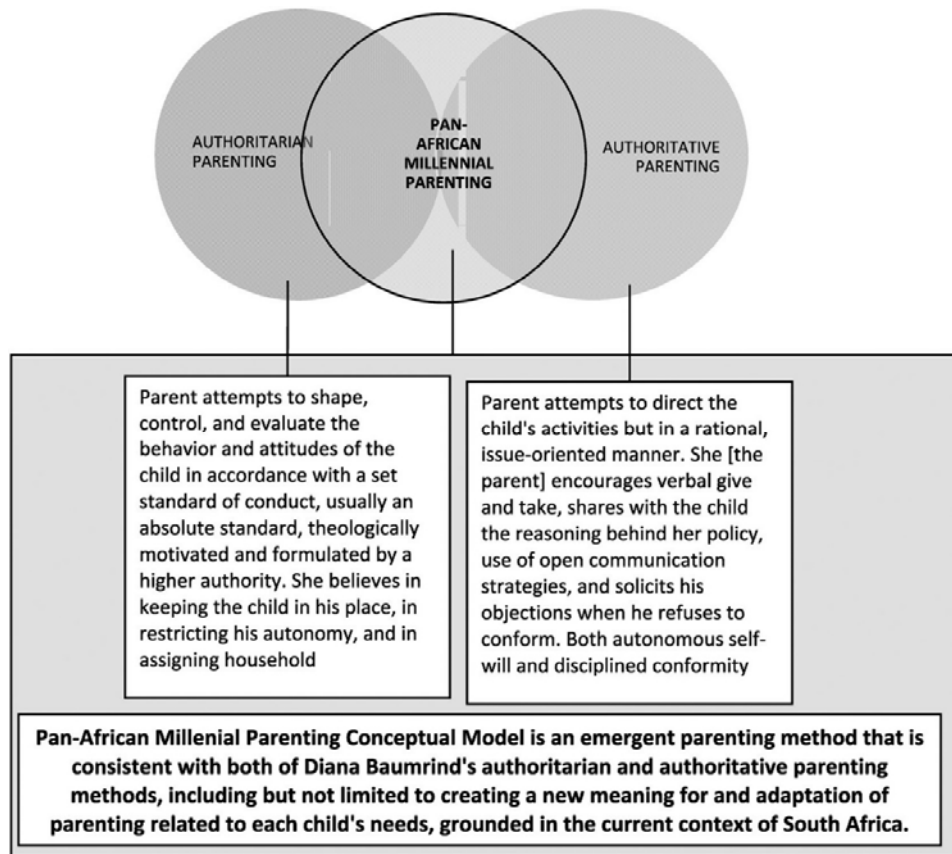


Figure 3. Pan-African Millennial Parenting conceptual framework.

Note: The Pan-African Millennial Parenting conceptual framework incorporating a permutation of Diana Baumrind's authoritarian and authoritative parenting dimensions.

Rationale for the study

An in-depth literature search revealed a substantial body of research on the topic of raising children with ADHD as well as different parenting styles. However, few research studies cover the experiences of single parents raising a child living with ADHD. Moreover, very few studies on the subject have been conducted in South Africa (Roman, 2014; Roman et al., 2016; Samiei et al., 2015). For the reasons cited above, and because of the prevalence of both ADHD and single parenting in the South Africa, research on single-parented homes was considered necessary.

Goals of the study

The study sought to explore and understand the perceptions of single parents raising their children living with ADHD. The following questions guided the research.

Main research question: What were the accounts of the single parents parenting styles in raising their child living with ADHD?

The following sub-questions also guided the research.

- a) How did the single parents in the study view their parenting styles in raising their child living with ADHD?
- b) How did the single parents in the study perceive their parenting styles as differing from those used in traditional parenting?

Research methodology

Research paradigm

Because the participants' lived experiences were central to this study, a qualitative research method of investigation was applied incorporating a phenomenological interpretive analysis paradigm (IPA) (Babbie, 2014; Larkin & Thompson, 2012). By using an IPA, the researcher aimed to return to the embodied, experiential meanings. This implied recognizing the importance of the participants' meaning-making of their experiences in their particular context (Larkin & Thompson, 2012; Rubin & Babbie, 2017).

Sample and sampling

Purposive sampling was used to collect the sample participant group. The participants were 10 women between 23 and 46 years of age with a mean age of 37.6 years, all residing in South Africa. The wide age range was due to the limited number of people who agreed to take part in the study. All the participant's children were formally diagnosed with ADHD. Table 1 below summarizes the participants' socio-demographic and background information.

Table 1. Sample of participants.

