Letter to the Editor: Single Parents of Children with Chronic Illness: An Understudied Phenomenon

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We commend the authors of “Single Parents of Children with Chronic Illness: An Understudied Phenomenon” from the May 2008 issue of Journal of Pediatric Psychology for addressing the gap in extant research concerning pediatric outcomes and stressors of single parents raising children with chronic illnesses. As noted by the study authors, the percentage of two-parent families has declined to 69% with a corresponding increase of single-parent families in the US. However, Brown et al. (2008) neglect to mention the simultaneous increase in the percentage of blended families in the US. According to latest available census data, the proportion of children raised in blended families has increased to 10% (US Census Bureau, 2004). While blended families are overlooked in this article, Brown et al. (2008) report on the need for literature to examine “other family constellations” that may account for relatively smaller percentages of the population, such as same-sex partners and cohabitating, unmarried parents.

The authors’ implicit assumption that biological two-parent families may behave similarly to blended two-parent families is reinforced when Brown et al. (2008) recommend two studies that explicitly combined these groups to compare to outcomes of single-parent families (Kazak et al., 2001; Mulhern, Wasserman, Friedman, & Fairclough, 1989). We also have utilized these marital status groups in previous work with children who have type 1 diabetes and found similar poorer outcomes for parents in one-versus two-parent families (Streisand, Swift, Wickmark, Chen, & Holmes, 2005). Based on findings from multiple, independent researchers, it may seem reasonable to group all two-parent families together, whether intact or blended, to compare to single-parent families. Beyond conceptual issues, this grouping also may occur from convenience when there is limited information about marital status or insufficiently diverse samples.

In a more recent study, we empirically assessed whether blended families are indeed more like two-parent intact families or more like single-parent families, based on the working hypothesis that two parents can better monitor a child than one (Swift, Chen, Hershberger, & Holmes, 2006). To our surprise, we found that blended families were more like single-parent families since children who reside in either blended or single-parent families were in significantly poorer metabolic control than children of married biological parents. Unfortunately, for the purposes of the present discussion, we did not evaluate stressors on the parents themselves in each family constellation, just child outcomes. However, through a complex series of path analyses and structural equation models, we attempted to disentangle the statistical covariances of socioeconomic status (SES), ethnicity, and marital status; three demographic variables which are frequently confounded. We found the sole demographic predictor of better diabetes metabolic control was living with married biological parents, as opposed to blended or single parents. That is, the diabetic outcomes of children from blended families were more similar to those of single-parent families than intact two-parent families (Swift et al., 2006).

As suggested by Brown et al. (2008), “there now exists an opportunity to examine other predictors that may mediate the influence of single parenting and adaptation (e.g., cultural factors, personal, environmental variables, and resources) to a child with a chronic illness” (p. 416). Not only do we agree with this statement, we provide evidence of some of these influences. As the authors note, we found single-parent families distributed along a bell-shaped curve of SES advantage as single working women of all strata increasingly have children. In contrast,
we found that the SES distribution of blended families differed from that of married biologic parents and tended to cluster in the middle and lower strata in our sample of 211 families, although the Hollingshead Index relies on education and occupation, not income. In addition to controlling for confounding demographic features, Swift et al. (2006) also evaluated the construct of family climate; comprised of cohesion and conflict. Our study determined favorable family climates of low conflict and high cohesion yielded better metabolic control for youth from intact two-parent families.

In summary, the intention of this letter is to concur with and to contribute to the important discussion of stressors among single parents of children with chronic illnesses, an understudied population. Further, we recommend broadening the discussion to parents in blended families who appear to comprise the next largest segment of the parental population after single parents. Preliminary evidence suggests that parents in blended families may be another stressed and understudied group that may fare less well than parents in traditional nuclear families.

Conflicts of interest: None declared.

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References


