Parenting a child with ADHD: Exploring the experiences of single mothers with ADHD

by
Jessica Elizabeth Cheesman

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Supervisor: Mrs Carmelita Jacobs

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Declaration

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Abstract

Attention deficit hyperactivity disorder (ADHD) is a developmental, neurobiological condition of inattention, hyperactivity and impulsivity. Recent studies and a new understanding of ADHD reveal that many individuals continue to experience ADHD symptoms throughout adolescence and into adulthood. ADHD results in functional impairment in various areas of an individual's life and may result in disturbances to the family and work contexts, affect marital relationships and result in a tense parent-child relationship. This study, which explored the experiences of single mothers with ADHD who are raising children with ADHD was exploratory and qualitative in nature. Semi-structured interviews were conducted with seven single mothers of children with ADHD and thematically analysed. Bronfenbrenner's bioecological theory of human development was identified as an appropriate framework to interpret the findings due to the biological and interpersonal complexities associated with an ADHD diagnosis across the lifespan. Thematic analysis revealed that these mothers face many challenges in their daily life related to their diagnosis, marital status and the stigma associated with adult ADHD and raising a child with ADHD. These challenges were identified as negatively affecting their work-related responsibilities, financial management, diagnoses, emotional and mental wellbeing and maintaining new relationships. Despite the multitude of challenges the participants faced daily, they identified several strategies that were employed to maintain their wellbeing, support their children's development and manage daily tasks. Such strategies focused on structured parenting and nurturing their children's independence. The findings also indicated that single mothers with ADHD who are raising children with ADHD experience stigma in various areas of their lives. The mother-child relationship was identified as being based on mutual empathy and understanding despite challenges related to their diagnosis. The results of this study highlight the need for mental health and medical professionals to contribute to designing and implementing interventions for similar family systems, which are currently widely unacknowledged and who perceive an immense lack of support across all their systems.

Key words: ADHD, single mothers, challenges, stigma, qualitative methodology, bioecological theory

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Opsomming

Aandagtekort/hiperaktiwiteitsversteuring (ATHV) is ’n ontwikkelings-, neurobiologiese toestand van onoplettendheid, hiperaktiwiteit en impulsiwiteit. Onlangse studies en ’n nuwe begrip van ATHV het onthul dat baie individue steeds ATHV-simptome ervaar, deur adolessensie tot en met volwassenheid. ATHV het funksionele gebrekkigheid tot gevolg in verskillende areas van ’n individu se lewe en kan die familie- en werksomgewings ontwrig, met ’n impak op getroude pare se verhoudings en tot ’n spanningsvolle ouer-kind verhouding lei. Hierdie studie het ten doel gehad om die ervarings te ondersoek van enkel-moeders met ATHV, wat ook kinders met ATHV het. Die studie was ondersoekend en kwalitatief van aard. Semi-gestruktureerde onderhoude is gevoer met sewe enkel-moeders van kinders met ATHV en tematies geanaliseer. Bronfenbrenner se bio-ekologiese teorie van menslike ontwikkeling is as die gepaste raamwerk geïdentifiseer om die bevindings te interpreteer, weens die biologiese en interpersoonlike kompleksiteite wat oor ’n leeftyd met ’n ATHV-diagnose gepaard gaan. Tematiese analise het aangedui dat hierdie moeders daagliks talle uitdagings beleef wat verband hou met hul diagnose, huwelikstatus en die stigma verbonde aan volwasse ATHV en die grootmaak van ’n kind met ATHV. Die uitdagings wat geïdentifiseer is, was ’n negatiewe uitwerking op hul werksverwante verantwoordelikhede, die bestuur van hul finansies, die bepaal van diagnoses, emosionele en sielkundige welstand en om nuwe verhoudings te kan handhaaf. Ondanks die menigte uitdagings wat die deelnemende partye daagliks moes hanteer, het hulle talle strategieë geïdentifiseer wat toegepas word om hul welstand te handhaaf, en om te help met hul kinders se ontwikkeling asook om dagtake te bestuur. Hierdie strategieë fokus op gestruktureerde ouerskap en om die kinders se onafhanklikheid te koester. Die bevindings dui ook aan dat enkel-moeders met ATHV wat ook kinders met ATHV het, gestigmatiseer voel in verskeie areas van hul lewens. Die moeder-en-kind-verhouding is geïdentifiseer as iets wat op gemeenskaplike empatie gebaseer is, met baie begrip ondanks al die uitdagings wat hul diagnose meebring. Die bevindings van hierdie studie benadruk die behoefte aan geestesgesondheids- en mediese praktisyns wat kan bydra tot die ontwikkeling en toepassing van intervensies vir soortgelyke familiestrukture wat tans bykans geen erkenning kry nie en waar daar ’n geweldige tekort aan ondersteuning vanoor al hul strukture blyk te wees.

Sleutelwoorde: ATHV, enkel-moeders, uitdagings, stigma, kwalitatiewe metodologie, bioekologiese teorie

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Chapter 1

Context and Rationale of the Study

1.1. Introduction to the study

Attention deficit hyperactivity disorder (ADHD) (APA, 2013) is a developmental, neurobiological condition of inattention, hyperactivity and impulsivity. Individuals who have difficulty sustaining attention, adjusting activity levels and regulating impulses over various social contexts are described as presenting with ADHD (Lange et al., 2005). ADHD is one of the most commonly diagnosed childhood psychiatric disorders (Faraone, Sergeant, Gillberg, & Biederman, 2003; Louw, Oswald, & Perold, 2009; Schoeman & Liebenberg, 2017) and was previously thought to be a childhood specific disorder affecting at least 3–7% of school-aged children in Europe and the United States (APA, 2013). In terms of the South African context, Meyer (2005) explored the prevalence rates of ADHD symptoms in South African children. She found that prevalence rates in South Africa were similar to those reported in European and North American studies (APA, 2013; Meyer, 1998; Meyer, 2005).

Recent studies and a new understanding of ADHD have revealed that many individuals continue to experience ADHD symptoms throughout adolescence and into adulthood (APA, 2013; Louw et al., 2009; Schoeman, Albertyn, & De Klerk, 2017). More research is needed to gain a better understanding of the experiences of adults with ADHD within the South African context (Schoeman & Liebenberg, 2017). In 2017, South Africa's first adult ADHD management guidelines were released, indicating the importance of acknowledging that there are adults in South Africa who are raising children with ADHD while having to manage their own ADHD symptomology (Schoeman & Liebenberg, 2017).

ADHD can result in various problem areas for adults, and has an impact on their daily functioning at work, in relationships and financially. Schoeman and Liebenberg (2017) emphasise that it is crucial that adult ADHD is recognised as a costly and debilitating disorder, which needs chronic treatment to ensure the wellbeing of the individual and their families. This research study provides insight into the experiences of single mothers with ADHD and how they manage these challenges. It describes how they perceive the impact of their ADHD symptoms on their daily functioning, wellbeing and relationships, specifically with their children. Furthermore, this study explored how single mothers manage their daily activities and raise their children who have ADHD, without the support of a marital partner. By understanding

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their experiences as adults with ADHD and raising children with ADHD as single mothers, the aim of this research is to raise awareness of these individuals' experiences which may help shape future intervention and support for families of adults and children with ADHD.

1.2. Background to the study

The literature indicates that parenting a child with ADHD may result in disturbances to the family context, affect marital relationships and result in a tense parent-child relationship (Asherson et al., 2012; Gupta, 2007; Kadesjö, Stenlund, Wels, Gillberg, & Hägglöf, 2002; Spratt, Saylor, & Marcias, 2007; Theule, Wiener, Rogers, & Marton, 2011; Wymbs, Pelham, Molina, Gnagy, Wilson, & Greenhouse, 2008). Raising a child with ADHD is also associated with negative disturbances in the family environment, such as divorce (Wymbs et al., 2008). Additionally, parents of children with ADHD report less marital satisfaction, more frequent arguments and the use of fewer positive and more negative verbalisations during child-rearing discussions (Wymbs et al., 2008). Kooij et al. (2010) emphasise that "[a]n additional burden on family life may be the presence of one or more children with ADHD, which happens frequently due to the high familial risks of the disorder" (p. 6). Having to face these challenges as a single parent is a reality for many mothers raising a child with ADHD. This research study therefore focused on single mothers with ADHD and their experiences with raising a child with ADHD.

For parents of children with ADHD who have ADHD themselves, the financial implications are even higher if their and their child's ADHD symptoms are not managed (Asherson et al., 2012; Schoeman & Liebenberg, 2017). Within the South African context, Schoeman and Liebenberg (2017) state that despite knowledge of the efficacy of ADHD treatment "access to healthcare and treatment is not a given for many patients in South Africa" (p. 1). The researchers designed the first guidelines for managing adult ADHD in South Africa in 2017. The aim of these guidelines was to improve the care available to adults with ADHD in South Africa (Schoeman & Liebenberg, 2017). The need for clear guidelines for managing adult ADHD is reported in previous literature which emphasises the potential burden of untreated adult ADHD in areas such as employment status, work performance, interpersonal relationships, driving accidents and financial costs (Das, Cherbuin, Butterworth, Anstey, & Easteal, 2012; De Graaf et al., 2008; Larsson, Chang, Lichtenstein & D'Onofrio, 2014; Schoeman & De Klerk, 2017; Schoeman & Liebenberg, 2017).

Previous research has indicated there are single mothers living with ADHD in South Africa who are raising children with ADHD. The interest of this study was to explore these individuals'

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experiences in managing an ADHD diagnosis as an adult and raising children with ADHD as a single parent. Qualitatively exploring the experiences of single mothers who have ADHD will provide more insight into these individuals' experiences of their ADHD symptomology and how it may affect their daily functioning. Furthermore, it may provide insight into coping strategies and techniques that these single mothers implement to manage their own functioning and that of their children. Ultimately, through this study more awareness may be brought to these individuals' experiences which may help shape future intervention and support for families of adults and children with ADHD.

1.3. Problem statement and research questions

Few researchers have explored maternal experiences of parenting a child with ADHD (Peters & Jackson, 2009). Empirical studies investigating families with ADHD children and adults have frequently identified that these parents are extremely stressed, may have difficulty accepting their children's diagnoses and may experience more challenges in their marital relationship than do families of typically developing children (Cheesman, 2011; Gupta, 2007; Kadesjö et al., 2002; Spratt et al., 2007; Wymbs et al., 2008). Yet, research into the experiences of single mothers whose children have been diagnosed with ADHD is scarce (Peters & Jackson, 2009; Segal, 2001). Furthermore, only a few studies have explored the experiences of single parents of children with ADHD raising children within the South African context. A better understanding of the experiences of adults with ADHD within the South African context is needed to ensure adequate treatment and support (Schoeman & De Klerk, 2017). Therefore, this research study sought to add to this area of research by examining the personal experiences of single mothers of children with ADHD who have ADHD themselves. More qualitative, exploratory studies are needed to better understand the experiences of these individuals in today's society.

These single mothers face many challenges related to their ADHD diagnoses, such as financial and societal burden (DosReis, Barksdale, Sherman, Maloney, & Charach, 2010; Matza, Paramore, & Prasad, 2005; Secnik, Swensen & Lage, 2005). This study aimed to highlight the importance of acknowledging that there are single mothers in South Africa who are raising children with ADHD, while having to manage their own ADHD symptomology (Schoeman & Liebenberg, 2017). It appears that no study in South Africa has explored this specific group of individuals' experiences. It is clear that their unique experiences should be heard, and that through their voices, more awareness may be brought to these individuals' experiences, which

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may ultimately help shape future interventions and support for families of adults and children with ADHD.

This led to the following research question:

How do single mothers with ADHD perceive their experiences as a parent of a child with ADHD?

The following sub-questions added further depth to understanding the experiences of single mothers with ADHD:

1. What are the perceived daily challenges of single mothers with ADHD?
2. What are the perceived experiences of the parent-child relationship?
3. What is the perceived level of support experienced by single mothers with ADHD?
4. What strategies or coping mechanisms support single mothers with ADHD through daily challenges?

1.4. Goals and objectives

The goal of this research study was to explore the experiences (challenges and coping strategies) of single mothers who have been diagnosed with ADHD while also parenting a child with ADHD. By describing the way these individuals perceive their daily functioning, challenges, coping strategies, support, wellbeing, parenting abilities and parent-child relationship, future support and intervention can be more effectively implemented.

The objectives of this research study were to develop an understanding of the experiences single mothers with ADHD endure when raising a child with ADHD and to understand how personal factors such as marital status and factors related specifically to ADHD symptomology influence the mothers' perception of their daily functioning and parenting abilities. Furthermore, the research study sought to gain a deeper understanding of the complexities of living as a single mother with ADHD.

1.5. Theoretical considerations

To gain a holistic perspective of the experiences of single mothers with ADHD, Bronfenbrenner's bioecological model was used as the theoretical framework for this research. This model is aimed at understanding development through the interactions and interconnectedness of biological characteristics and various social settings/contexts that

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individuals encounter daily (Swart & Pettipher, 2016). Bronfenbrenner's bioecological model for development includes the multileveled, interconnected perspective to human development of the social ecological model, but also includes an important emphasis on biological characteristics. This was relevant when exploring ADHD-related content, because as stated previously there is a biological/genetic component to ADHD, and parents of children with ADHD may experience ADHD symptomology that affects their functioning.

Bronfenbrenner (1979) proposed a model of many influences on child development. According to this model, development occurs within embedded systems with the individual at the centre (Bronfenbrenner, 1986; Bronfenbrenner & Morris, 2006). For example, in relation to this research: (a) interpersonal (genetics, temperament), (b) home experiences, (c) school experiences, (d) work experiences, (e) medical experiences and (f) societal perceptions of ADHD and the interconnectedness of these systems all play a role in the development of the individual in question and his/her experiences.

Bronfenbrenner and Morris (2006) define four properties of the bioecological model: person, process, context and time (PPCT). These defining elements interact dynamically, are interconnected, and shape our understanding of the development of individuals (Bronfenbrenner & Morris, 2006). The bioecological model consists of five systems in which these proximal processes interact (Bronfenbrenner, 1979). The microsystem is the setting in which individuals live, such as family, friends and school environment (Bronfenbrenner, 1979). Bronfenbrenner (1979) describes the mesosystem as the relations or connections between microsystems. The exosystem is the link between social settings where an individual does not have an active role such as a parent's work context, while the macrosystem includes the possible attitudes and ideologies of their dominant culture (Bronfenbrenner, 1979). Lastly, Bronfenbrenner describes the chronosystem as the environmental events that occur throughout life (Bronfenbrenner & Morris, 2006; Santrock, 2008). The aim of this study was to explore and gain a better understanding of the proximal processes experienced by single mothers with ADHD as they raise a child with ADHD and manage daily tasks expected of parents in today's society. Investigating their experiences, and how these mothers make meaning of them requires consideration of personal factors, as well as contextual factors with which they interact, and how this may change over time. Therefore, the bioecological model was seen as an appropriate theoretical framework that could be employed to understand the developmental process of this specific group of individuals.

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1.6. Research paradigm

A research paradigm influences the way a researcher views reality and informs how he/she believes reality should be studied (Merriam, 2009). Babbie (2013) defines a paradigm as "a model or framework for observation and understanding, which shapes both what we see and how we understand it" (p. 33). The purpose of this research was to gain insight into the life experiences of a group of single mothers who had previously been diagnosed with ADHD. The research was therefore conducted within the interpretivist research paradigm, and followed a qualitative research approach.

When working within the interpretivist paradigm, the aim is to describe a component of human experience in such a way that the aspect being studied can be better understood by others. In addition to providing highly descriptive accounts of a specific phenomenon, it is also the intention to make sense of, or understand the phenomenon, and through that, generate meaning via interpretations (Rauscher & Graue, 2010). A further objective of the interpretivist paradigm is to understand people in terms of their own definition of the world (Babbie, 2013). Therefore, when working within an interpretivist paradigm it is assumed that participants are capable of examining and accurately describing their own experiences (Tshabangu, 2015). By using the interpretivist approach in the current study, an attempt was made to gain insight into the subjective experiences of single mothers previously diagnosed with ADHD. The aim was to bring the realities of this specific group of mothers to light.

Qualitative research has a fundamental interest in understanding, making the individual case significant, and opening up new perspectives on what is known (Vasilachis de Gialdino, 2009) and what is unknown. Working within this framework, the perspective is that knowledge is made through the sharing of experiences. The research study was focused on specific single mothers and their experiences of life as adults with ADHD who also raise children with ADHD. The goal was to understand their specific context and the meaning they attach to their experiences.

1.7. Research design

The research design is a framework that acts as a bridge between the questions posed and the implementation of the research (Terre Blanche & Durrheim, 2006). It includes a description of the subject that will be studied, as well as the tools and processes for collecting and analysing data (Punch, 2011). Van Wyk and Taole (2015) describe the research design as an intricate plan of how research will be conducted. In this study the design was that of a basic qualitative design,

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based within the interpretivist research paradigm, as the aim of the study was to gain insight into the participants' lived experiences.

1.8. Research methodology

The research followed an inductive process whereby the research question was the starting point. An inductive approach aims to generate meaning from a broad research topic that will narrow in focus through analysing data and identifying patterns and themes that link back to the research question (Bakkabulindi, 2015). Referring to the research question, this was deemed the most appropriate methodology, as a basic qualitative design focuses on how individuals make meaning of situations, and the goal of this research was to gain a better understanding of the perceived experiences of the participants (Merriam, 2009).

The research was aimed at understanding the daily experiences of single mothers who have ADHD. Therefore, a basic qualitative design which enhances understanding of the complexities surrounding context, communities and individuals was fitting for this research (Corbett-Whittier & Corbett-Whittier, 2013). Furthermore, a rich description of the individuals' experiences was gathered and mediated through the researcher as the primary instrument (Merriam, 2009). The data for the current study were collected through semi-structured interviews, informal observations and written document analysis. This was in line with the methods chosen for this study. Merriam (2009) describes the basic qualitative design as a process of seeking to understand a phenomenon, process, perspective or worldviews of the individual involved. Working from the research question, this methodology best suited the research, as the aim was to understand and further explore the meaning these individuals gave to their experiences.

1.8.1. Selection of participants

The participants for this study were identified through purposeful sampling. This is referred to as a criterion-based selection technique in which the researcher uses his/her judgement when choosing members of the population to participate in the research (Merriam, 2009). Palys (2012) states that this implies that sampling strategies are tied to the research objectives. This was deemed an appropriate sampling technique for this study because it is effective when exploring the experiences of a specific group of individuals with expert knowledge of their experiences (Tongco, 2007). This is in line with the objectives of this study. Therefore, since more than seven participants showed interest and volunteered, I purposively identified seven single-mother families according to the selection criteria and according to those whom I

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identified as information rich informants who would offer rich data according to the objective of the research (Palinkas et al., 2015).

One group of participants was recruited, consisting of seven single mothers, each with a child with ADHD who had previously been diagnosed with ADHD themselves. In this research study single mothers refers to women who have no marital partner. Only participants with children between the ages of 5 and 17 years were included. This inclusion criterion was chosen because children younger than five years of age may show signs of ADHD, but it is generally officially diagnosed from school-going age (Grade R), which is five, turning six years in South Africa. Children over 17 years of age were excluded as they are legally considered adults. Only families with English as a home language were included. This was because the ADHD Support Group of South Africa (ADHASA) used for recruitment, consisted of mainly English-speaking members. Child and mother participants had received a prior ADHD diagnosis from a relevant professional.

Purposive sampling is a type of non-probability sampling in which the researcher selects participants based on her knowledge and the purpose of the research (Babbie, 2004). This judgement would be made based on inclusion criteria such as how long the participants have been a single parent, the extent to which their ADHD symptoms impact on their daily functioning, and the functional impairment of their child. This is because previous research has indicated that the level of functional impairment of the child, severity of parental ADHD symptoms and lack of support impact on the experiences of families raising children with ADHD (Gupta, 2007; Kadesjö et al., 2002; Spratt et al., 2007; Theule et al., 2011; Wymbs et al., 2008). Participants were recruited through internet advertising. ADHASA promoted the study and advertised the poster (Addendum A) on their website and social media platforms. The project was also mentioned in ADHASA's monthly ADHD online newsletter.

1.8.2. Methods of data collection

As the researcher, I was the primary instrument for data collection and analysis. A demographic questionnaire (Addendum B) was used to gather basic information (e.g. race, income, education, and socio-economic status (SES)) about the family being interviewed. The reason for the income and SES questions was that adults with ADHD have the potential to experience burden in relation to their employment status, work performance and finances (Das et al., 2012; De Graaf et al., 2008; Larsson et al., 2014; Schoeman & De Klerk, 2017; Schoeman & Liebenberg, 2017). Therefore, although these data were not an objective of the research, by

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answering these questions I gained further detail into the participants' experiences as single mothers who have been diagnosed with ADHD. Schoeman and Liebenberg (2017) further emphasise that it is crucial that adult ADHD is recognised as a costly and debilitating disorder, which needs chronic treatment to ensure the wellbeing of the individual. Therefore, these SES questions afforded me further qualitative information on how each participant is able to financially manage the treatment for both her and her child's ADHD treatment, and the effect this has on her experience of raising a child with ADHD while being diagnosed with ADHD. The demographic information helped to locate the participants in relation to other people and set the context for the study.

A basic qualitative design may use a variety of data collection tools to provide depth and may require spending time within the world of those being researched (Merriam, 2009). The primary method to collect data consisted of interviews, specifically semi-structured interviews (Babbie, 2013; Flick, 2011). The qualitative interview can be described as being "based on a set of topics to be discussed in depth rather than based on the use of standardised questions" (Babbie, 2013, p. 300). The research question was aimed at understanding the experiences of single mothers who are also raising a child with ADHD. This method allowed the participants who had that knowledge and experience to answer and give personal detail directly. Participants were interviewed individually, and the interviews were recorded, with the permission of the participants, and later transcribed. The semi-structured interview guide (Addendum C) consisted of a list of key themes and a flexible list of questions that I aimed to cover. This approach allows the researcher some form of structure over the interview and allows the interviewees freedom to express themselves. This is particularly relevant for the current research, as the participants were individuals with ADHD. In some cases, they needed to be guided through the interview, but they also needed a fair amount of freedom to fully express and describe their personal experiences.

An important way to ensure the credibility of research conclusions is through triangulation (Flick, 2011; Merriam, 2009), which entails using two or more forms of data collection, or two or more perspectives contributing to an understanding of the topic (Corbett-Whittier &Corbett-Whittier, 2013). Therefore, the secondary research method was personal reflections. To further enhance the data, I requested that during the research process, the mothers write personal reflective notes about their emotive experiences as adults with ADHD, their level of support and experience of raising children with ADHD while having ADHD themselves. Reflective notes can be used to gain insight into the perceptions and meaning-making process an individual

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has towards a certain experience or topic, as well as to stimulate thought and reflection (Denzin & Lincoln, 2011). The purpose of using reflective notes was to give the mothers an opportunity to reflect on their experiences, in their own time and at their own pace. The reflective notes were thematically coded for data analysis (Braun & Clarke, 2006). Thorough data analysis is an ethical obligation that the researcher must fulfil (Babbie, 2013). The interview and personal reflections work together in terms of shaping each data collection process. A reflective notes guide (Addendum D) was provided to the mothers with points for reflection that relate to the research question.

Furthermore, throughout the stages of the research process, I compiled field notes. Corbett-Whittier and Corbett-Whittier (2013) refer to field notes as an additional layer of reflective commentary or factual data which may provide rich context for analysis (Creswell, 2013). Field notes allowed me to note any additional contextually interesting aspects, interactions and personal reflections throughout the research process. For example, the appearance, body language, emotional responses or the absence thereof, and a critical reflection of the overall interview process would be considered important aspects to record in field notes (Phillippi & Lauderdale, 2018).

1.8.3. Methods of data analysis

Data analysis is an examination and interpretation of observations in order to discover underlying patterns or relationships (Babbie, 2013). The aim of data analysis is to identify and explore explanations, further understanding or interpretations of the investigation (Terre Blanche & Durrheim, 2006). Semi-structured interview transcripts, field notes and participants' reflective notes were analysed following an inductive approach with the aim of identifying patterns in the data through thematic codes (Braun & Clarke, 2006; Patton, 2015). Babbie (2013) describes inductive reasoning as "moving from a set of specific observations to the discovery of a pattern" (p. 25). This approach identifies a pattern; however, it does not explain why the pattern is there, but rather that it is. This research study therefore followed a basic approach of qualitative thematic content analysis.

Coding is an important element of data analysis that Babbie (2013) describes as "classifying or categorising individual pieces of data" (p. 376). Braun and Clarke (2006) describe thematic analysis as "a method for identifying, analysing and reporting patterns (themes) within data" (p. 79) through organisation and a rich description of the dataset. Briefly, this process has six phases: (1) familiarising oneself with the data, (2) generating initial codes, (3) searching for

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themes, (4) reviewing themes, (5) defining and naming themes and (6) producing the report (Braun & Clarke, 2006, p. 87). Therefore, I looked for themes and patterns that contributed to understanding how the participants in the study perceive their experiences as single mothers of children with ADHD who have an ADHD diagnosis themselves.

1.9. Ethical considerations

Researchers must try to minimise any risk that may negatively affect their participants. This is a fundamental ethical rule of social research (Babbie, 2013). Allan (2016) defines risk as "a potential for harm, discomfort or inconvenience" (p. 298). Certain ethical issues that were particularly pertinent in the context of this research study are briefly discussed here. Potential social harm may occur if individuals notice that the participants are taking part in a study involving ADHD-related issues (Allan, 2016). This potential harm was avoided as far as possible by conducting the interviews in venues that respected the participants' privacy, were convenient and were free from interruption (in other words, venues in their homes or offices). Allan (2016) emphasises that researchers must ensure that the identity of participants is kept confidential when publishing research, while Babbie (2013) refers to anonymity and confidentiality as the greatest risk in protecting the participants' wellbeing. Therefore, the identities of the participants and any reference to their children's identity were protected by using pseudonyms for their names and for any information that might lead to their being recognised. Participants were informed about the nature of the research and informed consent was obtained (Addendum E). Informed consent is an important aspect of ethical practice as it allows the participants to voluntarily base their participation on a full understanding of the research process (Babbie, 2013).

Participants were also informed that they could withdraw from the study at any time (Allan, 2016; Babbie, 2013). Data, including audio recordings were stored in a locked cabinet, and data stored on my computer was protected by a security code. The data were sealed and stored in a locked location. The data, including audio recordings on a flash disk will be stored safely for five years and then destroyed. Allan (2016) states that "the non-maleficence principle requires researchers to work within their competence and to prevent unforeseeable harm to participants" (p. 298). Each participant discussed her personal experiences of raising a child with ADHD, therefore some participants may have felt some form of emotional distress. Participants received brochures featuring useful information about ADHD and relevant support groups, as well as referrals to specialists in the field of childhood and adult ADHD. In the case that a

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referral needed to be made to a psychologist, Mareli Fischer, a clinical psychologist practising in the Cape Town area, agreed to be available. If participants preferred to receive support at no cost, ADHASA was able to provide this in the form of various support groups.

1.10. Clarification of concepts

1.10.1. Experience

The Oxford Advanced Learner's Dictionary (Hornby, 2010) defines 'experience' as the knowledge and skills that you gain through doing something for a period of time and the process of gaining this. It also describes 'experience' as the things that have happened to you that influence the way you think and behave. In this study, I was interested in understanding the knowledge, skills and the way single mothers of children with ADHD who have an ADHD diagnosis themselves think and behave.

1.10.2. Single mothers

The Oxford Advanced Learner's Dictionary (Hornby, 2010) defines 'single parent' as a person who takes care of his/her child or children without a husband, wife or partner. In the context of this study 'single parent' refers to a woman who is raising a child with ADHD without a marital partner. The women may be divorced, single, separated or widowed. For the purpose of this research, 'mother' refers to the female parent of a child.

1.10.3. Children

Learners that are of formal school-going age are referred to as 'children' for the purpose of this study (5–17 years of age). The reason that this age range was chosen was that children younger than five may show signs of ADHD, but it is generally officially diagnosed from school-going age (Grade R), which is when they are five, and turning six years. Children over 17 years of age were excluded as they are legally considered adults.

1.10.4. ADHD

The DSM-5 (APA, 2013, p. 59) defines ADHD as "a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development". This pattern of behaviours lasts longer than six months, must be present across at least two social settings such as home and school, and causes functional impairment. (APA, 2013). ADHD can present as inattentive, hyperactive/impulsive or combined (APA, 2013, p. 60) behaviour.

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1.11. Outline of chapters

A brief outline of the thesis is as follows:

Chapter 1 is an introduction to exploring ADHD, adult ADHD and the challenges that accompany this disorder. The need to examine the experiences of single mothers to a child with ADHD who themselves have an ADHD diagnosis is identified as a gap in research. The aim of the study, the research process, research questions and ethical considerations is also discussed in this chapter.

Chapter 2 presents a review of the literature paradigms and discourses surrounding ADHD, adult ADHD, challenges of parenting a child with ADHD, and the parent-child relationship.

Chapter 3 presents the research design and methodology as well as a description of the participants and data collection and analysis procedures.

Chapter 4 presents the findings related to the themes and sub-themes identified from the data analysis. The findings are also discussed.

Chapter 5, the final chapter, presents an interpretation of the findings regarding the experiences of single mothers who have ADHD and who are parenting a child with ADHD according to the literature. Recommendations are made for practice and future research.

1.12. Conclusion

The purpose of this chapter was to provide background on the research study and to familiarise the reader with the topic of ADHD in adults, specifically single mothers. A gap in the research was identified and motivation for its relevance and importance was discussed with the aim of raising awareness about these individuals' experiences to help shape future intervention and support for families of adults and children with ADHD. The chapter further provided a description of the theoretical framework for the research study. The research process and the procedures followed to select participants and achieve the research goals was also stated. The next chapter presents a detailed literature review. This review provides relevant insight into the experiences of adults with ADHD and the impact of ADHD on family dynamics. It includes a description of ADHD, adult ADHD and the challenges associated with managing ADHD, challenges in parenting a child with ADHD, parental wellbeing and support, as well as the parent-child relationship.

