

Commentary

Single fatherhood due to cancer

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Abstract

Cancer is a leading cause of widowed fatherhood in the USA. Fathers whose spouses have died from cancer constitute a potentially vulnerable population as they adjust to their role as sole or primary caregiver while managing their own grief and that of their children. The importance of addressing the psychological needs of widowed fathers is underscored by data showing that father's coping and emotional availability are closely tied to their bereaved children's mental health. Surprisingly, scant attention has been given to the phenomenon of widowed fatherhood with virtually no clinical resources or research studies devoted to fathers who have lost their wives to cancer. This commentary highlights key challenges facing this underserved population of widowers and calls for development of research agendas and clinical interventions for single fathers due to cancer.

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Introduction

Data suggest that cancer is responsible for more widowed fathers than any other cause of death. Cancer is by far the leading cause of death among women between the ages of 35–54 years [1], the ages during which women are most likely to have children in the home. In fact, nearly one in five adults with cancer are parents of dependent children [2]. The number of children living with widowed fathers in the USA is estimated to be over 100,000 [3–5]. Maternal death can be a highly traumatic event in a family system and threatens to negatively affect children's developmental trajectory.

The death from cancer of a mother who is raising dependent children often follows lengthy and arduous treatment that irrevocably changes the family's dynamics. In two-parent homes, a mother's death magnifies the role played by the surviving parent in shepherding children through the bereavement process [6,7]. Newly widowed fathers responsible for facilitating their children's adjustment and psychosocial well-being must simultaneously adjust to their role as sole caregiver while confronting their own grief. Thus, it is surprising to find that scarce attention has been given to the phenomenon of widowed fathers and a virtual absence of clinical resources and research efforts for fathers whose wives have died from cancer.

The extent to which a mother's death due to cancer poses unique challenges to surviving spouses and children is unknown. Certainly, many parenting and bereavement issues would be similar when a mother dies from other illnesses. However, depending on the type of cancer, the course and length of

illness, and death experience, there may be cancer-specific aspects to single fatherhood that need to be better understood. Regardless of whether there are unique characteristics, far more fathers are left widowed because of cancer than any other illness [1], and there is a need for further study of these bereaved men. Given the relationship between the surviving fathers' adjustment and the bereaved children's psychological health, there is a pressing need to understand the experiences of these widowed fathers and to develop supportive interventions for them and their children. The focus of this commentary is to highlight the challenges facing single fathers due to cancer and their children and to call for further study of this previously neglected aspect of bereavement and psychosocial cancer care.

Impact of early parental loss on children's emotional well-being

The impact of early parental loss on children's psychological health has been extensively studied [8]. It is common for children to experience grief and sadness in the months following the death of a parent, and although most parentally bereaved children do not develop clinical depression in the immediate aftermath of a parent's death, they are at increased risk for subsequent depressive disorders [9,10]. Children's responses to parental death depend largely on their developmental stage and cognitive–language abilities, which reflect their capacity to understand the concept of death. A child's concept of death develops as he or she recognizes its universality, causality, and finality [11,12]. The extent to which early parental death impacts a child's long-term psychological

functioning and interpersonal relationships is not clear; however, data suggest that these children experience greater frequency of psychiatric disorders when they reach young and later adulthood [13–15]. Additionally, parentally bereaved children are at greater risk for developing physical health problems [16,17], including neuroendocrine dysregulation in young adulthood [18]. Furthermore, children who incur more negative life events following the death of a parent are at risk for developing long-term neuroendocrine dysfunction [19]. Finally, for children whose parents died of cancer, the time preceding parental death is often marked by sadness, anxiety, and changes in social functioning [20].

Bereaved fathers' coping affects children's grieving

Intuitively, clinicians appreciate that the manner in which a child progresses through the bereavement process and adapts to the loss of a parent is greatly influenced by the nature and quality of the relationship with the surviving parent. Several lines of evidence have established a correlation between a parent's emotional availability and parenting style, and the bereaved child's psychological health [7,21–25]. Specifically, children who report having open communication with their surviving parent experience less depression and anxiety [21]. Additionally, preliminary evidence suggests that a child-centred parenting approach on the part of the surviving parent is associated with the child's improved adjustment [25].