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	Ttravel agent	Gauteng	F
Participant 6	41	White	11 yrs old	Yes	Speech therapist	Gauteng	F
Participant 7	42	Indian	11 yrs old	Yes	MBA business 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

Note: Participant information indicating the occupation and age of the single parents. Two of the women were in the 20–29 age range; two were in the 30–40 age range, and five were in the 41–50 age range. The overall mean age of the participants was 37 years.

Data-gathering instruments

A semi-structured interview using open-ended questions (see Table 2 below for the interview questions) was used to gather data. Additional focused questions were drawn on as probes based on the questions that had emerged from the pilot interview.

Table 2. Interview process.

- Step 1 Potential participants were then contacted by the researcher and formally invited to participate in the study.
- Step 2 Consent was obtained from each participant to take part in the study and to be audio-recorded.
- Step 3 All interviews were conducted at the University of the Witwatersrand to ensure confidentiality as well as provide a quiet space for telephonic sessions. Each interview lasted 50–60 min. The interviews followed a conversational, non-directive style. A stance of enquiry was employed throughout the interview process. The questions were open-ended, focusing on the accounts 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 in the audio recordings.
- The research questions centred on the following themes.
- a. General experiences of single parenting a child living with ADHD.
 - b. Views on traditional parenting vs their own single-parenting methods.
 - c. Experiences of the treatment and management of the ADHD diagnosis.
 - d. Experiences of warmth, monitoring, and control.
 - e. Opted for strategies of punishment and discipline.
 - f. Communication styles.
- Step 4 On completion of the interviews, the audio recordings were transcribed to reproduce the spoken words. To ensure reliability, the transcripts were read and re-read, while listening to the recordings.

Note: Outline of the interview process of the study as well as the themes the questions focused on.

Procedure

In May 2017, the researcher approached the Attention-deficit/hyperactive Association of South Africa (ADHASA) for permission to send out a bulk email to the parents on the ADHASA database inviting them to participate in the study. In addition, a research study invitation was circulated across various social media platforms. Only five participants were obtained between August 2017 and October 2017. Many people were unable to participate in the research owing to time constraints and the distance to where the research was scheduled to take place, namely the University of the Witwatersrand, Gauteng. Accordingly, further ethical clearance was sought and obtained to conduct the research interviews telephonically. The participants were sourced on all social media platforms as well as through snowball sampling. The participant interviews were completed on 15 December 2017.

Rigour of the study

Prolonged exposure to the research data and field of research as well as analysis of the interpretations against the raw data were the steps taken to enhance the quality assurance, reliability, and validity of the study. For purposes of triangulation and crystallization, the researcher consulted with her supervisor and colleagues in the field to enrich her understanding of the retrieved data. The researcher also left an audit trail with the help of an Excel spreadsheet to record the steps followed as well as a color-coding process to analyze the thematic content (Braun & Clarke, 2012; Larkin & Thompson, 2012; McBride, 2013). To further promote the trustworthiness of the research, the interviews were conducted in English, and precision was taken to record all raw data accurately. Data reduction and analysis of field notes, theoretical notes, and working hypotheses were meticulously triangulated with data reconstruction and synthesized themes, findings, and conclusions. Process notes, material relating to intentions and dispositions, and instrument development information were also kept to maintain an audit trail and enhance the rigour of the study (Babbie & Mouton, 2001). Inter-rater reliability was not completed.

Ethical issues

Permission to conduct the research was obtained from the University of the Witwatersrand Ethics Committee and from the Heads of the School from the School Faculty of Humanities. All the participants were briefed on their right to confidentiality.

Attempts were made to obtain the views of male caregivers and to source more participants from marginalized backgrounds and from different race groups to diversify the participant group. However, this was hampered by various factors such as financial and availability issues and the limited access of the marginalized groups in Johannesburg, as discussed earlier.

Data analysis

Qualitative data were reduced and analyzed according to the steps suggested by Braun and Clarke (2012). Taken as a loose rather than as a rigid structure, the interviews were transcribed verbatim and analyzed thematically. The steps followed in the study are indicated below (see Table 3).

Table 3. Thematic content analysis process

Phases	Explanation of the phases
<i>Phase 1: Familiarization of the data</i>	The researcher actively engaged in the data by first transcribing the interactions and then reading (and re-reading) the transcripts and/or listening to the recordings. Initial ideas were noted.
<i>Phase 2: Generating initial codes</i>	Preliminary themes were identified using preliminary codes, which were the features of the data that appeared interesting and meaningful. Codes were more numerous and specific than themes, but provided an indication of the context of the conversations.
<i>Phase 3: Searching for themes</i>	In this step, the codes were interpreted and analyzed. The relevant data extracts were sorted (combined or split) according to the overarching themes. The researcher considered the relationship between codes, subthemes, and themes.
<i>Phase 4: Reviewing the themes</i>	The identified themes were further analysed and then 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.
<i>Phase 5: Reviewing, defining, and naming the themes</i>	This step involved refining and defining the themes and potential subthemes in 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.
<i>Phase 6: Writing up the themes</i>	Finally, the researcher transformed the analysis into an interpretable piece of writing using extract examples that related to the themes, research question, and literature.

