Mothers’ Health, Responsibilization and Choice in Family Care Work after Separation/Divorce

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ABSTRACT

Many Canadian social policies emphasize the obligation of individuals to care for their dependent family members, reflecting normative expectations that family members are responsible for providing support for one another. Such policies have particular implications for the economic, emotional and physical well-being of those who do family care work, primarily mothers. In this paper, we suggest that the concepts of familialism and responsibilization can help in understanding how post-separation/divorce care work is highly gendered. We describe the implications of familialistic policies, practices and assumptions for mothers’ health with a focus on the Canadian context. In doing so, we draw on secondary data concerning mothers’ primary care work of parenting during separation and divorce. Further, we suggest that the ways in which mothers exercise choice with regard to self-care and familial caring roles are both shaped by, and rooted in, the Canadian socio-political context of neo-liberal reforms. We conclude by providing recommendations for future research, and health and social service policy and practice.

Key words: Family caregiving; women’s health; divorce

RÉSUMÉ

Bon nombre de politiques sociales canadiennes obligent les particuliers à prendre soin des membres à charge de leur famille, selon les attentes normatives voulant qu’il incombe aux membres de la famille de s’entraider. De telles politiques ont des conséquences sur le bien-être économique, émotionnel et physique des « aidants naturels », principalement les mères. Dans cet article, nous faisons valoir que les notions de familialisme et de responsabilisation peuvent aider à expliquer la forte sexospécificité du travail des soignants à la suite d’une séparation ou d’un divorce. Nous décrivons les conséquences des politiques, des pratiques et des hypothèses familialistes sur la santé des mères, en nous attachant au contexte canadien. Pour cela, nous faisons appel à des données secondaires concernant les soins primaires fournis par la mère au cours d’une séparation ou d’un divorce. De plus, nous sommes d’avis que les choix des mères à l’égard de leurs autosoins et de leur rôle dans les soins familiaux sont à la fois influencés par le contexte sociopolitique canadien des réformes néolibérales et ancrés dans ce contexte. En conclusion, nous formulons des recommandations sur de futures pistes de recherche, et sur les politiques et les pratiques en matière de services sociosanitaires.

Mots clés : soins familiaux; santé des femmes; divorce

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and physical burden of caregiving on the family (primarily women), and this is often justified with reference to the principle of family responsibility; more specifically, individuals are encouraged to make independent yet “responsible” choices. This process of “responsibilization” is addressed in relation to formal nursing care in the home setting in the previous article by Purkis et al. in this supplement.

In a context of neo-liberalism and responsibilization, familialistic policies pose a particular risk of further deepening the gendered nature of care work in Canadian society, since these processes represent structural and normative influences that constrain women to care for their immediate and extended families. Despite increased participation of men in child care, family care work is still conducted primarily by women, who tend to be differentially involved in this work. Further, family work by women continues to be undervalued, which has particular implications for mothers’ dignity and mental health; in contrast, social and community recognition and acknowledgement of informal caregivers demonstrate that they are worthy of esteem or respect.

While the focus of our paper is on the Canadian context, there are parallels to be drawn with the Nordic countries. In contrast to Canada, the Nordic countries offer their citizens publicly funded child care in addition to a wide range of social welfare provisions that reduce economic inequities and promote gender equality in employment and family life. Compared with Canada, Finland, for example, has enacted a well-developed public childcare system that is especially helpful for single parents and other vulnerable groups. Neo-liberal reforms that took place in Finland in the 1990s have, as in Canada, been similarly influenced by familialism, involving a shift to a gender neutral, neo-liberal emphasis on individual rights and personal choice, reductions in social provisions (such as public daycare) and encouragement for mothers to stay home with young children. Yet the impact of these reforms has not been as pervasive as in countries such as Canada, where weaker welfare state structures exist and there is no national consensus on fundamental values such as economic equity and gender equality in employment and family life.

In this paper, we explore the particular implications of neo-liberalism and familialism for mothers who are separated or divorced. To date, most research on family caregiving has concerned care of the frail and elderly. For instance, some research demonstrates that women who provide elder care are likely to report negative job effects and costs to longer-term career opportunities as a result of care involvement. Aronson also illustrates how familialism contributes to guilt and a reluctance to voice one’s own needs and desires in relationships between daughters and their elderly mothers. Further, women tend to be judged (by family and others more generally) by higher standards in terms of the amount, extent and quality of care and emotional investment in the caregiver role. Ironically, the expectedness of women’s caring suggests that women may benefit less from the role: “caring was what was expected of them and only failure to care brought attention.”

