Family Practice Grand Rounds

The Single Parent Family

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DR. RICHARD E. ANSTETT *(Assistant Professor of Family Medicine, and Director, Behavioral Science Program)*: The topic for Grand Rounds today is the single parent family. As with other conferences at the University of Colorado Department of Family Medicine, we have arranged this Grand Rounds to be an open discussion among faculty, residents, staff, and patients of this Family Medicine Center. I would like to briefly discuss our rationale for using this approach. As family physicians, we are committed not only to the understanding of disease within our patients but also to the more personal aspects of being ill. We are interested in the impact of illness on our patients' lives as well as the impact of our patients' life events and circumstances on their illness and health seeking behavior. We recognize single parenthood as a special circumstance that exacts its own stresses and demands on all members of the single parent family. Our intention today is to learn from each other not only what it is like to be a single parent but also what it is like as a physician to care for the needs of the members of single parent families.

DR. JOHN MORRISON *(Assistant Clinical Professor, Department of Family Medicine)*: Before we start our discussion, I would like to cite some general information about single parent families. Single parent families come about because of separation and divorce or illness and death in two-parent families. They also occur outside the two-parent family structure, as in the case of unwed mothers or singles adopting children. By far the most common situation is, of course, the family altered by spousal separation and divorce. Traditionally, primary care of the children falls to the mother, with the father having little to do with daily responsibilities, seeing the children on periodic visits only. This traditional pattern is being altered more and more, however.

At least 10 percent of all American families are single parent families, and it is estimated that as many as one out of five children live in a single

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parent family. An increasing divorce rate means that more American families will be experiencing the unique problems of the single parent structure. It is extremely important, then, that the family physician gain an appreciation of these problems.

DR. ANSTETT: Before we begin, I would like our patient participants to introduce themselves and say something about how they became a single parent.

MS. TAYLOR: I was divorced almost four years ago, after 20 years of marriage. I have a 12-year-old daughter who lives with me and a 19-year-old son who lives with his father.

MS. THOMAS: I was divorced five years ago and I am no longer a single parent; I have remarried. I was a single parent for two years and I have two daughters, four and seven years old.

MS. KITE: I have been single for almost four years after a 12-year marriage. I have two daughters, aged 15 and 11. The 15-year-old lives with her dad and the 11-year-old lives with me.

MS. SNOW: I've been divorced for five years. At the time of separation I had a one-year-old daughter and a seven-year-old foster son.

MR. GRAY: I was divorced about two years ago. I have two boys, aged four and seven years. Their mother has custody of the boys, but I have them at least half of the time.

MS. FASICK: I have been divorced about six months. I have two children, a girl five years old and a boy seven years old.

MR. WOLFE: I have been single over three years. I have a son six years old. He spends about half the week with me and half the week with his mother.

DR. MORRISON: All of our representative patient-families have experienced loss of spouse through divorce. There are certainly important differences in single parenthood caused by divorce rather than death, which we cannot address today.

DR. ANSTETT: Let us start by asking what you think people who are not single parents do not understand about divorce and becoming a single parent. What was it like for you while it was happening? And how would you have liked people to respond differently to you?

MR. WOLFE: I felt a great lack of understanding from my friends, and I didn't know what to do. It was like starting an entirely new life, from getting up in the morning until the next day. I have talked to people and close friends, and it was always a simple, "Well, if you just join this club or just do that, or if you pray, everything will be fine." Simple advice wasn't much use. It didn't help.

DR. ANSTETT: What would you have liked your friends to do?

MR. WOLFE: I think if someone could have just listened to me, tried to understand that it was a hard thing I was going through, rather than give me suggestions how to do it, it would have been a lot better.

MS. SNOW: Unless you have experienced a separation, I don't think you can really understand what it's like. And it is hard to accept advice from someone who has never been there. I tried to talk to my pediatrician about it because I was concerned about my stepchild and my daughter, and he just brushed it off. I asked, "How can I help the kids get through it?" and he said, "Don't worry, they'll get through it, don't worry about it." He had no idea what I was going through or what the kids were going through. So, I think the best people to talk to are people who have been through it themselves.

DR. ANSTETT: When you look back on that now, are there things that the physician might have said that would have helped?

MS. SNOW: I think he could have at least said something; I felt dumb after I had introduced the subject and then got no response from him.

DR. MARTHA ILLIGE *(Assistant Professor, Department of Family Medicine)*: Is there anything specific that would be useful, such as a booklet about communication skills between people who are separating, or a class, or something like a single parent support group?

