

A Qualitative Study of the Impact of Spousal Death on Changed Parenting Practices of Iranian Single-Parent Widows

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Abstract

Background: While it is expected, different causes to decision making accept parenting responsibility and parenting style based on the single parenthood occurs as a result death of the spouse, it has not been clearly articulated. Therefore, we explored the parenting experiences of Iranian single-parent widows who keep custody of their children after their spouses die.

Method: In this descriptive, exploratory study in-depth interviews were held with 24 Iranian single-parent widows. The data generated were analyzed using the constant comparative method.

Result: Preliminary results indicated four main thematic categories: (a) development of a paradoxical identity: a hopeless widow vs. a hopeful mother, (b) submerging self in custody role vs. staying from widow role, (c) sentimental parenting and, (d) paradoxical evaluation: fruitful for children vs. fruitless for self.

Conclusion: The results indicate that single-parenting after the death of the spouse is a difficult experience. Sentimental parenting practices, related to maladjustment with spousal death and roles transformation is a risk for the health of widow-single parents, so they need to be supported by health care delivery and social welfare systems to cope with their life after spousal death.

Keywords: Maladjustment; Parenting practices; Sentimental parenting; Single-parent widows

Introduction

In Iran, the nuclear family continues to be the most common type of household, but there exists over 1,600,000 single parent families, more than 80 percent of which are formed due to the death of the father.¹

Having a child in Iran is regarded as God's blessing. Improvement of social and economical condition of Iranian nuclear male headed families has provided better opportunities of success for children in recent

years;² however, being the head of a family and also taking on the role of both a mother and a father simultaneously after the death of a spouse and the changed structure of family is a dramatic change and an excessive burden due to a multitude of responsibilities, leading to role overloading,³ especially in Iran, where the primary women's role has been limited to the familial roles of the wife and mother.^{4,5} Therefore, under the conditions of single parent family, it is reasonable to expect that single mothers can overcome the difficulties associated with rearing children alone and also to expect some changes in the parenting style and practices in comparison to Iranian nuclear family.

While parenting is a stressful and complex activity,⁶ many researches in the western countries and also in Iran study the effects, especially negative

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effects, of living with one parent for the children or for lonely parents in single parent families from social, economical and health points of view.^{7,8} A few researchers studied parenting behaviors of single-parent family. Abell and Clawson⁹ found 4 types of parenting strategies in a low-income sample of African American lonely mothers, including (1) emotionally democratic and supportive, (2) low emotional involvement, (3) high parent-child conflict, and (4) high emphasis on emotional and behavioral control.

However, different causes to decision making accept parenting responsibility and parenting style (and its consequences for parents and their children) based on whether the single parenthood occurs as a result of death of the spouse, divorce or accidental parenting.¹⁰ Most research on single-parent families in western society portrays them as consisting of never-married women raising their children in households that do not include any other adult; the experiences of younger widow-single parents, after spousal death is largely neglected, especially in Iran, while they are the largest group of single parents in Iran and also they the legal authority to keep or discard the custody of their children after spousal death. Therefore, in this qualitative study, we explored this experience to better understand and better support this vulnerable group.

Materials and Methods

This research was approved by the Research Ethics Board of Isfahan Medical University. Data collection was carried out after the participants signed a written consent form with full awareness. Qualitative, descriptive, exploratory research designs are valuable when investigating subjects about whom little is known.¹¹ Using an interpretive lens, this study sought to understand the experience of Iranian single-parent widows who adopt to shoulder the duty of the lonely parent, with regards to causes of decision making accept parenting responsibility, parenting style and behaviors, and also its consequences for the health of these mothers. Methods typical of grounded theory were used in this research, including: concurrent data generation and analysis, constant comparison of data, and the identification of in-vivo codes.¹¹

The purposeful sampling method¹² was used to select the participants to capture the maximum amount of potential data from a specific population. Data were collected on 24 Iranian widow parents who live with at least one child younger than 18 years at the

time the study was performed. We emphasized that the single mothers in the study did not remarry after the death of their husbands.