The potential mediating influence of effective parental coping on bereaved children's psychosocial functioning is understood by conceptualizing bereavement as a dynamic process, rather than a single event. Studies have shown that fewer mental health problems and greater psychological resiliency in parentally bereaved children are positively related to the surviving parents' provision of emotional warmth (e.g., acceptance, praise, empathy) and consistent discipline [6,23]. These qualities are also predictive of fewer psychological problems in children at 1 year following parental death [26] as the combination of parental warmth and effective discipline facilitates a child's adaptation by fostering resiliency and coping competencies. Maintaining children's emotional connection to the deceased parent can be fostered by the surviving parents' willingness to openly discuss with their children their remembrances and feelings of the mother or father [27]. In summary, there are compelling data that the parentally bereaved child demonstrates more proficient coping skills when the surviving parent is emotionally available and able to effectively exercise their parental responsibilities.

The degree to which a surviving father is emotionally available to his children and attentive to their psychosocial needs is, in large part, dependent on

his own psychological well-being following the death of his spouse. To appreciate the recently widowed father's psychological state, one should consider the circumstances leading up to his spouse's death. When death is anticipated because of extended illness and follows a physically demanding and emotionally exhausting course of treatment, as is common in deaths from cancer, husbands carry the emotionally taxing responsibility of being primary caretakers of their wives [28]. The impact of caregiving on a father's psychosocial functioning is illustrated by the finding that husbands whose wives exhibit a higher degree of anxiety and physical pain during the final 3 months of cancer treatment are more likely to demonstrate continued anxiety and sleep disturbance as long as 4–5 years following their wives' deaths [29]. In addition, lengthy and expensive treatment, such as that for cancer, can exhaust a family's financial resources [30], placing further strain on the surviving spouse. In these ways, the experiences of widowed fathers due to cancer are appreciably different from those whose wives died unexpectedly or from relatively sudden illnesses.

Caring for a dying spouse while simultaneously rearing children in the home increases a caregiver's psychological vulnerability. Spouses of patients with advanced cancer and a life expectancy of less than 6 months experience more clinical depression and anxiety if dependent children live in the home [31]. Women with terminal illness and children in the home are more likely to opt for adjuvant chemotherapy [32] and prioritize life-extending treatment plans rather than medical care focused on maximizing pain relief and comfort [31]. Mothers who wish to extend time with their families during the terminal phase of their illness may place additional caretaking demands on their husbands that have lasting effects following their deaths. Importantly, widowed fathers whose wives' deaths are anticipated following a protracted illness may be less likely to employ a child-centered parenting style with their bereaved children [25]. Taken together, single fatherhood due to death from cancer is associated with considerable psychosocial stress for widowers both prior to and following the death of their wives.

Support for the bereaved father

A search of the literature yields no descriptions of programmatic clinical or research efforts examining the efficacy of supportive interventions specifically for fathers who are newly single due to the deaths of their wives from cancer. Studies of single fatherhood have almost exclusively focused on the consequences of divorce rather than spousal death. Burgess [33,34] was the first to explicitly focus on the characteristics and experiences of widowed fathers with children in the home. She utilized role theory to examine how widowers adjust to being single fathers and described three main roles they play: cultivation

of a therapeutic environment for their children to grieve, provision of basic child care, and assumption of the responsibility of instilling family values in his children. O'Neill and Mendelsohn [35] conducted a small exploratory study in an attempt to better characterize widowed fathers. A total of 46 fathers, most of whom had lost their wives to cancer, were recruited via targeted mailings and completed a questionnaire. The authors did not present a statistical analysis of their data, although they did provide descriptions of the social, economic, and functional challenges facing these fathers. Each of these previous efforts to illustrate the unique challenges of being a widowed father have called for further research and clinical program development; however, no such follow-up efforts have taken place.

The few research efforts devoted to the study of and intervention with surviving parents and their bereaved children following the death of a parent are often not specific to the gender of the parent or cause of spousal death. Investigators from Arizona State University reported on a clinical intervention study, the Family Bereavement Program, designed to positively affect bereaved children's psychological functioning by focusing on both the child and the surviving spouse [36,37]. The program is offered for both widows and widowers regardless of how their spouse died. This manualized small group intervention consists of a total of 12 group sessions and two individual sessions with separate groups for children and caregivers. Each session, co-facilitated by master's or doctoral level therapists, focuses on a specific topic (e.g., parent-child communication) related to positive outcomes for the bereaved child. Sessions involving the adults focus on the mental health concerns of the caregiver, the caregiver-child relationship, the prevention of the child's exposure to negative events, or improved discipline strategies. Group sessions involving the children seek to improve their sense of self-efficacy and encourage expression of thoughts and feelings.