Note: Outline of the thematic analysis process followed to analyze the obtained data set, thus increasing the validity and reliability of the study.

Source: (Braun & Clarke, 2012).

Results

Two main themes and an implicit theme emerged from the data. These three overarching themes were further subdivided into five subthemes (see Figure 4).

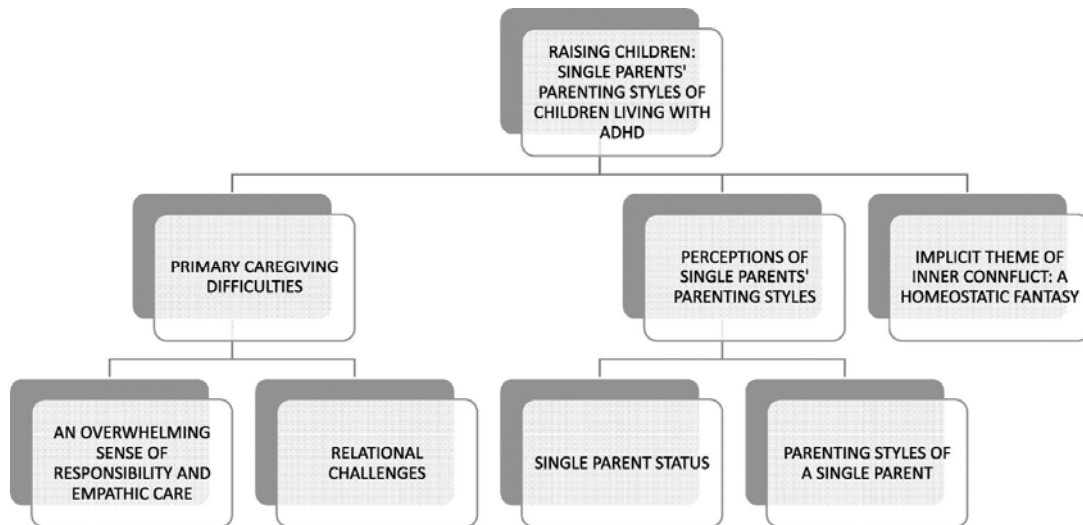


Figure 4. Diagrammatic representation of research themes.

Note: Two overarching themes emerged from the single parents' profound meaning-making of their experience of raising a child diagnosed with ADHD. Two identified subthemes in each focal theme were included, followed by an implicit theme that emerged.

Below, verbatim responses are provided (where applicable) to promote and substantiate the identified themes.

Primary caregiving difficulties

This theme refers to the main challenges the single parents faced while raising their child living with ADHD, as well as the intra- and inter-personal difficulties experienced.

Overwhelming sense of responsibility and empathic care

There was a resultant conflation of punishable behaviours deemed part of the normal course of child development and those behaviours that would not evoke punishment since they fell under being understanding of the child and the effects of ADHD. Some of the participants described the caregiving process as having to balance the effects of ADHD with being single parents and having to manage numerous issues on their own.

Participant 9: *"When I think of him, it's like exhausting [...] absolutely exhausting and draining."*

Participant 6: *"You have to be more lenient [...] if you uhm punish them for that you punish them because of the condition that they have, they have no control over".*

Relational challenges

Raising a child with ADHD is a dyadic as it imposes challenges on the parents/caregivers too, which may result in relational disturbances in the family as well as with the extended family/friends. Participant 1: *"[...] it used to drive me nuts; because then he would bring that behavior home; and he would then think that was just okay."*

Participant 9: *“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 4: *“I also go to a psychologist obviously uhm because being a single mom and all of that, it gets a lot.*

”

Perceptions of single parents’ parenting styles

This theme explored the single parents’ experiences of their unique applied parenting methods and their perceived understanding of their identity as single parents raising a child with ADHD.

Parenting styles of a single parent

The parenting styles applied as the single parents parent their child living with ADHD was studied. The parents said that they were not authoritarian, permissive, or authoritative. They preferred to adjust their parenting methods based on the child and his or her behaviour at any given moment.

Participant 10: *“Without her medication, there’s no way of controlling her, or getting through to her when communicating with her.”*

Participant 6: *“It is all dependent on the child’s need and adaptation [...] I think I’ve been trying to not follow her example [...]”*

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

Single parent status

The participants in the study chose to be single parents, and they indicated that it was easier to raise a child with ADHD as a single parent.