The participants were aged between 25 to 55 years at interview (Mean \pm 42 years), and they were aged between 20 to 48 years when widowed (Mean \pm 35 years.), had been married between 3 to 20 years before the death of their spouse, were widowed less than 1 to 15 years before, and on average had 2.83 children (range 1 to 6).

We found 8 widow participants who used supportive programs through our presence in two governmental welfare organizations – the social welfare organization (SWO) and the Imam Khomeini Relief Committee (IKRC) – and some non-governmental organizations (NGOs). The other widows (N=16), who were not under support, but were accessed through their friends and relatives. Then, the widows with the required characteristics were contacted by their introducer. If a widow gave her consent to participate in our study, the first authors of the present research contacted her by phone to arrange a meeting and interview with her.

The unstructured in-depth face-to-face interviews as the main data-collecting tool were performed following the participants' preferences (e.g. home, office, park, or any private environment) by the first author. Each participant was informed of the objectives of the study and of her rights as a participant. If they agreed to participate, they were asked to sign informed consent forms. The tempo of the conversation was flexible and the order flowed from the respondents' lead. Interview sessions lasted between 60–240 minutes. As the research continued and we obtained data and categories, it got necessary to refer to some participants again to help collect the acquired data and categories more explicitly. For this reason, 7 of the 24 participants were interviewed twice, and one was interviewed thrice. Thirty-three interviews were done to achieve data saturation. All the interviews (except one case) were taped and then transcribed.

The data were analyzed using constant comparison method;¹¹ this method was employed to compare and group together the different pieces of data based on similarities and differences.

To begin the data analysis, the first author transcribed the interviews word by word, and transcriptions were reviewed several times to immerse in the data. Open coding resulted in a large number of single codes grouped into categories. The analysis

continued until all the thematic categories were saturated and no data could be identified and the categories were coherent or meaningful. The same approach was used for analyzing the field notes written by the interviewer and one narrative written by one of the participants. According to the principles of qualitative research, to increase the rigor of the study, we involved four researchers in data analysis and agreement was reached about what meaning units to select, the coding process, the categories and themes, etc. Also, we used members to check and seek agreements with some of the participants, to see if what was said was true, according to their experiments. We followed up any questions in the same area by re-contacting the participants to obtain the consistency of data with 8 additional interviews.

Results

Four main categories were identified in data analysis: (a) Development of a paradoxical identity: a hopeless widow vs. a hopeful mother, (b) submerging self in custody role vs. staying from widow role, (c) sentimental parenting and, (d) paradoxical evaluation: fruitful for children vs. fruitless for self (Figure 1). After spousal death, as to two important role changes, a paradoxical identity was developed in the women: a hopeless widow - a hopeful lonely mother.

The mothers became hopeless related to the role

change of a worthy wife to a less worthy widow after spousal death; negative self- definition and identity was growing up in the mothers. Own self-worthlessness; sense of incomplete, aimless, and motiveless were the negative concepts they used to describe their hopelessness as follows:

I lost hemi of my self; I am worthless after my spouse death; I don't have any wishes to my self, I have no other motives to live by myself. I cannot see any nice future for myself.

The mothers had decided to keep custody of children because the hopeful sense related to become more helpful as a lone mother: "After death of my husband, I never thought of living on but for my children's life and their future. I don't have any future for myself, my children are my future; they need my help; therefore, I should stay and raise them. I want to be a replacement for their father; trying to control over them, so they become a socially valuable person".

The hopelessness was related to four characteristics: maladjustment with unexpected loss of a loved husband, social stigmatization and no respectful behavior toward widow women, a decline in the relationship, and insufficient legal and social support for widow women.