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Chapter 2

Literature Review

2.1. Introduction

The aim of this research was to explore the experiences of single mothers who are parenting a child with ADHD but who themselves have been diagnosed with ADHD. By describing the way these individuals perceive their daily functioning, challenges, coping strategies, support, wellbeing, parenting abilities and parent-child relationship, future support and intervention may be more effectively implemented. ADHD was previously thought to be a childhood-specific disorder; however, a new understanding of ADHD has translated into the diagnosis criteria of the DSM-5. The new criteria acknowledge that ADHD often continues to affect diagnosed individuals throughout their lifespan, with 60% of individuals with ADHD symptoms in childhood continuing to have difficulties in adulthood (APA, 2013; Harpin, 2005). In the South African context, Schoeman and De Klerk (2017) estimated the prevalence rates of ADHD in adults between the ages of 20–50 years to be between 3% and 5%, indicating that between 771 264 (3%) and 1 285 439 (5%) adults in South Africa experienced ADHD at the time. However, even this may be an underestimation of the true prevalence rates of adult ADHD in South Africa (Schoeman & Liebenberg, 2017). It is clear that there is a lack of data to reflect the experiences of adults with ADHD in the South African context (Sundarall, Van der Westhuizen, & Fletcher, 2016). To gain insight into the experiences of single mothers with children with ADHD who have ADHD themselves, this chapter presents a review of the literature paradigms and discourses surrounding ADHD, adult ADHD, challenges of parenting a child with ADHD, and the parent-child relationship.

2.2. Background: Description of ADHD

According to the DSM-5 (APA, 2013), to qualify as having ADHD, problems of inattention, hyperactivity, and/or impulsivity must have been present before the age of 12 years, and should have been consistently present for more than six consecutive months, across at least two social settings. These social contexts may be within the family environment, at school, or within peer groups. This reflects the principles of Bronfenbrenner's bioecological model where various contexts and relationships are seen to play an important role in a child's development, and that this development may vary in different contexts due to various risk or protective factors. Therefore, it is important to understand a child with ADHD within each of these contexts, and to examine functional impairment related to ADHD within these settings. The difficulties

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experienced by children with ADHD are genuinely disruptive to their everyday functioning and wellbeing. Mere naughtiness at home, or not doing well at school cannot result in a diagnosis of ADHD. Furthermore, ADHD is more frequently diagnosed in boys than girls, and may therefore present differently in girls than in boys (Graetz, Sawyer, Hazel, Arney, & Baghurst, 2001). A complete description of the DSM-5 diagnostic criteria for ADHD is presented in Addendum F.

The DSM-5 indicates that there are three presentations of ADHD: predominantly hyperactive/impulsive presentation, predominantly inattentive presentation, and combined presentation. These presentations manifest themselves in different problem areas, and are associated with varying levels of functional impairment (Graetz et al., 2001). Functional impairment refers to the severity of interference of ADHD symptoms in various contexts of daily life such as socially, professionally, emotionally, financially and physically (Asherson et al., 2012; Chronis-Tuscano, Wang, Strickland, Almirall, & Stein, 2016; Das et al., 2012; Kooij et al., 2010; Murphy, Barkley, & Bush, 2002; Murray & Johnston, 2006).

A child or adolescent with the inattentive presentation may experience difficulty with tasks that require focusing and maintaining attention to detail or following instructions. Forgetfulness, being easily distracted, and having trouble with organisation and following of instructions are all characteristics of the predominantly inattentive presentation that disrupt daily activity. It is important to understand that the functional impairment experienced by individuals is at a level that affects their daily functioning.

Children with the predominantly hyperactive/impulsive presentation of ADHD are characterised as displaying the following hyperactive behaviour patterns: fidgeting, running about at inappropriate times, talking excessively and having trouble enjoying leisure activities quietly. Individuals with the predominantly hyperactive/impulsive presentation of ADHD also experience problems related to impulsivity that can be manifested as blurting out answers or interrupting conversations. These characteristics affect behaviour in various social settings and are disruptive and inappropriate for the individual's developmental level. Such problems may result in the individual being more at risk of injury or accidents due to impulsive actions. For example, a child may dash across a road without checking for traffic. Furthermore, the presentation of these challenges may change as the child matures into adolescence. It has been posited that adolescents are more likely to participate in risky behaviour that continues into adulthood (Fried et al., 2016).

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Children with the combined presentation may experience an assortment of traits from both the predominantly inattentive presentation and the predominantly hyperactive/impulsive ADHD. Changes to the DSM-5 indicate a deeper knowledge of ADHD as the term 'partial remission' has been introduced (APA, 2013). This refers to when ADHD criteria are not consistently met for over six months, but impairment is still reflected in daily functioning in various settings. Furthermore, the DSM-5 states that ADHD can be described by its severity on a scale of mild, moderate or severe. These changes highlight the complexity of an ADHD diagnosis, as well as the spectrum of functional impairment that may be experienced by individuals with ADHD.

It is important for researchers and clinicians to distinguish between the three presentations when evaluating family, school or other social systems, as the behaviours and problems typical of each presentation could affect the child and role-players in each system differently, and therefore how intervention is implemented needs to be considered. However, most research studies exploring the experiences of individuals with ADHD have not differentiated between diagnostic presentations (Murphy et al., 2002).

2.3. Adult ADHD

As mentioned above, the DSM-5 acknowledges that ADHD often continues to affect diagnosed individuals throughout adulthood, with 60% of individuals with ADHD symptoms in childhood still experiencing difficulties in adulthood (APA, 2013; Harpin, 2005). Fayyad et al. (2007) examined the prevalence of adult ADHD as part of the World Health Organization World Mental Health Initiative. Adults between the age of 18 and 44 were administered an ADHD screening assessment. The adults were from developed countries (Belgium, France, Germany, Italy, the Netherlands, Spain and the USA), as well as less developed countries (Mexico, Lebanon and Colombia) (Fayyad et al., 2007). All adults were interviewed face to face and a childhood ADHD diagnosis was confirmed. The adult ADHD prevalence was estimated at 3.4% within that sample and the researchers emphasised the need for adult ADHD to be considered as a serious disorder in future epidemiological studies (Fayyad et al., 2007). In a review of the current literature on adult ADHD, it was suggested that the number of adults with ADHD may have been greatly underestimated in the past (Abdelkarim, Salama, Abdel Latif, & Abou El Magd, 2013; Asherson et al., 2012; Franke et al., 2012; Simon, Czobor, Balint, Meszaros, & Bitter, 2009). Further epidemiological studies that examine prevalence rates of adult ADHD using the DSM-5 criteria are needed to gather a more accurate estimate of its prevalence among adults. Previous studies have, however, raised awareness about the

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occurrence and challenges of adult ADHD and may have contributed to the changes in the DSM-5 criteria.

Genetic studies have demonstrated that ADHD is inheritable (Franke et al., 2012; Harpin, 2005; Shah, 2008). Furthermore, an examination of family studies has placed the heritability of ADHD to be between 70% and 80% (Franke et al., 2012). Rommelse and Hartman (2016) reviewed various genetic studies on childhood and adult ADHD. They emphasised that ADHD is a complex disorder and the genetic factors continually change as an individual develops and interacts with various environmental factors (Rommelse & Hartman, 2016). According to Thapar, Holmes, Pulton, and Harrington (1999), 75% of the etiological contribution to the disorder is genetic. Few studies have examined the course of ADHD symptoms through adolescence into adulthood (Franke et al., 2012). However, longitudinal studies that have previously been conducted on adults who had a childhood diagnosis of ADHD indicated ADHD symptoms changed in adulthood, with about 50% of the adults experiencing clinically significant hyperactivity and impulsivity levels, while 90% of the adults experienced clinically significant levels of inattention (Millstein, Wilens, Biederman, & Spencer, 1997). More recently, Larsson et al. (2014) conducted a twin study to explore the genetic and environmental influences of ADHD in adults. The researchers reviewed clinical data from 59 514 twins born between 1959 and 2001 who had been diagnosed with ADHD (Larsson et al., 2014). Through structural equation modelling the data indicated a high heritability of ADHD, a low influence of environment and a high heritability in adult ADHD among the sample (Larsson et al., 2014). This research "showed that the heritability of clinically diagnosed ADHD is high across the lifespan" (Larsson et al., 2014, p. 2 226).

The way ADHD symptomology affects adults' daily functioning differs from that of children (Schoeman & De Klerk, 2017; Sibley, Kuriyan, Evans, Waxmonsky, & Smith, 2014). For example, hyperactivity, impulsivity and inattention may present more subtly in adults; however, the functional impairment remains challenging for these adults (Johnston, Mash, Miller, & Ninowski, 2012; Kooij et al., 2010; Schoeman & Liebenberg, 2017). In terms of hyperactivity, adults with ADHD may experience internal restlessness, excessive talking and an inability to relax (Kooij et al., 2010). For example, an adult with ADHD may find it difficult to remain seated for the duration of a movie or meeting and fidget excessively (Kooij et al., 2010, Schoeman & Liebenberg, 2017). Kooij et al. (2010) describe "impatience, acting without thinking, spending impulsively, starting new jobs and relationships on impulse and sensation seeking behaviours" (p. 6) as expressions of impulsivity in adults with ADHD. For example,

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an adult with ADHD may spend excessive amounts of money on items that are not essential without considering the financial repercussions. Inattention in adults with ADHD has also been described as "paralysing procrastination" (Schoeman & Liebenberg, 2017, p. 2). Adults with ADHD may be described by others as being disorganised, late, easily bored and lacking sensitivity to stress (Kooij et al., 2010). For example, an adult with ADHD may struggle to complete work-related assignments or administration within the given timeframe. This in turn may result in disciplinary action at work or being fired. Due to the expression of ADHD symptoms in adults with ADHD, relationships and jobs are often short lived (Kooij et al., 2010). ADHD can therefore be described as a lifelong disorder for many individuals, and one which needs treatment in order for children and adults to function optimally in various contexts.

2.4. Challenges of ADHD

2.4.1. Financial burden

Adult ADHD is recognised as a costly and debilitating disorder that needs chronic treatment to ensure the wellbeing of the individual (Brook, Brook, Zhang, Seltzer, & Finch, 2013; Matza et al., 2005; Schoeman & Liebenberg, 2017). Medication and behavioural therapy play an important role in the management of ADHD symptoms (Schoeman & Liebenberg2017). Unfortunately, treatment is often a financial burden in itself (Schoeman & Liebenberg, 2017; Secnik et al., 2005). For example, Kooij et al. (2010) state that "[i]n children, the economic burden of ADHD has been estimated to be approximately double those of normal controls" (p. 15). This is due largely to the cost of stimulant medication, managing comorbid disorders, and more frequent emergency room visits and hospital admissions (Matza et al., 2005; Secnik et al., 2005). Similarly, in a study on medical costs, children with ADHD were identified as having higher annual medical expenses than matched controls without ADHD (Matza et al., 2005). Holden, Jenkins-Jones, Poole, Morgan, Coghill and Currie (2013) conducted a retrograde study in the UK between 1998 and 2010 to explore the resource use and financial costs of managing ADHD. The researchers indicated that "financial costs were more than four times higher in those with ADHD, than in those without ADHD" (Holden et al., 2013, p. 8). Further evidence of the financial burden of ADHD was identified in a longitudinal study by Russell, Ford and Russell (2015) in the UK that explored the relationship between SES and ADHD. Financial difficulties were identified as the strongest indicators of ADHD and were described as "having both a direct and indirect impact on a child's risk of ADHD" (Russell et al., 2015, p. 12). These are relevant findings for the South African context where 55.5% of individuals live in poverty

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(Statistics South Africa, 2017). Furthermore, from a bioecological perspective it appears there is a reciprocal relationship between financial difficulties and ADHD.

Kooij et al. (2010) state that "the economic burden of untreated adult ADHD has been increasingly studied and shows the same pattern as in children, with higher than normal costs of sickness leave, less productivity, more accidents and more health care costs" (p. 15). However, the financial constraints of managing ADHD are challenging for adults with ADHD due to the financial expense associated with treatment (Kooij et al., 2010; Schoeman & De Klerk, 2017). Similarly, in the South African context, Schoeman and De Klerk (2017) explored the management of and funding for treatment of adult ADHD in the private sector in South Africa. The results indicated that "the presence of adult ADHD increased the prevalence of comorbidity and doubled the health care costs of beneficiaries" (p. 1). Furthermore, adults with an ADHD diagnosis had double the costs in claims per beneficiary in comparison to non-ADHD adult comparisons (Schoeman & De Klerk, 2017).

The participants in this study have the financial burden of their children's treatment, as well as their own. Additionally, many of the participants do not have the financial support of a partner as they are single. In terms of the bioecological model, this environment of financial constraints is referred to as a high-risk ecology (Brendtro, 2006). Therefore, families with ADHD need to find ways to manage their ADHD symptoms without further financial burdens. Although there has been some research into the benefits of exercise in managing ADHD symptomology, most of this research has been done with children and adolescents (Schoeman & Liebenberg, 2017). The research found exercise to improve cognitive health and neuropsychological functioning in individuals with ADHD (Gapin, & Etnier, 2011; Piepmeier et al., 2015).

2.4.2. Managing work-related responsibilities

Besides the financial burden related to managing ADHD, adults with ADHD often experience work-related problems such as poor job performance, less job stability and increased work absences, which affect financial stability (De Graaf et al., 2008; Harpin, 2005). In order for adults with ADHD to function optimally they need treatment to manage their ADHD symptoms. However, it is clear that this is a challenge in itself due to the financial challenges related to the diagnosis and the costs of medication or therapy.

2.4.3. Stigma

Besides the financial challenges associated with families with members affected by ADHD, the social burden or stigma surrounding ADHD is substantial (Asherson et al., 2012; Schoeman &

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Liebenberg, 2017). Many families of children with ADHD experience some kind of discrimination, prejudice or stigma based on a lack of knowledge or a distorted perception of ADHD. Stigma is a risk factor that affects not only the child or adolescent with ADHD; it may also be directed at adults with ADHD or relatives, and it adversely affects treatment adherence (Harpur, Thompson, Daley, Abikoff, & Sonuga-Barke, 2008; Mueller, Fuermaier, Koerts, & Tucha, 2012). In a study on the level of public knowledge about ADHD, in a sample of 1 139 individuals, 78% said they believed that ADHD was not a real disorder (McLeod, Fettes, Jensen, Pescosolido, & Martin, 2007). Furthermore, research has shown that many people still perceive ADHD to be the result of bad parenting or upbringing (Rodrigo, Perera, Eranga, Williams, & Kuruppuarachchi, 2011). A recent study in Ireland, of explicit and implicit stigma towards peers with mental health problems, found that adolescents were less accepting of a peer with ADHD, and showed prejudice towards such a person (O'Driscoll, Heary, Hennessy, & McKeague, 2012). In this study, adolescents read a description of a peer with ADHD, a peer with depression and a peer facing "normal issues". From a sample of 182 adolescent responders, stronger feelings of anger and wanting more social distance were reported from the ADHD adolescent than the adolescent with depression. It was also reported that the peer with ADHD was seen as more responsible for his/her difficulties and was discriminated against more than the depressed peer (O'Driscoll et al., 2012).

Stigma can be felt by relatives or individuals close to the stigmatised individual. This view is supported by a qualitative study by DosReis et al. (2010) with 48 parents of children with a recent ADHD diagnosis. From this sample, 77% of the parents reported experiencing stigma or prejudice even before their child received an official diagnosis of ADHD. Important areas of concern from this study as expressed by the parents were concerns about society labelling their child and how they perceived their children (and themselves) as socially isolated and rejected (DosReis et al., 2010). Similarly, in a qualitative study by Peters and Jackson (2009), the experiences of mothers of children with ADHD were explored. A narrative-based feminist approach was followed to explore these experiences. The group of 11 mothers expressed feeling stigmatised, scrutinised and criticised (Peters & Jackson, 2009), with mothers indicating that if they had their time over again, they would not tell the truth about their child's ADHD diagnosis. In the South African context, a qualitative study explored the perceptions surrounding ADHD among key opinion leaders in the field of adult ADHD (Schoeman, Albertyn & De Klerk, 2017). The aim of the research was to explore narratives of these experts working with patients with adult ADHD (Schoeman, Albertyn & De Klerk, 2017). A lack of awareness and knowledge

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about adult ADHD was identified, which, according to the authors, contributes to the stigma surrounding ADHD and mental health professionals in general. Furthermore, a lack of access to a diagnosis and treatment was identified as being related to the stigma surrounding adult ADHD (Schoeman, Albertyn & De Klerk, 2017). Therefore, not only are adults who face the challenges of ADHD not seeking professional help, but those who are indeed seeking help are unable to access resources to manage their treatment. The lack of access to treatment resources has been directly linked to the fact that many medical aid schemes do not acknowledge the existence of ADHD in adults (Schoeman, Albertyn & De Klerk, 2017). The research calls for a collaborative approach between mental health professionals to reduce the stigma surrounding adult ADHD in South Africa through psycho-education, research and communication (Schoeman, Albertyn & De Klerk, 2017).

There are many more studies that highlight how individuals with ADHD, as well as those close to them are stigmatised by public perceptions of ADHD, and how this stigma affects the child or adolescent and their family in many spheres of life. It is imperative that important role-players in these individuals' lives are made aware of the effect ADHD has on their development throughout their lives and the importance of support and treatment in managing their symptoms (Schoeman & Liebenberg, 2017). Adequate interventions need to focus not only on providing knowledge for those closest to the child or adolescent with ADHD, but also for their potential peers, authority figures and society in general.

2.4.4. Support

Families of children with ADHD experience less social support than families of typically developing children (Harazni & Alkaissi, 2016; Lange et al., 2005). Through open-ended interviews it was found that many of the challenges experienced by parents of adolescent girls with ADHD related to a lack of perceived lack of support (Hallberg, Klingberg, Reichenberg, & Möller, 2008). The researchers categorised the parenting concerns into "having the sole parental responsibility, fighting for professional support, being on duty around the clock and trying to solve family conflicts" (p. 54), all of which can be linked to a lack of familial and professional support in raising their daughters. Not only did the mothers in this study feel a lack of support from their ex-partners, but they also felt it from the professionals who were involved with their daughters. For example, the mothers felt they received no support from their daughters' schools, medical professionals or society in general (Hallberg et al., 2008; Harazni & Alkaissi, 2016; Peters & Jackson, 2009). This is closely linked to the challenges around stigma which have already been discussed. One mother, while expressing the lack of support

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and understanding from her daughter's school stated, "[T]hey were always so negative. And she was always the reason if . . . if anything went wrong at school it was always her fault" (p. 55). Many of the mothers stated that it was a struggle to get a professional diagnosis for their daughter, and once this had been done they felt unprepared and alone in trying to find resources to support their child (Hallberg et al., 2008).

Therefore, it appears that social support may play an important role in the wellbeing of parents of children with ADHD (Lovell, Moss, & Wetherell, 2012). However, many mothers of children with ADHD lack the support they need to ensure the wellbeing of their children and themselves. Similarly, one of the frequent themes that was identified in a study that explored mothers' experiences with raising children with ADHD related to a lack of support from their social context (Segal, 2001). Further emphasising the effect of lack of support, the mothers expressed the painful isolation they felt while raising their children. This isolation came from peers, ex-spouses and extended family who were perceived as being judgemental (Segal, 2001). Perceived perceptions of parental distress and social support are inversely related (Theule et al., 2011). This illustrates that the more distress a parent experiences, the less social support they perceive they are receiving. Furthermore, if parents received more social support, their wellbeing would be more positively perceived.

It appears that mothers of children with ADHD receive minimal practical support from family, peers or community services (Hallberg et al., 2008; Peters & Jackson, 2009; Segal, 2001). Through an examination of mothers' narratives, Peters and Jackson (2009) identified perceived lack of support as a burden on mothers of children with ADHD. Mothers indicated that "people were reluctant to babysit or involve these women's children in social activities, and this was attributed to the child's challenging behaviours" (p. 65). This further emphasises how ADHD-related stigma and a lack of social support are interconnected. Even close family such as the participants' own mothers were often perceived as being judgemental and unsupportive (Peters & Jackson, 2009). It is thus evident from the literature that there is a need for future interventions that include social networking and education to better support families of children and adults with ADHD.

2.5. Managing personal wellbeing

2.5.1. The parent of a child with ADHD

The few studies that have investigated the relationship between mental health and raising a child with ADHD have found that ADHD in a child is associated with increased levels of

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parental stress, as well as parental psychopathology (Cheesman, 2011; Klassen, Miller, & Fine, 2004; Sundarall et al., 2016). For example, the relationship between child quality of life and parent mental health in a sample of 165 children referred to an ADHD clinic over a period of one month in 2002 was explored by Klassen et al. (2004). Parents of children with ADHD reported significant challenges with their own emotional health. Further supporting the link between mental health and raising a child with ADHD, the parents of children with ADHD reported more emotional instability, more behavioural problems, poorer mental health, and lower self-esteem than parents of children without ADHD (Klassen et al., 2004).

As discussed earlier, ADHD results in functional impairment in various areas of life, such as the social, academic and emotional spheres. Parenting a child with these challenges may negatively influence the parent's wellbeing (Peters & Jackson, 2009). Peters and Jackson (2009) used in-depth interviews to explore the experiences of mothers of children with ADHD. The study further illustrates the negative impact on the parents' wellbeing. Besides feelings of stigma, parents described the demands of caring for a child with ADHD as overwhelming and unrelenting. One of the mothers reported: "It's been 10 years of being on edge" (p. 65). The challenges related to raising a child with ADHD negatively influenced these mothers' wellbeing, with the researchers stating that "the overwhelming nature of caring for their children with ADHD often had adverse effects on mothers' mental and emotional well-being" (p. 68). Similarly, the emotional burden of raising children with ADHD was identified through in-depth semi-structured interviews with mothers of children with ADHD (Harazni & Alkaissi, 2016) Feelings of helplessness, worry, frustration and anger were commonly expressed by the mothers in relation to raising their children (Harazni & Alkaissi, 2016). These findings are supported by a subsequent cross-sectional study of 100 mothers of children with ADHD that found that 58% of the mothers had mental health difficulties (Sepehrmanesh, 2017).

The link between parental wellbeing and raising a child with ADHD is emphasised in a study that focused on the challenges related to raising a teenage daughter with ADHD. The experiences of 12 parents were qualitatively explored (Hallberg et al., 2008). The parents in this study described how their wellbeing was negatively affected by the challenges of raising a child with ADHD. They described their lives as "living at the edge of one's capabilities" (p. 54), emphasising the emotional, physical and psychological toll raising a child with ADHD has taken on their wellbeing. Similarly, in a recent South African study, the functional impairment

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of biological parents of children with ADHD was explored (Sundarall et al., 2016). Some of the parents screened positively for adult ADHD, however regardless of adult ADHD status, all parents of children with ADHD expressed significant functional impairment in the areas of self-concept, family, life skills, social and work (Sundarall et al., 2016). Challenges in self-concept referred to "feeling frustrated, discouraged, incompetent and not happy" and social referred to "arguments, lack of hobbies and having fun with other people" (p. 3). This research provides further evidence that parents of children with ADHD within the South African context experience functional impairment which negatively affects their wellbeing.

Previous literature suggests that personal distress in parents of children with ADHD is associated with negative affect, depression and anxiety, all of which affect their ability to cope with stress or adequately provide their child with guidance and support (e.g., Lui, Johnston, Lee, & Lee-Flynn, 2013; Margari et al., 2013; Moen, Hedelin, & Hall-Lord, 2016; Psychogiou, Daley, Thompson & Sonuga-Barke, 2008; Spratt et al., 2007). To illustrate this, in a sample of 100 mothers of children with ADHD, mothers of more than one child with ADHD scored significantly higher depression scores than mothers of a single child with ADHD (Cheesman, 2011). In relation to the bioecological model, these stressors influence and exacerbate the cycle of negative parent-child interactions where the child's needs are not met, and the parent's stress or psychopathology is intensified. The reciprocal, maladaptive transactions between a child with ADHD and a mother with ADHD are risk factors for further maladaptive development for both of them.

This suggests that the parental challenges that accompany an ADHD diagnosis are diverse affect various domains of functioning. For example, financial strain may result from prescribed medications and from specialised schooling being required if functional impairment is within the realm of learning and academic achievement. Parents may experience social stress from trying to gain acceptance, or to avoid blame. Relationship stress might result from difficulties associated managing and disciplining a child with ADHD (Austin & Carpenter, 2008). These challenges may increase stress, which can result in mental health difficulties, which in turn can have a negative effect on the child.

2.5.2. The adult with ADHD

In the previous section, the negative impact on parents' wellbeing in relation to raising a child with ADHD was discussed. Consequently, if a parent is diagnosed with ADHD, it may also

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negatively affect his/her own wellbeing. In order for an adult ADHD diagnosis to be made, a clinical evaluation is done. Part of this clinical evaluation includes an examination into functional impairment across the lifespan in various domains (work, school, social) (Schoeman & Liebenberg, 2017). This suggests that part of the criteria for ADHD is related to challenges within these domains which would have an impact on an individual's wellbeing. Moreover, adults with ADHD frequently experience comorbid psychiatric disorders which negatively affect their wellbeing (Franke et al., 2012; Schoeman & Liebenberg, 2017). For example, in the South African context, a database analysis has indicated that adults with ADHD experience more comorbid psychiatric disorders than the general population (Schoeman & De Klerk, 2017). Likewise, one of the indicators of adult ADHD is mood instability (Asherson, Chen, Craddock, & Taylor, 2007), further supporting the notion that adult ADHD is entwined with challenges that negatively affect wellbeing.

Parents with an ADHD diagnosis reported more psychological distress, poorer wellbeing and less positive family functioning than parents without an ADHD diagnosis in a study exploring family functioning, psychological distress and wellbeing in families of children with ADHD (Moen et al., 2016). Therefore, living with ADHD and managing the challenges of the disorder may be a further risk to emotional wellbeing in addition to parenting a child with ADHD. Similarly, adolescents with ADHD are more likely to experience mental and physical health difficulties as well as workplace and financial challenges during adulthood (Brook et al., 2013). This adds evidence of the longitudinal effects of ADHD on mental health through adolescence and adulthood, further highlighting that affective comorbidity is common among adults with ADHD and may have an impact on their wellbeing and overall family functioning.

2.6. The mother-child relationship

The above-mentioned challenges may negatively influence a family's microsystem and the interactions within this system because the parent and the child influence one another in a reciprocal manner through their interactions. In the case of a family with a mother and a child with ADHD, both child-related and parent-related factors contain many risks that have an influence on the mother-child relationship (Johnston et al., 2012). This tense mother-child relationship can be described as a negative-reactive pattern (Johnston et al., 2012; Prithivirajh & Edwards, 2011). Conversely, due to the reciprocal relationship of the bioecological model, positive parenting would be seen as a protective factor for the child's development.

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2.6.1. Parenting children with ADHD

In an exploration of the experiences of mothers of children with ADHD through in-depth interviews, researchers found that at the heart of these mothers' lives was a difficult child who informed and controlled their daily living (Segal, 2001). However, despite the challenges and strain on the mother-child relationship, mothers of children with ADHD who were more empathetic towards their children's challenges had a more positive outlook on their parenting experiences (Segal, 2001). One mother stated, "You could tell that he was struggling with each day . . . I think the fact that we can talk about it openly is helpful, because when something goes wrong . . . we manage to work it through. My son recently said he felt he was where he is today because of me and so I know I have done enough things right. He said I stuck by him when no one else did" (p. 271). It appears that empathy and understanding positively affected these mothers' interactions with their children.

This further supports the notion that the parent-child relationship and an exploration into possible protective factors are important, as these factors may inform future interventions and support for the affected families. A South African study among parents of children with ADHD qualitatively explored their experiences of participating in a stress management programme in KwaZulu-Natal. Some of the key themes identified through thematic content analysis were that of parental empowerment, cognitive restructuring and change as a parent and as a person (Prithivirajh & Edwards, 2011). One parent stated,

> By changing the way I always think about my child as being wrong, the causer of problems and uncontrollable, I changed the way I dealt with problem situations in our home. I started understanding him, listening to what he has to say and giving him a fair chance. This changed the way he responded and made the situation easier to resolve. Nowadays, we handle each problem as if it is new and unique, we have no pre-conceived ideas of who did what and who is always wrong, and this has made things so much easier and more peaceful at home (p. 34).

Further evidence for the positive impact stress management has on the parent-child relationship can be seen in the children's responses to the programme. The children were asked if they had noticed any changes in their parent over the course of the nine-week programme. The children described their parents as more relaxed, approachable, loving and inclusive (Prithivirajh & Edwards, 2011). One child stated, "We now have new rules at home which we all made together, me too, because I am also in this family, dad said that and we must follow the rules" (p. 36). This study highlights the importance of taking parents' wellbeing into account in the

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management of ADHD. This study also emphasises the interrelated and reciprocal nature of the mother-child relationship and the need for interventions to ensure a more positive outcome.

2.6.2. Parenting as an adult with ADHD

Managing the parent-child relationship becomes more challenging when both parent and child have an ADHD diagnosis. Further supporting this, in a study, adult ADHD symptoms were identified as the strongest predictors of maternal distress (Theule et al., 2011). For mothers living with ADHD, the symptoms of inattention, impulsivity and hyperactivity, although presented differently in adult ADHD, may still have an impact on a mother's ability to parent her child (Johnston et al., 2012; Theule, et al., 2011). For example, in terms of inattention, a mother with ADHD might struggle to organise her child's daily routine and activities or effectively supervise her child. A mother with ADHD may also forget appointments or medications, procrastinate in parenting tasks and experience difficulties in organising parental tasks (Johnston et al., 2012; Theule et al., 2011). Impulsivity may present as impatience and outbursts toward their child (Johnston et al., 2012). All of these symptoms might have a negative impact on the parent-child relationship and cause a stressful home environment. Similarly, when comparing the parenting experiences of mothers with and without ADHD, mothers with ADHD described that "they were less consistent in their parenting, monitored their children less, and had fewer family routines" (p.58), all of which could make for a chaotic home life (Murray & Johnson, 2006).