Participant 2: *“So it’s not always a great thing having a partner [...] 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 8: *“I actually enjoy it; because it was my own choice.”*

Implicit theme of inner conflict: a homeostatic fantasy

On deeper analysis, an underlying conflicting voice was identified in the experiences of the participants. While many of the participants said that they chose to be a single parent to their child diagnosed with ADHD, they also said that raising a child with ADHD was as an emotionally charged experience.

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, but I do find it extra hard.”*

Discussion

The aim of this study was to explore and understand the perceptions of single parents parenting styles raising children living with ADHD. The research questions are reviewed in this section in the light of the findings of the study. The accounts of the single parents' experiences are discussed first, followed by their views¹ on their parenting methods and on their parenting in comparison to traditional parenting methods. The literature on ADHD and single parenting is used to compare the findings to previous findings.

Primary caregiving and difficulties

Primary caregiving rests almost exclusively on the single parent. Single parents have to fulfil multiple roles and responsibilities while raising their child with ADHD, which often leads to higher levels of stress and other emotional challenges. The single parents in this study 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). In the current research, the mothers of children with ADHD expressed a lack of adequate family and school support in coping with the demands of caring for their children. Golombok et al. (2016) contend that single parents raising children with a mental health disorder are predisposed to increased parental vulnerabilities. This is also reflected in the accounts of the single parents' experiences in this study where the parents spoke of an overwhelming sense of responsibility and relational challenges.

Overwhelming sense of responsibility and empathic care

It emerged from the analysis that many of the participants experienced a sense of responsibility to express increased sympathy towards their child. *Disciplining* their child was, however, more complex, as they had to maintain discipline without feeling that they were reprimanding the ADHD behavior itself. A study by Moen et al. (2016) found that mothers of children with ADHD described their caregiver role as grueling and demanding. Some of the participants also described the caregiving process as having to balance the effects of ADHD with being a single parent, leaving many of them feeling overwhelmed. The results of this study are consistent with those of other studies indicating that parents raising children with disabilities tend to experience higher levels of *emotional burnout* than parents of typically developing children (Shenoy et al., 2016; Yamaoka et al., 2016). For example, according to Participant 10: "*It can get very difficult, exhausting at times [...] and as a single parent you need to juggle [...] you have to find a balance between everything.*"

The participants also sometimes expressed a sense of hopelessness that seemed to result from having so many responsibilities as single parents. In other studies, on parents of children diagnosed with ADHD, the parents reported feeling utterly exhausted or overwhelmed at times due to the behavioural problems of their children. They were thus left feeling more stressed than the parents of normally developing children (Yousefia et al., 2011). This led to the subtheme of relational challenges.

Relational challenges

In line with the subject of this study, a struggle occurs when parents have on their own to provide care for their child living with ADHD. The participants reported that there were fewer opportunities for single parents to engage in activities outside the home, leading to feelings of isolation and lowered social support. See for instance studies by Brown et al. (2007), Babinski et al. (2012), Shenoy et al. (2016), and Yamaoka et al. (2016) showing the challenges faced interpersonally and intrapersonally by caregivers raising children with incapacities. The difficulties associated with interpersonal challenges (the family unit and

society at large) that emerged in this study were not unexpected. Participant 7, for example, disclosed: *“So it does have the challenges in terms of loneliness, feeling not so sure about whether you are always doing the right thing.”*

Earlier we noted that parenting practices and a child with ADHD share a dyadic relationship (Barkley, 2005a; Hunt, 2013; Wirth et al., 2019). This study further recognized that raising a child with ADHD is bi-directional and affects the child and the parent–child relationship, the parents’ relationship with the self, parenting practices, and the world the child and parent engage in. According to Bajaria (2015) and Ullsperger et al. (2016), parents of children with ADHD tend to develop a unique style of parenting, frequently giving more verbal directions and making repeated demands; they also tend to praise less. However, the participants in this study indicated that they regularly combined flexibility with structure and opted for open communication with minimal negative punishment. The perceptions of these single parents regarding their parenting styles are discussed below.

Perceptions of single parents’ parenting styles

The meaning-making of being single parents and parenting their child with ADHD was also explored in the study. The perceived parenting styles are discussed below.