Most of the participants experienced a sudden death of a loved husband while the widow and their husbands were young: "I loved my husband. He was a good man. He was a driver; one day (10 years ago) he left home at 11; and at 12, I was informed that he has

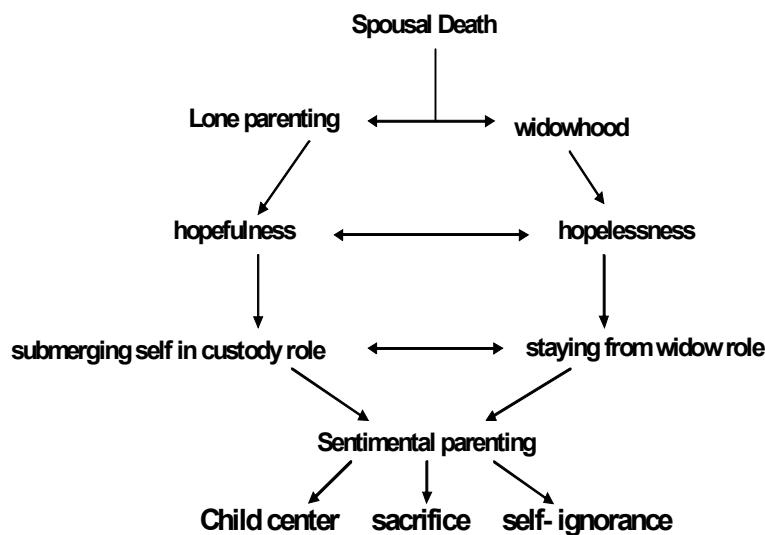


Fig. 1: Thematic categories and its relations

died in a driving accident; it was a horrible event, I was young, becoming a widow in this age was very difficult. My good fortune was ended by my husband's death. After his death, I was not happy for myself. I don't like to live on more after my spouse's death."

They also were not satisfied with disrespectful social behaviors and also stigmatization, especially sexual and financial stigma toward widowed women: "They (public) have a special slant on widowed woman; they don't respect us like the time we had a husband. The society watches us, they say she has no master (husband), can do whatever she feels like it (which implies having free sex), if you have a little bit of makeup, they say the husband is gone, see what she does."

The widows felt "loneliness" in facing their problems because declining family and also social relationships are related to social stigma: "My relatives stopped all their relations with us after my husband's death; because I have no husband and no income; they would not like to be involved themselves with my troubles; It is all with me."

Insufficient legal and social support for widows was common hopelessness experiences of the most participants: "After the death of my husband, I miss my control on my life. According to the law, my father-in-law is financial supporter of my child and me by my own money; like a child, for doing every thing, I need his permission

This condition against widow women is a 'disappointment situation' and a 'social death' for a widow to return to normal life, after spousal death: "...every morning I say, oh God, it is morning again and what should I do? I think, in this society, a widowed woman should die with her husband; a widowed woman needs mourning just like her dead husband."

The hopefulness was related to four characteristics: 'familial love', 'sense of obligation to children', 'self-esteem' for ability to do the role and 'social support and respect toward a widow who is the head of family after the death of her husband: "I was not forced to take the custody of my children; I wanted to be a replacement with their father; I knew I can do this responsibility ... I love my children and take care of them;

We gave birth to them (children); then it is our duty to maintain their life and take care of them. Children have not enough experience and ability to live by themselves."

People respect and help me, because I didn't remarry and took care of my children who had no other

guardian, except me. In my city remarriage is not common for a widow."

After mothers believe in own self-worth with superior identity as a lonely mother, they become hopeful, submerging self in custody role, with the whole responsibility of a mother, a father and the head of family: "Now I am a mother, a father and a head of the family. I want to live to see my children grown up." However, at the same time, they believed in own self-worthless identity as a widowed woman, and they hide their own widow-identity from others if it is not necessary: "I do not say any other persons that I am a widow, I don't like people know me as a widow; because, not only it is not useful but is harmful for me."

According to data, the parenting practices of these mothers were changed after spousal death; we named parenting style of these mothers' 'Sentimental parenting'; that is an emotional and sympathy parenting. These sentimental mothers have three important characteristics: Child-oriented attitude, sacrifice parenting practices and self-ignorance.

They were becoming very child-centered: "Since my husband's death, all that I have thought of is my children."

Therefore, they were also becoming highly mild, responsive, sensitive, and supportive; also they were low demanding and avoided confrontation with and punishment of their children; they sacrificed to support and supply their children's needs, because their children didn't have father: "...I sometimes quarrelled or punished them [children] when my husband was alive, but now I feel much pity for them. I would never like any of my relatives to tell them anything harsh, I talk to them in a good and advising manner so that they wouldn't become disappointed because I see they have lost their father and it makes me sad."