In a study that explored parent and child ADHD symptoms in relation to parental attitudes and parenting, the researchers aimed to find out more about how the severity of parent and child ADHD may impact on parenting attitudes and the parent-child relationships (Johnston, Williamson, Noyes, Stewart, & Weiss, 2016). A sample of 110 parents with ADHD completed various self-report questionnaires on their symptoms, parenting approach and their child. In contrast to ideas of a chaotic family life and a tense parent-child relationship, the researchers found that when both the parent and the child experienced a high severity of ADHD symptoms, more positive parenting attitudes were expressed. Conversely, when the parent had less severe ADHD symptoms than the child, this positive perspective was no longer present. Subsequently, "parental ADHD symptoms may help to mitigate some of the challenges facing families of children with ADHD" (p. 8). This further highlights the complexity of ADHD and the need for more qualitative research to delve more deeply into the experiences of these families.

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As in the research by Segal (2001) which was discussed in section 2.6.1, empathy for their child with ADHD was identified as the most consistent link between parent and child ADHD (Johnston et al., 2016). Therefore, parents of children with ADHD who have a high severity of ADHD symptoms themselves may experience ADHD as a buffer against some of the challenges of raising a child with ADHD (Johnston et al., 2016). Further evidence for this is that mothers with hyperactive impulsive ADHD symptoms were more likely to be open toward their child and encourage their child's independence (Johnston et al., 2016). This interpersonal openness appears to be beneficial to the parent-child relationship. Therefore, although there are many challenges related to child and adult ADHD, the research indicates that mothers of children with ADHD who have severe ADHD experience more positive parenting, more empathy, tolerance and child autonomy than mothers with less severe ADHD symptoms or no ADHD symptoms (Johnston, 2012; Psychogiou et al., 2008). Hence, in some cases adult ADHD may act as a protective factor for mothers in raising a child with ADHD.

2.6.3. Divorce and single mothers

Parental strain related to the care of a child with ADHD is diverse, can manifest itself in many forms, result from many situations, and affect various facets of family life (2.4). It can also result in a higher likelihood of divorce (Das et al., 2012; Harpin, 2005; Hernández-Otero et al., 2015; Wymbs, 2008) as also shown in a study that compared the divorce rate among 282 parents of children with and 206 without ADHD (Wymbs et al., 2008). Parents of children with ADHD were found more likely to divorce and within a shorter length of time than parents of children without ADHD (Wymbs et al., 2008). The results of this study highlight the possible implication of adult ADHD impacting on the increased risk for divorce due to the interpersonal challenges associated with adult ADHD. Various factors, such as child (severity of ADHD, conduct disorder, age at referral) and parent (level of education, parental antisocial behaviour) factors (Wymbs et al., 2008) were seen to influence the latency of divorce. This further supports the equal roles played by ADHD in the child, and adult psychopathology, in the latency of divorce. Wymbs et al. (2008) found that "[p]arents of youths diagnosed with ADHD in childhood were more likely to divorce by the time their children were 8 years of age (22.7%), than were parents of youths without ADHD (12.6%)" (p. 741). Parents of children with ADHD also reported less marital satisfaction, more frequent arguments, and the use of fewer positive and more negative verbalisations during child-rearing discussions. Importantly, the authors noted that a child's disruptive behaviour does not in itself cause marriages to dissolve; such behaviour merely adds to other sources of stress, such as lack of support or resources and

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increased financial strain, that in turn, spark marital conflict. Similarly, high levels of marital problems were found to be related to negative parenting practices (Muñoz-Silva, Lago-Urbano, & Sanchez-Garcia, 2017). A study exploring the impact of the family and parenting styles in families of children with ADHD reported that different points of view about parenting approaches led to marital disagreements (Muñoz-Silva et al., 2017).

However, in a study that examined the extent to which genetic and environmental influences explain marital problems in families of children with ADHD, the researchers found ADHD specifically to have a negative effect on a marriage (Schermerhorn et al., 2012). Data from the Australian Twin Registry, involving 1 296 individual twins, their spouses, and offspring, were examined. The results indicated that child ADHD predicted parental marital problems, including conflict and divorce, even after controlling for genetic, shared environmental factors and parental psychopathology (Schermerhorn et al., 2012). This study highlights the negative influence that raising a child with ADHD has on marital stability. From this research it appears that many mothers of children with ADHD are single parents who are managing the challenges of raising their children alone.

Similarly, in a study that used a grounded theory approach, the experiences of parents raising teenage girls with ADHD were explored (Hallberg et al., 2008). Most of the parents were divorced (11 mothers, 1 father) and indicated that they received no support from their former partner (Hallberg et al., 2008). In this sample the teenage daughter lived with her mother, and the father was usually the absent parent, further emphasising that mothers tend to take on the parenting responsibilities after a divorce (Hallberg et al., 2008). These mothers expressed a lack of support from their former partners, and stated that it was difficult to maintain a relationship with a new partner due to their daughters' ADHD symptoms. One mother stated,

> I met a man and we were a couple for a while but then he couldn't cope with her any more, and he couldn't cope with her at all, and she was really nasty, and ugh. I tried again five years later but that relationship didn't work out either, and since then I've given up (p. 55).

These statements are in line with the above-mentioned research in which child ADHD symptoms predicted marital conflict.

Little research has been done into the rates of divorce among adults with ADHD (Murphy & Barkley, 1996). However, the research that has explored the marital functioning of adults with ADHD has indicated that these adults experience less marital satisfaction and more family

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dysfunction than married adults without ADHD (Eakin et al., 2004; Murphy & Barkley, 1996). To support this, a study used semi-structured interviews to explore how the spouse of an adult with ADHD compensates for their ADHD symptomology. These interviews included questions such as "How do your partner's ADHD symptoms affect you?" and "Do you compensate for your partner's difficulties? If yes, how?" (p. 3). The results indicated that 96% of the spouses felt their partners' ADHD symptoms affected their wellbeing (Eakin et al., 2004). Furthermore, most of the complaints referred to general household organisation and/or time management, child rearing, communication and/or their marital relationship (Eakin et al., 2004). The complex interconnected effect of adult ADHD symptomology and raising a child with ADHD seems to negatively affect the whole family system and highlights the importance of including family functioning in future interventions.

Raising a child as a single mother is a challenge in itself as there is still stigma attached to being a single mother. Living as a single mother is a reality for many South African women. Statistics South Africa (2016) conducted a community survey of 1.3 million households. It was found that 64.1% of biological fathers do not live with their children and that raising children as a single mother may have a negative impact on the mother's wellbeing. These findings concur with those from Cairney, Boyle, Offord and Racine's (2003) study that explored depression in single mothers and the effects of support and stress on their wellbeing. The results indicated that single mothers were more likely than married mothers to have experienced a depressive episode. Single mothers were also found to experience less social support, social involvement and visits from family and friends than married mothers (Cairney et al., 2003). Single mothers were also more likely to report higher and more frequent levels of stress and more recent challenging life events than married mothers (Akincigil, Munch, & Niemczyk, 2010; Cairney et al., 2003; Piontak, 2016). This lack of social support and higher stress levels experienced by single mothers accounted for 40% of the relationship between single mothers and depression (Cairney et al., 2003).

It is important to explore the experiences of single mothers with ADHD as they experience further challenges related to being a single mother. Understanding their experiences may lead to important information to guide future interventions and social awareness, and hopefully lead to more social support and less stress. Interestingly, researchers emphasise that divorce may be a more positive outcome for children and adults than continually witnessing or engaging in frequent marital conflict (Wymbs et al., 2008).

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Bronfenbrenner's theory of human development aims to understand development through the interactions and interconnectedness of biological characteristics and various social settings or contexts that individuals encounter on a daily basis (Swart & Pettipher, 2016). The complexities related to ADHD, the biological or genetic component to ADHD, adult ADHD and the relationship between mother and child with ADHD have been discussed in detail. In view of these complexities, I felt that the bioecological theory would be particularly relevant and useful to gain understanding of these mothers' experiences. Therefore, the bioecological model was an appropriate theoretical framework through which to attempt to understand the developmental process of this specific group of individuals.

2.7. Bioecological theory: Person-Process-Context-Time

As suggested above, the bioecological model enables a better understanding of the complexities that influence an individual within various systems over time. This theory was briefly discussed in Chapter 1. I believed that a better understanding of the research question and sub-questions may be gained through the bioecological perspective. One of the sub-questions of this research study was aimed at understanding the perceived daily challenges of single mothers with ADHD. This framework allowed for the exploration of the challenges that mothers face at an individual and family level, as well as within the wider social context. Other sub-questions for this research involved an examination into the support these mothers receive from various systems, as well as the strategies or coping mechanisms that guide single mothers with ADHD through daily challenges. By using a bioecological perspective to explore these questions, a more holistic understanding of the mothers' experiences could possibly be attained. This approach is supported by the theory, as it aims to understand development through the interactions and interconnectedness of biological characteristics and various social settings/contexts that individuals encounter on a daily basis (Swart & Pettipher, 2016). The focus on biological factors is relevant when exploring ADHD-related content, because there is a biological/genetic component to ADHD, and parents of children with ADHD may experience ADHD symptomology that affects their functioning and optimal development.

As stated briefly in Chapter 1, the theory rests on the four properties of PPCT (Bronfenbrenner & Morris, 2006). These defining elements interact dynamically, are interconnected, and shape our understanding of the development of individuals (Bronfenbrenner & Morris, 2006), as depicted in Figure 2.1. One of the aims of this study was to explore the mother's perceived experiences of the parent-child relationship, and thus the relationship between mother and child in the home. In terms of process, the bioecological model describes proximal processes; that is,

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the interaction between individuals and the environment over time, and how this interaction impacts on human development (Bronfenbrenner & Morris, 2006). This is an important concept to consider when investigating and trying to understand the experiences of single mothers raising children with ADHD, who themselves have an ADHD diagnosis. For example, a single mother with ADHD who perceives her childhood schooling experience in a negative light, may use her experiences to ensure her child has more protective factors within the school system to guarantee the child's optimal development. In this example, developmental processes that happen through systematic interactions over time may have an impact on an individual's development.

The person principle emphasises the role of personal characteristics in social interactions and development (Bronfenbrenner & Morris, 2006). Examples of such characteristics are age, gender and physical or mental health. For example, ADHD is a neurobiological disorder, and therefore will have an impact on an individual's development as there are various challenges related to an ADHD diagnosis. Furthermore, there are many challenges related to being a woman, and specifically a single mother, which may have an impact on an individual's development over time (e.g. stigma, inequality and abuse). Three types of person characteristics influence the strength and direction of the person characteristics on development over time (Bronfenbrenner & Morris, 2006), namely dispositions, resources and demand. For example, dispositions "can set proximal processes in motion in a particular developmental domain and continue to sustain their operation" (Bronfenbrenner & Morris, 2006, p. 795). Resources refers to an individual's biological abilities, knowledge and skills needed for optimal functioning (Bronfenbrenner & Morris, 2006). Finally, demand characteristics accumulate in reactions from the embedded social systems and can either enhance or disrupt the proximal processes (Bronfenbrenner & Morris, 2006). For example, an adult with ADHD may have more disruptive dispositions such as impulsivity and distractibility, and fewer biological resources because ADHD results in functional impairment in various domains of life.

Furthermore, in terms of demand, an individual with ADHD and the behavioural expression of ADHD may be seen to attract more negative feedback and experiences from social interactions. Bronfenbrenner and Morris (2006) use the example of a mother-child dyad to explain the concept of context and psychological growth. This is a relevant example when examining the experiences of single mothers of children with ADHD. Parents of children with ADHD experience high levels of parental stress related to raising their children. Stress is a complex construct involving behavioural, cognitive, and affective components that manifest into a tense

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child-parent relationship (Kadesjö et al., 2002). For example, the child's behaviour, and the parent's (in this case the mother's) reaction to this behaviour might cause negative thoughts and emotions in both the child and the parent, which will negatively affect their psychological development. However, if parent and child are given more support, this negative interaction may change, and there may be an enhanced psychological development for both child and mother.

The time concept refers to psychological development over time and across various developmental stages. Bronfenbrenner and Morris (2006) state that "proximal processes cannot function effectively in environments that are unstable and unpredictable across space and time" (p. 820). Single mothers have gone through divorce or some sort of separation that may result in unstable and unpredictable experiences for them and their children. Furthermore, because of the challenges related to ADHD, unpredictability (work, relationships) is more common than not (Kooij et al., 2010). This would have a negative impact on the proximal processes and psychological growth of the individuals in various contexts over time. It is important to consider the impact and role of PPCT when trying to gain further insight into the lived experiences of single mothers who have an ADHD diagnosis and who have children with ADHD in order to gain a deeper understanding into their experiences.

As stated previously, these four properties (PPCT) occur within and overlap with the various systems within which the individual engages. These systems are interconnected and influence the individual's life in various ways. The experiences within each system depend on the individual's life circumstances and experiences, and offer multiple potentialities for growth or challenges. Figure 2.1 offers a visual representation of the overlapping systems and how they interact and overlap. This model of many influences on an individual implies that development occurs within embedded systems over time with the individual at the centre (Bronfenbrenner, 1986; Bronfenbrenner & Morris, 2006). A thorough literature review showed that there are various influences within all of Bronfenbrenner's systems that may play an important role in the mother's life and development.

In terms of personal characteristics, genetics, temperament and psychopathology have all been identified as factors that specifically affect adults with ADHD. The challenges and lack of support single mothers with ADHD face within their home and work experiences have been described at length. These factors are related to the microsystem, which is the setting in which individuals live, such as the family, friends and work environment (Bronfenbrenner, 1979).

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The mesosystem refers to relations or connections between microsystems (Bronfenbrenner, 1979). For example, in this research study, the mesosystem refers to the interaction between the mother and the child with ADHD and how it affects the father. The literature review identified that raising a child with ADHD has a negative impact on the marital relationship, and in this study all participants were single, further supporting this view. Another example relevant to this study would be the perceived lack of support single mothers with ADHD experience from their families, children's schools and peers in raising their child and managing their own ADHD symptoms.

The exosystem is the link between social settings where an individual does not have an active role and their immediate context (Bronfenbrenner, 1979). In other words, this refers to the social settings that do not contain the individual, but affect her nonetheless (Bronfenbrenner, 1977). An example pertaining to this research study would be medical experiences, including financial challenges. For example, the financial challenges related to having an ADHD diagnosis are the result of demands placed on mothers by the medical aid and healthcare systems in South Africa, as well as the additional medical treatments adults and children with ADHD experience in comparison to individuals without ADHD. Exacerbating this challenge are the financial challenges related to specialised schooling to support children with ADHD.

The possible attitudes and ideologies of an individual's dominant culture are referred to as the macrosystem (Bronfenbrenner, 1979). In this research study this may refer to a broader social context, and social beliefs or perceptions about ADHD, single mothers and women in general. A review of the current literature indicated that social stigma is attached to ADHD and that many people in today's society still do not see it as a true diagnosis for children or adults. The interconnectedness of these systems all play a role in the experiences and development of the mothers in question. The aim of this research was to gain a better understanding of these experiences by taking all of the above-mentioned factors into consideration.

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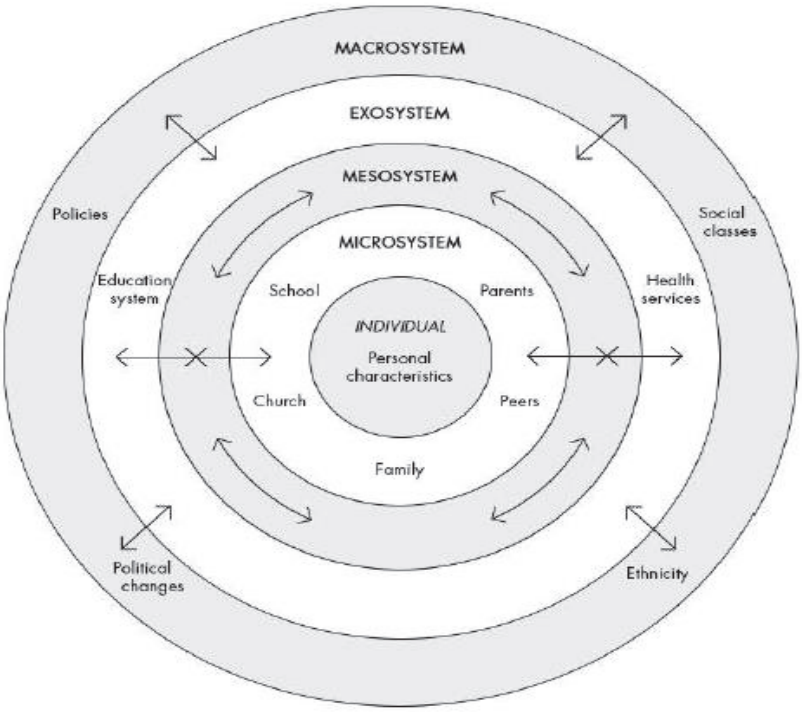

Figure 2.1. Visual representation of the systems and processes within the bioecological model

Other important terms introduced by this theory that are relevant for this study are 'risk factors' and 'protective factors'. Risk factors are experiences or characteristics of an individual that may increase their likelihood of developing a negative outcome. For example, the strong genetic link of ADHD is a risk factor for having ADHD and facing challenges in various domains of life (Brendro, 2006). Protective factors are experiences or characteristics that may reduce the likelihood of experiencing a negative outcome. For example, personal characteristics such as resilience or supportive relationships with people may be a strength to overcome other obstacles (Brendro, 2006). These characteristics or experiences lie on a continuum (Bronfenbrenner & Morris, 2006) and change over time. Individuals with ADHD face many challenges related to managing their disorder. Therefore, understanding potential risk and protective factors may help when planning preventative and intervention plans for families of adults and children with ADHD. Investigating the experiences of mothers with ADHD, and how these mothers make meaning of their experiences requires consideration of personal factors, as well as the contextual factors with which they interact, and how these may change over time. Therefore, the bioecological model is an appropriate theoretical framework through which to understand the developmental process of this specific group of individuals.

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2.8. Conclusion

In this chapter discourses surrounding ADHD, adult ADHD, challenges of parenting a child with ADHD and the parent-child relationship have been discussed. From the literature the various challenges related to adult ADHD and raising a child with ADHD as a single mother are evident. It would appear that being an adult with ADHD may result in financial, workplace and personal challenges and that raising a child with ADHD may have a negative impact on the mother-child relationship and family functioning in general. However, no study has qualitatively explored the experiences of this unique group of mothers who have ADHD, are single parents and are raising children with ADHD. The literature that has been discussed indicates that these single mothers with an ADHD diagnosis have many challenges to face on a daily basis. Therefore, Bronfenbrenner's bioecological model of human development was discussed as an appropriate approach through which to gain insight into and understanding of the experiences of single mothers with an ADHD diagnosis who are raising children with ADHD. The purpose of this research, therefore, was to allow the voices of single mothers with ADHD to be heard in the hopes that the stigma surrounding ADHD, single mothers and adult ADHD may be further understood and better support be reflected in future interventions.

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Chapter 3

Research Design and Methodology

"Research is to see what everybody else has seen, and to think what nobody else has thought."

Albert Szent-Gyorgyi

3.1. Introduction

The purpose of this research study was to examine the personal experiences of single mothers with children with ADHD who have ADHD themselves. It was evident that more qualitative exploratory studies are needed to gain a better understanding of the experiences of these individuals in today's society. I therefore had to identify a research paradigm that would provide an effective framework to guide the research process in order to achieve the objectives of the study. I sought to understand, describe, and explore the lived experiences of single mothers with an ADHD diagnosis. Qualitative researchers are interested in "understanding how people interpret their experiences, construct their worlds and the meaning they attribute to their experiences" (Merriam, 2009, p. 5). Therefore, I made use of qualitative research methods.

The elements of the research process such as the research design and methods have been briefly discussed in Chapter 1. The previous chapter presented a review of the literature, paradigms and discourses surrounding ADHD, adult ADHD, challenges of parenting a child with ADHD and the parent-child relationship. This chapter discusses the methodology that guided the study and design strategies. It provides further clarity on processes utilised to answer the research questions. This chapter also presents the research design and methodology as well as a description of the participants and data collection and analysis procedures.

3.2. Research questions

In Chapter 1 the research questions were articulated, based on the research study design. Gaps in the literature were identified and the importance of data collection methods were identified (Marshall & Rossman, 2011). Terre Blanche and Durrheim (2006) describe research as the process of asking and refining questions. These authors emphasise that interpretive researchers acknowledge that their research questions may bring pre-understanding to the research process (p. 360). Therefore, it is important that researchers working from an interpretivist research approach are aware of the questions they ask (Terre Blanche & Durrheim, 2006). Furthermore, it is important that qualitative researchers do not see questions as being static, but rather as

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evolving as understanding evolves through the research process (Marshall & Rossman, 2011; Terre Blanche & Durrheim, 2006). Marshall and Rossman (2011) state that research questions should be matched with the purpose of the research. In this study the type of questions would therefore be exploratory.

The research was therefore guided by the following question, as well as by the three sub-questions provided below:

How do single mothers with ADHD perceive their experiences as a parent of a child with ADHD?

The following sub-questions add further depth into understanding the experiences of single mothers with ADHD:

1. What are the perceived daily challenges of single mothers with ADHD?
2. What are the perceived experiences of the parent-child relationship?
3. What is the perceived level of support experienced by single mothers with ADHD?
4. What strategies or coping mechanisms support single mothers with ADHD through daily challenges?

I considered the research questions and aims of the research when deciding on a research design. The aim of this research was to explore the experiences of single mothers who had been diagnosed with ADHD while also parenting a child with ADHD. The research was therefore conducted within the interpretivist research paradigm, and followed a qualitative research approach.

3.3. Research paradigm

Qualitative research can be described as the "study of things in their natural settings, attempting to make sense of, or interpret phenomena in terms of meanings people bring to them" (Denzin & Lincoln, 2011, p. 3). Qualitative researchers need to consider their ontology (view on reality), their epistemology (the purpose of their research) and their methodology (the type of knowledge that may be produced) when considering their research paradigm (Denzin & Lincoln, 2011).

The research paradigm is the framework that guides the research process. Bogdan and Biklen (2007) define a paradigm as "a loose collection of logically related assumptions, concepts or propositions that orient thinking and research" (p. 24). It is the way the researcher looks at the world and influences the data collection methods, and analysis. As stated above, researchers

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consider their ontology, epistemology and methodology when considering a research paradigm. Creswell (2013) identified various research paradigms; however, the main paradigms in the social sciences are: positivism, constructivism and interpretivism, as explained in Table 3.1 (see Terre Blanche & Durrheim, 2006).

Table 3.1. *Social sciences paradigms*
Sources: Terre Blanche and Durrheim (2006, p. 6); Merriam (2009)

	Positivist	**Interpretivist**	**Constructivist**
Ontology	Stable external reality laws	Internal reality of subjective experiences	Socially constructed reality Discourse Power
Epistemology	Objective Detached observer	Empathetic Observer subjectivity	Suspicious Political Observer constructing versions
Methodology	Experimental Quantitative Hypothesis testing	Interactional Interpretation Qualitative	Deconstruction Textual analysis Discourse analysis
Purpose	Predict Control Generalise	Describe Understand Interpret	Deconstruct Question Interrupt

This research explored the experiences of single mothers with an ADHD diagnosis who raise children with ADHD. In terms of paradigms, the interpretivist paradigm is most in line with the researcher's epistemology and ontology as the aim of the research is to explore the subjective interpretation and meaning making behind the participants lived experiences (Terre Blanche & Durrheim, 2006). Working within the interpretivist paradigm, the aim is to describe a component of human experience in such a way that the aspect being studied can be better understood by others. One does not only provide highly descriptive accounts of a specific phenomenon, but one also seeks to make sense of, or understand the phenomena, and through that, generate meaning via interpretations (Rauscher & Graue, 2010).

Merriam (2009) uses the metaphor of a community picnic which is cooperative, collaborative and humanistic when explaining interpretivism (p. 11). Knowledge formation occurs through the research process and includes the collaboration of researcher, participant and the data. When working within an interpretivist paradigm it is assumed that participants are capable of examining and accurately describing their own experiences (Tshabangu, 2015). For example,

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when working from a positivist paradigm, a researcher may hypothesise and create an experiment to confirm this hypothesis. However, from an interpretivist approach the researcher is more interested in exploring the experiences of the participant. Researchers in this paradigm seek to understand rather than explain. In this research study, by working from an interpretivist approach, an attempt could be made to gain insight into the subjective experiences of single mothers previously diagnosed with ADHD. The aim was to bring this specific group of mothers' realities to light.

3.4. Research design

The research design links the research question and the completion of the research (Durrheim, 2006). Bless, Higson-Smith and Sithole (2013) state that the research design relates directly to answering the research question. Durrheim (2006) uses the metaphor of designing a building when emphasising the importance of a well thought out research design. There are various phases in the research process and the research design needs to ensure that each phase of the process will be effectively completed. This includes the purpose of the research (research question), the paradigm and methodology, as well as the context of the research. Figure 3.1 provides a visual representation of the research design and the phases of the research design (Durrheim, 2006). These phases need to be considered carefully as the research design aims to acquire data to answer the research question (Leedy & Ormrod, 2014.)

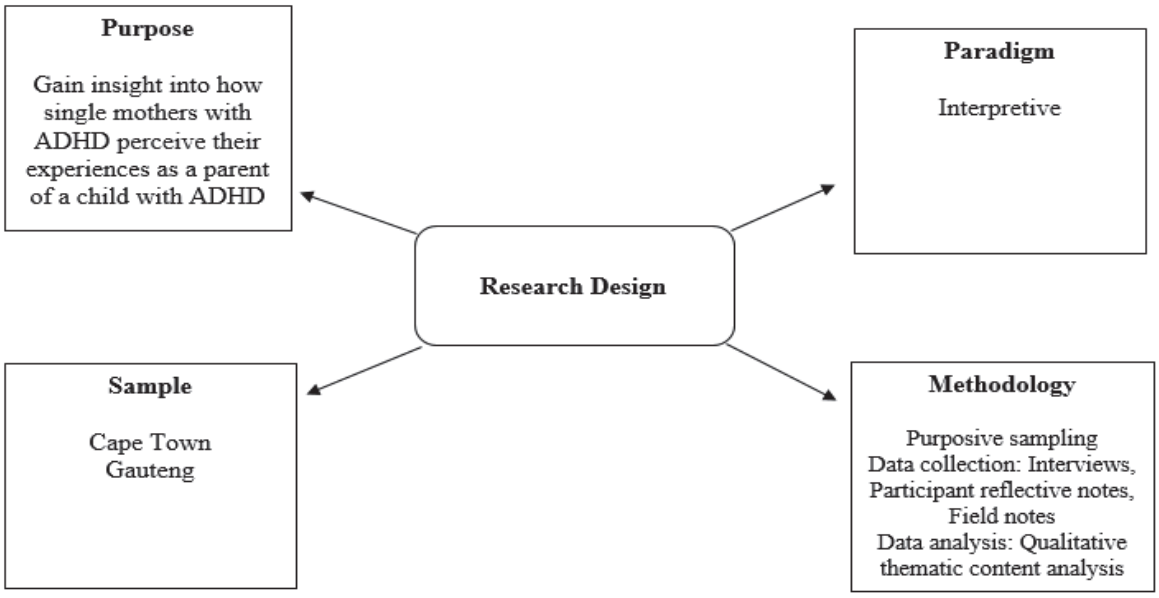

Figure 3.1. The research design, adapted from Terre Blanche and Durrheim (2006)

It is important to note that in qualitative research this process is seen as fluid; thus the research design may evolve as the research process develops (Durrheim, 2006). Figure 3.2 provides a

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visual representation of the research process and the flexible or interactive elements which may need to be considered in the research design to ensure valid findings (Durrheim, 2006).

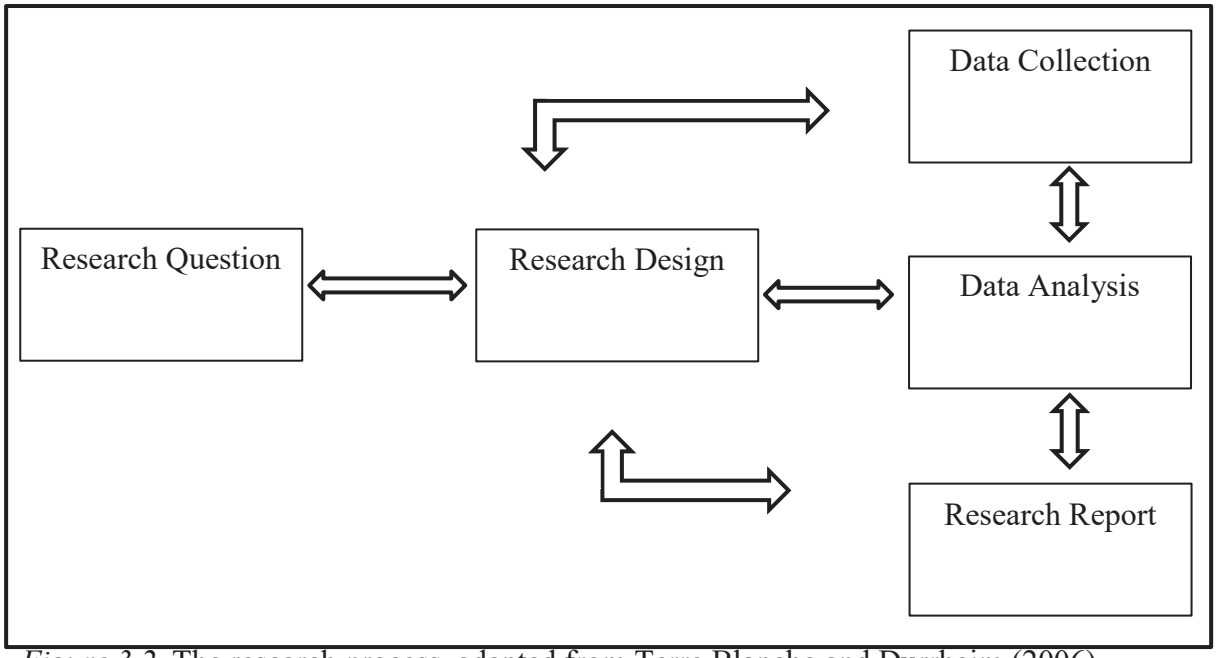

Figure 3.2. The research process, adapted from Terre Blanche and Durrheim (2006)

I focused on the research aim when choosing the most appropriate research design for this study. The research was aimed at exploring the experiences of single mothers with an ADHD diagnosis who are raising children with ADHD in order to gain an in-depth understanding of the lived experiences of these individuals. The definition of a research design and the underpinnings of an interpretive paradigm assisted me in adopting a basic qualitative research design for this study

Merriam (2009) states that a basic qualitative study within the interpretivist paradigm is one of the most used designs in the field of education research. Researchers who use a basic qualitative study design are interested in meaning making (Merriam, 2009). For example, "a researcher working from a basic qualitative design would want to explore how individuals perceive their experiences, how they construct their worlds and the meaning they attach to these experiences" (Merriam, 2009, p. 23). For this research study I was interested in exploring and understanding how single mothers with an ADHD diagnosis perceive their experiences as an adult with ADHD, as a single mother and raising a child with ADHD. I also wanted to understand how these single mothers make sense of their lives and experiences. Therefore, the basic qualitative research design was deemed most suitable for this research.