Parenting styles of the participants analyzed through the lens of the single parents

Many of the parenting styles perceived by the single parents in the study centred on communication, discipline, and control, as well as structure drawn from Diana Baumrind’s seminal parenting pillar model (Baumrind, 1966, 1971; Berk, 2009). The current study also found that the participants often adopted flexibility rather than structure, notably on weekends when they used reward-based measures to discipline their child rather than negative punishment. Open communication strategies appeared to be preferred at these times, rather than authoritarian types of disciplinary methods. This study accentuated a flexible/fluid and adaptable parenting style in contrast to Diana Baumrind’s rigid parenting styles. Participant 1: *“I think it’s got a lot to do with the environment [...] a very circumstantial way of parenting [...] figure out what they like, what works [...]”*

Medication used as a parenting component to aid as a parenting strategy also emerged. Medication was a parenting method or coping strategy often used by the participants to manage the perceived ‘chaos’. Medication was seen not as treatment for the ADHD per se, but rather as a tool for inculcating discipline and structure. Medication as a resource helped the single parents find meaning in the ‘chaos’. It was perhaps even an auxiliary support base, much as a partner would be. Participant 10: *“Without her medication, there’s no way of controlling her, or getting through to her when communicating with her.”* A South African study on the treatment of ADHD found that the single most effective element in the treatment of ADHD was medication. More than 50% of the participants reporting an improved level of symptom control while the child was on medication, particularly with the child being calmer (Harazni & Alkaissi, 2016; Snyman & Truter, 2012). The use of medication is an apparent factor not accounted for in the parenting pillars of Diana Baumrind’s model. The participants in the current study appeared to employ a parenting style characterized by an overlap between authoritarian and authoritative methods that correlated with high control and as well as high warmth. For example, Participant 4: *“[...] I don’t really have to punish him in the typical way that parents punish other kids [...] when he understands what he did and how it affected somebody else; so, once I’ve got that through to him [...]”*

Based on the data analysis of the current study, it appears that Diana Baumrind’s parenting style categories do not fully encompass the parenting style used by South African single parents of a child with ADHD. The single parents parenting styles in this study seems to fit

the Pan-African Millennial Parenting conceptual framework discussed earlier better. Perhaps because child-rearing practices are often influenced by the several factors highlighted in the literature review section. In addition to the needs and the characteristics of each child, socioeconomic status, culture, socio-political history, and the effects of globalization (Hinshaw & Ellison, 2016; Holborn & Eddy, 2011; Roman, 2014; Samiei et al., 2015; Chesterfield et al., 2020). Participant 8:

[...] it started being more about [...] 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 bringing it back to reality [...] we do have devotions [...] teach the values and the value system to the children; and I use that in the discipline process [...]

Single parenting status

The meaning of raising a child living with ADHD as a single parent was explored in the study. Seventy percent of the participants expressed the choice to be a single parent. They explained how they had learned to be a parent through adaptation and from their experience of their own parents' parenting styles. The current study revealed that the single parents raising a child with ADHD did not perceive their parenting style as different to that of traditional parenting; but they did perceive their parenting style as largely reliant on adapting to the child and his or her needs. This finding is substantiated by Roman (2011) who found that the parenting practices of single as well as married mothers were not influenced by their marital status. This research study revealed that mothers of a child with ADHD also experienced a lack of adequate family and school support to cope with the demands of caring for such a child. 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, that would make it a lot easier."*

According to Hunt (2013) and Ullsperger et al. (2016), children living with ADHD are particularly difficult to discipline. The presence of a child with ADHD in the home often exacerbates the apprehension and stress experienced by the caregiver in addition to causing possible conflict with a partner. The current research revealed that some of the participants opted to be single parents, reporting that it was easier to raise a child with ADHD as a single parent. At the same time, as noted earlier, the single parents perceived raising a child with ADHD as a highly emotional experience. While many of the parents preferred their single parent status in parenting their child diagnosed with ADHD, they nevertheless stated that inadequate support was a fundamental challenge in their ADHD child-rearing experience. This finding is in line with the findings of Harazni and Alkaissi (2016) and Golombok et al. (2016). The participants also stated that they were indifferent to the parenting styles of traditional parenting. They also perceived their parenting style as largely reliant on adapting to their child's needs and the time of day.

Implicit theme of inner conflict: unconscious homeostatic fantasy

The findings suggest that all the participants had comparable although not identical experiences. The participants each shared their unique perception and meaning-making of their experiences raising a child with ADHD. The IPA in-depth meaning-making responses of the parents indicate that they all went through (1) stages of discovering parenting styles and practices, (2) stages of searching for ways to maintain a sense of consistency, and (3) stages of striving to find balance in the behaviour of their child with ADHD. The majority of the participants in the study reported that they could efficiently parent as a single parent. Finally, (4) an in-depth IPA revealed that the participants perceived their parenting as no

different to that of traditional parents, and (5) they largely acknowledged a separate identity as a single parent, which they seemed to construe in different ways.