The Family Bereavement Program has demonstrated positive outcomes for both bereaved children and parents. Compared with families assigned to a self-study condition, primarily consisting of bibliotherapy, children and caregivers in the intervention cohort showed improvements in emotional and behavioral functioning following program completion [36,37]; however, some of these gains had eroded by follow-up 1 year later, [37] and boys were found to benefit less from the intervention than girls [38]. Parental warmth and effective discipline are qualities found to have mediated the relationship between involvement in the program and mental health indicators at 1-year follow-up. Overall, the findings from this methodologically sound intervention study provided evidence that intervening with surviving parents is a promising avenue for affecting positive changes in family dynamics and improving

psychosocial outcomes in parentally bereaved children. However, of the parents participating in the Family Bereavement Program, only 21% were fathers and only a portion of them were single fathers due to cancer [36]. Further, the Family Bereavement Program is focused primarily on the child's adjustment (the majority of the referrals to the program came from children's schools). Consequently, the degree to which the findings from the Family Bereavement Program generalize to fathers who have lost their wives to cancer is limited.

Future directions

Given that cancer appears to be the leading cause of widowed fatherhood and because the coping skills and psychosocial adjustment of the surviving fathers are so closely related to the children's adjustment, it is surprising to find the dearth of attention devoted to single fatherhood due to cancer. Clearly, there is a need for descriptive and hypothesis-generating research on this important clinical problem. Initial studies should focus on identifying the scope of bereavement issues and the parenting challenges confronting widowed fathers due to cancer, developing targeted interventions and assessing their efficacy.

Exploratory studies are needed to identify the most germane issues and challenges facing widowed fathers due to cancer. The literatures on co-parenting following divorce and on widowers of older ages provide some basis for understanding the hardships that widowed fathers face; however, these situations are dissimilar in salient ways. For example, widowed fathers due to cancer undergo a qualitatively different grieving process than divorced parents as the absence of the spouse is due to medical causes not under their control rather than due to interpersonal conflict, as often underlies divorce. Further, widowed fathers are commonly left with sole caregiving and decision-making responsibilities whereas the opportunity for co-parenting often exists in situations of divorce.

We recommend that focus groups of newly widowed fathers be conducted for the purpose of gaining a better appreciation of the most pertinent and pressing psychosocial concerns facing them and their children. Topics of these focus groups might include the fathers' transition from attending to their wives during cancer treatment to 'reinventing' family life without her, changes in family members' roles and responsibilities, and steps the fathers have taken to facilitate the bereavement processes for each member of the family. One important matter to explore is how fathers and children choose to commemorate special occasions such as holidays, family rituals, and particularly, the anniversary of the mothers' death. This issue may not be unique to this population, however, many, if not most, fathers cared for their wives as they were dying from cancer. Therefore, the anticipation of the death anniversary

is, in fact, filled with remembrances of a series of events culminating in their wife's death (e.g., news of progression of cancer, failed treatment, decision to enter hospice, diminished cognitive functioning). Other than general recommendations to seek the children's input in making decisions that affect the family [26], there is no 'template' for a father to follow with regard to how to commemorate these occasions. How the father and his children choose to mark these occasions seems to be an opportunity to avoid a potentially maladaptive experience and effect a more constructive approach.

Ultimately, longitudinal cohort studies are needed to determine the best ways of intervening with widowed fathers and assisting them in meeting the challenges of single fatherhood and promoting their children's psychological well-being. One mode of intervention worthy of exploration is the support group format, as this may offer several compelling advantages over individual intervention. There are data to suggest that bereavement experiences and coping styles are different for men and women [39,40] and that men tend to have less support from family and friends than bereaved women [41] and place more value on the support they receive from others in similar situations [35]. Given that the modal cancer death follows a lengthy and difficult treatment course that reshapes a family's dynamics, widowed fathers due to cancer may benefit from sharing their experiences of having assumed more parental responsibilities while caring for a dying spouse. Further, widower support programs that are available are targeted for much older men, during a time in their life when parenting considerations are not pertinent. It is likely that widowed fathers with children in the home are younger and present with much different concerns, thus may benefit from interventions targeted to address their needs and challenges. Given these considerations, a support group intervention with other widowed fathers may be beneficial on multiple levels. When best to intervene with fathers in the time following the deaths of their wives is an empirical question that remains unanswered.