The qualitative research design within the interpretivist paradigm acknowledges the interactive role of researcher and participant. The researcher is the primary research tool in this design and

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can adapt, clarify and respond during data collection and the analysis process (Merriam, 2009). This is useful when the aim of the research is to understand the experiences of a specific group of individuals. The researcher is the primary research tool, therefore some of the defining characteristics of a basic qualitative research design relate to methodology. For example, the researcher most commonly collects data through in-depth interviews, observations and document analysis. For this research study I conducted individual semi-structured interviews with each participant, made observations and kept field notes throughout the research process. The qualitative researcher is interested in understanding the patterns and interrelationship between patterns identified from the data; this is known as an inductive approach to research (Patton, 2015). In contrast, following the positivist approach, quantitative researchers try to test hypotheses through data analysis and this is known as deductive research inquiry (Patton, 2015). Qualitative researchers explore and understand phenomena by gathering and analysing data (Merriam, 2009); therefore a qualitative research design is inductive in its approach, whereas quantitative research is deductive in its approach (Bless et al., 2013; Merriam, 2009).

A researcher working from a basic qualitative research design can be described as building a puzzle, with the data collection methods, observations and documents all pieces of a larger puzzle. The themes identified through the inductive research process may not be generalisable to the larger population as in quantitative research, but it does allow the opportunity for clarity through rich description and interaction between researcher and participants. Merriam (2009) defines rich description as the words, such as quotes, from participants gathered through in-depth interviews. The rich description from quotes from the individuals themselves add to the descriptive nature of the qualitative research design, and support the research findings and ultimately assist in answering the research question.

3.5. Research methods

Chapter 1 provided an overview of the research methods utilised for this study. The research methods, questions and design were identified to ensure relevant data were collected and that the research question would be adequately and validly answered. Leedy and Ormrod (2014) define data as “the pieces of information that a particular situation gives to an observer” (p. 79). There are various methods that researchers may utilise to extract the data required for their research. Leedy and Ormrod (2014) identified four factors which must be considered when deciding on appropriate research methods for collecting data. Firstly, the researcher must identify what data are needed. To decide on this, the researcher should review the research question and the aim of the research. Secondly, the researcher must identify where the data will

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be found geographically. The next factor to consider is how the data will be accessed or obtained and finally, it is important for the researcher to consider how the data will best be interpreted (Leedy & Ormrod, 2014, p. 82). As stated previously, the researcher is the primary data collection tool, therefore he/she should have certain skills in conducting observations and interviews (Leedy & Ormrod, 2014). In this study, I took all of these factors into consideration. The data collection and analysis methods which were utilised are outlined below.

3.5.1. Participants and sampling

Sampling in qualitative research refers to purposefully identifying a group or individuals who will best be able to answer the research question (Creswell, 2013; Durrheim, 2006; Leedy & Ormrod, 2014). Unlike quantitative research, the aim is not to produce findings that can be generalised but rather to provide rich data and in-depth knowledge or insight about the phenomenon (Creswell, 2013; Patton, 2015). Bless et al. (2013) state that "a sample is considered to be adequate if it allows all possibilities or aspects of the researched phenomenon to be identified" (p. 164).

Purposive sampling is a non-probability sampling method where the researcher aims to gain further insight and understanding into a population and must therefore identify and choose participants from whom the most may be learned (Merriam, 2009). A purposive sampling approach was chosen for this study as I knew what type of participant was needed and provided criteria related to the research question. Therefore, the participants were selected based on the criteria that they were single adult mothers of a child with ADHD and had an adult ADHD diagnosis. Child and mother had received a prior ADHD diagnosis from a relevant professional.

In this research study the term 'single mothers' refers to women who have no marital partner. A further criterion was related to the age of the children; participants with children between the ages of 5 and 17 years were included. This inclusion criterion was chosen because children younger than five may show signs of ADHD, but it is generally officially diagnosed from school-going age (Grade R), which in South Africa is five, turning six years. Children over 17 years of age were excluded as they are legally considered adults. Lastly, a criterion related to language was included. Only families with English as a home language were included. This was because ADHASA, which was used for recruitment, had mainly English-speaking members. Creswell (2013) states that criterion-based sampling is effective when all identified participants have experienced the phenomenon, which was the case in this study.

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3.5.2. Methods of data collection and analysis

3.5.2.1 Literature review

A literature review is a section in a thesis where theoretical perspectives and previous research findings related to the phenomenon are described (Leedy & Ormrod, 2014). Leedy and Ormrod (2014) describe the various roles of the literature review. In terms of data collection, the literature review helps the researcher to identify any gaps in previous literature about the research topic (Leedy & Ormrod, 2014). I made use of the Stellenbosch University library, as well as online journals such as EBSCOhost, Sabinet and Sage research databases in her review of previous literature. Search terms included ADHD, Adult ADHD, ADHD challenges, ADHD support, parental experiences, ADHD and divorce, ADHD and psychopathology and ADHD in South Africa. The literature on ADHD, Adult ADHD, the various challenges that accompany the diagnosis, as well as the parent-child relationship were reviewed. A review of previous literature enhanced my understanding about ADHD, adult ADHD and the multitude of experiences or challenges single mothers with this diagnosis may have to endure. It also guided me on the best-suited theoretical framework on which to base her study, and helped her to identify gaps in the research.

3.5.2.2 Interviews

The primary method of data collection was the use of semi-structured interviews. The aim of qualitative interviews is to understand an individual or group's lived experience (Patton, 2015): "An interview when done well, takes us inside another person's life and worldview" (Patton, 2015, p. 426). An interviewer needs various skills in order to conduct a valuable interview. A skilled interviewer asks questions in such a way that the person being interviewed wants to share his/her story, and feels comfortable in doing so (Patton, 2015). Therefore, a qualitative interview can be described as an interactive relationship (Patton, 2015). Some of the most important interviewing skills used in this research study were asking open-ended questions that were clear and probing, and meaningful listening (Marshall & Rossman, 2011; Patton, 2015).

As mentioned earlier, the aim of this research study was to gain insight into the personal experiences of single mothers with children with ADHD who have ADHD themselves. Therefore semi-structured interviewing was chosen as the interview approach. Patton (2015) describes this approach to interviewing as "eliciting a personal description of a lived experience so as to describe a phenomenon as much as possible in concrete and lived-through terms (p. 432). An interview guide was developed based on the research questions and literature

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review and it consisted of key themes and a flexible list of questions. This guide aided me in eliciting information on the topic and enabled her to cover the themes of interest within the timeframe. Furthermore, this structure assisted the participants, who had been diagnosed with ADHD, in keeping their thoughts on the topic. Yet, if there were important topics the mothers wished to discuss that were not in the interview guide, there was flexibility to do this.

I conducted one face-to-face in-depth interview with each mother. Each interview was set to last between 40 and 60 minutes. However, I found that the mothers found great release in discussing their experiences, and most interviews went over 90 minutes. In the informed consent form participating mothers were assured that interviews would be held at a time and in locations which were convenient to them. Initially I indicated that I could come to each mother's home for this interview. However, only one interview was conducted at the home of a participant. This is because the mothers indicated that the home was not a quiet environment and was not free from disruptions as they had a child with ADHD. Furthermore, because they are single mothers, many of them did not have someone to watch their child for 90 minutes. Therefore, the majority of the interviews were held in a private office during their lunch hour at work.

3.5.2.3 Participants' reflections

Reflective notes may describe experiences or meaning in individual's lives (Bogdan & Biklen, 2007; Denzin & Lincoln, 2011). Bashan and Holsblat (2017), who used reflective notes as a primary data collection tool to explore teachers' experiences in the school setting, emphasise that reflective notes are not only a useful data collection tool, but also allow the participants to express their evolving thoughts on their experiences. Phelps (2005) describes reflective notes as being able to "capture insights 'in action'; insights, which can be difficult to gain in other ways" (p. 50). In this study, prior to, and throughout the research process, participants were requested to write reflective notes about their experiences in managing their adult ADHD diagnosis, raising a child with ADHD, and being a single mother. Reflective notes could be made daily or weekly, and could be as long or as short as was convenient for the participants. Participants were encouraged to reflect on their thoughts and feelings about their experiences of raising a child with ADHD as a single mother with ADHD. The reflective notes were then coded for data analysis. A portion of Participant 5's reflective notes is included in Addendum G.

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3.5.2.4 Field notes

Field notes are detailed descriptions of what has been observed during an interaction (Marshall & Rossman, 2011). Field notes add an additional layer of reflective commentary or factual data which may provide rich context for analysis (Corbett-Whittier & Corbett-Whittier, 2013). Silverman (2013) describes the purpose of field notes as "preserving the details of interactions" (p. 243). This act of preservation ultimately assists in the later analysis phase of the research process (Silverman, 2013). For this research study, field notes were made during in-depth interviews with participants.

Key word-like field notes are made during interviews while maintaining focus on the participant. I noted down anything I believed worth noting. Phillippi and Lauderdale (2018) highlight some of the functions of field notes as assisting researchers to critically observe and document interactions within the observe environment that are not auditory. For example, sights, smells and sounds of the physical environment should be noted in field notes to encourage researcher reflection and inform data analysis (Marshall & Rossman, 2011; Phillippi & Lauderdale, 2018).

Bogdan and Biklen (2007) describe two types of field notes: descriptive and reflective. A description of the setting where the interview took place and a description of the physical environment should be documented first. For example, in this research study I noted the physical environment of the home or office of the participants where the interviews were conducted. The appearance, body language and non-verbal cues or change in tone to interview questions were also important features to record in field notes (Marshall & Rossman, 2011; Phillippi & Lauderdale, 2018). These details would all be considered descriptive field notes as they provide a visual image of the environment, individuals and behaviour observed during the interview interaction. Any thoughts I had during the interaction were also recorded (Bogdan & Biklen, 2007).

The recording of the researcher's subjective experience is important because it allows for reflection on the research process, potential biases and researcher concerns (Bogdan & Biklen, 2007). Furthermore, by jotting down reflective thoughts the researcher consciously keeps the research process and participants in mind. Therefore, the importance of field notes is two-fold: they provide insights into observed behaviour which may add to analysis and interpretation of the phenomenon (Marshall & Rossman, 2011) and they acknowledge and attempt to control for

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observer biases. This will result in a better study (Bogdan & Biklen, 2007). A portion of my field notes is included in Addendum H.

3.5.3. Recording the data

Participants were interviewed individually. Interviews were recorded and later transcribed by me. Transcribing interviews is an important task in the qualitative research process and the utmost respect needs to be given when moving the participants' voices into text (Marshall & Rossman, 2011). The transcripts, field notes and participant reflective notes were then used as raw data for analysis. A portion of the transcript with Participant 5 is included in Addendum I.

3.5.4. Data analysis and interpretation

Data analysis is the process of searching and arranging interview transcripts, participant reflection notes, field notes and other data collection tools in order to explore the research question (Bogdan & Biklen, 2007). This involves various stages, including organisation of data, immersing oneself in the data, breaking the data into units or themes, coding, and searching for alternatives and patterns (Bogdan & Bliken, 2007). Data interpretation involves the development of concepts or ideas about the research findings related to the literature review and research questions (Bogdan & Bliken, 2007). The interpretation of data can be defined as the essence or core of qualitative research (Leedy & Ormrod, 2014). Through interpreting data, the researcher gains insight into the experiences of the participants, and the intrinsic meaning of the data enables the researcher to answer the research questions (Leedy & Ormrod, 2014). The data analysis process is not linear and goes hand in hand with data collection (Marshall & Rossman, 2011). Therefore, the research question and sub-questions must constantly be reflected upon when interpreting data to ensure that the purpose of the research is not lost.

Marshall and Rossman (2011) note four data analysing processes: (1) analytic induction, (2) constant comparative method of analysis, (3) developing grounded theory, and (4) template and editing. As stated in Chapter 1, this study followed an inductive approach with the aim of identifying patterns in the data through thematic codes. Patton (2015) describes inductive analysis as "generating new concepts, explanations, results and or theories from the specific data of a qualitative study" (p. 541). The emphasis of this study was on gathering experiences to illustrate common themes these single mothers expressed, and understandings of these experiences, rather than drawing conclusions about those experiences. This research study therefore followed a basic approach of qualitative thematic content analysis. Analysis of interview transcripts, field notes and participants' reflective notes followed an inductive

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approach with the aim of identifying patterns in the data through thematic codes (Braun & Clarke, 2006; Patton, 2015). This process is important to qualitative research, as without coding and classification of data, the researcher would be left with chaos and confusion (Patton, 2015, p. 554). There are several stages within the data analysis process (Creswell, 2013; Marshall & Rossman, 2011). A visual representation of the process of data analysis is illustrated in Figure 3.3 (Creswell, 2013; Marshall & Rossman, 2011).

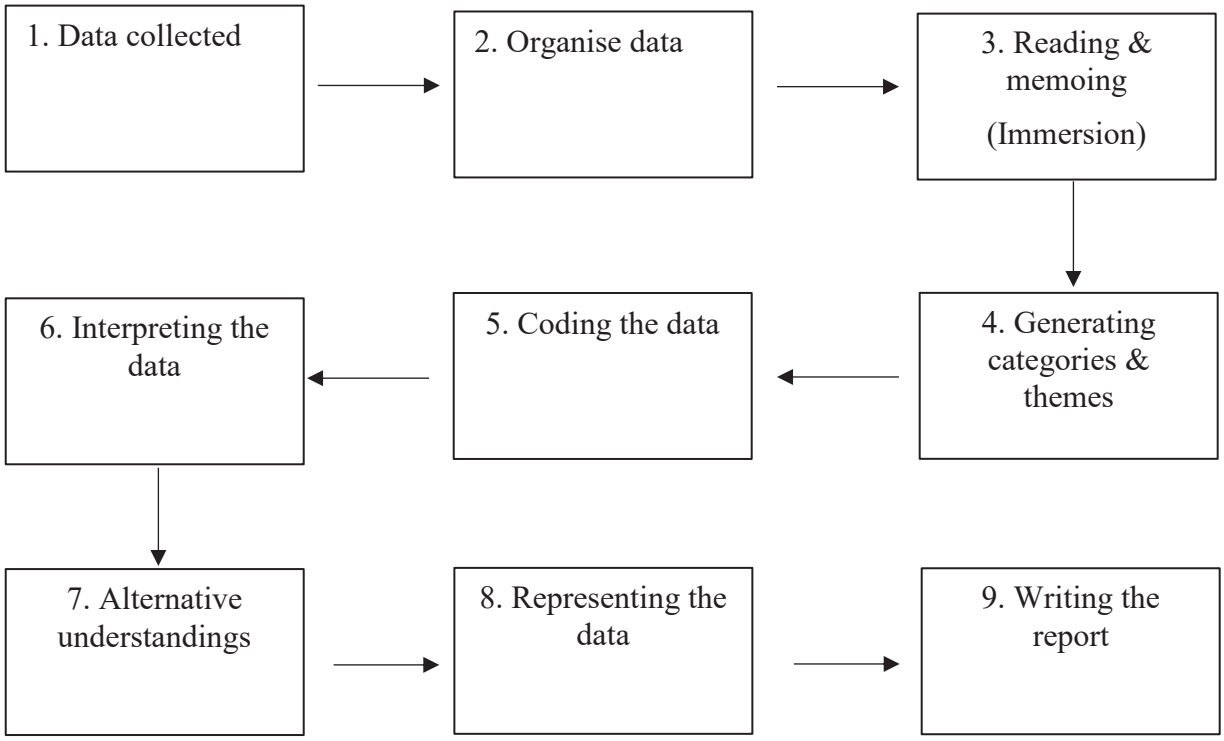

Figure 3.3. The data analysis process, adapted from Marshall and Rossman (2011) and Creswell (2013)

I began the data analysis process by organising the collected data. This included transcribing the semi-structured interviews and reading through the texts making margin notes and initial codes (Creswell, 2013; Patton, 2015). This process is called open coding and the researcher kept the research questions, as well as the literature in mind during this stage. Open coding involves linking conceptual ideas to theoretical properties of a category (Marshall & Rossman, 2011). In this way I became immersed in the data (Marshall & Rossman, 2011). Stage 4 involves axial coding which is where the researcher groups codes according to common linkages between codes (Marshall & Rossman, 2011). Coding contains several steps. The researcher identifies patterns or themes and uses words or phrases to represent the themes (Bogdan & Biklen, 2007). This process is referred to as coding categories (Bogdan & Biklen, 2007).

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Interpretation involves making sense of the coded data and extracting more meaning from the generated codes and identified themes (Bogdan & Biklen, 2007; Creswell, 2013). The researcher reflects on the literature and keeps the research questions in mind during this stage of data analysis. Throughout this process the researcher should critically reflect, challenge and search for alternative explanations for linkages, with the goal of demonstrating that the interpretation he/she offers is the most plausible (Marshall & Rossman, 2011). Creswell (2013) suggests representing the data in a visual form. The final stage involves taking the interpretations and writing the report. An example of the coding system used in this research study can be seen in Addendum J. The research findings and discussion are provided in Chapter 4.

3.5.5. Data verification strategies

Reliability and validity are often used to evaluate the quality of a quantitative research study. However, these strategies are not suitable for evaluating qualitative research (Bless et al., 2013). Qualitative research is interested in exploring and understanding a phenomenon or phenomena within a specific context (Bless et al., 2013); therefore, to ensure quality qualitative research it should be trustworthy. The trustworthiness of a study can be determined by evaluating the research process and findings (Bless et al., 2013; Merriam, 2009). Trustworthiness has been defined as "evaluating the quality of research on the basis of four concepts: credibility, dependability, transferability and confirmability" (Bless et al., 2013, p. 236). The following approaches were used to increase the trustworthiness of the findings in this study:

3.5.5.1 Triangulation

Triangulation involves determining the consistency of information collected at different times and using different methods (Bless et al., 2013; Creswell, 2013; Marshall & Rossman, 2011; Patton, 2015). Methodological triangulation was used in this research study to enhance the quality and credibility of the research findings. Methodological triangulation is "the use of multiple methods to study a single problem, looking for convergent evidence from different sources" (Kelly, 2006, p. 380). In this study these multiple sources included semi-structured interviews, my field notes and a review of participants' reflective notes. It is important to note that triangulation does not necessarily result in a consistent image of the findings. However, Patton (2015) emphasises that triangulation allows for the opportunity to explain any differences and this enhances the credibility of the findings. Furthermore, in this study, the

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researcher's supervisor read and commented on the research process and findings (Merriam, 2009).

3.5.5.2 Reflexivity

A qualitative research design within an interpretive approach acknowledges the important role the researcher plays in the research process. However, this also implies that the researcher's values, assumptions and knowledge may bias the interpretation of data (Leedy & Ormrod, 2014). The researcher is the main research tool and should therefore engage in reflexivity (Merriam, 2009). Engaging in reflexivity adds to the trustworthiness of the research process and emphasises the ethical approach of the researcher (Merriam, 2009). Therefore, I constantly engaged in self-reflection through her field notes throughout the research process. These reflective notes not only kept a record of the research process, but ensured the maintenance of the research process (Marshall & Rossman, 2011). These reflections may make the researcher more aware of his/her biases or emotions, and therefore enhance the trustworthiness of the research process and findings (Marshall & Rossman, 2011).

In addition, in this study, my supervisor read my reflective notes and commented and critically reviewed the research process and findings to further increase the trustworthiness of the research findings (Merriam, 2009).

3.5.5.3 Audit trail

An audit trail is the researcher's comprehensive detailed record of the research process that was followed and the authentication of the findings based on this trail (Merriam, 2009). I provided a detailed record of data collection, methodology and the rationale for this study in this chapter, and detailed the theoretical framework used to gain insight into the phenomenon (Silverman, 2013) in Chapter 2. This description adds to the transparency of the research process and enhances the trustworthiness of the research process and findings.

3.6. Delimitations and key assumptions

Generalisability refers to examining whether research findings on a particular phenomenon can be applied beyond the specific participants (Bogdan & Biklen, 2007; Merriam, 2009). This research study followed a qualitative approach where a group of seven mothers were identified as meeting the participant criteria. Therefore, using a small participant population means that the goal of the research was not to make generalisations about the participants' experiences, but to understand their lived experiences. The findings cannot be generalised to all single mothers

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with an ADHD diagnosis who are raising children with ADHD. However, they do raise insight into some of the possible experiences these women continue to experience. Merriam (2009) states that readers will see similarities and differences in their situations when reading research findings and decide the relevance based on their own circumstances. To enhance the transferability of the research findings in this study, I made use of rich, thick description (Merriam, 2009). The aim of this research was to explore and further understand the experiences of single mothers with adult ADHD who have children with ADHD.

In qualitative research, the researcher is the main research tool (Merriam, 2009). Consequently, the researcher needs to be aware of the role of bias throughout the research process. Bias occurs when unnecessary factors influence the relationship of the research procedures (Bless et al., 2013; Merriam, 2009). There were several sources of bias of which I, as the researcher in this study, had to be aware, such as interviewer bias and researcher bias. Interviewer bias refers to the way the interviewer conducts the interviews. For example, being lenient or impatient with the interviewee may influence their responses (Bless et al., 2013). Therefore, it was important for me to have effective interviewing skills; an interview guide was carefully constructed to assist in this respect. Researcher bias occurs when the researcher's personal belief, thoughts or attitudes influence the research outcomes. However, it is near impossible for a qualitative researcher to remain fully objective, as his/her beliefs, thoughts and attitudes may have shaped the research query and theoretical framework (Bless et al., 2013). Therefore, it was important that I kept the issues of bias in mind throughout the research process. This matter was further addressed by the use of reflective field notes throughout the research process.

3.7. Ethical considerations

The trustworthiness of a qualitative research study is linked to the ethics that the researcher employs throughout the research process (Merriam, 2009). Whenever research involves people, the researchers must carefully review the ethical implications of their proposed research (Leedy & Ormrod, 2014). Merriam (2009) provides an ethical checklist for qualitative research, and states that all researchers should keep these items in mind when conducting qualitative research (see Table 3.2).

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Table 3.2. *Ethical issues checklist (Source: Merriam, 2009)*

Ethical Issues Checklist				
1. Explaining purpose and methods to be used	2. Promises and reciprocity	3. Risk Assessment	4. Confidentiality	5. Informed Consent
6. Data access and ownership	7. Interviewer mental health	8. Advice	9. Data collection boundaries	10. Ethical versus legal conduct

There are various ethical guidelines to ensure that researchers conduct each step in the research process in an ethical manner. According to Bless et al. (2013), these guidelines include (a) an ethical review, (b) informed consent and voluntary participation, (c) confidentiality, (d) anonymity, (e) appropriate referral, (f) discontinuance, (g) research with vulnerable populations, (h) deception, (i) report writing and analysis and (j) publication, among others. Key ethical phases in this study were gaining ethical clearance, obtaining consent, and respecting the participants' rights to confidentiality. Within these phases many of Bless's (2013) ethical guidelines were considered.

3.7.1. Ethical review

Most ethical research involves ensuring that participants are not put at risk and that they are therefore protected from harm (Leedy & Ormrod, 2014). Allan (2016) defines risk as "a potential for harm, discomfort or inconvenience" (p. 298). Therefore, I strived to maintain the psychological principles of beneficence and non-maleficence, as emphasised by Allan (2016). To this end, I applied for ethical clearance by submitting a detailed proposal to the Research Ethics Committee of Human Research (Humanities) of Stellenbosch and permission was granted to perform this (Addendum K). Only once permission had been granted, were participants recruited through internet advertising. ADHASA promoted the study (Addendum L) and advertised the poster on their website and social media platforms. The project was mentioned in ADHASA's monthly ADHD online newsletter. Wassenaar (2006) emphasises that "[a] competent ethics review should maximise protection of the participants and enhance the quality of the research" (p. 72), and Bless et al. (2013) state that the ethical review is the most important step in ensuring ethical practice is maintained, as ethical issues or concerns are addressed and resolved before the research begins.

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3.7.2. Consent

Participants have the right to know the purpose of the research, what it is about, what may be expected of them, as well as the risks and benefits of participation (Bless et al., 2013; Leedy & Ormrod, 2014). Informed consent is an important aspect of ethical practice, as it allows the participants to voluntarily base their participation on a full understanding of the research process (Babbie, 2013). Participants were informed about the nature of the research and informed consent was obtained. Participants were also informed that they could withdraw from the study at any time (Allan, 2016; Babbie, 2013; Bless et al., 2013; Leedy & Ormrod, 2014; Wassenaar, 2006). The informed consent form was reviewed with each participant in a language that they could understand. Therefore, I felt the participants were well informed and competent to make an informed decision as to whether or not they would like to participate in the study (Denzin & Lincoln, 2011; Marshall & Rossman, 2011). Once participants had indicated a willingness to participate, they were given the consent form to sign.

Based on the various ethical guidelines of Bless et al. (2013), the informed consent form also ensured that this vulnerable population received appropriate referral due to the intimate nature of this research study. Some participants may have felt some form of emotional distress. Participants received brochures featuring useful information about ADHD, support groups, as well as referrals to specialists in the field of childhood and adult ADHD. In the case that a referral needed to be made to a psychologist, Mareli Fischer, a clinical psychologist practising in the Cape Town area, agreed to be available. If participants preferred to receive support at no cost, ADHASA was able to provide this in the form of various support groups.

3.7.3. Confidentiality

Ensuring confidentiality is one of the most important ethical requirements in research (Bless et al., 2013; Leedy & Ormrod, 2014). Allan (2016) emphasises that researchers must ensure that the identity of participants is confidential when publishing research, while Babbie (2013) refers to anonymity and confidentiality as the greatest risk in protecting the participants' wellbeing. Therefore, the identities of the participants and any mention of their children's identities were protected by using pseudonyms for their names and for any information that might lead to their being recognised.

Furthermore, data, including audio recordings, were stored in a locked cabinet, and data stored on my computer were protected by a security code. The data were sealed and stored in a locked

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location. The data, including audio recordings on a flash disk, will be stored safely for five years and then destroyed.

3.8. Conclusion

The aim of this chapter was to provide an overview and discussion of the methodology used in conducting this research study. The methodology and paradigms used in this study were based on the research question: How do single mothers with ADHD perceive their experiences as a parent of a child with ADHD? By exploring this research question, the goal was to gain insight into how these mothers perceive their lived experiences. In this chapter, the research design was discussed, as well as the various data collection methods, and the stages followed in the process of data analysis, interpretation and verification. I further discussed the key assumptions and limitations relevant to this study, as well as ethical concerns that were particularly pertinent to this study. Chapter 4 provides a presentation and discussion of the research findings.

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Chapter 4

Research Findings and Discussion

4.1. Introduction

In this chapter, a detailed description of the participants is provided and the categories, main themes and subthemes that were identified during the process of thematic analysis of the data are presented. This study aimed to explore the research question: How do single mothers with ADHD perceive their experiences as a parent of a child with ADHD? Four sub-questions guided the study in order to further explore the research question. These four sub-questions were: (1) What are the perceived daily challenges of single mothers with ADHD? (2) What are the perceived experiences of the parent-child relationship? (3) What is the perceived level of support experienced by single mothers with ADHD? and (4) What strategies or coping mechanisms support single mothers with ADHD through daily challenges? Answers to these questions were explored through in-depth semi-structured interviews with the single mother participants as well as through their personal reflections. This chapter also provides a discussion of the research findings. Chapter 5 presents an interpretation of the findings based on existing literature, in order to answer to the research question.

4.2. Participants in the study

Chapter 3 provided a detailed description of the participants and sampling criteria. The participants were selected based on the criteria that they are single adult mothers of a child with ADHD and that all had an adult ADHD diagnosis. The participants were also asked about any other family members with ADHD diagnoses, the age they were diagnosed, their highest level of education achieved, and whether they took medication for their symptoms. Table 4.1 summarises the above-mentioned information for the seven participants.

Of the seven participants, three were diagnosed in their childhood, while four were diagnosed as adults. Interestingly, the participants who were diagnosed during childhood reported not taking medication for their symptoms as adults, while the participants who were diagnosed more recently, except one, reported taking medication. All the participants except one could identify other family members besides themselves and their children who also have an ADHD diagnosis. This further emphasises the genetic link of ADHD which was discussed in Chapter 2.