One implicit theme emerged and, because of its importance, it was felt it was worth reporting on. There appeared to be a consensus among the single mothers that parenting a child living with ADHD as a single parent was less demanding for both the parent and the child as there was less relational conflict than when a partner was involved (Brown et al., 2007; Golombok et al., 2016). However, a deeply entrenched contradictory emergent theme was latent in the study indicating the inner conflict that the participants' single-parenting status evoked. The single parents experienced their psychosocial and environmental states as homeostatic, that is, they had a perceived sense of calm and control. However, they transferred a sense of psychosocial need for functional and operational support in their day-to-day lives, as opposed to a need for intimacy that a partner would provide. This might have been due to the anxiety that having a partner might disrupt the homeostatic fantasy implied. Vaillant (2011) discusses the concept of an autonomic level of coping in response to stress and postulates that the human mind uses Freud's psychoanalytic *defenses* as an adaptive neurobiological response that signals the brain's homeostatic effort to moderate the disordering effects or sudden change in an individual's internal and external environment. As single parents, the participants stated that single parenting could be challenging owing to the lack of adequate emotional support (Sellmaier et al., 2016; Shung-King et al., 2019; Usdansky, 2003). They also said that raising a child with ADHD might be easier with support such as extra care, a partner, or programmes geared towards assisting parents raising a child with ADHD. According to Participant 2: "*It was a good choice; I did find it extra hard.*" The single mothers therefore opted for single-parent status in an effort to maintain the equilibrium of the homeostatic fantasy and reduce the disorganizing effects of the increased sudden chaos of introducing a partner into the equilibrium.

Strengths, limitations, and recommendations

The experiences of single parents raising a child with ADHD highlight an important need for consideration of parenting research and updated theory development. There is limited research on the lived experiences of single parents raising a child with ADHD. Several limitations of this study are noted. Firstly, there were challenges with the sampling. The sample was obtained mainly through ADHASA, a resource not readily available to all South Africans. Obtaining a diverse sample proved to be problematic, therefore alternative methods such as advertising and making use of the available sample had to be used. This might have been because of the wide socioeconomic gap in South African society, different cultural practices, as well as costly medical care leading to many children with ADHD remaining undiagnosed and having limited accessibility to medical assistance. Secondly, intersectionality theory was used deductively as a lens to critically analyze the data and the theoretical framework. Intersectionality theory was used more as a lens to critically evaluate the sample and the research findings rather than foreground the research. Thirdly, the current study focused on single parents' parenting styles raising a child with ADHD and did not examine the parents' own possible ADHD symptoms. Parental disabilities such as ADHD symptomatology could be an important risk factor in parenting (Johnston, Williamson, Noyes, & Stewart, 2016; Wirth et al., 2019). Lastly, the introduction of the Pan-African Millennial Parenting conceptual framework is a conceptual framework deduced in response to a critical analysis of the theoretical underpinnings of the research. While the participants' parenting methods could be categorized using Baumrind's parenting model, the shortfalls of this model are that it does not take into account African political history, low socioeconomic status, inaccessibility to education, and the gender and occupation disparities that characterize the contemporary South African single parenting scene. The Pan-African Millennial Parenting conceptual framework is not deterministic; it is tentative and a result of a critical analysis of existing seminal work on parenting in Africa. It would be interesting to develop the proposed

parenting conceptual framework to better understand and account for the findings that differ from those of earlier research on parenting.

Conclusion

Overall, the findings of this study revealed that the single parents in the study raising a child with ADHD incorporated a unique set of parenting methods, largely influenced by their particular contexts. Diana Baumrind's parenting pillar can be considered largely insufficient in defining and structuring the parenting methods of single parents raising a child with ADHD in South Africa. There are numerous intersections between single parents and children living with ADHD, such as contextual culture and economic status. This necessitated the institution of a neoteric South African-centred parenting theory, namely the Pan-African Millennial Parenting conceptual framework, which would facilitate the recommendation of increased resources and policies to assist single parents raising a child with ADHD. These resources could include behavioural interventions geared towards parent and patient training through the use of psychoeducational programmes to educate parents as well as children living with ADHD. Additional programmes could include after-school care aimed at offering an educational context specific to children with ADHD, while also supporting single parents as they fulfilled their various roles and responsibilities.

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No potential conflict of interest was reported by the author(s).

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Notes

1 Responses of the participants are verbatim with only very light editing in order to preserve the authenticity of the responses.

References

Additude. (2020). *ADHD statistics: New ADD facts and research*. Additude Inside the ADHD mind. Retrieved from <https://www.additudemag.com/statistics-of-adhd/>

American Psychiatric Association (APA). (2013). *Diagnostic and statistical manual of mental disorders*. Washington, DC: Author.

Psychiatric Association (APA). (n.d.). *Families: Single parenting and today's family*. Author. <http://www.apa.org/helpcenter/single-parent.aspx>

Babbie, E. (2014). *The basics of social research* (6th ed.). Belmont: Wadsworth.