"I do both a father and a mother's duties for my child. Now, I can not say "no" to my child. I work hard to provide everything that he wishes. He asks me to take him out of home, and I do it. He asks me to buy these shoes for him, and I buy them... "

All of the widowed parents were faced with many disregard their own needs, work hard and tolerate difficult situations, because they would like their children to grow in a good situation and have a good future; "Supervising three children is difficult while there is no father, no man; now I work all nights; I work in slaughter from twenty at night till 10 in the morning. I have no rest; it is difficult... I feel tired when I come home, my hands and my legs swell. These jobs are for men... I must work; otherwise, I

will lose my job. I have to adjust myself to working conditions, even I am ready to do other jobs till my son is older and my daughter is married.

They don't like their children to be embarrassed in front of others, even in difficult conditions: "When my daughter married, her husband and their family didn't say anything about her dowry. But she is a girl; this is not acceptable by my conscience (that I don't give her any dowry). A mother doesn't simply like her children to have a weak point in front of others.

It seems the widowed mothers under uncontrolled psychosocial hopelessness have accepted and internalized the fact that they cannot have a future as a widow; therefore, they not only ignore their own physical and emotional needs and wishes, and sacrifice much to help their children: "Really, I don't want to eat anything so that I would have more food for my children to eat. I wish heartedly to give something I like to my children to eat.... I want my children to eat more. I wish my children to be well. (After death of my husband) I haven't any wishes for my self; my future was ended."

Therefore, many of these custodian mothers had physical health problems; malnutrition, backache, headache, arthritis, breast cancer, immune deficiency, heart pain, and hypertension as a result of neglecting their own health and sacrifice to provide their children's needs: "My heart aches..., also I have lumbar pain and arthritis because I work hard in many houses (she was a maiden). Doctors have advised me not to work but I must work; I am the custodian of my family. Emdad Committee supported me in our financial needs, but it wasn't enough."

The widows were happy and satisfied about accepting the custody of their children and taking care of them. But at the same time, they were unhappy with their own- self:

"I am happy for my children, but not for myself."

They suffered (or must suffer) many years only for children, and ignored their own personal needs and life options; now, they have lost their youthfulness, health, well-being, and also many chances for self-development or reconstruction of their life by remarriage. They felt these hard efforts were fruitless for themselves and there was no time for having good future for them: "I never thought of living on but for my children's life and future. I wanted to be a replacement with their father; I loved my children and took care of them; I didn't care about myself. I suffered for my children but they neither compensated for it nor even tried to do it. Even though I knew this

matter, still I took care of them and missed my youth, the best chances for an easy life and remarriage; my life is to be ended, ended (while crying)."

Discussion

In this study, we reviewed the single parents' status as widows after spousal death. Conjugal bereavement has long been considered one of the most stressful events. Major life events such as widowhood are also associated with a disturbance in one's normal routine and an increase in stress;¹³ especially for women in Iran who, traditionally and legally, are strongly dependent on their husbands.⁵

Grief is a human response to the loss a significant relationship. After a normal grief, the grieving individual incorporate the changes created by loss into a new definition of a reality and development of a new identity and hopeful return to self-recovery.^{14,15} However, it seems in this study, under conditions of "sudden and unexpected death of a love husband", our participants experienced a pathologic grief that was demonstrated by some other studies.^{16,17} The participants returned to life with paradoxical hopeless and hope related to development of a negative new self-definition and identity as a widow, that is an inferior and contracted role and identity in counter role of a wife; and positive new self definition and identity as a lonely parent that is a superior and expanded identity in counter of a role of a mother after spousal death.

Iranian society, like all patriarchal societies, confers social status on a woman through a man; being a single woman in the society would not be complete. In Iran, the single widow women were named "bee sarparast" that means without a man supporter. The self-reliance of the widows decreases because of the feeling of having no support.¹⁸ These women are also at risk of high levels of stress related to loss of income, emotional and social support.¹⁹ Iranian widows are often looked down due to their poverty and sexual deprivation.^{4,20} Therefore, in addition to loss of a lovely relationship with husband, role transformation from wife to widow single women was harder. This was a 'disappointment situation' and a 'social death' for a widow.