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Table 4.1. *Demographics of participants*

Participant	Age	Age when diagnosed with ADHD	Race	Marital status	Medication for ADHD	Education level	Number of children with ADHD	Other immediate family members with ADHD
*Olivia	50	49	Coloured	Divorced	Yes	Degree	1	Yes
*Thelma	37	9	White	Divorced	No	Matric	1	Yes
*Nadia	40	9	White	Divorced	No	Graduate Diploma	2	No
*Gerda	46	32	White	Divorced	No	Degree	2	Yes
*Fiona	36	35	White	Divorced	Yes	Masters	1	Yes
*Suné	50	45	White	Separated	Yes	Masters	2	Yes
*Allison	45	10	White	Single	No	Post-graduate	2	Yes
*Pseudonym (Pseudonyms were also used for all children's names)								

4.3. Research findings

Analysis of semi-structured interview transcripts, participants' reflective notes and researcher field notes followed an inductive approach. The aim of this approach was to identify patterns in the data through thematic codes (Braun & Clarke, 2006; Patton, 2015). These data sources are presented in Table 4.2. Through this process, four categories with subsequent main and sub-themes were identified.

The aim of this research was to explore and further understand the experiences of single mothers with ADHD who have a child or children with ADHD. Therefore, the categories, themes and subthemes that were identified through data analysis reflect the perceived experiences of these mothers. As stated above, I used the transcripts from the seven semi-structured interviews, participant reflective notes, as well as field notes when analysing the data (see Table 4.2). A summary of the themes and sub-themes identified during analysis of the data gathered in this study is presented in Table 4.3.

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Table 4.2. *Data sources*

Participant	Data Source		
Participant 1 (P1) *Olivia	Interview 1 (I1)	Reflective Notes 1 (R1)	Field Notes 1 (F1)
Participant 2 (P2) *Thelma	Interview 2 (I2)	Reflective Notes 2 (R2)	Field Notes 2 (F2)
Participant 3 (P3) *Nadia	Interview 3 (I3)	Reflective Notes 3 (R3)	Field Notes 3 (F3)
Participant 4 (P4) *Gerda	Interview 4 (I4)	Reflective Notes 4 (R4)	Field Notes 4 (F4)
Participant 5 (P5) *Fiona	Interview 5 (I5)	Reflective Notes 5 (R5)	Field Notes 5 (F5)
Participant 6 (P6) * Suné	Interview 6 (I6)	Reflective Notes 6 (R6)	Field Notes 6 (F6)
Participant 7 (P7) *Allison	Interview 7 (I7)	Reflective Notes 7 (R7)	Field Notes 7 (F7)
*Pseudonym			

Table 4.3. *Categories, themes and sub-themes identified via data sources*

Categories	Main Themes	Sub-themes
	Within this category, the following main themes emerged:	**Within some of the main themes the following sub-themes emerged:**
Challenges	**Challenges related to adult ADHD**	Managing work responsibilities
		Wellbeing
	Challenges related to parenting a child with ADHD	Financial constraints
		Reactivity of parent-child interactions
	Challenges as a single parent	Managing the household
		Maintaining new relationships
Non-availability of support	**Lack of support**	Family
		Friends
		Ex-partners
		Schools
	Stigma	
	Paying for support	
Mother-child relationship	**Communication**	Open communication
	Empathy	Mutual understanding
Strategies	**Structured parenting**	Routine
		Being a single parent
	Preparing for the future	Encourage independence
	Self-care	Medication
		Therapy
		Active lifestyle

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4.4. Perceived challenges

It was evident through the participants' narratives that they experienced many challenges within various systems in their lives. Challenges related to having an adult ADHD diagnosis, parenting a child with ADHD and being a single parent were identified. The difficulties within these domains were identified as work-related challenges, personal wellbeing, financial challenges, interactional challenges with their children, managing the household effectively, and maintaining new relationships. These themes and subthemes are depicted in Figure 4.1 below.

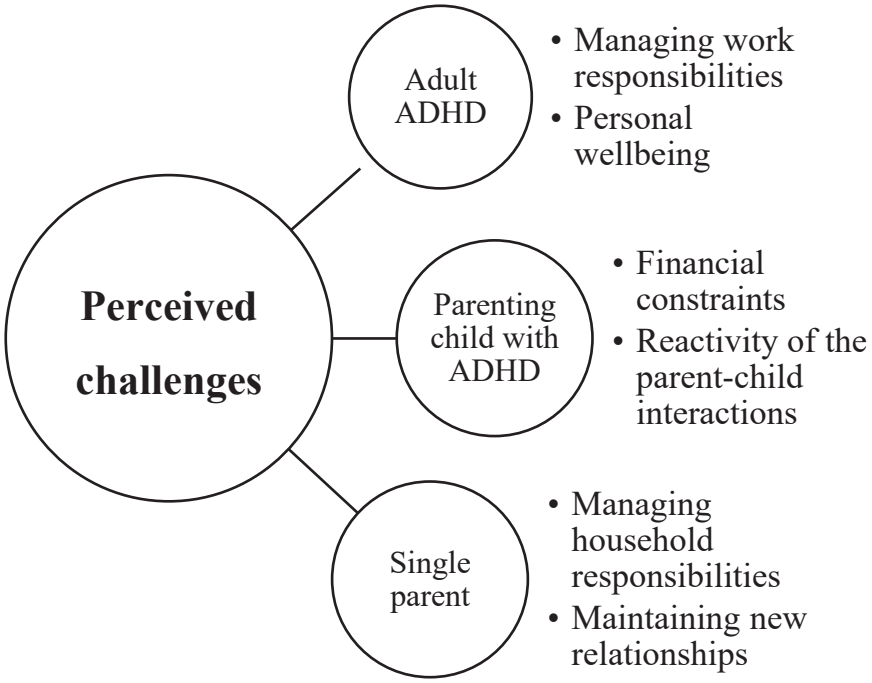

Figure 4.1. Perceived challenges of single mothers with ADHD

4.4.1. Challenges related to having an ADHD diagnosis as an adult

The findings indicate that all of the mothers experienced functional impairment related to their ADHD diagnosis. These impairments impacted on their work responsibilities and their personal wellbeing, and caused the mothers to view themselves as different and isolated within society. For example, one participant stated that *"internally you are not aligned with the rest of the world"*. Instead she feels like a creature with *"fifty million tentacles all over"* (Fiona, P6). The image of tentacles relates to having to juggle many tasks, often fearing that something may be overlooked or neglected. This view was reflected in all the mothers' narratives.

The mothers described maintaining focus and completing routine tasks within the workplace as one of their most difficult challenges related to being an adult with ADHD. Their struggle to

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manage their ADHD symptoms and maintain optimum functioning at work is evident in the following quotes:

> *"I find it really hard to focus at work and only get into my day at lunch and lose so much of a working day."* (P1-R1)

> *"I get very anxious because I know I have to do A, B and C and I struggle with routine tasks. The moment it becomes repetitive or boring, I lose focus. Luckily the type of work I do now I have to be all over the show. It's very difficult to sit still in a meeting and not interrupt or get bored."* (P4-I4)

Further evident in the data was the role the work environment played in contributing to the participants' struggle to maintain focus and complete activities. For example, one participant described how the open-plan design of her office negatively affected her ability to focus: *"I was getting disciplinary hearings at work because I wasn't getting my admin done"* (P5-I5). She commented that there was always someone or something distracting her, and as a result she could never complete her tasks and this led to several disciplinary hearings (Fiona, P5). Procrastination also appeared to be a strong factor that contributed to the participants' difficulty in meeting their work responsibilities. This is evident in the following quote:

> *"I think the challenge with ADHD is that you very often do not complete something. You procrastinate and I have seen that in my job as well. I'll do anything, anything other than finish that report and I know I must finish it but hell man … I think that's me in a nutshell."* (P6-I6)

My analysis of the findings indicates that the participants' experience of their ADHD symptoms and the challenges they experienced in juggling daily activities significantly influenced their personal wellbeing. When describing their experience with ADHD, the participants' narratives consistently spoke of views of incompetence and emotional distress. The mothers were also aware that if they were not coping emotionally, they would not be able to parent their children effectively:

> *"The biggest challenge is to manage your own emotions, impulsivity and hyperactivity in such a way to still manage those of your children and still deal with the resulting anxiety that seems omnipresent when you raise children."* (P4-R4)

> *"I will be falling apart on the inside but you will never know."* (P6-I6)

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> *"ADHD makes me feel incredibly incompetent because I feel everyone can do stuff that I can't. I can't keep a desk job because I can't focus that long, I can't tidy my house because I will pick something up and then I'll find something else. So, I never actually get anything done. I just feel incompetent and that makes me feel anxious and angry. I'm aggressive with myself because nothing is working the way it should be working,"* (P5-I5)

> *"I think feelings of loneliness are fairly prevalent in anyone who has ADHD, as social relationships can present much confusion and misunderstanding."* (P7-R7)

These perceptions of difference and struggling to cope with all their responsibilities lead many of the mothers to seek psychological help. Suné (P6) explains, *"Emotionally, I don't know, I'm a strange one. I don't talk, I don't talk about how I am feeling. When I go to the psychiatrist I don't know how I am feeling. I can keep a straight face."* (I6). Other mothers disclosed that they had other diagnoses such as anxiety, obsessive-compulsive disorder (OCD) or extreme stress. One of the mothers disclosed that she had been booked into a psychiatric clinic for a month due to stress (F1, F5, F4).

Some of the mothers also indicated that they do not get a chance to work through their emotions because the household has to keep running. The participants reflected that because they have to maintain the household, they persevere through any emotional distress because they felt there was no time for them to process their emotions:

> "*Emotionally I struggle sometimes, but you have to do what you have to do. I try not to do it in front of them. So, if you need to cry in the evening it will always be after everyone is in bed."* (P3-I3)

> *"The other side of it is there is no time for me. I have to focus on these kids. Maybe tonight in bed I'll shed a few tears and say you know what this is terrible. I'll go to sleep, exercise and say ag it's not that bad."* (P6-I6)

> *"Emotionally, partly because of how I am, I get frustrated, I get angry, I get upset, but then I just do it anyway. You know, it's gotta be done. You can do it screaming and crying, but you've still got to do it. So, I do it and then when you get past, the frustration of having to have done it by yourself, you think, well, there's not too many people that would have been able to do what I just did. So, it fluctuates. I can't be depressed. I can't be upset, I can't take five days and lie in bed and cry because I can't. So, you have to find other ways of getting rid of the emotions."* (P7-I7)

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My analysis of the findings highlights the challenges these participants face in managing work related responsibilities. These challenges were identified as being directly related to their ADHD. Furthermore, it appears that these challenges caused the participants to view themselves as different and excluded from other adults in the workplace, whom they perceived were not experiencing such challenges. The emotional impact of managing ADHD as an adult was consistent throughout the participants' narratives. An analysis of these findings from a bioecological perspective indicates that the interrelated and reciprocal influences of the workplace and emotional challenges are prominent in the participants' lives. For example, the more excluded and 'different' the mothers feel within the workplace, the more emotional distress they may feel and vice versa. Despite these personal and professional challenges, it appears they have resilience and persevere through these challenges with an "It's got to be done" attitude. This is a protective factor for both mother and child. The bioecological aspect of protective factors emphasises resources that aid in the development of individuals. For these participants, their attitude and resilience are protective factors that may benefit their development and that of their children as they are able to persevere through challenges over time and in different areas of their lives.

4.4.2. Challenges related to raising a child with ADHD.

The theme of challenges related to raising their child or children with ADHD was evident throughout all of the mothers' interviews. Managing their own ADHD was often not a priority, as they had to focus on ensuring their children's safety and providing for those with certain medical and occupational needs. One participant reflected on her children's younger years and how it was a challenge to maintain their pace: *"When they were younger they were nomadic, they would travel and not only horizontally but vertically too"* Gerda (P4). By using the image of a nomadic traveller to describe her child's behaviour, she emphasised the physically draining task of looking after her children. She also describes the severity of the hyperactive/impulsive ADHD symptoms that are prominent in younger children.

In order to support their children with their ADHD diagnoses, participants described the important role medication, special schooling, therapists and other support services played in their children's lives. The financial implications of managing their children's ADHD symptoms were defined as exorbitant but essential. All of the mothers expressed experiencing an intense financial strain when raising a child with an ADHD diagnosis. This financial strain is continuous, as one participant explains: *"Then he started with the psychologist, psychiatrist and play therapy which all come at a cost. Finding the right school was difficult and the right*

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school comes with costs" (I3). These sentiments were shared by all of the mothers. Two excerpts highlight their concerns:

> *"Financially, it's very, very difficult because to get the support that they need. If I put them in a government school with 40 children in a class, I think Liam, he probably has been one of the delinquents of the school. I would probably be called in every week to discuss his behaviour and that would upset him. He doesn't like being in trouble, but he also can't control his impulses. Medication is extremely expensive. It's not always covered by medical aid. Stephan was with therapists because of his lack of connection to anything around him. Um, private schooling, even as a staff probably 60 per cent of my salary goes on school fees, which makes it very difficult as a single parent."* (P7)

> *"Unfortunately, you have to buy your support system, and it is expensive."* (I4)

> "*Huge, huge. Medication is R650 each and the OT, remedial it adds up."* (P5-I5)

Financial resources were directed towards their children's wellbeing and often this meant the participants' own needs, such as medication or personal psychologist, were not met. One participant explained how all of her extra finances immediately go towards her children's physical, emotional or behavioural development: *"If there is extra money it has to go towards the kids. Be it their diet, OT or anger management"* (I6). Furthermore, because they are single parents, the participants perceived this financial burden related to raising their children as more challenging. Most of the mothers mentioned how their ex-partners, if there was any involvement, did not contribute financially to supporting their children.

> *"All of the financial strain is on me at this stage."* (P6-I6)

> *"To date I have had no financial support from the fathers of either of my children."* (P7-R7)

The above examples indicate that the participants in this study perceived the financial responsibilities related to raising and supporting a child with ADHD as a significant challenge. This financial strain was perceived as being even more strenuous as they had to manage and support their children financially as an individual without the support of a partner. From a bioecological perspective, the connection between financial challenges and personal wellbeing can be linked as having a reciprocal influence on the participants. For example, when a child needs medication, occupational therapy, or other therapeutic support and a mother cannot afford it, it may increase her feelings of emotional distress. Furthermore, the mother may feel more pressure to be focused at work and complete work responsibilities to ensure there are more

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financial resources. Therefore, the financial responsibilities attached to raising and supporting a child with ADHD is a risk factor for single-mother households.

Furthermore, the mothers described how their ADHD symptoms, such as impulsivity, and their child's symptoms often led to a cycle of reactive engagement. This was experienced as a negative and challenging aspect to parenting their children. The most consistent challenge was related to ADHD symptoms such as impulsivity. The negative cycle of impulsive interactions was identified as having a reactive and negative effect on both mother and child. This reactive aspect of the relationship was reported to have a negative impact on the participants' emotional wellbeing: *"I just lock myself in my room and say 'I'm out of order'. I need to recharge otherwise I end up screaming at them"* (P4-I4). From this description it appears the mother felt it necessary to remove herself physically from the situation to prevent further distress for both mother and child. Another participant also used the technology metaphor to explain how she feels some days because of interacting with her son, "*My mummy batteries are empty"* (P5-I5). By using this imagery, the emotionally and physically draining effect of raising a child with ADHD can be visualised. Other participants echoed the sometime reactive aspect of managing their ADHD symptoms and parenting their children.

The participants emphasised through their narratives that the combination of mother and child with ADHD often resulted in explosive interactions which left them both feeling defeated and emotionally drained. The participants were aware of how their children's impulsive behaviours could trigger their own impulsive behaviours which could lead to aggressive arguments with no resolution.

> "*The more I get angry the more he feels worthless, and the more he acts out the more I think I am not a good enough parent. It's a vicious circle."* (P6-I6)
>
> *"It's a reactive effect. So therefore, you actually trigger each other. If I'm having a bad day already and come home irritated, 9 times out of 10 the whole day is going to go to shit and then him reacting will make me react more."* (P1-I1)
>
> *"He is highly impulsive and so am I. I get anxious and then he gets anxious and it's just one big World War Three. We both screaming at each other. I'm impatient and he's impatient. I know he's not capable of processing something but it still drives me nuts."* (P3-I3)
>
> *"Some days I can't handle it. As soon as he acts, I would react immediately."* (P1-I1)

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> *"Frustration levels through the roof this morning because we couldn't find his meds and neither of us could remember where they were! Things like that are tricky because we are unable to help each other even if we wanted to."* (P5-R5)

> *"I am also impulsive and I get angry and you regret that."* (P4-I4)

> *"You know if I'm tired after a 16-hour workday and I've fought the traffic, I don't want to drag out of him what's wrong. You learn, we are all ADHD but we are not the same ADHD."* (P6-I6)

> "*As an adult with ADHD, I am having to think for three individuals without a partner team and often my patience is not what it should be."* (P7-R7)

It appears at times the struggle to control their impulsive responses to their children's behaviours is overwhelming and negatively affects their interactions with their children. This impulsive reaction overrules any insight they have about their children's ADHD behaviours and processing. The participants expressed frustration in being unable to control their impulsivity at times, and needing to remind themselves to be the example of behaviour for their children. This frustration, along with their children's difficulty in understanding social situations, negatively affected the participants at an emotional level:

> *"Our relationship can be negative in the sense that we would just go at each other without stopping to think. The same things I am preaching to him I must do myself. Stop, think and respond. Him and I we both react impulsively which is not good (sighs) because then we are just butting heads all the time and we getting nowhere. As the adult I have to step back and say okay, I'm the adult, I'm in charge here, let's deal with it."* (P6-I6)

> *"Eddy can go off his rocket. There's nothing to calm him down but I'm not calm either."* (P3-I3)

> *"When you are completely emotionally and physically exhausted it's difficult to understand that your child is not feeling that you're upset. I haven't got somebody to say, look please, I can't anymore, just take over for a bit and that's how the cyclic effect of negativity breeding negativity breeds depression."* (P7-I7)

An analysis of the findings related to the challenges in the mother-child relationship alludes to the direct role that ADHD has in both the mother and the child's ability to manage difficult situations in the household. Despite the insight, knowledge of ADHD and empathy the mothers

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have towards their children, their own ADHD often causes them to react impulsively to emotional triggers, which results in chaotic interactions. This causes the participants great frustration and distress, especially as they are aware of their children's challenges in regulating their emotions. The mothers realise their responsibility to model appropriate emotional regulation, however they too struggle to regulate their ADHD symptoms under stress. This challenge contributes negatively to the mothers' self-perception; thus it can be considered a significant risk factor for mother and child's emotional wellbeing and optimal functioning.

4.4.3. Challenges related to being a single parent

My analysis indicates that the mothers construct their single motherhood from a deficit perspective. The challenges they experience in managing their household responsibilities and decision-making are framed by the absence of a partner with whom to share these responsibilities. Therefore, the mothers often feel overwhelmed by their responsibilities, and insecure about their decisions:

> *"I can't be a dad. I am alone in my home, I need to be responsible for everyone's happiness, security and health … It's a lot."* (P4-R4)

> *"Making the decisions is incredibly stressful because you are never sure if you're doing the right thing. If I don't come up with a solution, there is no solution. So that is very trying."* (P7-I7)

> *"Being alone in parenting and the only decision-maker is tiring and leaves you sometimes very unsure if the course of action you chose is the right one."* (P4-R4)

The analysis of the findings related to the challenges of being a single parent also indicate that the participants viewed their single motherhood as negatively affecting their personal involvement with their children's development due to the responsibilities of managing their household. Evidently the mothers felt that playing a more active role in their children's daily tasks is not possible due to the other household responsibilities they have to attend to without support from a partner:

> *"Other parents get really involved and I can't. I don't even know what my daughter's teacher looks like yet. I leave for work early and get back late and I feel terrible about doing that. It's just one of the lines that have to give and we need money to survive. So, I have to work the hours I do."* (P3-I3)

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> *"There are so many things I need to do that I can't get around to, cooking, never mind cleaning. Life is hard when you can't focus. Even last night at the parent teacher meetings, I was the only parent there with a mug of coffee, it was a hot day but I will get tired. She spoke too long, it was half an hour!"* (P1-I1)

> *"My only New Year's resolution for the past five years was to plan better."* (P4-I4)

> *"My biggest challenge as a single parent is that there is no one to help regulate me, the household. In the morning if I get distracted there is no one to sort of help me and the kids. I'm all over the place, they are all over the place and the house is in chaos. There is no external regulator."* (P5-I5)

In addition to difficulties in managing household tasks as a single parent, the mothers also reported challenges in forming and maintaining new intimate relationships. They identified their own adult ADHD diagnosis as a source of frustration for new partners. Moreover, they reported that new partners did not understand their children and often blamed their children for the failed relationships. Therefore, some of the mothers indicated that they no longer sought out new intimate relationships. One mother stated,

> *"You know I won't go into another relationship because people just don't understand."*(P6-I6)

While discussing intimate relationships, some of the mothers, through reflection, came to the realisation that their own ADHD had played a role in the breakdown of their previous intimate relationships. Fiona (P5) reflected on her divorce by stating,

> *"He wanted someone who could just sit and watch TV with him. He said I am always busy and doing stuff. But it's because I can't just sit and do nothing. Retrospectively the stuff that would irritate him was because I have ADHD."* (P5-R5)

The following quotes further reflect the mothers' views that their ADHD played a significant role in their previous relationships:

> *"This is not my first marriage that has broken up and I think ADHD does play a role. Especially if your partner is not ADHD. The fights in the house, simple things like I will put the pot on the stove and it will boil over. Hello I'm ADHD because when I cook, I'm drinking wine and splashing here and there. I've got organised chaos. So, it does play a role and I'm busy, I'm talking, I'm jumping, I'm hopping, skipping from here to there."* (P6-I6)

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> *"I remember I had one boyfriend who when we would go shopping he would hold my face and say, "Olivia we are here to shop, stay focused!" I think you drain your partner and you become drained as well."* (P1-I1)

Not only did the mothers express that their ADHD symptoms may have played a role in their previous intimate relationships dissolving, they also reported that maintaining new relationships was a challenge because new partners did not understand their children:

> *"I think it is also a challenge getting into new relationships. I have problems with that. They can't handle the pressure of Connor being THAT child and challenging me and me getting drained. And not being the dad, they don't know how or where to fit in. That is a huge challenge for a single mom. I feel I cannot maintain a relationship because of my kid*." (P1-I1)

> *"It's been difficult, I've had difficult times (teary) in the two years that I have had to raise Alex by myself. From having my heartbroken by guys and trying to build relationships."* (P2-I2)

> *"Relationships since I have been divorced, they haven't understood my child. It's normally ended because they can't cope with how he is. "I've had two relationships now that haven't worked and both of them have blamed Ethan. No one wants to grow old on their own and obviously you come as a package deal. So, finding someone to cope with that as well is not easy."* (P3-I3)

My analysis of the findings highlights challenges these participants face in forming and maintaining intimate relationships. The challenges were related directly to their ADHD as well as their children's ADHD symptoms. New partners lack understanding of ADHD and this causes frustration and termination of the relationship. These challenges and the lack of understanding were perceived as so intense that some participants no longer try to initiate intimate relationships. From a theoretical perspective, it appears that the biological aspect of ADHD, and the functional impairment that accompanies the diagnosis, are risk factors in maintaining new relationships. Furthermore, the lack of knowledge and the stigma that society associates with ADHD also has negatively affected these participants' intimate relationships.

The findings illustrate that the participants perceive their ADHD symptoms such as distractibility as a negative influence on their ability to smoothly manage their households. Everyday tasks are more time consuming due to their distractibility and difficulties with planning. Furthermore, the participants perceive the decision-making aspect of single parenting

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to be stressful. For these mothers, being a single parent means more stress in managing their households smoothly while also managing their ADHD symptoms, work-related responsibilities and parenting their children. Through a bioecological lens, the interrelated and reciprocal influence of these various challenges is evident. For example, if a mother struggles to manage household tasks it may increase stress, which may have a negative impact on her emotional wellbeing, which may in turn result in heightened impulsivity and negative mother-child interactions. In addition, the mothers are single parents and often need to work longer hours, which results in less involvement in their children's day-to-day lives, which may too have an impact on their emotional wellbeing.

4.5. Non-availability of support

All of the mothers expressed experiencing a lack of support from one of the following support systems: family, friends, ex-partners and schools. Some of the mothers expressed experiencing no support from any systems in their lives, while others had experienced some level of support. However, the overwhelming experience was that of an overall lack of support and stigma from various systems in their lives. Ultimately, the mothers articulated that they had to 'buy' their support to a certain extent. The mothers all expressed a desire for more understanding for adults with ADHD, single mothers and children with ADHD.

The participants' perceptions of availability of support is depicted in Figure 4.2.

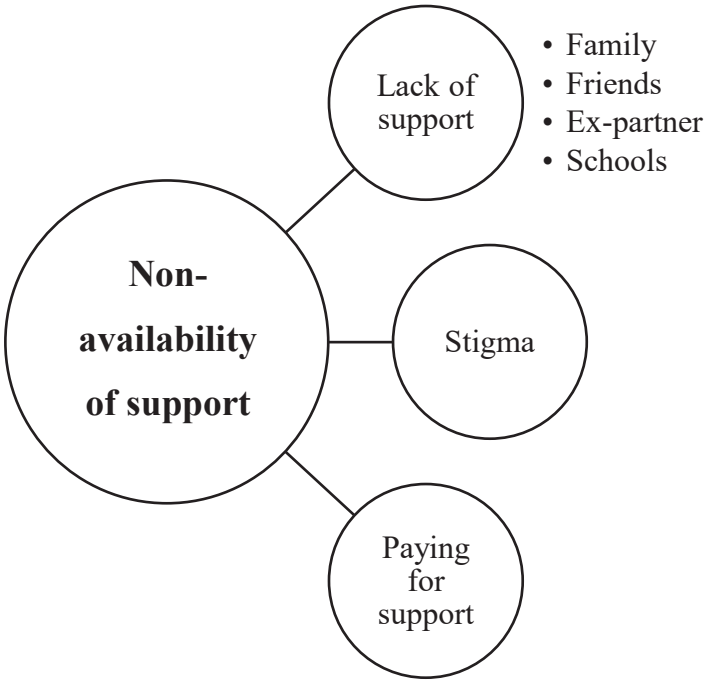

Figure 4.2. Perceived availability of support for single mothers with ADHD

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4.5.1. Lack of support

My analysis of the findings highlights an overarching narrative of a lack of support for these participants from various systems in their lives. The experiences related to support from friends varied, with the participants perceiving support from friends who had ADHD themselves or who had children with ADHD. Conversely, support was perceived as minimal from friends with a limited knowledge or experience with ADHD. Some of the participants reported they did not receive support related to their own wellbeing or for practical daily tasks that they faced as single parents of children with different needs. To demonstrate this, Fiona expressed her frustration related to a lack of support in the following way: "*My big thing is that there is no help for moms that have children with ADHD when they have ADHD themselves"* (P5-R5). Her statement highlights the specific context of these participants and how they perceive their available support.

> *"You don't get help. I don't have a support system. In the evenings you cannot go out and on weekends you can't have a life. No one to babysit, no one to help."* (P1-I1)
>
> *"I find myself talking to myself at eight at night (laughs). Whether you have had an experience in your day that was positive or negative you want to verbalise it with somebody."* (P3-I3)
>
> *"I haven't had support since he was diagnosed in 2015."* (P2-R2)
>
> *"I have no support even as babies. I remember I was at home alone with a week-old and a three-year-old and I had my three-year-old cooking supper while I was feeding the baby, telling him what to do."* (P5-I5)

The perceived lack of support appears to create a sense of loneliness for these participants and the desire to share and receive support from someone. The participants discussed the availability of support they receive from their immediate families, such as their parents or siblings, in raising their children. The availability of support from immediate family varied for the participants. However, a common theme was a lack of understanding about ADHD which led to their families distancing themselves and therefore being unable to provide support to the participants. The participants also reflected on feeling judged or misunderstood by their own parents:

> *"My parents were never involved with my kids, they have their own issues. So no, there was no one. They just thought I was a bad mom."* (P1-I1)

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> *"Even my mom makes me feel like I'm being judged. Yes, she is open and she will listen, but not the same as being able to speak to someone who actually doesn't know me, like I'm speaking to you now."* (P2-I2)

> *"My parents took a long time to come around. Firstly, they thought I am not strict enough. Recently my dad realised that mental health is not negotiable, you need to look after it the same way you look after your physical health; it's not separate, it's one. He has realised it (dad). He will leave me alone now, they used to judge me a lot."* (P4-I4)

There were varied experiences in terms of perceived support from friends. Some of the mothers commented that the friends they had who were supportive also had children with an ADHD diagnosis, and this provided some relief as everyone understood their children's behaviours. These friends who had common experiences with the participants were identified as being available to provide emotional support to one another:

> *"People don't understand it. Besides the friends that I have, their children are also normally ADHD. Because you do understand them; you understand each other. They understand you and your kids."* (P3-I3)

> *"They can understand an irrational view on something where somebody else might not have a clue."* (P7-I7)

> *"I've got a few very good friends because you have to have people who understand your situation."* (P4-I4)

Having friends who have been through similar experiences and understand ADHD appears to be a source of support for the participants. However, other participants with friends who do not have children with ADHD, felt their friends do not understand their specific situation and were therefore unavailable to provide the support and understanding that the participants require:

> *"My friends either have their own families to deal with, or are really young and don't have kids so they not really interested. So, I don't actually have support which is a huge thing for me."* (P5-I5)

> *"I'm 24/7/365 a parent. I don't drop them anywhere. I have one friend who maybe I'll drop him off at but then I will give him medication because I don't think she will understand it. She has an idea but I don't think she has bought into it."* (P6-I6)

> *"I don't have a support structure for Tiaan as my friends who have children have what society considers as 'normal' children."* (P6-R6)

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The participants described the school environment as ill equipped to support families of children with ADHD. The participants reported difficulty in finding a school that suited their child's specific needs, and during this journey they perceived limited support and understanding from teachers and other important role-players in the school context.