Babbie, E., & Mouton, J. (2001). *The practice of social research*. Cape Town: Oxford University Press.

Babinski, D., Molina, B., Gnagy, E., Waschbusch, D., Wymbs, B., & Kuriyan, A. (2012). Maternal ADHD, parenting, and psychopathology among mothers of adolescents with ADHD. *Journal of Attention Disorders*, XX(X), 1–11.

Bajaria, P. A. (2015). A study on self-concept and parenting styles in adolescents with learning disabilities. *Indian Journal of Mental Health (IJMH)*, 2(3), 272–276.

Barkley, R. (2005a). *Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment* (3rd ed.). New York: The Guilford Press.

Barkley, R. (2005b). *Taking charge of ADHD: The complete, authoritative guide for parents* (Revised Edition). New York: Guilford Press.

Baumrind, D. (1966). Effects of authoritative parental control on child behavior. *Child Development*, 37(4), 887–907.

Baumrind, D. (1971). Current patterns of parental authority. *Developmental Psychology*, 4(1, Pt. 2), 1–103.

Berk, L. (2009). *Child development* (Vol. 8). Normal, IL: Illinois State University.

- Bornstein, M. H., & Zlotnik, D. (2008). Parenting styles and their effects. In M. M. Haith & J. B. Benson (Eds.), *Encyclopedia of infant and early childhood development* (pp. 496–509). Brisbane: Routledge.
- Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper (Ed.), *APA handbook of research methods in psychology: Vol. 2. research designs* (pp. 57–65). Washington: American Psychological Association.
- Brown, R., Wiener, L., Kupst, M., Brennan, T., Behrman, R., Compas, B., Zeltzer, L. (2007). Single parents of children with chronic illness: An understudied phenomenon. *Journal of Pediatric Psychology, 33*(4), 408–421.
- Burton, P., Leoschut, L., & Bonora, A. (2009). *Walking the tightrope: Youth resilience to crime in South Africa*. Cape Town: Centre for Justice and Crime Prevention.
- Chesterfield, J. A., Porzig-Drummond, R., Stevenson, R. J., & Stevenson, C. S. (2020). Evaluating a brief behavioral parenting program for parents of school-aged children with ADHD. *Parenting Science and Practice, 1*–25.
- Cole, E. (2009). Intersectionality and research in psychology. *American Psychologist, 64*(3), 170–180.
- Derakhshanpour, F., Khaki, S., Shahini, N., Vakili, M., & Saghebi, S. (2016). A survey of the relationship between mental health with parenting styles in mothers of children with attention-deficit hyperactivity disorder. *Journal of Fundamentals of Mental Health, 18*(3), 151–155.
- Ferree, M. (2018). Intersectionality as theory and practice. *Contemporary Sociology: A Journal of Reviews, 47*(2), 127–132.
- Golombok, S., Zadeh, S., Imrie, S., Smith, V., & Freeman, T. (2016). Single mothers by choice: Mother-child relationships and children's psychological adjustment. *Journal of Family Psychology, 30*(4), 409–418.
- Harazni, L., & Alkaissi, A. (2016). The experience of mothers and teachers of attention-deficit / hyperactive disorder children, and their management practices for the behaviors of the child: A descriptive phenomenological study. *Journal of Education and Practice, 7*(6), 1–21.
- Hinshaw, S., & Ellison, K. (2016). *ADHD what everyone needs to know*. New York: Oxford University Press.
- Holborn, L., & Eddy, G. (2011). *The first steps to healing the South African family*. Johannesburg: South African Institute of Race Relations.
- Hunt, J. (2013). Associations between different parenting styles and child behavior. *PCOM Psychology Dissertations, 262*, 1–57.
- Johnston, C., Williamson, D., Noyes, A., & Stewart, K. (2016). Parent and child ADHD symptoms in relation to parental attitudes and parenting: Testing the similarity-fit hypothesis. *Journal of Clinical Child and Adolescent Psychology, 47*(1), 1–10.