Along with cancer being the most frequent cause of widowed fathers, there are several compelling reasons for developing interventions for fathers and families affected by cancer, namely that it allows for the prospect of offering anticipatory assistance and intervention. One intriguing approach for a parenting intervention with widowed fathers would include an effort to promote a child-centered parenting approach, as suggested by Saldinger *et al.* [25]. Also, deaths from cancer are often preceded by a period of time when the prognosis is known to be grim and end-of-life planning takes place. This affords an opportunity to intervene with a father prior to his wife's death. Whether fathers and children would ultimately benefit from intervention preceding the mothers' death, which would allow for spousal communication and anticipation of the challenges the

father will face as a single parent, is an empirical question. Finally, it is not known whether widowed fathers cope differently depending on the cause of their wives' deaths. Although there are grounds for believing that the experiences of widowed fathers due to cancer are distinct from widowed fathers due to other causes of death, this too is a worthy line of research.

Conclusion

Widowed fathers whose wives have died from cancer and are simultaneously challenged with adjusting to single parenthood and coping with their grief and that of their children represent a vulnerable population that has received scant attention in the literature. The risk of overlooking the psychological needs of these fathers is underscored by the impact that their coping and adjustment have on the well-being of their children. There is a clear need to characterize their experiences and explore the hardships confronting widowed fathers due to cancer and to develop targeted and efficacious interventions. This commentary has highlighted some of the potentially unique challenges of single fatherhood due to cancer and outlined future directions for a better understanding of this phenomenon. It is our hope that this will spur clinical interventions and development of research agendas.

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References

1. Heron M. Deaths: Leading causes for 2006. *National Vital Statistics Reports*. National Center for Health Statistics: Hyattsville, MD. 2010;**58**:14.
2. Weaver KE, Rowland JH, Alfano CM, McNeel TS. Parental cancer and the family. *Cancer* 2010;**116**:4395–401.
3. United States Census Bureau. Current Population Survey, Annual Social and Economic Supplement. 2010.
4. United States Census Bureau. Current Population Report. July 2009.
5. United States Census Bureau. Current Population Survey. March 1998.
6. Haine RA, Wolchik SA, Sandler IN, Millsap RE, Ayers TS. Positive parenting as a protective resource for parentally bereaved children. *Death Stud* 2006;**30**:1–28.
7. Wolchik SA, Ma Y, Tein JY, Sandler IN, Ayers TS. Parentally bereaved children's grief: self-system beliefs as mediators of the relations between grief and stressors and caregiver-child relationship quality. *Death Stud* 2008;**32**:597–620.
8. Dowdney L. Childhood bereavement following parental death. *J Child Psychol Psyc* 2000;**41**:819–30.
9. Worden J. *Children and Grief: When a Parent Dies*. Guilford: New York, 1996.