> *"The previous school, they are a brilliant school but they do not know how to cope with ADHD. They expect everyone to be drugged out their mind and conform. I found a lot of the teachers were old school and then if you had one that was struggling they were not coping."* (P3-I3)

> *"From a government school perspective, they are not equipped. The biggest thing is lack of support and the schools don't understand. The high school has been much better as they have a school psychologist. I hate the school system. I realised I freak out the teachers. So, I realised it was better for the kids if I didn't air my views. So, school's nothing."* (P4-I4)

Schools that communicated openly and where teachers had experience and knowledge of ADHD were reported to be a source of support for the participants and their children. The financial demands of having the right school environment to support families with ADHD was also evident through the participants' narratives:

> *"He started in September and end of September his grade one teacher called me in. She said, 'He's doing well and fitting in but he really struggles to concentrate and I would like you to have it checked out.' She was all tentative and I just burst into tears and was like thank you so much for actually listening to me. I don't want to put him on meds if it's not necessary but I can see he's not coping."* (P5-I5)

> *"The school is brilliant. She taught my elder son. She is ADHD and her boy as well. The school is great, very accommodating. If your child is in a school where there are knowledgeable teachers that have been exposed to training on how to deal with children with ADHD it makes a huge difference"* (P6-R6)

> *"The new school does provide support but you pay for that privilege."* (P4-I4)

The participants perceived their ex-partners as unavailable when it came to providing emotional, financial or practical support to them and their children. When discussing what would aid her support, Fiona (P5) discussed the importance of people who are in her life playing a more active role:

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> *"A little bit of support from my ex would help. He lives 2.5 km away from us but won't fetch them and take them to school. So, I have resentment. So, more support from their dad would be helpful. So, I think if the people I already have in my life could just play a more active role."* (P5-I5)

This example highlights the extent to which her ex-partner is presenting as unavailable to provide practical support to her as he lives 2.5 km away for her house, but will not take the children to school where he works (FN5). Other participants had similar experiences specifically related to a lack of understanding about ADHD and how this leads to a lack of support in terms of discipline and supporting their children:

> *"He also doesn't understand ADHD and says it's nonsense, blah, blah, blah. I mos joined ADHASA and gave him all the information and I said read it. So, I've educated him and he's sort of come around but he's not 100% on board."* (P6-I6)

> *"Deon wouldn't believe me. He said it's just about discipline and he didn't think there was anything wrong."* (P1-I1)

> *"He never asked about the medication, never came to the neurologist appointments, doesn't come to parent teacher meetings."* (P5-I5)

> *"There's been one or two occasions where it's been difficult with them when they ask about their fathers and I've just explained to them that just like going out and buying yourself a piece of sports equipment doesn't mean you will be able to play the sport and sometimes people are like that with parenting."* (P7-I7)

By analysing the findings related to availability of support from the participants' microsystems (family, friends, school, ex-partners), attention is drawn to the narrative of a lack of support for these participants. The instances where support was made available were from individuals, or in environments where there was an understanding and knowledge about ADHD, or where individuals have personal experience with children or adults with ADHD. The participants valued the support because it made them feel understood, and included in a community.

4.5.2. Stigma

The perceived availability of support for these participants has been discussed. However, another theme linked to this aspect that was expressed by the participants was the impact of stigma. All except one mother discussed experiencing stigma towards herself as a single mother, as an adult with ADHD or for having a child with ADHD. Their children were also

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reported to have experienced stigma related to their ADHD diagnoses. Stigma was experienced in various systems in their own lives and negatively affected their perception of themselves as mothers. The participants reported that stigma was often due to a lack of knowledge about ADHD and that they were cast in the role of bad parent:

> *"Oh, no if I were to speak about him I was told I didn't discipline him enough and needed to be firmer."* (P1-I1)

> "*The first thing people throw at you is bad parenting. There's no support. It's difficult when you go out to places and you're a single parent because people point fingers. People are not educated about ADHD and think that it is something that can be sorted with a good hiding. It is heart-breaking when your son tells you that everybody immediately labels him as being the naughty one. Whenever anything goes wrong they immediately point the finger to him."* (P6-R6)

> *"The first thing you hear is do you give your child enough discipline? Because you know ADHD is bad parenting, it's not a biological thing, it's because of the parents. (Rolls eyes). People judge you so you have to grow a thick skin.*" (P4-I4)

> *"It's difficult coping when you do go out when you have kids that are very active. People don't understand it."* (P2-I2)

Further emphasising the effect of stigma within various systems, Fiona (P5) shared a memorable experience she had with her father:

> "*I've always been a bit all over the place. I remember when I finished varsity my dad saying to me, 'Congratulations my girl, I never thought you would amount to anything.' Wow, thank you, Dad. That was always just me, oh Fiona talks too much, oh Fiona is off in her own world, oh Fiona is off with the fairies. I hate being called ditzy all the time."* (P5-I5)

This example illustrates that despite her academic achievements, her father focused on what he saw as weaknesses or his perception of ADHD.

Moreover, an analysis of the participants' demographics (Table 4.1) indicates that three of the seven participants have achieved post-graduate qualifications, three have achieved a tertiary qualification and one has achieved a national senior certificate. This shows that despite the challenges of inattention, distractibility and impulsivity which may have a negative impact on scholastic abilities, these individuals were able to focus their energy on an area in which they

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were interested and achieve academic success. This further highlights the distorted perception of ADHD and what can be achieved. Allison (P7) reflected on the stigma attached to adult ADHD by saying, *"The stigma of ADHD as a child is still very prevalent, it is coming right but it isn't for the adult, as an adult, there just isn't a support"* (P7-I7). Her statement highlights the link between perceived stigma and availability of support for these participants. The negative effect of stigma related to being a single parent and ADHD was expressed by other participants, as seen in the following quotes:

> "*I lost contact with my South African married friends after giving birth. I never found out why although I suspect this was due to social discomfort around having a single parent friend."* (P7-R7)

> *"Again, from a community point of view, to have more support, socially acceptable and accessibly readily available for adults, for single parents. There just isn't a support group for the single parents together and take your kids out for a picnic and do things together and it isn't in South Africa because it's still such a stigma."* (P7-I7)

> *"As a single mom who is raising children with ADHD I think you need the same support structures as the kids. You need somebody to teach you the life skills."* (P4-I4)

> *If you're given the correct amount of emotional support and physical support practices. With that you are able to accept it's not a disability, it's a different way of looking at things. You're able to accept it and perhaps become a better you rather than trying to adapt to what you think society wants you to be. Which is a huge issue."* (P7-I7)

Not only did the participants report experiencing stigma from society and family related to ADHD and being a single parent, but from teachers and the school context. The lack of understanding about ADHD and the accusatory approach of some teachers had a negative impact on the participants' perception of themselves as mothers:

> *"People just said he is a naughty child, naughty child. The one teacher at the crèche she gave me a serious complex. She asked me the one day, 'Do you actually discipline him at home?' We do discipline him but not in the way she expects because it makes it worse, you can't just hit him every time."* (P6-I6)

> *"The teacher just did not understand, so she put him in a box, a literal box so he wouldn't disturb the other kids. Teachers misunderstand them and you get judged so I try to avoid teacher meetings."* (P4-I4)

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Even the one mother who did indicate she had a good support system in all areas of her life stated, "*Even if you have got brilliant support structures sometimes everyone is busy. You can't come home and discuss your day with someone, put it that way."* (P3-I3)

Stigma and the perceived lack of support for these participants throughout various systems over an extended period of time are interlinked. For example, the friends and schools which were identified as being supportive towards families with ADHD all had knowledge or experiences with ADHD. Therefore, there was no stigma, there was understanding and this led to emotional or practical support for these participants. Stigma leads to distance, which leads to a lack of support for these participants from their families, ex-partners, friends, schools and society in general.

4.5.3. Paying for support

Section 4.5.2 highlights the role stigma plays in the non-availability of support for these participants. Due to this lack of support and understanding, many of the participants described having to pay for their support system. This is highlighted by a participant who articulated the level of support that her full-time nanny provided for both her and her child:

> *"I know for a fact if I did not have Dora I would probably be back in the clinic. She is a support for both of us. She is like my partner and he (son) calls her his other mommy but her life became stressful because of the two of us."* (P1-I1).

The narrative of this statement is of true affection for the nanny; however. it is also evident that the nanny is employed by the participant and she is paid to support mother and child, perhaps to her own detriment. Other mothers discussed other ways they had bought their support system, and how they felt paying for support was the only way to get the support they needed:

> *"You can deal with ADHD, you are an adult and with hindsight you learn to value the people in your life and unfortunately you have to buy a support system and it's expensive. We also adopted a therapy dog and I think that dog saved her, saved us. I don't have a support system here."* (P4-I4)

> *"I don't really have support. My psychologist is a big help and she's the one who helped me to get the medication and stuff but that comes at a cost."* (P5-I5)

> *"I have a psychiatrist that I see who helps me to manage my ADHD and to manage my anxiety levels which normally escalate when Tiaan acts out."* (P6-R6)

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> *"Support professionally I've been offered I've sought and funded to a large extent, but I've also got parents who pay the boys medical aid. I pay everything else."* (P7-I7)

There was not adequate support for these participants. The ramifications of stigma have travelled with the participants for an extended period of time. The findings indicate a desperate need for transformation of society about ADHD and single parenthood. The narratives from the participants indicate that they feel excluded and isolated from society and even from their closer systems. This can also negatively affect emotional wellbeing, which may have an impact on the mother-child relationship. From a bioecological perspective, the stigma experienced by the perceptions of general society (macrosystem) as well as the microsystems (family, friends, schools) are risk factors for the optimal development of the participants and their children. When schools, family and friends have knowledge of and personal experiences with ADHD, the participants experienced this as a protective factor for their wellbeing and their children's development.

4.6. The mother-child relationship

The findings indicate that although the mother-child relationship does face challenges, every mother felt empathy and understanding towards her child, as she felt she had experienced what her child was going through. This is illustrated in the following quote: "*I absolutely understand what he is going through because I am living it"* (P6-I6). There appeared to be a mutual understanding between mother and child with regard to their ADHD characteristics. The mothers all expressed the importance of open communication with their children. To gain further understanding of the perceived experiences of the mother-child relationship, a discussion of each theme is provided below. The perceived experiences of the mother-child relationship are presented graphically in Figure 4.3.

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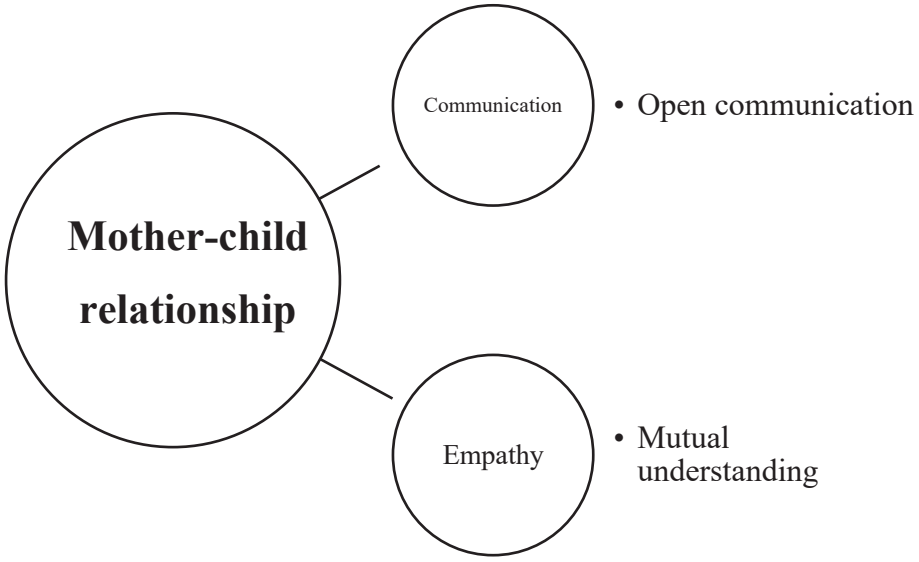

Figure 4.3. Perceived experiences of the mother-child relationship

4.6.1. Empathy

A consistent narrative across the findings was of a relationship between mother and child that was filled with empathy and a mutual understanding of one another. The mothers expressed understanding and relating to challenges their children may be experiencing because they had been through similar experiences in their childhood. Furthermore, they indicated that their children expressed understanding their mothers' ADHD-related behaviours and showing empathy towards their mother. My analysis of this aspect of their relationship is that living with ADHD bonded mother and child in a special way.

> *"In a way I understand it, I can cope better because I understand Eddy better. Maybe if I didn't have it I wouldn't understand what he is going through."* (P3-I3)

> "*Max came in the other day just in tears saying he doesn't fit in. I could understand because I felt I never fit in. I could tell him I understand and I get him."* (P5-I5)

> *A lot of what I experienced going through school, I see in my child. This breaks my heart because I remember how hard it was for me."* (P5-R5)

> *"As they grow and struggle with their different life stages and challenges you realise that you too faced very similar problems and your own reactions towards those hurdles were quite similar. The generation gap disappears and you have more empathy. Having ADHD helps me to understand them better because I see what they are going through*

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> *and I remember feeling like that. I've got a lot of empathy, I understand when they feel left out or they not getting invited to parties because they are the naughty kid."* (P4-I4)

> *"Yes, I have an empathy rather than a sympathy and sympathy can be very damaging. So, empathy is more useful because you can say, well actually I went through this and I understand what you are going through."* (P7-I7)

> *"Ja, you do understand your child more. I think that's why it is more of a benefit to have ADHD as a parent because they are like you. If I had a child with cerebral palsy I don't think I could cope with it because I've never experienced that before. That for me would be even worse."* (P3-I3)

> *"Look, I'll actually say it's more of a blessing for me having ADHD because I can understand why he does certain things. It doesn't mean I like it, because I WILL react but I tend to stop and think and say, 'Okay, well what would you have done? Would you not have done the same?' or when he drives me nuts and he hops from couch to couch and I say, 'Okay, stop' before you scream at him are you not doing the same thing? So, for me it's more a blessing."* (P6-I6)

> *"There is no better way to understand what your child is going through than being ADHD yourself."* (P6-R6)

Similar to the way the mothers expressed having an innate understanding of their children's experiences, many of the mothers indicated that their children also felt a deep understanding of their mothers' sometimes impulsive behaviour. Nadia (P3) described a situation where her son's insight into her behaviour took her by surprise:

> *"My son had a friend staying here for a week and he said, 'Matthew says you shout a lot but I told him its fine because I understand you' (smiles). So I sat there and I thought, okay, that's quite sweet and at least you understand me (laughs)."* (P3-I3).

This reciprocal understanding appeared to enhance their bond to one another and further strengthen their empathy towards each other.

The empathetic relationship is further highlighted by the following excerpts:

> *"We both understand each other with, you know, something happens and we were looking at why it happened and cause and effect and were able to talk through it together and work it out."* (P7-I7)

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> *"I think we understand each other, I think we are more patient with each other. We have got empathy for each other. If I explain to him I forgot something he is understanding.* (P5-I5)

> *"We do have a close bond, it's a hidden close bond. I don't think it's obvious but we understand each other. We understand where we are coming from and where we are."* (P3-I3)

My analysis of the findings shows that these participants perceive their ADHD diagnosis and experiences of growing up with ADHD as a means to understand, connect and empathise with their children. Having been through many of the situations or experiences their children may be going through, they perceive they can support their children better by reflecting on their own experiences. The understanding in the mother-child bond is mutual and the mothers perceive their children's understanding of their sometimes impulsive or distracted actions as empathetic and considerate. From this perspective, living with ADHD an adult may be a protective factor for the positive development of the mother-child relationship. Mutual understanding and empathy may also be considered a protective factor when overcoming the reactive/impulsive cycle of negative interactions the mothers mentioned as a challenge.

4.6.2. Communication

The mothers indicated that open communication was an important part of their relationship with their children. Open communication often meant that no topic was off limits and the participants encouraged their children to be truthful. Open communication also appeared to be a teaching method to foster a sense of understanding frustrating behaviours for both mother and child:

> *"I try to explain to him that it's not that he is naughty it's just I get frustrated and he will often say to me, 'Mommy I'm sorry I always make you late, I can't help myself'. And I say, 'I understand that boy, but you must try and hurry up'. We do apologise to each other all the time, me for shouting and him for being disruptive or not concentrating. We both understand that we both have this problem."* (P2-I2)

> *"I've always wanted my kids to talk to me and tell me what is going on in their lives."* (P3-I3)

> *"We have an open relationship. We are quite headstrong but we have a very open relationship because I need to know what is going on. I've told them I cannot help them if they don't tell me. I can't fix the problem but I can teach you how to fix it."* (P4-I4)

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> *"If it is something they think I must know but they don't want to talk about it they can write it down and put it on my bed and I'll read it and write back to them. I think we are very close and we have a very open relationship."* (P5)

> "*I often sit him down, put him on my lap and say, 'Let's be honest, let's talk about this, why did you do this? How can we make it better?' The last couple of days he came to me and said, 'This is not something you tell your mother' and I said, 'What is it my boy?'"* (P6-I6)

> *"I think I have a good relationship with my children as I have tried to be as open and honest as possible regarding everything. I try to discuss issues with them rather than withhold due to their age."* (P7-R7)

> "*Very often with ADHD, lying just makes no sense and you tend to be brutally honest. It's the whole lack of filter. So, we all very honest with each other and we do talk about a lot."* (P7-I7)

The findings indicate that the participants used open and direct communication to manage challenging situations, which often involved impulsive or disruptive behaviour. Another aspect of their communication was honesty; however, in their context being impulsively honest was related to having ADHD. A bioecological perspective thus highlights an open and honest communication style as a protective factor for the mother-child relationship, as both individuals are comfortable with and benefit from this approach.

4.7. Strategies

Having an adult ADHD diagnosis may result in functional impairment in various areas of an individual's life. Some of these challenges have been discussed at length in Chapter 2. Interestingly, one of the main strategies identified by the mothers was implementing structured parenting and routine. However, it should be noted that all the participants reported that this did not come naturally to them. One mother explained it by describing her strategy to structure as, *"I've got organised chaos"* (P6). In terms of their children, the mothers identified preparing their children for the future and nurturing their independence through creativity as important strategies when raising children with ADHD. In section 4.4.1, the challenge of managing personal wellbeing was discussed. Therefore, it is not surprising that self-care strategies were identified by the participants.

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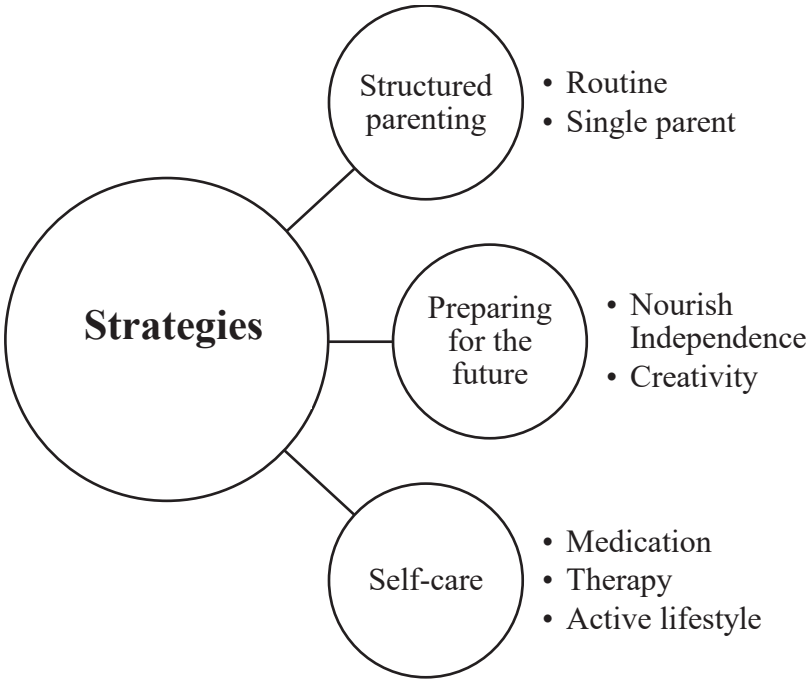

Figure 4.4. Strategies identified by single mothers with ADHD

4.7.1. Structured parenting

Structured parenting that involves routine and planning were identified as a necessity for coping as a single mother with ADHD. One of the areas in which ADHD affects individuals, is with planning and organisation. Therefore, the strategy of routine and structured parenting is implemented from necessity for the family unit to cope. For example, Nadia (P3) shared, *"Routine and structure – that's the only way you cope. I have routines for everything. You take a couple of weeks to form your routine, but once it is formed you just do it"* (P3-I3). The absolute necessity of structure and routine was emphasised by all the participants.

> *"I have to be structured in order to cope. Our routine at home is very rigid. I wake up very early so I can get my stuff organised. Everything is according to time. Their clothes have got to be out the night before. Our routine is always the same."* (P5-I5)

> *"Everything is planned. Nothing happens on the spur of the moment. I know what's going to happen this week and the next because it's just too much anxiety if I don't plan."* (P6-I6)

> *"I realised I needed to take control because I needed to be the dad and the mom."* (P1-I1)

> *"I think as an adult you grow into a routine and that habit is set. You need to make a habit of it and stick to it. I think that is how I have coped."* (P2-I2)

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> *"Everyday life like I said I have structure and routine, I put my keys in the same place every day. I do it automatically now. It's like a coping strategy. I don't like surprises funny enough with me being impulsive. I don't like people springing things on me. I have to plan because I like my structure because it keeps me grounded. I like to plan everything."* (P3-I3)

This finding emphasises the necessity of structure and routine for these participants as they perceive it to benefit both mother and child's daily functioning and wellbeing. The mothers identified that routine and structured parenting were beneficial for themselves and their children, and therefore for the flow of the household. Without this strategy these participants appeared fearful of what their home lives would be like. For instance, Gerda (P4) expressed this fear:

> *"I need to have a good regimen at home. It's for everybody's own good. I need it because the flip side of the coin is chaos and that is not an option. There is not a lot of routine in your head, but if you organise your physical space that helps a lot."* (P4-I4)

When routine and structure were successfully implemented, the mothers perceived their children as better able to cope and succeed at daily tasks. These participants indicated an awareness to ensure the structure and routine that was implemented for their children was appropriate and manageable for them:

> *"I have also noticed with the kids is if I break that routine then my kids don't cope. So, they also need it. I give them a lot of time in the routine so if they get distracted and start jumping on the bed, which they do, we've got time for that."* (P5-I5)

> *"They do both respond to structure. I think during the week it has to be, this is the way it is going to be done, and they know at this time they're in bed by eight. So, I'm structured in as much as it's appropriate. But if there is a need for the structure to be broken it's fine. They do understand that things need to be structured."* (P7-I7)

> *"We try to get routine into Alex's life. We really do try to get a routine into his life. I've had to restructure my routine. But a routine is best for any child not just a child with ADHD. Although it is more strict with ADHD children to get that routine in*." (P2-I2)

> *"He's very much a routine child, you have to keep him in a routine and structure. I'm like that. You get home you put your lunchbox in the basin, you do your homework, you eat at the blue table. That's how I've put my little structure in."* (P3-I3)

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> *"You need to have clear rules, not maybes and ifs, that's the one thing a doctor told me when my son was young, 'Don't yak, act.' If it's no, it's no and be firm about it."* (P4-I4)

One of the challenges of adult ADHD is related to organisation and planning. Therefore, even though the mothers identified structure, routine and planning as necessary coping strategies, it is not organically implemented but needs to be reinforced over time. When asked if implementing routine and structure was easy, the mothers shared as follows:

> *"I've had to literally force myself into a routine."* (P7-I7)

> *"No, I do it because for me and the children there is comfort in structure. So yes, I absolutely I stick to it because if I don't, come eight o'clock I'm hyperventilating."* (P6-I6)

> *"You can try be as structured as you like with ADHD children but you never know what you're going to get from one day to the next one day. They might be aware and connected and they will take their tablets, make breakfast. Or they might get to school without their schoolbag."* (P7-I7)

Mother and child need to follow the routine to ensure a manageable household for all family members. An analysis of this finding suggests that implementing and maintaining routine in these households is a necessity but sometimes challenging. Therefore, to ensure that routine is maintained, the mothers made use of creativity. Creative techniques appeared to encourage their children to adhere to a routine and encouraged independence:

> *"We have a lot of external cueing in our house. One of the things he says to me all the time is that I nag him all the time. So, I've typed up a page with everything he needs to do in the morning. Remember your glasses, school shoes, clean teeth, wash face, make your bed, switch off the light. He can actually go down the list, I've actually done the same thing for his sister but with pictures because she can't read yet. It's worked like a bomb."* (P5-I5)

> *"In the mornings we used to have a huge fight because every morning I had to yell, 'Are you dressed? Have you eaten?'. So, I thought no, no and I set two alarms and I made a playlist for him with his favourite songs. Every morning I pick different songs. So, at ten to six, the first one went off and it says there (Jellybean you have to eat now). I leave the phone in the front so I don't have to scream and yell. It goes off and he will eat. Six o'clock the next alarm will go off and I put that one on the counter so he has to get up*

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and he has to go there. He switches it off and I see him go past my bedroom, get his clothes and he gets dressed." (P6-I6)

Besides routine, the participants reported that being a single parent, specifically a single parent with ADHD, was in fact a strategy to ensure structured parenting. Although the mothers identified being a single parent as a challenge (4.4.3), they also identified it as a strategy to ensure consistent parenting and discipline. Many of the mothers felt it was easier to discipline their children as a single parent rather than with a partner who does not understand ADHD. An examination of this finding shows that the participants value knowledge about ADHD and consistent parenting over a partner with no ADHD knowledge and inconsistent views of parenting:

"I'm more hands on as you have to be more hands on being a single parent. Being more strict and consistent to get routines done and to follow through on it." (P2-I2)

"I've always been a single parent and I actually find it possibly easier. If you have two parties you tend to contradict each other. Unless you work together and you have the same ideals about discipline and raising then it works perfectly. If you don't and you challenge each other all the time, the child gets two contradicting and doesn't know which way to go. So, in a way I find that easier." (P3-I3)

"In one way I don't have someone to counter me that I need to correct. I think the biggest death in any marriage is to row about your child because then your real values system comes to fruition. So, my word is it and I don't have anyone to counter it. I am quite resistant to anyone interfering." (P4-I4)

"I think it's easier to parent or discipline because what I say goes. Which is not good to be a dictator (laughs) but when you have two boys like that, you have to. I say, you do because then things are far more structured. When there are two parties especially with someone like my ex, it makes it worse (sighs). It makes it worse because he has his own ideas. If you have a partner who doesn't understand, it doesn't help you because he doesn't get it and I'm speaking from experience here. As a single parent it is still very stressful, but I find that in a way it is easier because I am the only one disciplining. There's not conflicting moaning from the other side which confuses the child. He doesn't understand what ADHD is and I know with my son I have to hold the reins tight otherwise he's going to drag you all over the show." (P6-I6)

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An analysis of the findings shows that routine and structure provide these mothers with a sense of control in managing daily tasks that they would otherwise find overwhelming. Routine and structure are coping strategies for both mother and child, and although it is not a natural skill to implement, it is one of absolute necessity. These participants, despite the challenges they identified related to being a single parent (4.4.3), identified the benefit of being a single parent when trying to implement structured and consistent parenting for children with ADHD. Managing and implementing discipline and routine as a single parent who has insight and knowledge of ADHD was seen as a coping strategy, and preferable to two partners trying to implement routine inconsistently and having conflicting views on ADHD. In this way being a single parent can be described both as a risk and a protective factor for various domains of these participants' lives.

4.7.2. Self-care

Many of the mothers indicated that they have very little time to attend to their own needs. However, they emphasised that self-care was a necessary coping skill for maintaining their own wellbeing as well as their children's. These participants identified medication, therapy and an active lifestyle as important self-care strategies to ensure their emotional and physical wellbeing and that of their children.

The life-changing impact that medication has had in some of the participants' lives was highlighted throughout their narratives. For example, Fiona (P5) described the difference she felt once starting medication for ADHD at age 39: "*I don't feel like a squirrel on tik anymore"* (P5-I5). This graphic description emphasises the strain she experienced before she started medication. She felt like a squirrel out of control. On medication she still faces challenges because of her ADHD symptoms, but no longer feels out of control. Other participants who are on medication for ADHD or comorbid anxiety and OCD shared these views:

> *"I think without the meds I would be a mess. They help me to stay emotionally stable, they help me stay in control. I think my life without the meds was hell. I'm not as impulsive, I don't react. You have to learn coping skills, like for me, without meds we would be bouncing off each other."* (P1-I1)

> *"I get highly stressed and I can see when I am going a bit what you would call manic. So, I'll take two of his Ritalin (laughs). I actually spoke to the paediatrician the other day and he said I must go to a GP and get a script of it. Because he said if you cope better on it and I cope phenomenally well."* (P3-I3)

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> *"Now that I am on meds, I find myself less anxious and all over the place. I actually play with my kids more. My anxiety has decreased significantly. I don't feel different when I am on my meds but when I don't have my meds I feel different. The world has slowed down, I don't have to keep up with the world. I can actually sit down now and do my billing. My children used to say mommy your house is the angry house. Now that I am on meds I've noticed a big difference in my kids as well. They are more loving and more cuddly and more willing to talk to me more.*" (P5-I5)

> *"I see the doctor every three months and he will just see how it's going and how I'm coping. I take medication for ADHD and he has also given me something for the anxiety, this has helped me tremendously."* (P6-I6)

Three of the participants have medication prescribed for their ADHD symptoms and comorbid anxiety or OCD. In line with the theme of maintaining personal wellbeing with medication, a participant confessed to occasionally taking her son's medication and was going to seek a formal script. This further highlights the positive effect medication plays in these participants' management of their symptoms. The analysis of the participants' narratives indicates that medication has truly brought about a life-changing experience that has positively affected their functioning and wellbeing, as well as their children's response to them as mothers.