- Larkin, M., & Thompson, A. (2012). Interpretative phenomenological analysis in mental health and psychotherapy research. In A. Thompson & D. Harper (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (pp. 99–116). Oxford: John Wiley & Sons.
- McBride, D. M. (2013). *The process of research in psychology*. London: Sage Publications.
- McLaren, A., & Parusel, S. (2015). 'Watching like a hawk': Gendered parenting in automobilized urban spaces. *Gender, Place and Culture*, 22(10), 1426–1444.
- Moen, L., Hedelin, B., & Hall-Lord, M. (2016). Family functioning, psychological distress, and well-being in parents with a child having ADHD. *SAGE Open Publication*, 1(10), 1–10.
- Muñoz-Silva, A., Lago-Urbano, R., Sanchez-Garcia, M., & Carmona-Márquez, J. (2017). Child/adolescent's ADHD and parenting stress: The mediating role of family impact and conduct problems. *Frontiers in Psychology*, 8(2252), 1–12.
- Ocholla-Ayayo, A. B. (2000). The African family in development crisis in the second millennium. *African Anthropologist*, 7(1), 84–113.
- Roman, N. (2011). Maternal parenting in single and two-parent families in South Africa from a child's perspective. *Social Behavior and Personality: an International Journal*, 39(5), 577–585.
- Roman, N. (2014). Parenting in a rainbow nation: A South African perspective on parenting. In S. Helaine (Ed.), *Parenting across cultures, childrearing, motherhood and fatherhood in non-Western culture* (pp. 213–230). New York: Springer.
- Roman, N., Akaka, T., & Lacante, M. (2016). Perceptions of parenting styles in South Africa: The effects of gender and ethnicity. *Cogent Psychology*, 3(115323), 1–12.
- Rubin, A., & Babbie, E. R. (2017). *Research methods for social work*. Boston: Cengage Learning.
- Samiei, M., Daneshmand, R., Keramatfar, R., Khooshabi, K., Amiri, N., Farhadi, Y., & Samad, R. (2015). Attention-deficit hyper activity disorder (ADHD) and stress: A mutual relationship between children and mothers. *Basic and Clinical Neuroscience*, 6(2), 113–122.
- Schoeman, R., & De Klerk, M. (2017). Adult attention-deficit hyperactivity disorder: A database analysis of South African private health insurance. *South African Journal of Psychiatry*, 23(1), 2078–6786.
- Selin, H. (2014). *Parenting across cultures childrearing, motherhood and fatherhood in non-western cultures*. Hampshire: Springer.
- Sellmaier, C., Leo, M., Brennan, E., Kendall, J., & Houck, G. (2016). Finding fit between work and family responsibilities when caring for children with ADHD diagnoses. *Journal of Child and Family Studies*, 25, 3684–3693.
- Sheilds, S. (2008). Gender: An intersectionality perspective. *Sex Roles*, 59(301), 301–311.
- Shenoy, D., Lee, C., & Trieu, S. (2016). The mental health status of single-parent community college students in California. *Journal of American College Health*, 64(2), 152–156.

Shung-King, M., Lake, L., Sanders, D., & Hendricks, M. (2019). *Child and adolescent health leave no one behind*. South African Child Gauge.

Snyman, S., & Truter, I. (2012). Children and adolescents with Attention Deficit/Hyperactive Disorder (ADHD) in the Eastern Cape, South Africa: Aetiology, diagnosis and treatment. *African Journal of Pharmacy and Pharmacology*, 6(43), 2994–2999.

Statistics South Africa. (2018). *Mbalo Brief: the missing piece of the puzzle*. Pretoria: Author.

Ullsperger, J. M., Nigg, J. T., & Nikolas, M. A. (2016). Does child temperament play a role in the Association between parenting practices and child attention deficit/hyperactivity disorder?. *Journal of Abnormal Child Psychology*, 44(1), 167–178.

Urdansky, M. L. (2003). Single-parent families and their impact on children: changing portrayals in popular magazines in the U.S. 1900-1998. *Working Papers 952*, Center for Research on Child Wellbeing.

Vaillant, G. E. (2011). Involuntary coping mechanisms: A psychodynamic perspective. *Dialogues in Clinical Neuroscience*, 13(3), 366–370.

Whitford, D. (2018). Intersectionality of ethnicity, gender, and disability with disciplinary practices used with indigenous students: Implications for teacher preparation and development. In N. Carter & M. Vavrus (Eds.), *Intersectionality of race, ethnicity, class, and gender in teaching and teacher education movement toward equity in education* (pp. 87–99). Leiden: Koninklijke Brill NV.

Wirth, A., Reinelt, T., Gawrilow, C., Schwenck, C., Freitag, C. M., & Rauch, W. A. (2019). Examining the relationship between children's ADHD symptomatology and inadequate parenting: The role of household chaos. *Journal of Attention Disorders*, 23(5), 451–462.

Yamaoka, Y., Tamiya, N., Izumida, N., Kawamura, A., Takahashi, H., & Noguchi, H. (2016). The relationship between raising a child with a disability and the mental health of mothers compared to raising a child without disability in Japan. *SSM - Population Health*, 2, 542–548.

Yousefia, S., Far, A., & Abdollahian, E. (2011). Parenting stress and parenting styles in mothers of ADHD with mothers of normal children. *Procedia - Social and Behavioral Sciences*, 30, 1666–1671.