MS. KITE: No. My support group consisted of a couple of friends of mine; it would have been really hard without them. I was offended by recommendaions to read literature, which seemed at that time a bombardment of nonsense. I needed a sympathetic ear. I needed someone to talk to. I had lived with my husband 24 hours a day, and even through the tumultuous times and angry times, there was still someone who was giving me feedback, even if he was someone telling me to go to hell. All of a sudden there was a void, and I needed to fill that void. I filled it with friends, but I can assure you that I didn't want someone to tell me to go read a book about how to act now that I'm a single parent.

DR. STEVEN R. POOLE *(Assistant Professor, Department of Family Medicine and Pediatrics)*: Was there any role that a physician could have played then?

MR. WOLFE: Definitely. When I came in to my physician with my child for an earache, it felt good that he reached out and said, "How's it going? What are you doing for yourself?" Not any suggestions, just someone else asking me how I was feeling. The human contact was much more important than the physician being my advisor.

MS. FASICK: The human contact is so important. When I became a single parent, I lost much of what I had in common with friends we had. I found myself isolated, and it is hard for me to ask friends for help. I got depressed and needed someone to talk to, someone to be a sounding board and to tell me how far off base I sounded. But it is hard for me to go to my physician when I am not sure if I am handling my divorce well. Divorce is not really a medical problem. The physician needs to let you know he is interested in helping in that way.

DR. LORRAINE WOOD *(Second year family practice resident)*: Should we assume that all of our single parent patients get depressed during this process?

MS. FASICK: I think so. I had a long period of being depressed and not being able to do anything for myself. I felt like I was in a pit and couldn't get out.

DR. POOLE: So, you are saying that you do not need simple advice, or pamphlets, or reading lists. You want something very different from your physicians. You want your physicians to bring up the issue, ask how you are doing, and genuinely care. You want them to listen and to understand what the issues are, to understand how hard it is. Some of you may want your physician to be a sounding board to help you figure out what you want to do. Others may only want empathy. And you want the physician to continue to ask how you are doing at subsequent visits.

These requests of yours take the burden off of us, as physicians, to provide all the right advice. It only asks us to recognize what you are going through, to empathize, and to care.

DR. ILLIGE: How do you learn to ask for what you need when you were used to having it automatically when you were married?

MS. TAYLOR: Well, you learn to be aggressive.

DR. ILLIGE: Does that work?

MS. TAYLOR: Sometimes. It depends on how you go about it, but I'm a lot more aggressive in asking for emotional support than I used to be.

DR. ILLIGE: It sounds like being aggressive is a real survival trait here.

MS. KITE: Sometimes that is a double-edged sword. When I became more assertive, people started telling me that I was a "pushy broad."

DR. ANSTETT: How else do you have to change to survive?

MS. KITE: You have to accept that there is no more division of labor. It becomes a multiplication.

DR. POOLE: Do you ask your extended family or children to take on a greater share of that?

MS. KITE: I didn't have any extended family here. My kids took on more, and then I had to work out my guilt over how much I was imposing on them and how much I could realistically expect. That takes a while to balance.

DR. MORRISON: What problems are there in asking your ex-spouse for help with family responsibilities?

MS. KITE: That's a very difficult situation for me. I know that my ex-husband is here and I know that he loves his children, but now I have other emotions that interfere with this: my own feelings of anger, sadness, rejection, and frustration toward him. Even though I know sometimes that he's available, that he could be helpful, I'm not going to ask him for help, even when I need it the most, because I am also trying desperately to become independent. I am always trying to test myself, to see how much I can do without asking for help, all of those things my dad never taught me because "girls didn't need to learn how to do those things."

DR. POOLE: So, you take on a new identity and whole new expanded role in life, but with fewer supports and fewer resources. And you must learn to cope with the increased demands and decreased resources very quickly, without much preparation or practice.

Are other single parents a possible resource for sharing responsibilities?

MS. TAYLOR: I find it hard to get in contact with other single parents.

MR. GRAY: My pediatrician has a bulletin board for people who need babysitters, and so on, so that anyone who wants to find a babysitter or housekeeper can use it. Also, we fill out a questionnaire every so often, and our files are color

coded so that the pediatrician knows who is single and who is married.

DR. MORRISON: What do you think about being classified like that?

MR. GRAY: Well, if you have a thousand patients, it is difficult to remember everyone's personal life. I think it's nice that he recognizes the difference between single and two-parent families and wants to be aware of everyone's situation.

DR. NEIL CHISHOLM *(Associate Professor, Department of Family Medicine)*: One of the biggest problems I've had is in dealing with a couple that separates, but both members remain in my practice. How do you all feel about a physician taking care of both members of a separated couple.