To ensure their emotional and psychological wellbeing, three of the mothers indicated that they attend therapy with a psychologist. These sessions are their personal time to discuss their challenges regarding growing up with ADHD, divorce, work issues or any other challenges they may have faced or are currently experiencing. It appeared that the psychologists provided an opportunity for the participants to have a voice and to have their experiences normalised. Moreover, the practical and empathetic approach of the psychologists was highlighted as invaluable to the participants' emotional growth:

> *"I had extremely low self-esteem when I was younger. People were always belittling you or criticising you. That took me years to get over. I was about 22/23 when I went under hypnosis with a psychologist to deal with everything that happened in my past and help me cope with that. Then I realised it wasn't as bad as I thought it was."* (P3-I3)

> *"I'm also seeing a psychologist to deal with my own trauma and being ADHD. I need that, I need somebody that is strict and can give me guidelines. She said to me I organise everything for everyone but where do you start living? So, it's a slow process but I am*

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> *starting to live again and get out again. I think my son was four or five years old and his psychiatrist just gave me some literature on adult ADHD. When I had to fill in questionnaires my ex would ask, 'Are these about Marius or Gerda?'"* (P4-I4)

> *I've learnt with a lot of therapy to focus on the feedback I get from my kids because ultimately that is a reflection of me. Through therapy I realised I'm actually doing OK. My psychologist is a big help and she's the one who helped me to get the medication and stuff."* (P5-I5)

The mothers who were seeing psychologists or psychiatrists all indicated that therapy was a major or important coping mechanism for them and that it helped change their perception of themselves and thus had a positive impact on their emotional wellbeing (F3, F4, F5). However, the participants who could not afford these services identified a desire to have access to a psychologist or some type of professional who could provide them with understanding and advice:

> *"If there was time for me to talk about how I feel, that would help. Most probably if there was someone, I mean kids don't come with manuals but if there is someone who says you know what, it's OK and this is normal. Because what is normal? I don't know. I think if people understood better and being more aware that would help."* (P6-I6)

> *"Someone to talk to would help. Someone who would understand and give me more advice (teary). Just to listen. Someone like a psychologist but ... someone not so expensive. Just a counsellor (laughs). Just somebody that can listen so I cannot feel so judged all the time."* (P2-I2)

The analysis of these findings showed that access to medical and psychological services is an invaluable and a powerful resource for these participants. However, this access is limited due to financial difficulties. Despite the financial challenges, the desire for such access is evident throughout the participants' narratives.

In addition to medication and therapy, an active lifestyle was reported as an important coping strategy by all of the participants. Being active was described as a necessity for many of the mothers to manage their stressful, busy lives and regulate their emotions. An analysis of this finding suggests that the mothers view an active lifestyle from a family perspective. Moreover, this strategy is viewed as a necessity in maintaining emotional, physical and social wellbeing for all family members. For instance, Gerda described the importance of being active by saying, *"Exercise keeps me sane, it keeps me from killing someone else"* (P4-I4). This participant does

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not literally mean she would kill someone if she did not exercise, but this imagery highlights the necessity of exercise, and the value she gains from it and how it helps her to regulate her emotions. Other participants echoed the emotional benefits of this strategy:

> *"Exercise does help me to destress and feel good about my body and self."* (P1-I1)

> *"Running is fantastic for endorphins, that good feeling in your mind and letting go of the bad stress or week stress. Getting those endorphins is actually great but it's been quite difficult for me."* (P2-I2)

> *"Exercise keeps me sane, it keeps me from killing someone else because you want to, literally because you get so stressed and you get this stress reaction afterwards. It's either fight or flight. So just to get that physical release because I am a physical person. I need to move."* (P4-I4)

> *"I put on a lot of weight after the divorce because I had to stop running. Running was a big psychological release for me but I had no one to watch my kids so I had to stop running. The busier I am the better I do."* (P5-I5)

> *"For me it's not necessarily pills. I need to exercise every day and not just play, play. I need to sweat blood and tears because then I'm on top of it. If I don't exercise I will kill half the people in this building (laughs). Exercise is cheaper than murder (laughs). No, I have to, I've found when I have a good workout session in the morning, I can face the day and I can deal with people better."* (P6-I6)

Being active is a financially effective way for these participants to manage stress and have an emotional release. An active lifestyle seems to be connected to a need for movement, which is common among persons with ADHD. The physical benefits of exercise appear to be just as important for the mothers as for their children, and the mothers try to include their children in this strategy:

> *"We are a very active family, I realised very early on that helps. We do park runs, I run and do triathlons and we swim but we do it as a family. You cannot preach 'Have an active lifestyle' and then leave the kids at home."* (P4-I4)

> *"I prefer to do something with my children. So, we will occasionally go on long walks and we'll go do something together."* (P7-I7)

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> *"Before 12 in the morning we do exercise. We go through that complex or he teaches me karate or something whether I feel like it or not. I know it will pay off later in the day."* (P6-I6)

These participants face many challenges in their lives and are cognisant of the importance of implementing strategies to ensure their emotional wellbeing, as well as that of their children. The more they look after themselves, the better they will be able to support and look after their children who face their own challenges. The benefits of medical and psychological services in these participants' lives is highlighted through their narratives. However, the limited access to these services, and the desire for such access is a bioecological risk factor related to socio-economic status of the macrosystem, being a single parent and the medical aid schemes' limited understanding of ADHD as a lifelong disorder. Being an active family is a strategy that all participants perceived as being not only an effective mood regulator, but a necessity for optimal family functioning.

4.7.3. Preparing for the future

All of the mothers voiced concern for their children as they mature and become adults. This concern led to strategies involving encouraging their children to become independent adults in the future. Nadia (P3) explained how she encourages her children to be independent: *"You can do it. You know the world doesn't stop for you"* (P3-I3). Additionally, this strategy was identified by some of the mothers as allowing them more time to focus on getting themselves organised and managing daily tasks, as they did not have to worry about their children so much. This approach relates to their parenting approach. Examples are provided below.

Encouraging their children to be independent is a coping strategy that these participants indicate benefits their children's daily functioning and future potential. The participants are all adults with ADHD, who continue to face many challenges related to their diagnosis (4.4.1). Therefore, as gleaned from the analysis of the findings, these participants value the importance of nurturing independence in their children so that they can become adults who can function successfully in society:

> *"He is independent. He needs to be independent. I encourage that."* (P2-I2)

> *My first responsibility is to raise these kids as happy, responsible adults that can go out in life and live. It's not for me to cater to their every need, so that's quite stressful. I'm not a smothering mother. I prefer for them to be independent. You have to teach them to be independent. I refuse to do their homework for them because it disempowers them.*

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> *You have to enable them and I take them with when we do IDs or bank cards to teach them those life skills."* (P4-I4)
>
> *"I've got a chart up in my kitchen I can write down who does what. It is a big competition in our house. That's a really good incentive for them and encourages independence."* (P5-I5)
>
> *"He cannot rely on me forever, especially being ADHD. I think as the years go by like I educated his brother about what ADHD is, I want to so the same for Tiaan."* (P6-I6)

The value of implementing and nurturing independence in their children was also reported to enable the mothers more time to manage their own responsibilities in various domains of their lives, resulting in a household that runs more smoothly. It should be noted that this strategy also comes from necessity: since the mothers are single, their involvement is limited due to work and other responsibilities:

> *"When they are independent I don't have to follow up, I can be focused on getting myself organised."* (P5-I5)
>
> *"What I've got planned for him next is transport to help him become more independent. He must use the key and we will practise that over the next weekend. I mean, I leave work early and I can't do that forever. So, we'll see how that goes, I might reward him or something."* (P6-I6)
>
> *"I'm not a helicopter parent, they have just got to get on with it because I can't do it! They've got to keep their rooms clean. They have to manage."* (P7-I7)

The examples provided above emphasise not only the value of strategies involving routine and structure in managing daily tasks and expectations, but also the emotional benefits this structure provides for both mother and child. Furthermore, the necessity of these strategies is evident through the participants' narratives. These participants identified their insight into ADHD and the importance of consistent parenting as strategies in raising children with ADHD. These participants are focused on the future, and nurturing independence in their children provides them with time to manage their own responsibilities while ensuring their children's future potential to integrate into society as an adult. Their experiences with ADHD over time are a protective factor for their children as they can guide and support them based on their own experiences with ADHD.

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4.8. Conclusion

This chapter presented the categories, themes and subthemes that emerged from the data collected during the research study. The main categories of Challenges, Non-availability of support, the Mother-child relationship and Strategies provide further insight into the perceived experiences of these mothers. Chapter 5 presents an interpretation of the findings based on existing literature in answer to the research question.

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Chapter 5

Interpretation of the Findings, Recommendations and Suggestions for Further Research

5.1. Introduction

The purpose of this research was to explore the experiences of single mothers who have been diagnosed with ADHD while also parenting children with ADHD. This entailed exploring the following:

1. What daily challenges they experienced

2. Their perception of their relationship with their child

3. The availability of support

4. Strategies or coping mechanisms that support them through daily challenges

In order to understand how these single mothers make sense of their lives and experiences, a basic qualitative study founded in the interpretive research paradigm was deemed most suitable for this research and to answer the research questions. Bronfenbrenner's ecology of human development theory provided the theoretical framework for this research.

Participants were purposively chosen based on criteria related to the research question. Therefore, the participants comprised seven single adult mothers of children with ADHD who also each had an adult ADHD diagnosis. I conducted individual semi-structured interviews with each participant, made observations, and kept field notes throughout the research process. During the semi-structured interviews, participants discussed the challenges related to living with ADHD and raising a child with ADHD. They also gave a detailed description of their relationship with their child and the support made available to them. Analysis of these interview transcripts, field notes and participants' reflective notes followed an inductive approach and patterns in the data were identified through thematic analysis. These themes were presented in Chapter 4.

In this chapter the research findings are interpreted through the lens of the theoretical framework for this study and the literature, which was presented in Chapter 2. Recommendations for practice and future research are also indicated.

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5.2. Interpretation of the findings

The aim of this qualitative research was to explore how these mothers perceive their worlds and the meaning they attribute to their experiences (Merriam, 2009). Bronfenbrenner's theory of human development aims to understand development through the interactions and interconnectedness of biological characteristics and various social settings/contexts that individuals encounter on a daily basis (Swart & Pettipher, 2016). Therefore, the complexities related to ADHD, the biological/genetic component to ADHD, adult ADHD and the relationship between mother and child with ADHD were discussed in detail in Chapter 2. Due to these complexities, Bronfenbrenner's theory of human development was identified as being particularly relevant and useful in gaining an understanding of these mothers' experiences. For example, applying this framework allowed for the exploration of the perceived experiences these mothers face at an individual and family level, as well as within the wider social context. It also takes into consideration the interconnectedness between these interactions and biological characteristics over various social settings/contexts that are encountered on a daily basis (Swart & Pettipher, 2016). Bronfenbrenner's bioecological theory is thus used to explore and interpret the findings identified in Chapter 4.

Data analysis identified four main categories related to the perceived experiences of these mothers: (1) Challenges, (2) Non-availability of support, (3) the Mother-child relationship and (4) Strategies. Within each of these categories various main and sub-themes were identified and discussed in Chapter 4. An interpretation of these categories and themes based on the literature in Chapter 2 follows below.

5.2.1. Perceived challenges

The findings indicated that the participants face many challenges on a daily basis. These challenges were related to (a) having an adult ADHD diagnosis, (b) parenting a child with ADHD, and (c) being a single parent. Within these challenges, the subthemes of work difficulties, financial burden, reactive mother-child interactions, parental wellbeing, difficulty managing the household, being a sole decision-maker and maintaining intimate relationships were identified.

Most of the mothers reported managing their own ADHD while also juggling home and work responsibilities as a significant challenge. Three of the mothers indicated that these challenges were more prominent before they started medication for their ADHD symptoms and that the medication enabled them to cope better and manage their work commitments. Five of the seven

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mothers indicated the challenge of keeping their jobs as an adult with ADHD, with one mother saying, *"I was getting disciplinary hearings at work because I wasn't getting my admin done"* (P5-I5). The mothers therefore faced job insecurity, feelings of incompetence and stress, which in turn affected their mood and sense of wellbeing. These findings resonate with the literature that has shown that adults with ADHD often experience work-related problems such as poor job performance, less job stability and increased work absences which affect financial stability (De Graaf et al., 2008). From an ecological perspective, these findings also illustrate the interconnectedness of person and context factors such as the influence of the workplace on a sense of wellbeing. It appears that qualitative research in the area of managing work responsibilities as an adult with ADHD is sparse. More research is thus needed towards understanding and gaining insight into the experiences of adults with ADHD in the workplace.

In addition, all of the participants identified challenges related to their emotional and psychological wellbeing. The emotional burden of raising children with ADHD while also having adult ADHD was identified as having a negative impact on their ability to manage their own wellbeing. This is in line with research that indicates that ADHD in a child is associated with increased levels of parental stress, as well as parental psychopathology (Cheesman, 2011; Klassen et al., 2004; Sundarall et al., 2016). One mother expressed this challenge by stating, *"The biggest challenge is to manage your own emotions, impulsivity and hyperactivity in such a way to still manage those of your children and still deal with the resulting anxiety that seems omnipresent when you raise children"* (P4-R4). This finding corroborates studies on parenting a child with ADHD. For example, mothers of children with ADHD described the demands of caring for their children as overwhelming and unrelenting (Peters & Jackson, 2009). The challenge of managing personal wellbeing is clearly entwined with the challenges of raising a child with ADHD, once again highlighting what Bronfenbrenner refers to as the interconnected and interrelated reciprocal relationship between systems. For these mothers this interaction is negative and creates further risk factors for their development.

The emotional and psychological challenges the mothers experienced appeared to be entwined with having an adult ADHD diagnosis. One participant stated, *"ADHD makes me feel incredibly incompetent because I feel everyone can do stuff that I can't"* (P5-I5). The participants' experiences are thus reflected in research which has reported that more than half of mothers with ADHD experience mental health difficulties (Sepehrmanesh, 2017). For example, in the South African context, a database analysis indicated that adults with ADHD experience more comorbid psychiatric disorders than the general population (Schoeman & De

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Klerk, 2017). The findings in the current research revealed that some of the mothers had other diagnoses such as anxiety, OCD or extreme stress, which had resulted in one mother being admitted for a month (F1, F5, F4). One of the indicators of adult ADHD is mood instability (Asherson et al., 2007), further supporting the notion that adult ADHD is interwoven with challenges that negatively affect wellbeing.

The participants in the current study described the reactive nature of their interactions with their children, specifically when managing difficult behaviour. The mothers in the current study reported that it was a challenge to manage their impulsivity in response to their children's impulsive actions. This was described as leading to emotional outbursts which negatively affected both mother and child. The challenges related to raising a child with ADHD are evident throughout previous literature (Cheesman, 2011; Klassen et al., 2004; Sundarall et al., 2016). Moreover, the negative reactive cycle of interactions between a mother and child with ADHD has been described in research by Johnston et al. (2012). The negative impact of adult ADHD symptoms such as impulsivity have been described in research which indicates that impulsivity may result in impatience and outbursts toward their children (Johnston et al., 2012; Theule et al., 2011). For these participants, the mother-child relationship is complex and the reciprocal, maladaptive transactions between a child with ADHD and a mother with ADHD are risk factors for further maladaptive development for both of them.

Furthermore, a significant challenge related to raising a child was the financial challenge of managing their child's ADHD diagnosis. Previous research highlights that this is due largely to the cost of stimulant medication, managing comorbid disorders, as well as more frequent emergency room visits and hospital admissions (Kooij et al., 2010; Matza et al., 2005; Secnik et al., 2005). For these participants, however, the main financial challenges were related to medication, therapies such as occupational therapy, and finding a supportive school environment, with one participant explaining, *"Huge, huge. Medication is R650 each and the OT, remedial it adds up"* (P5-I5). Earlier research emphasises the financial challenge of managing adult ADHD, with recent research in South Africa indicating that adults with an ADHD diagnosis had double the costs in medical claims per beneficiary in comparison to non-ADHD adults (Schoeman & De Klerk, 2017). However, the mothers in this research felt they could not even attend to their own ADHD treatment, as all financial resources go to their children. Only three of the mothers indicated that they were able to afford their own medication and the services of a psychologist to manage their ADHD and wellbeing challenges.

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Finally, the mothers reported challenges related to being a single mother. The mothers in this study emphasised that the responsibility of managing the household and being the sole decision-maker is emotionally draining. Research highlights that single mothers of children with ADHD receive minimal support from their ex-partners and tend to take on all parenting responsibilities (Hallberg et al., 2008). In addition to the challenges and the household and decision-making responsibilities of single parenting, the mothers also reported challenges with dating and relationships. Adults with ADHD experience less marital satisfaction and more family dysfunction than married adults without ADHD (Eakin et al., 2004; Murphy & Barkley, 1996). Therefore, it is not surprising that some of the participants noted that their ADHD characteristics such as restlessness, impulsivity and hyperactivity had played a significant part in the dissolution of their marriages or partnerships. New relationships were reported to be difficult to maintain because of their children's ADHD symptoms, especially their impulsivity. In line with research by Schermerhorn et al. (2012) and Hallberg et al. (2008), the participants in this study identified their children's ADHD diagnoses as being directly related to conflicts with new romantic partners. Similar to a study done by Hallberg et al. (2008), the participants commented that new partners did not accept or understand their children's behaviours, and this led to the dissolution of the relationship.

In summary: the findings indicate that the participants experience many challenges related to their ADHD diagnosis and in raising their children with ADHD. These challenges were perceived to impact negatively on their workplace, emotional and psychological wellbeing, financial security, interactions with their children, decision-making, and intimate relationships. From a bioecological perspective, the challenges identified by the participants indicate risk factors from and within various systems. Furthermore, from a biological perspective, the participants are faced with a genetic predisposition to psychopathology. Maintaining and developing new intimate relationships within their microsystems are at risk and they may face socio-economic challenges within their macrosystem due to the financial challenges associated with managing ADHD. These are important findings for implementing support and intervention for these families across various systems.

5.2.2. Non-availability of support

An important finding from the research was a perceived lack of support and the impact of stigma related to having an adult ADHD diagnosis, being single and having a child with ADHD. The availability of support was explored within the family, social, ex-partner and school systems,

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and indicated the need for further interventions that focus on demystifying ADHD to the public. Many of the mothers also indicated that they often had to pay for the support they needed.

The participants in the current study expressed feelings of loneliness and isolation based on society's reactions to their ADHD diagnosis, their child's diagnosis and to being a single parent. This is in line with previous research by Asherson et al. (2012), Schoeman, Albertyn, & De Klerk, (2017), Mueller et al. (2012), Harpur et al. (2008) and DosReis et al. (2010), to name a few. Furthermore, the mothers in this study, except for one, perceived receiving minimal support from their families, friends, children's schools and ex-partners, this is in line with research by Harazni and Alkaissi (2016) and Lange et al. (2005). The participants reported that this lack of support negatively influenced their self-perception and could lead to a cycle of depression. This is in line with research by Theule et al. (2011), who emphasise that the more distress a parent experiences, the less social support they perceive they are receiving.

The little support that the mothers did receive often came from friends, family and schools who had experience with or insight into ADHD. This further highlights the importance of including knowledge about ADHD into interventions for the general public. The extent of the lack of support that was perceived by the participants was linked to a perceived need to buy their support from therapists, occupational therapists, specialised schools or nannies. This is closely linked to the discussion on the financial burden of managing an ADHD diagnosis.

5.2.3. The mother-child relationship

The mother-child relationship in this study was described as one filled with empathy, understanding and open communication. Previous research has emphasised that in the case of a family with a mother and child with ADHD, both child-related and parent-related factors contain many risks that have an influence on the mother-child relationship (Johnston et al., 2012). However, the participants in this study perceived their ADHD diagnosis and the related experiences they have had throughout their lives as positively impacting their perception of their children. This enabled them to understand their children better, and they expressed perceiving more empathy towards their children because they had been through similar experiences. This is in line with research discussed in section 2.6.1 that identified empathy and understanding as being linked to more positive perceptions of parenting (Prithivirajh & Edwards, 2011; Segal, 2001). The mothers indicated that their ADHD diagnosis had enabled them to guide their children and have a closer relationship. Similar findings were made in a study on parenting in adults with ADHD, where high levels of adult and child ADHD resulted

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in more positive parenting experiences (Johnston et al., 2016). For the participants in this study, having ADHD is a protective factor for forming positive relationships with their children.

From a bioecological perspective, one of the goals of this study was to explore the proximal processes or interactions between the mothers and their children and how this interaction impacts on their development. It appears that the mothers' person characteristics of disposition and resources positively contribute to the development of the relationship and interactions between mother and child. For example, their disposition in this instance refers to mutual understanding and empathy which enhances the positive development of this interaction over time. Furthermore, in terms of resources, the mothers' knowledge and skills about managing ADHD positively contributes to their interactions with their children. The development of their interactions or proximal processes with their children is therefore set in a trajectory of positive development based on these person characteristics.

In this study, the participants reported that not only did they understand their children, but that their children understood their (the mothers') challenges in completing parenting tasks. A growing body of literature has emphasised the challenges of parenting as an adult with an ADHD diagnosis. ADHD symptoms may negatively impact managing daily parenting tasks. For example, in terms of inattention, a mother with ADHD may forget appointments or medications, procrastinate in parenting tasks, and experience difficulties in organising parental tasks (Johnston et al., 2012; Theule et al., 2011). However, the participants in the current study emphasised that mutual understanding was directly related to their (mothers' and children's) insight and personal experiences with ADHD.

Open communication and encouraging independence were indicated to be important aspects of the participants' relationships with their children. Similar findings have been made in previous research, which reported that adults with hyperactive impulsive ADHD symptoms were more likely to be open toward their child and encourage their child's independence (Johnston et al., 2016). This interpersonal openness is a protective factor for the mother-child relationship.

An interpretation of the findings highlights that there are protective and risk factors directly related to an ADHD diagnosis and raising children with ADHD. Furthermore, these protective and risk factors are interrelated and interconnected. Despite the biological challenges related to functioning effectively in various domains that are required from parents, these mothers persevere in creating a positive relationship with their children based on empathy, mutual understanding and open communication.

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5.2.4. Strategies

In spite of the challenges and lack of support described in 5.2.1 and 5.2.2, the mothers in this study identified and implemented various strategies to assist themselves and their children. Mothers identified structured parenting, self-care and preparing their children for the future as important strategies to ensure they can manage their daily lives. The strategies involved routine, medication, therapy, an active lifestyle and nurturing independence in their children.

Structured parenting, which included routine for both mother and child, was identified as an essential strategy for managing daily parenting tasks. This is in contrast to research by Murray and Johnston (2006) who compared parenting of parents with and without ADHD. They found that mothers with ADHD were less consistent in their parenting and had fewer family routines (Murray & Johnston, 2006). For the mothers in this study, structure was an essential part of their lives. Johnston et al. (2012) suggest that adult ADHD symptoms of inattention are possibly related to mothers struggling to manage their children's routines. However, the mothers in the current study emphasised the importance of structure in their lives, but they also reported that this skill was a learnt skill, and that structure and routine did not come naturally to them; for example, one participant stated, *"I've had to literally force myself into a routine"* (P7-I7). As single mothers, the importance of routine and structure was greater than the challenges their ADHD symptoms posed in achieving this routine. Once again this highlights the resilience of these participants in managing daily tasks.

Although being a single parent was identified as a challenge for these participants in relation to being the sole decision-makers and forming new relationships, they also reported single motherhood as an advantage in ensuring structured and consistent parenting. In other words, the mothers perceived having a partner in their lives as contributing towards conflict and inconsistent parenting. This finding is in line with research by Muñoz-Silva et al. (2017) and Wymbs et al. (2008). Therefore, the mothers in this study were able to identify protective factors related to being single parents and ensuring structured and consistent parenting.

The participants also identified self-care as an important strategy for coping as a single mother with ADHD. Similar to other research findings, the mothers acknowledged the importance of medication as treatment for their ADHD, as well as therapeutic intervention to support their overall wellbeing (Brook et al., 2013; Matza et al., 2005; Schoeman & Liebenberg, 2017). However, medication and therapy are expensive, therefore only some of the mothers could afford both forms of treatment. This is in line with previous research that has highlighted the

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financial constraints related to living with ADHD (Kooij et al., 2010; Schoeman & De Klerk, 2017; Schoeman & Liebenberg, 2017). An analysis of this finding confirms recent research in the South African context which highlights the stigma surrounding adult ADHD and the barriers to receiving necessary effective intervention such as therapy and medication due to ignorance on the part of medical aid schemes and the expenses associated with treatment (Schoeman & De Klerk, 2017).

As part of their self-care strategy, the participants also reported the importance of exercise and an active lifestyle in managing their own as well as their children's wellbeing. The mothers emphasised the essential role of being active in their daily functioning. One mother stated, *"I need to get that physical release because I am a physical person. I need to move"* (P4-I4). The positive effect of physical activity on the cognitive functioning of individuals with ADHD has been discussed by Gapin and Etnier (2011), Piepmeier et al. (2015) and Schoeman & Liebenberg (2017).

Finally, the participants in this study encouraged independence in their children as a self-development and time management strategy benefitting both mother and child. The participants in this current study tried to encourage independence in their children from a young age. Contrary to Peters and Jackson (2009) and Segal (2001), who reported that mothers of children felt controlled by their children, the participants in this study appeared to encourage independence in their children to ensure they did not need to be controlled by their children's needs. A similar finding was made by Murray and Johnston (2006) who reported that mothers with ADHD monitor their children less than parents without ADHD. In the current study this could be interpreted as allowing their children the opportunity to be more independent rather than as a lack of concern or monitoring. Furthermore, since they are single mothers, there is a greater need for their children to be independent because they do not have excess available time to monitor their children. Moreover, the mothers have insight into adult ADHD and perceive independence as a tool for their children to fit into society more successfully as adults with ADHD.

The mothers in this study were aware of the challenges they face at various levels and in different domains of their lives. In order to ensure that they manage daily tasks such as parenting, managing their household and their personal wellbeing, they have implemented several strategies that are directed at managing their ADHD symptoms and ensuring consistent and structured parenting. The purpose of using these approaches is to give their children the

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best opportunity to develop into independent adults who can successfully integrate into society despite their own set of challenges. Moreover, these strategies are implemented to alleviate some of the daily strain related to being a single mother, having ADHD and raising children with additional support needs. From a bioecological perspective it is evident that stigma surrounding ADHD within the macrosystem, medical aid schemes and society in general creates a barrier to receiving the intervention many of the participants desire.

It is important to understand that all of these themes are closely interlinked and interconnected. Keeping Bronfenbrenner's PPCT concepts in mind, development occurs within the various systems in which the individual engages and overlaps with them. These systems are interconnected and influence the individual's life in various ways. For example, the financial challenges of raising a child with ADHD are linked to the challenges of being a single parent as there is only one source of income. This financial challenge may have a negative impact on a mother's emotional wellbeing as she is stressed about finances, and this, coupled with the genetic component of ADHD, may make it more difficult to manage these challenges; consequently a cycle of challenges is experienced. Therefore, when interpreting the findings, it is important to keep in mind that all of the categories and themes identified are in fact closely interlinked and connected in various ways and this is what makes up the experiences of these specific participants.

5.3. Summary

The mothers in this study face many daily challenges and have done so over an extended period of time. These challenges relate to their own diagnosis and wellbeing as well as practical challenges of being a single parent who receives minimal support. These mothers perceive their adult ADHD diagnosis as posing many challenges in their professional and personal lives. Raising children with ADHD and being single parents are also perceived as challenges, especially in terms of finances and maintaining new relationships. This further emphasises the need for better understanding, available resources and support for these families. These challenges are interconnected and influence one another. In Chapter 2, the challenges related to adult ADHD, maintaining a career, personal wellbeing and the financial constraints of managing an ADHD diagnosis were discussed at length. These mothers' narratives seem to reiterate the research findings with regard to the challenges experienced by individuals with ADHD and raising children with ADHD. The findings in this research also add significant differences, specifically the importance of structure and routine, encouraging independence in their children and the perspective that parenting as a single parent is a positive aspect of raising

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children with ADHD. Despite challenges, these mothers show resilience on a daily basis, while still displaying empathy and understanding towards their children who face many challenges of their own. It appears they have a positive outlook towards their ADHD diagnosis despite the functional impairment that accompanies it. However, this positive outlook is not held throughout society, and this has a negative impact on their quality of life, emotional wellbeing and the support to which they have access. An asset-based approach and psycho-education may be powerful approaches to further empower these mothers and reduce the stigma they perceive from various systems in their lives, so that they may receive adequate support.

5.4. Recommendations

5.4.1. Psycho-education about ADHD

The participants in this study perceived stigma and a lack of support from various systems such as family, friends, schools and society in general. Stigma is linked to a lack of knowledge. Therefore, educational psychologists can play an important part in providing psycho-education to important role-players in these mothers' lives. The mothers in this study identified understanding and support from family, friends and schools that had knowledge of ADHD as a supportive entity in their lives. Psycho-education may therefore result in greater understanding and support, which may positively influence these mothers' wellbeing and that of their children.

It is recommended that psycho-education should form part of the diagnosis process for both children and adults with ADHD. Important role-players in their lives should form part of this process. Educational psychologists should also play a key role in this process. For example, from a school perspective, teachers should be provided with opportunities to attend workshops and conferences on ADHD, managing ADHD in the classroom and communicating with parents with ADHD.

From a family perspective, educational psychologists should include an element of psycho-education to important family members such as ex-spouses and parents of the adult with ADHD in the diagnosis process. Practical and straightforward pamphlets on how ADHD presents throughout the lifespan should be made available for family members, new partners, colleagues and friends of individuals with ADHD or who are raising children with ADHD.

From a societal perspective, educational psychologists and other health professionals should endorse mental health awareness events such as ADHD awareness month (October) and contribute to organisations such as non-profit organisation like ADHASA that raise awareness of ADHD throughout the country.

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Through psycho-education in various systems of these individuals' lives, a greater level of understanding and support, may be perceived and this may positively influence these individuals' wellbeing and that of their children

5.4.2. Amendments to medical aid schemes and psycho-education on tax rebates

The financial burden of raising a child with ADHD and managing adult ADHD symptoms has been discussed. Although some medical aid schemes cover stimulant medication to treat ADHD, it is only for individuals under 18 years. ADHD is a lifelong disorder, and treatment should be accessible across the lifespan. Psychiatrists in South Africa, such as Dr Renata Schoeman, are advocating for an amendment to the policy on ADHD medication for adults. Other mental health professionals such as educational psychologists, should support such initiatives to ensure these adults have access to vital treatment.