10. Cerel J, Fristad MA, Verducci J, Weller RA, Weller EB. Childhood bereavement: psychopathology in the 2 years postparental death. *J Am Acad Child Adolesc Psychiatry* 2006;**45**:681–90.
11. Corr C. Children's emerging awareness and understanding of loss and death. In *Children's Encounters with Death, Bereavement, and Coping*, Corr C, Balk D (eds.). Springer: New York, 2010; 21–37.
12. Speece MW, Brent SB. The development of children's understanding of death. In *Handbook of Childhood Death and Bereavement*, Corr C, Corr D (eds.). Springer: New York, 1996; 29–50.
13. Coffino B. The role of childhood parent figure in the etiology of adult depression: findings from a prospective longitudinal study. *Attach Hum Dev* 2009;**11**:445–70.
14. Tyrka AR, Wier L, Price LH, Ross NS, Carpenter LL. Childhood parental loss and adult psychopathology: effects of loss characteristics and contextual factors. *Int J Psychiatry Med* 2008;**38**:329–44.
15. Kivela SL, Luukinen H, Koski K, Viramo P, Pakkala K. Early loss of mother or father predicts depression in old age. *Int J Geriatr Psychiatry* 1998;**13**:527–30.
16. Krause N. Early parental loss, recent life events, and changes in health among older adults. *J Aging Health* 1998;**10**:395–421.
17. Tyrka AR, Wier L, Price LH *et al.* Childhood parental loss and adult hypothalamic-pituitary-adrenal function. *Biol Psychiatry* 2008;**63**(12):1147–54.
18. Luecken LJ, Appelhans B. Early parental loss and salivary cortisol in young adulthood: the moderating role of family environment. *Dev Psychopathol* 2006;**18**:295–308.
19. Hagan M, Luecken LJ, Sandler IN, Tein JY. Prospective effects of post-bereavement negative events on cortisol activity in parentally bereaved youth. *Dev Psychobiol* 2009;**52**:394–400.
20. Kennedy VL, Lloyd-Williams M. How children cope when a parent has advanced cancer. *Psycho-Oncology* 2009;**18**:886–92.
21. Raveis VH, Siegel K, Karus D. Children's psychological distress following the death of a parent. *J Youth Adolesc* 1999;**28**:165–80.
22. Saler L, Skoinick N. Childhood parental death and depression in adulthood: roles of surviving parent and family environment. *Am J Orthopsychiatry* 1992;**62**:504–16.
23. Lin KK, Sandler IN, Ayers TS, Wolchik SA, Luecken LJ. Resilience in parentally bereaved children and adolescents seeking preventive services. *J Clin Child Adolesc Psychol* 2004;**33**:673–83.
24. Silverman PR, Baker J, Cait C-A, Boerner K. The effects of negative legacies on the adjustment of parentally bereaved children and adolescents. *Omega-J Death Dying* 2003;**46**:335–52.
25. Saldinger A, Porterfield K, Cain AC. Meeting the needs of parentally bereaved children: a framework for child-centered parenting. *Psychiatry: Int Biol Proc* 2004;**67**:331–352.
26. Kwok O, Haine RA, Sandler IN, Ayers TS, Wolchik SA, Tein JY. Positive parenting as a mediator of the relations between parental psychological distress and mental health problems of parentally bereaved children. *J Clin Child Adolesc Psychol* 2005;**34**:260–71.
27. Nickman SL, Silverman PR, Normand C. Children's construction of a deceased parent: the surviving parent's contribution. *Am J Orthopsychiatry* 1998;**68**(1):126–34.
28. Kilpatrick MG, Kristjanson LJ, Tataryn DJ, Fraser VH. Information needs of husbands of women with breast cancer. *Oncol Nurs Forum* 1998;**25**:1595–601.
29. Jonasson JM, Hauksdottir A, Valdimarsdottir U, Furst CJ, Onelov E, Steinbeck G. Unrelieved symptoms of female cancer patients during their last months of life and long-term psychological morbidity in their widowers: a nationwide population-based study. *Eur J Cancer* 2009;**45**:1839–45.
30. Hanratty B, Holland P, Jacoby A, Whitehead M. Financial stress and strain associated with terminal cancer – a review of the evidence. *Palliat Med* 2007;**21**:595–607.
31. Nilsson NE, Maciejewski PK, Zhang B *et al.* Mental health, treatment preferences, advance care planning, location, and quality of death in advanced cancer patients with dependent children. *Cancer* 2009;**115**(2):399–409.
32. Duric VM, Butow PN, Sharpe L *et al.* Comparing patients' and their partners' preferences for adjuvant chemotherapy in early breast cancer. *Patient Educ Couns* 2008;**72**:239–45.
33. Burgess JK. Widowers as fathers. In *Dimensions of Fatherhood*, Hanson SMH, Bozett FW (eds.). Sage Publications: Beverly Hills, 1985.
34. Burgess JK. Widowers as single fathers. *Marriage Fam Rev* 1995;**20**(3–4):447–61.
35. O'Neill D, Mendelsohn R. American widowers with school-age children: An exploratory study of role change and role conflict. In *Men Coping with Grief*, Lund D (ed.). Baywood: Amityville, NY, 2001; 169–206.
36. Sandler IN, West SG, Baca L *et al.* Linking empirically based theory and evaluation: The Family Bereavement Program. *Am J Community Psychol* 1992;**20**:491–521.
37. Sandler IN, Ayers TS, Wolchik SA *et al.* The Family Bereavement Program: efficacy evaluation of a theory-based prevention program for parentally bereaved children and adolescents. *J Consult Clin Psychol* 2003;**71**(3):587–600.
38. Tein JY, Sandler IN, Ayers TS, Wolchik SA. Mediation of the effects of the Family Bereavement Program on mental health problems of bereaved children and adolescents. *Prev Sci* 2006;**7**:179–95.
39. Boerner K, Silverman PR. Gender specific coping patterns in widowed parents with dependent children. *Omega* 2001;**43**(3):201–16.
40. Chen JH, Bierhals AJ, Prigerson HG, Kasl SV, Mazure CM, Jacobs S. Gender differences in the effects of bereavement-related psychological distress in health outcomes. *Psychol Med* 1999;**29**:367–80.
41. Balaswamy S, Richardson V, Price C. Investigating patterns of social support by widowers during bereavement. *J Men's Stud* 2004;**13**:67–84.

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