MR. WOLFE: That could be a difficult situation for the physician. I am sure there were times when either I or my former wife put our physician in the middle of our differences and arguments. I think that a physician is in a good position to understand what is going on with these people and with their children.

DR. POOLE: You've all mentioned your children at one time or another. How does your relationship change with your children, and what impact does this have on them?

MS. THOMAS: I had a hard time because my oldest child cherished her father. When I left him, she blamed it all on me, and we had a very difficult time. Right now we are finally getting back together.

DR. POOLE: What helped in that process?

MS. THOMAS: I've remarried. Since then we have all tried to be a family again, and that has really helped. But before that happened, I brought my daughter in here for help because she was acting like she was completely against both of us.

DR. ANSTETT: Did your physician do anything that helped?

MS. THOMAS: Yes, she helped very much by talking to me and to my daughter. Then she would bring us together and talk to both of us, so that I could see what she was going through and she knew what I was going through.

MS. TAYLOR: My daughter and I have gone through a great deal since my separation. There are times when I ask her to be the emotionally strong one because I feel so weak at certain times. There are times when I just don't have anything to give, and I try to be honest about that with her. There are other times when I get tired of saying no, especially when she wants things that she used to be able to have. I don't like taking her to the grocery store anymore because I have to say no all the time.

MS. FASICK: I had trouble with their discipline. It seemed like I became the bad guy. I was the only person who disciplined them because their father wouldn't. And I was the one who decided to get divorced. I made their father go away. So they would always tell me how I had ruined everything, and I would feel guilty; then I wouldn't be consistent with discipline. Then when they would come home from seeing their father, getting spoiled, I had to bring them back down to reality.

DR. POOLE: How did you handle it?

MS. FASICK: I finally figured out that I would have to quit letting it make me feel guilty. I told them I understood how they felt and I was sorry, but I also said we had to have the same rules of behavior at home as before.

DR. POOLE: That sounds like a good approach. Children, during and after divorce, have many fears and emotions that are difficult for them to recognize, let alone handle well. And often, misbehavior is simply a symptom of these underlying fears and feelings. They will be grieving the loss of a parent. They may be feeling guilty, assuming they should have done something to prevent the divorce. They may be insecure, feeling the parent left because he (the child) was unlovable. They may feel angry at the remaining parent for chasing the other parent off, or angry at the distant parent for leaving. The son may feel overresponsible for becoming the "man of the house." Children may feel embarrassed at being a member of a broken family.

The key to helping is to do for your child what you have asked that the physician do for you: encourage them to talk while you listen in an accepting, understanding, empathic manner. Don't try to talk them out of their feelings and fears, try to understand them. And let them know the fears and feelings are normal and will slowly pass. Tolerate regressions for awhile, but after a few weeks or months, try to maintain expectations and disciplines as before.

MS. FASICK: How do you know if your child needs help?

DR. POOLE: Almost all children who lost a parent or whose parents separate or divorce will

show signs of having trouble coping for a period of time. The changes in behavior are usually transient and usually are not so intense as to be very disturbing. These effects include increased anxiety around separating from the caretaking parent, attention getting behavior, regression (behaving like they did at an earlier age), minor problems with discipline or tantrums, a depressed affect, transient lying or stealing. If these problems persist and escalate, your child may need help. In addition, delayed development since the separation, school phobia, poor school performance, trouble keeping or making friends, antisocial behavior, withdrawn behavior, hyperactivity, or more than just mild depression, all suggest the need to look for help.

DR. ANSTETT: What do you tell your children about why the separation happened?

MR. WOLFE: I tell them that it happened because it is important for me and for them to be happy.

MS. KITE: I agree. I think what I try to tell them is that I am doing this because I need to become happy and both their father and I deserve to be happy. They see me cry a lot and wonder why I did this if it makes me cry so much. I tell them that we did this because we both wanted to be happier.

MS. SNOW: I think if children are old enough when you get your divorce, they see this unhappiness and it makes it a little easier for them. My daughter was only a year old, and she does not understand at all. I looked for books, but all of the books were ridiculous and didn't help. It is very hard to give her answers now that she is older because she didn't experience any of the bitterness between my ex-husband and me.

DR. ANSTETT: What do you tell your daughter now?

MS. SNOW: Just that we were unhappy. That seems to satisfy her right now.

I want to bring up another issue. It is very difficult for my daughter to understand why my former husband is living with another woman.

DR. ANSTETT: What sort of things does she ask?