Educational psychologists should also be knowledgeable about medications that are available and should provide clients with information about how to access medication through state hospitals and receive tax rebates for the medication and any therapies or specialised schooling that their children may have received. Knowledge is power for these families and it is the responsibility of educational psychologists and other mental health professionals to share knowledge to support clients and their families as effectively as possible.

5.4.3. Asset-based support

The challenges related to being a single parent, having ADHD and raising a child with ADHD with minimal financial, emotional or practical support appear to be overwhelming. However, despite these challenges, the participants in this study had an overall positive outlook on their context. They could even identify positives in their challenges, such as in the case of being a single parent. The participants found it an asset to parent a child with ADHD as a single parent rather than in a partnership with someone who lacked knowledge or understanding about ADHD; therefore, an asset-based approach to providing support and guidance for mothers in similar circumstances may be an empowering tool. Through identifying their personal assets available and the assets in various systems, and planning how best to access these assets, mothers may perceive a sense of agency in managing future challenges.

An asset-based perspective or approach to therapy is closely linked to the person, process and context components of the bioecological model; however, the focus is on the protective factors available to the client (Swart & Pettipher, 2016). This may be perceived as a relevant and

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practical perspective for supporting single mothers with ADHD in the South African context, because the goal is to guide and support the process of change through the utilisation of resources and support (Swart & Pettipher, 2016). It is about utilising available resources across the client's different systems to ensure optimal development and to be less daunted by future challenges. By increasing their awareness of potential assets it provides them with a sense of agency in managing future challenges. These assets may be personal, such as resilience, initiative, motivation or temperament. Other assets that can be used to address needs, include external resources such as people and relationships, knowledge and expertise and facilities or services that have insight into ADHD (Swart & Pettipher, 2016).

The person-based assets were identified as contributing positively to the development of the mothers' interactions with their children. Therefore, person-based assets should be identified, acknowledged and encouraged so that mothers in similar situations may be less daunted by future challenges they may face when raising a child with ADHD. In terms of context, psycho-education would play an important part in informing mothers in similar situations about the risk factors linked to being a single parent, an adult with ADHD and having to raise children with ADHD and how to ensure strategies are in place to protect their psychological development and that of their children.

5.5. Suggestions for further research

Future studies would benefit by expanding on the findings of the current study. For example, each area identified as a category in this research (challenges, strategies, availability of support and the mother-child relationship) could be further qualitatively explored to gain additional insight into these systems. An example of this may be exploring how single mothers with ADHD navigate the workplace and achieve success despite their diagnosis and social dynamics. Such research would enable further development and implementation of support structures within the specific area of functioning.

The stigma attached to various aspects of these participants' lives needs to be addressed through further research. Although the findings are not generalisable, they do provide insight into the possible challenges such families are facing in the South African context. Furthermore, the findings highlight the need for support for such individuals from educational psychologists and other health professionals in terms of advocacy and psycho-education of the public and important role-players in their lives. Through such advocacy and knowledge, mothers in similar circumstances may perceive a more positive quality of life. The lack of knowledge about adult

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ADHD and children with ADHD contributes to disempowering individuals who already have many challenges to face in relation to their diagnosis. Findings from research into school interventions with teachers and parents of children with ADHD, as well as important role-players in their lives, could further contribute to alleviating the stigma surrounding adult ADHD and childhood ADHD, and provide guidelines for interventions at an individual and larger systems level for these individuals.

Lastly, research into an asset-based approach towards intervention for single mothers with ADHD would yield insight into the benefits of such an approach as proposed by the current study. The participants' resilience is a protective factor that should be utilised in planning therapeutic intervention and self-development skills for such individuals, as they will continue to face many challenges across their lifespan due to their diagnosis, their child's diagnosis and their family dynamics as single parents.

5.6. Conclusion

The present study was the first to explore the experiences of single mothers with an ADHD diagnosis who have children with ADHD in South Africa. The intention of this research is that the findings will contribute to the acknowledgement of such parents in the South African context and that understanding of their perceived experiences is brought to light. Furthermore, it is hoped that the knowledge that was generated through this research will assist in raising awareness of the stigma these mothers experience, so that intervention in various systems aimed at psycho-education may be implemented. Through the description of the many challenges that they face and the unwavering resilience of these single mothers, the hope is that the current study might contribute towards the designing and implementation of support for single adults with ADHD who are parenting children with ADHD. Above all, it is hoped that readers will be encouraged to become ADHD advocates for single mothers with ADHD, particularly those who are parenting children with ADHD.

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Addendum A

Example of Poster

RESEARCH OPPORTUNITY

UNIVERSITEIT STELLENBOSCH UNIVERSITY

Do you have ADHD and are you a mother of a child with ADHD?

Are you interested in contributing to research into ADHD in South Africa?

Researchers at Stellenbosch University are conducting research into the **experiences of SINGLE MOTHERS who are raising a child with ADHD, who themselves have a diagnosis of ADHD.**

The study calls for the participation of single mothers who have an ADHD diagnosis and are raising a child with ADHD.

Participants would be asked to take part in a 45-60 minute interview and write personal reflections which would give insight into their experiences.

Participation in this study will be greatly appreciated, as it will add to the understanding of the experiences of single mothers who have a diagnosis of ADHD and are raising a child with ADHD.

If you are interested in taking part, or for additional information, please contact:

Jessica Cheesman on

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Addendum B

Demographic Form

1. Age: ……

2. Sex (circle one): Male Female

3. What is your race or ethnic background? (tick one)

AFRICAN

ASIAN

COLOURED

WHITE

OTHER: (SPECIFY) ……

4. Home language: ……..

5. Marital status: (tick one)

DIVORCED

SEPARATED

SINGLE

WIDOWED

6. Size of house (indicate the number of rooms in the house):

……..

7. Number of people who live in the house: ……

7.1 What term best describes the kind of neighbourhood in which you live:

SUBURBAN

TOWNSHIP

URBAN

7.2 What is the name of the neighbourhood in which you live?

……

8. Household Income per annum (tick appropriate income category):

R0-35 000:……
R36 000-50 000:……
R76 000-125 000:……..
R126 000-175 000:……
R176 000-225 000:……
R226 000-275 000:……

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R276 000-325 000:…….
R326 000-375 000:…….
R376 000-425 000:…….
R426 000-475 000:…….
R476 000-525 000:…….
R>526 000:……..

EDUCATION LEVEL CHILD

9. Education (highest grade completed): …….

10. Has most of your child's schooling been in a rural or urban setting (circle one)?

RURAL URBAN

11. Has he/she repeated any grades? YES NO

If yes, please specify which grade(s):

……

12. What grade is your child presently in? (If not in school please indicate this):

……

EDUCATION LEVEL MOTHER

13. Education (highest qualification achieved): …….

ADHD DIAGNOSIS

14. Other family members with ADHD besides yourself and child? Yes No

If yes, please specify which family
members.....

15. How old was your child when he/she was diagnosed with ADHD?.....

16. Which professional assessed and diagnosed your child with ADHD? (tick one)

CHILD PSYCHIATRIST

CLINICAL PSYCHOLOGIST

EDUCATIONAL PSYCHOLOGIST

GENERAL PRACTITIONER

PEDIATRIC NEUROLOGIST

OTHER……..

17. Is your child on medication for ADHD? (circle one) Yes No

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18. How old were you when you were diagnosed with ADHD?.....

19. Which professional assessed and diagnosed you with ADHD? (tick one)

CLINICAL PSYCHOLOGIST

EDUCATIONAL PSYCHOLOGIST

GENERAL PRACTITIONER

NEUROLOGIST

PSYCHIATRIST

OTHER……..

20.Are you on medication for ADHD? (circle one) Yes No

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Addendum C

Semi-Structured Interview Guide

Parenting a child with ADHD: Exploring the experiences of single mothers with ADHD

Interview guide for semi-structured interviews: Participants

1. INTRODUCTION

a) Introduce self

b) Purpose of the interview

c) Confidentiality and anonymity

d) Format of the interview

e) Negotiating the use of recording equipment

f) Clarification and questions

g) Obtain consent

2. BACKGROUND INFORMATION

Firstly, I would like to get to know you a bit better. Tell me about yourself.

a) Name

b) Age

c) Place of birth

d) Interests or hobbies (Explain)

e) What else would you like to tell me about yourself before we continue?

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3. ADHD DIAGNOSIS

I would like to ask you some questions about your experiences of raising your child who has been diagnosed with ADHD. I would like to hear more about your perspective on your child's ADHD diagnosis.

a) When was your child diagnosed
b) What type of ADHD (Explain)
c) Medication
d) In what ways do you perceive his/her ADHD characteristics are displayed?

As we have already discussed, the aim is to explore your experience of raising your child with ADHD in depth during the interview. However, for some background information, explain to me your perspective on your own ADHD diagnosis…

a) When diagnosed
b) How do you understand ADHD? (What is it?)
c) What type of ADHD (Explain…)
d) Medication
e) Can you explain to me how ADHD feels to you?
    a. Physically
    b. Emotionally

4. CHALLENGES

a) What challenges do you face parenting a child with ADHD?

i) Challenges related to being a single parent?

ii) Challenges related to being an adult with ADHD and parenting a child with ADHD?

iii) Any strategies that work?

5. PARENT-CHILD RELATIONSHIP

I would like to discuss your relationship with your child who has ADHD.

a) How would you describe your relationship with your child?
b) Tell me a bit about your current relationship with your child.
c) Has your relationship with your child changed over time? (Probe how or why, triggers?)
d) How do your experiences with ADHD and your child's experiences with ADHD impact on your relationship with your child?

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6. PARENTING

a) How do you perceive your parenting abilities?

i) How do you think others (peers, colleagues, family, and community) perceive your parenting?

b How do you structure your parenting? (planning, unstructured))

c) Describe your parenting style. (approach to parenting)

d) In what ways does managing your own ADHD symptomology impact on your parenting ability?

e) In what ways does being a single parent impact on your parenting abilities?

7. WELLBEING AND SUPPORT

a) Let's discuss the support you receive in raising your child with ADHD. (family, professionals, peers, child's school)

b) How would you describe your wellbeing? (emotional, physical)

c) What intervention strategies do you think might be of support to your wellbeing?

Is there anything you would like to add?

Thank you for your time.

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Addendum D

Reflective Notes Guide

In order to gain insight into the experiences of single mothers raising a child with ADHD, who themselves have previously been diagnosed with ADHD; it will be helpful if you can write about your own experiences with your child. Your reflective notes can be made daily or weekly, and can be as long or as short as you prefer.

I would appreciate if you could reflect on, and answer the following questions in writing:

1. What are your experiences of raising a child with ADHD?
2. What challenges do you face parenting a child with ADHD?

Also, reflect on and consider the following in your reflective notes:

1. Your relationship with your child.
2. Your own wellbeing (mental, physical, emotional) and quality of life.
3. Support you may receive from others.

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Addendum E
Informed Consent

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jou kennisvennoot • your knowledge partner

STELLENBOSCH UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

TITLE OF THE RESEARCH PROJECT: Parenting a child with ADHD: Exploring the experiences of single mothers with ADHD
PRINCIPAL INVESTIGATOR: Jessica Elizabeth Cheesman
CONTACT NUMBER: 0741331899

You are invited to take part in a study conducted by Jessica Cheesman, from the Educational Psychology Department at Stellenbosch University. You were approached as a possible participant because you have indicated that you are a single mother who is raising a child with ADHD, while also having an ADHD diagnosis. Your experiences are unique and may provide further knowledge and understanding into parenting experiences.

Please take some time to read the information presented here, which will explain the details of this project. Please ask me any questions about any part of this project that you do not fully understand. It is very important that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the **REC: Humanities of Stellenbosch University** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research.

1. PURPOSE OF THE STUDY

The purpose of this study is to explore the experiences of five single mothers raising children with ADHD, who themselves have previously been diagnosed with ADHD. The focus will be on how you perceive your experiences of parenting a child with ADHD while managing your own ADHD symptoms.

2. WHAT WILL BE ASKED OF ME?

If you agree to take part in this study, you will be asked to carefully read all documentation and ask questions for further clarity. You will be expected to sign this consent form once you fully understand the research procedure. You will complete a demographic questionnaire. Furthermore, you will participate in a personal interview and answer questions about your

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parenting experiences. Finally, you will be requested to write reflective notes (daily/weekly) on your experiences of raising a child with ADHD, while managing your own ADHD

- *Questionnaire:* Before the interview starts, you will be asked to fill out a questionnaire with biographical and demographic details about you and your child.
- *Participation in a personal interview (45-60 minutes):* More than one interview may be needed. Interviews will be arranged at a convenient time and location (your home). Interviews will be audio recorded and transcribed for analysis.
- *Personal reflections:* Prior to and throughout the research process you will be requested to write reflective notes about your experience of raising a child with ADHD, while managing your own ADHD. Reflective notes can be made daily or weekly, and could be as long or as short as is convenient for you. The reflective notes should consist of as many thoughts and feelings as possible about your experiences of raising child with ADHD as a single mother with an ADHD diagnosis. These reflections will then be coded for data analysis.

3. POSSIBLE RISKS AND DISCOMFORTS

You may feel slight discomfort with the fact that you are taking part in a study focusing on your experiences of raising a child with ADHD while having an ADHD diagnosis. Some of the questions asked are of a personal nature and may bring up feelings you did not expect. However, effort will be made to ensure the location is private and low risk for distractions. If you wish to discuss the information above or any discomforts you may experience, please feel free to ask questions now. If at any time during the process you find any of the procedures uncomfortable, you are free to skip a particular question or stop entirely.

In the case that a referral needs to be made to a psychologist, Mareli Fischer, a clinical psychologist practicing in the Cape Town area, has agreed to avail herself. Contact details: 021 671 1204. If you would prefer to receive support at no cost, the ADHD Support Group of South Africa is able to provide this in the form of various support groups. Contact details: 078 920 3919/ www.adhasa.co.za. You will receive brochures featuring useful information about ADHD, support groups, as well as referrals to specialists in the field of childhood and adult ADHD.

4. POSSIBLE BENEFITS TO PARTICIPANTS AND/OR TO THE SOCIETY

This study will not benefit you directly. The research will contribute to knowledge about ADHD in general and particularly the experiences of single mother raising children with ADHD who also have an ADHD diagnosis. The information from this study may help improve the understanding of parenting experiences of single, ADHD mothers who have a child diagnosed with ADHD. This information may allow us to identify ways in which we can better support these individuals.

5. PAYMENT FOR PARTICIPATION

There will be no costs involved for you, if you do take part. There will also be no compensation for participation in this study.

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6. PROTECTION OF YOUR INFORMATION, CONFIDENTIALITY AND IDENTITY

Any information you share with me during this study and that could possibly identify you as a participant will be protected. Confidentiality will be maintained and your identity and any mention of your child's identity will be maintained with the use of pseudonyms. Information acquired in connection with this research will only be disclosed with your permission or as required by law. Data, including audio recordings and transcripts will be stored in a locked cabinet, and data stored on the researcher's computer will be protected by a security code. After the research study is completed, the hard copies of transcripts and audio recordings will be sealed and stored in a locked location. The data, including audio recordings on a flash disk will be stored safely for five years and then destroyed. Furthermore, access to raw data containing identifying information will only be accessed by the researcher.

Transcriptions of interviews as well as audio recordings of interviews will only be accessed by the researcher and her supervisor and securely stored after completion of the research study in a locked cabinet. The information collected will be presented as part of a Master's research project for Stellenbosch University. Also, the results may be submitted for publication in a peer-reviewed journal. In both instances, you will not be identified in any way.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you agree to take part in this study, you may withdraw at any time without any consequence. You may also refuse to answer any questions you don't want to answer and still remain in the study. You are free to withdraw from participation in this study at any time. If you do withdraw, there will be no penalty and any data that has been compiled will be destroyed and omitted form the study.

8. RESEARCHERS' CONTACT INFORMATION

If you have any questions or concerns about this study, please feel free to contact Jessica Cheesman at 0741331899, and/or the supervisor Carmelita Jacobs at 021 808 9618.

9. RIGHTS OF RESEARCH PARTICIPANTS

You will have the right to listen to recordings of interviews and view transcribed information pertaining to your own interview. You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

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DECLARATION OF CONSENT BY THE PARTICIPANT

As the participant I confirm that:

- I have read the above information and it is written in a language that I am comfortable with.
- I have had a chance to ask questions and all my questions have been answered.
- All issues related to privacy, and the confidentiality and use of the information I provide, have been explained.

By signing below, I _____ agree to take part in this research study, as conducted by Jessica Cheesman.

_____ _____

Signature of Participant **Date**

DECLARATION BY THE PRINCIPAL INVESTIGATOR

As the **principal investigator,** I hereby declare that the information contained in this document has been thoroughly explained to the participant. I also declare that the participant has been encouraged (and has been given ample time) to ask any questions. In addition, I would like to select the following option:

	The conversation with the participant was conducted in a language in which the participant is fluent.
	The conversation with the participant was conducted with the assistance of a translator (who has signed a non-disclosure agreement), and this "Consent Form" is available to the participant in a language in which the participant is fluent.

_____ _____

Signature of Principal Investigator **Date**

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Addendum F
DSM-5 Diagnostic criteria for ADHD

DSM-5 Diagnostic Criteria for Attention-Deficit/Hyperactivity Disorder

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 side tracked).

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.)

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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 but Criterion A1 (inattention) is not met over 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 only minor functional impairments.

Moderate: Symptoms or functional impairment between "mild" and "severe" are present.

Severe: Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.

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Addendum G

A Portion of Participant 5's Reflective Notes

4.BA

A lot of what I experienced going through school, I seen in my child. This breaks my heart because I remember how hard it was 1./4.BA for me. When he tells me 4.AA he just feels weird & different & 3.B 1.AB the other kids can do stuff 1 he can't, I relate 4.BA I push him 2.BA to try harder & reach his potential 2.BA but know he has limits because of ADHD. 4.BA Im able to facilitate him more because I see what he needs. 4.AA/4.BA

1.AB

Frustration levels through the roof this morning because we couldn't find his meds & neither of us could remember where they were 4.CA/4.CB.

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Addendum H

Example of Field Notes

Example of researcher's field notes five (F5) following interview (I5) with P5 (Fiona)		
Date: 22 February 2018	**Time:** 10am	**Place:** Fiona's office/Johannesburg

Areas of interest	**Notes**	**Coding**
Descriptive notes:		
Setting	Physical: • Office, met in boss's office as her office was too "hectic".	**1.AA**
Participant's physical appearance	• Comfortable but appropriate for work setting. • "I got ready in a rush, sorry about that."	**1.CA**
Body language	• Relaxed, open body language. • Ran hand through hair frequently, twirled hair. • Moved hands and legs frequently.	**1.A**
Emotional disposition	• Energetic and enthusiastic. • Emotional (tears) when speaking about son's progress. • Emotional (teary) when reflecting on lack of support through her childhood and adulthood.	**1.AB/4.B/3.A**
Reflective notes:		
1. All four of the participants thus far have described feeling isolated or stigmatised based on their diagnoses and their children's diagnoses. 2. Medication appears to make a significant difference in her ability to manage work-related responsibilities. **3.** Fiona appears to have faced immense challenges since she was a child but continues to persevere. Resilience? Or related to ADHD, easily gets over things? **4.** All four participants thus far have mentioned their ex-partners were/still are uninvolved with their children's diagnoses. **5.** Fiona reflected on how her ADHD symptoms may have played a role in her divorce. **6.** I wonder about the level of access to resources to support mothers like Fiona. She has financial means but what about the mother who does not?		**3.A/3.B** **2.CA/3.C** **2.** **3.AC** **1.CB**

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7. Despite the challenges of ADHD I read about in literature and the challenges she describes, it appears ADHD has enhanced her relationship with her child (mutual understanding?)	**1.BA**
8. I felt comfortable interviewing Fiona, as has been the case with the previous interviews. I think this may be due to the openness associated with ADHD.	**4.BA**
9. Personal drive to ensure child grows into an independent adult. (Based on own experiences as child with ADHD).	
10. ADHD in adult and child appears to play a negative role in maintaining new intimate relationships.	**4.AA**
11. I had some difficulty keeping the discussion on track as Fiona would at times go on a tangent and then forget what the question was. I need to keep this in mind for the next interview.	**2.BA**
	1.CB
	1.BB

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Addendum I

Participant Transcription

Example of transcription of interview five (I5) with participant five (Fiona*) Highlighted parts indicate units of meaning	Coding	Comments
Interviewer: I'd like to chat a bit about how ADHD feels for you emotionally, if that is OK with you?		
Fiona: Um, I think it makes me feel incredibly incompetent because everybody can do stuff that I cant. Why can you sit down, I mean I cannot have a desk job because I cant focus that long. I cant tidy my house because I'll pick something up and then I'll find something else and put the first thing down and do something else. So I never actually get anything done. So it makes me feel very incompetent. Because my anxiety is so high and it affects me on an emotional level it makes me quite angry and quite aggressive. I'm aggressive with myself because nothing is working like it should be working. Everything has to be very rigid because if its not rigid I cant cope. I know if I don't leave on time something will happen, I will get distracted and my day will not go as planned.	1.AB 1.AA 1.CA 1.CA 1.AB 1.AB 2.AA 1.A	**Feelings of being different or "other" compared to "normal adults.** **Cycle of incompetence and negative self-view.** **Need for structure essential.**
Interviewer: I'd like to chat a little bit about the challenges that you have faced in parenting a child with ADHD, specifically with being a single parent.		
Fiona: My biggest one is that there is no one to help regulate me, the household. In the morning if I get distracted, there is no one to sort of help me and the kids. I'm all over the place they are all over the place and the house is in chaos. So there is no	1.CA 1.CA	**Difficulties managing household related to ADHD and single.**

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one to actually help me structure it. There is no external regulator. Interviewer: So, it's linked to you having ADHD. Fiona: I think so. There are pros and cons to it. I think the pro is I understand it so I am more patient with them. But having said that, if I get distracted, so if I forget that he has cricket today, he won't remember so then I am meant to be the person regulating him but I cant regulate myself so I can't help him which makes him more anxious. Interviewer: So, you understand him better than maybe another parent would because you have gone through similar experiences but you also can't always support him the way you would want to because you forget as well. Fiona: Exactly. I think I also have the advantage of the experience I have. We have a lot of external cueing in our house. One of the things he says to me all the time is that I nag him all the time. So, I've typed up a page with everything he needs to do in the morning. Remember your glasses, school shoes, clean teeth, wash face, make your bed, switch off the light. He can actually go down the list, I've actually done the same thing for his sister but with pictures because she can't read yet. It's worked like a bomb. Interviewer: So, helping them be more independent.	4.B 1.BB 4.B 2AA/2.BA 2.BA 2.BA	**Mutual experiences are bonding.** **Strategies encourage independence in**

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Fiona: More independent but also now I don't have to follow up, I can be focused on getting myself organised. The other thing I have is a calendar on the kitchen cupboard downstairs. I've got what weekends they go to daddy, my son needs to be pre-warned. So, on the calendar I have when they are at home, at daddy, extra-murals, PE, library. So, it's also useful for me because I can go look at the calendar and see what I need to help them remember. So, it's a nice external thing they can actually go look at whose birthday party is when.	2.AA 2.AA	**child assists in managing daily tasks.**
Interviewer: You have mentioned some of the strategies you have implemented to help with the challenges of raising a child with ADHD. Are there any other strategies?	2.AA	
Fiona: Our routine at home is very rigid. I wake up very early so I can get my stuff organised. Everything is according to time. Their clothes have got to be out the night before. Our routine is always the same.		
Interviewer: Is that something that is easy to implement or is it from necessity?	2.A	**Structure is essential from a young age.**
Fiona: I don't know if I am like that because I have always struggled to concentrate or if I have done that to help me. I was also in boarding school from the age of seven so we had that.		
Interviewer: But it is something that helps you with daily tasks?	2.AA	**Insight into child's experiences from own childhood**

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Fiona: Ja, but what I have also noticed with the kids is if I break that routine then my kids don't cope. So, they also need it. I give them a lot of time in the routine so if they get distracted and start jumping on the bed, which they do, we've got time for that. Interviewer: So, your strategies don't set them up to fail. Fiona: Exactly. Interviewer: How would you describe your relationship with *Max? Fiona: I think we are very close and we have a very open relationship. I never realised how negatively his father impacted on our relationship.	4.BA 4.AA 2.AB	**experiences with ADHD.** **Being a single parent has been a positive in some regards.**
* Pseudonym		

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Addendum J

Coding and Themes

Categories	Main themes	Sub-themes
	Within this category, the following main themes emerged:	**Within some of the main themes the following sub-themes emerged:**
1. Participants perceived challenges	**1.A: Challenges related to adult ADHD**	**1.AA:** Managing work responsibilities
		1.AB: Wellbeing
	1.B: Challenges related to parenting a child with ADHD	**1.BA:** Financial constraints
		1. BB: Reactivity of the parent-child interactions
	1.C: Challenges as a single parent	**1.CA:** Managing the household
		1.CB: Maintaining new relationships
2. Strategies identified by participants to manage daily tasks	**2.A: Structured parenting**	**2.AA:** Routine
		2.AB: Being a single parent
	2.B: Preparing for the future	**2.BA:** Encourage independence
	2.C: Self-care	**2.CA:** Medication
		2.CB: Therapy
		2.CC: Active lifestyle
3. Perceived availability of support	**3.A: Lack of support**	**3.AA:** Family
		3.AB: Friends
		3.AC: Ex-partners
		3.AD: Schools
	3.B: Stigma	
	3.C: Paying for support	
4. Mother-child relationship	**4.A: Communication**	**4.AA:** Open communication
	4.B: Empathy	**4.BA**: Mutual understanding

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Research Permission from the Research Ethics Committee of Human Research (Humanities) of Stellenbosch University

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NOTICE OF APPROVAL

REC Humanities New Application Form

12 February 2018
Project number: 1457
Project Title: Parenting a child with ADHD: Exploring the experiences of single mothers with ADHD

Dear Mrs Jessica Cheesman
Your response to stipulations submitted on 5 February 2018 was reviewed and approved by the REC: Humanities. Please note the following for your approved submission:
Ethics approval period:

Protocol approval date (Humanities)	Protocol expiration date (Humanities)
30 November 2017	29 November 2018

GENERAL COMMENTS:

Please take note of the General Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

If the researcher deviates in any way from the proposal approved by the REC: Humanities, the researcher must notify the REC of these changes.

Please use your SU project number (1457) on any documents or correspondence with the REC concerning your project.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

FOR CONTINUATION OF PROJECTS AFTER REC APPROVAL PERIOD

Please note that a progress report should be submitted to the Research Ethics Committee: Humanities before the approval period has expired if a continuation of ethics approval is required. The Committee will then consider the continuation of the project for a further year (if necessary)

Included Documents:

Document Type	File Name	Date	Version
Recruitment material	APPENDIX A.Poster	17/09/2017	3
Research Protocol/Proposal	Proposal REC Stipulations	01/02/2018	REC Stipulations
Recruitment material	APPENDIX A.Poster	01/02/2018	REC Stipulations
Informed Consent Form	APPENDIX E. Informed consent	01/02/2018	REC Stipulations
Data collection tool	APPENDIX C.Interviewguide	01/02/2018	REC Stipulations
Data collection tool	APPENDIX B. Demographic form	01/02/2018	REC Stipulations
Data collection tool	APPENDIX D. Reflective Notes	01/02/2018	REC Stipulations
Default	ADHASA permission letter	01/02/2018	REC Stipulations
Default	RESPONSE TO REC STIPULATIONS	01/02/2018	REC STIPULATIONS 2

If you have any questions or need further help, please contact the REC office at cgraham@sun.ac.za.

Sincerely,

Clarissa Graham

REC Coordinator: Research Ethics Committee: Human Research (Humanities)

Stellenbosch University https://scholar.sun.ac.za

Addendum L

ADHASA Permission for Research

accept ~ don't reject
ADHASA
Attention Deficit and Hyperactivity Support Group of Southern Africa

22 January 2018

To whom it may Concern

RE: Application for ADHASA to assist with Student Research.

ADHASA has been approached by Jessica Cheesman to assist with her research project by advertising participation thereof to our members.

Student research has made a huge contribution to the understanding of ADHD, and ADHASA appreciates their work. We are therefore happy to promote their research and encourage our members to assist.

As people gain greater understanding of ADHD, the world becomes a better place for people affected by it.

Students are welcome to send information of their project to ADHASA which then will be placed on the research page of our website, included as an email to our mailing list and added to our social media pages. We will encourage our eligible members to participate.

ADHASA requires the following from students that we assist:

- ADHASA is to be acknowledged for its participation.
- When the project is complete, ADHASA is to be informed of the results, and a bound copy of the thesis/research project to be presented to ADHASA.

If you have any queries, please do not hesitate to contact me.

Kind Regards

Carol Mewse
National Office Coordinator

Section 21 Company Reg No: 930363908 NPO No: 097-831-NPO
Phone: +27 11 888 7655 Fax: 0866047124 Email: info@ADHASA.co.za Website: www.ADHASA.co.za
Physical Address: Delta Park School, Standard Drive, Blairgowrie, Randburg Postal Address: P O Box 3577 Pinegowrie, 2123
Directors: M. Barry (Chairman), E. Maema (CEO), E. Masike, C de la Harpe

Stellenbosch University https://scholar.sun.ac.za

Addendum M

Professional Editing Declaration

Ella Belcher
Language Editor and Translator
22 Bruton Place
Heldervue
Somerset West

Member of the South African Translators' Institute
Member of the Professional Editors' Guild
☎ +27+21-8550673 083 294 8393
Postal address: P.O. Box 12570 Die Boord 7613 South Africa

DECLARATION

I hereby certify that the Master's thesis mentioned below has been properly language edited. The author was responsible for the final checking of the references.

Title of thesis

'Parenting a child with ADHD: Exploring the experiences of single mothers with ADHD'

Student

Jessica Elizabeth Cheesman
Stellenbosch University

ELLA BELCHER
Somerset West
27 October 2018