On the contrary, culturally, in Iran, the custody of children and loyalty to the dead husband is appreciated. The single widow women who is the head of the family were named "shirzan"; it is a superior identity, that means a "strong widow who is the custodian of

children by herself after spousal death"; realizing their self-worth and thinking about their own needs is necessary to develop their new positive identity.²¹ Therefore, realizing one's own self-worth as a widowed head of family facilitates the role transition to the lonely custodian of children by increasing their self-esteem.

These findings are in contrast with those of Lowe,¹⁷ who reported an increase in self-esteem and confidence when a widow rebuilt her identity after being widowed. This parenting style characterized by high levels of support and low levels of control in our study is similar to indulgent-parenting of Baumrind's parenting typology in nuclear family^{22,23} and emotionally democratic and supportive parenting typology of Abell and Clawson in single parent family.⁹

The results of this study, similar to some other researches,²⁴⁻²⁶ showed that mothers sacrifice for children and give up their interests or needs in return for their children; also Bluestone and Tamis-LeMonda reported child-oriented disciplinary among working- and middle-class African American mothers. They neglect their own needs and wishes; they are sensitive to their child's demand. This is similar to the findings of Lundy and Saucier,²⁶ who reported that mothers' health care can be neglected and considered luxurious especially when it is not in accordance with her children's care, food or shelter. Contrary to the results of some studies,⁷ these sentimental mothers avoid anger and punishment of their children.

Although it is claimed that the concept of motherhood is traditionally accompanied by sacrifice and self-denial because mothers love their children,²⁷ according to an economic theory, mothers give up themselves because of poverty.²⁸ It seems that these mechanisms could be true to explain the sacrifice of our participants for their children, but we also propose that self-ignorance in the sentimental parenting style could be considered as the signs of hopelessness related to difficulty psycho-social adjusting, through role transformation to widowhood and single-parenting after unexpected death of the spouse.

Similar to many studies, the health of our lonely mothers is at risk²⁹ not only for multiple roles and duties but also due to self-health care neglected by lonely parents who are hypersensitive to provide their children's needs. It is shown by some researchers that there is a direct relationship between mothers' health status and the method of meeting their children's needs.³⁰ Fujiwara and Lee³¹ showed altruistic behavior only for children may have a stronger impact on the psychiatric morbidity of parents, leading to

anxiety disorder and major depression.

Our participants, similar to the samples of Crosier *et al.*,³² showed signs of the emotional-psychosocial problems, such as negative thinking about themselves and dissatisfaction with regard to the quality of life as a result of hard work and financial problems, especially in the absence of a social protective system.

In addition to love and affection, mothers need knowledge, time, and enough money to take care of their children and provide their needs, while they should participate in social affairs too.³³ Therefore, most of the lonely mothers experience great stresses and anxiety regarding their child's experiences.³⁴ Desperation, hopelessness, and depression, as mentioned in many articles,³⁵ are the known outcomes related to the health of widowed women as reported by our participants.

However, financial social support and family income showed a strong relationship with mental problems of such mothers.³⁶ Also, it is important these widow-lone mothers 'becoming differentiated' by 'a watching and stigmatizing attitude' of society in Iran. So, many of them said 'they are only alive but do not really live'.

The participants in the study comprise a small population and the results may not be applicable to typical populations. Also, we did not interview with children of these participants. But this is one of the very few studies that examined the transition to widowhood of young women with dependent children. In addition to the use of the traditional theories such as "mothers' love for children", to explain self-ignorance and sacrifice, according to the findings of this study, we hypothesized that becoming a sentimental single parent with two strategies of self-ignorance and sacrifice is also attributed to maladaptation with spousal death and "psycho-social hopelessness" through double role transition to widowhood and single parenting.

According to Bahr and Bahr,²⁶ we should not neglect lonely mothers who have neglected themselves because these behaviors have mental and physical health outcomes for the lonely mothers. So, they need to be supported to adjust with their life after spousal death by health care delivery systems with interventions such as grief therapy, and social welfare systems with socio-economical intervention through role transition to widowhood and lonely parenting after spousal death.

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