MS. SNOW: Well, the other day in Sunday School they studied a lesson about the adulteress who was stoned, and she wanted to know if an adulteress was the same thing as the lady that my ex-husband is living with. This obviously raised all sorts of feelings in me and made it very difficult for me not to put a moral judgment on what my ex-husband was doing.

DR. POOLE: How do you feel about your kids talking to your physician about their feelings concerning a separation?

MS. KITE: I know that I am limited in my experience and my information. When there is another adult I can trust who makes contact with my children, I feel grateful.

DR. JOHN GORDON *(Second year family medicine resident)*: How long was it before you wanted to develop intimate relations with the opposite sex again? And how did your children respond to this?

MS. KITE: It is difficult to consider an intimate relationship again. Our society doesn't seem to encourage trusting relationships between men and women, and if you have just come out of a relationship where the trust is broken, building that trust again is very hard. I still need physical contact, but where do I get it, and what do I tell my kids? I feel like I'm talking out of both sides of my mouth, telling my 15-year-old daughter that sex is important to me, but it is not right for her now. Sometimes I totally abstain just so I don't have to deal with that with the kids.

MS. SNOW: Timing can be very difficult also. I have a boyfriend who is divorced and has two boys. Scheduling time to be with each other is extremely difficult. We decided we had to lay down some guidelines and set up a private time that would be just for us. It is rare when we have a time when neither of us has the kids and we can be alone for awhile.

MS. TAYLOR: It is very important that my children know that I am a sexual being as well as a mother and provider. At first, it was upsetting for my kids to see me having dates, much less being sexually involved. My daughter is getting to the age where she will need to understand the sexual part of my relationships. I want her to grow up knowing that her mother is capable of making love. I want her to remember me as being a warm, loving, and sexual woman.

DR. POOLE: You have made some very important points. You need love and attention, and you need to continue to be a sexual being. This helps you function better. And your children still need to see their parent responding normally as a sexual being, as a good role model interacting with the

opposite sex. In the brief time remaining, would you share with us the advice you would give to physicians in training regarding being of help to single parent families.

MS. KITE: Listen. Ask me how I am, and even if I say fine, pursue that further so that you have given me at least a couple of chances to open up and tell you how I am really feeling.

MS. SNOW: I think that you need to keep asking your patients how they are doing. My experience was that my pediatrician never brought up the question, he never once asked if things were any better, like, "Have things settled down since your divorce?" He made it clear to me that I should never bring it up again.

MS. KITE: I just want you all to know that being here is nice because this kind of an experience is reinforcing in itself.

MS. FASICK: Try to set things up in your practice to make it easier on single parents. Money is very tight for me now. Give me a little longer to pay my bill, and have office hours after 5:00 PM, so I do not have to take off from work to come in for appointments.

MS. SNOW: I want to mention also that problems of single parent families are not being addressed effectively by society as a whole. I see, as a teacher, that even education teachers know very little about the needs of the children of single parent families. I see children every day whose parents are going through separation or divorce, and it is never mentioned to the children. I think it is really important that people, like teachers, also communicate with the children.

DR. JOHN LIGHTBURN *(Associate Clinical Professor, Department of Family Medicine)*: That's a very good point. There is an excellent possibility that 50 percent of the children in our society will be raised by single parent families. In the long run, there may be nothing more important that society could offer than to deal with the feelings of these children in a way that gives them a proper perspective about the importance of family in American society.

DR. POOLE: We appreciate your sharing with us your experiences, your feelings, and your suggestions. You have given us a great deal to think about. I would like to try to briefly summarize the issues we have discussed today. Many of you mentioned the significant increase in responsibilities and daily tasks when you became single parents. At the same time, you experienced a loss of support and nurturance, not only from your previous spouse but also from the loss of friendships which had been shared by you and your spouse as a couple. There were also a number of changes in your relationship with your children: they seemed to need more attention and support, discipline became more difficult, and you often had to increase the responsibilities and sacrifices which your children have to make. Single parenthood also appears to be uniformly accompanied by financial difficulties. You mentioned the changes in male or female roles associated with taking on the responsibilities of both parents. Self-image and confidence appears to suffer tremendously, as well. And you have mentioned, there is the inevitable depression that is associated with all of these losses and forced changes.

Perhaps most important, you helped us understand what it is that physicians can do for single parents within their practice. You mentioned that simple advice giving and other simple solutions such as advising you to join groups and other organizations that support single parents were often simplistic and usually not helpful. You have asked that the physician offer an empathic ear and let you know that he or she is aware of the inevitable changes in your life, and that he or she is available to help. Listening may be the physician's best therapeutic tool.

Suggested Reading

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