Numerous studies, in Canada and elsewhere, provide evidence that informal caregivers may suffer economically, socially and physically. Excess stress on informal care providers has also been shown to negatively affect care recipients, in the sense that their needs may not be as well met or their dignity respected. Family care work is, in short, an important public health issue, not only because society depends upon family to provide informal health services but also because caregiver strain negatively affects the health of caregivers as well as the quality of the care that they are able to provide. These findings remain to be confirmed in research on separated or divorced mothers caring for young children. Furthermore, the majority of studies conceptualize caregiving as an individual-level determinant of health, focusing on personal perceptions of burden and coping strategies. In contrast, care work, as a particular form of social support, should at the same time be conceptualized as a social and structural determinant of health. In the next section, we explicate this societal-level perspective on care work, recognizing how policies and practices, infused with ideas about familialism, have a negative impact on the health of women after separation or divorce.

Familialism, health and choice in family care work after separation/divorce

The data summarized in this section illustrate how care work can be conceptualized as a social determinant of health and well-being through an examination of how the ways in which mothers engage in post-separation parenting are influenced by broader contexts (such as familialistic, gendered policies and practices).

Considerable research explores the effect of divorce on parents and children’s psychological well-being, yet less is known about the direct and indirect effects of divorce on individuals’ physical health. Mothers are certainly not alone in coping with the impacts of divorce, which also affects fathers, children and extended family members. Research documents the negative long-term effects of divorce on both parents and children’s physical and emotional health. Indeed, it is well known that chronic and acute stressors can negatively affect physical and emotional health, and it has been shown that divorce is one such stressor. Lorenz and colleagues found that divorced women reported significantly higher levels of psychological distress immediately after divorce than married women, but no differences in physical illness were observed between the two groups. However, a decade later, and with prior health status and other key variables controlled for, the divorced women reported significantly higher levels of physical illness as well. These researchers conclude that physical illnesses accumulate gradually in response to the persistent stressors of divorce, which, particularly for mothers, include “chronically disadvantaged social and economic circumstances.” According to Avison, it is not mothers’ personal deficits that lead to high levels of psychological distress after divorce but, rather, constant exposure to stressors.

Research on the greater economic consequences of divorce for mothers is extensive; financial strain at separation has been associated with a long-term and cumulative effect on maternal morbidity. Statistics Canada report on women notes that lone-parent families headed by women have the lowest incomes of all family types, 38% of these families falling below the low-income cut-offs.
Their average income ($32,500) was 38% that of two-parent families and 60% that of male-headed, lone-parent families. Increased household expenses, coupled with women’s lower earnings and cutbacks to services and support agencies, and a tendency to blame women for their financial circumstances further contribute to their difficulties. Dunne et al. suggest a need for improved social support services for separating couples and their children, yet low (or no) cost services are rarely available even in larger Canadian communities. During the recent period of neo-liberal reforms, some provinces have even eliminated legal aid for most family law issues, thereby constraining access to justice for low-income single mothers and their children. If litigation is necessary, or if single mothers are required to respond to court applications, they must pay for legal services out of pocket, represent themselves, concede or “choose” to remain in an untenable situation for lack of real alternatives.

Divorce and separation involving a high degree of conflict over children can be particularly stressful and damaging. Research in the UK, the US and Australia indicates that legal conflict over parenting arrangements continues to increase. It is unknown whether this increase is related to neo-liberal reforms, such as cutbacks to services for women, and further empirical exploration is warranted. Although no Canadian research specifically quantifies increases in legal disputes over children’s arrangements, the jurisdictional context is similar here to that of the UK and Australia. Both familialism and responsibilization can contribute to this conflict. Parental autonomy in making arrangements for children only exists insofar as these decisions fit with prevailing views of child welfare, yet there are conflicting messages and interpretations about what is in a child’s “best interest”. One example is the conflict between the familialistic child welfare discourse that mothers must protect their children (or risk losing them) and family law, which insists that children spend time (sometimes unsupervised) with a parent who himself has placed that child at risk. These kinds of contradictions contribute to the challenges faced by abused women when separating.

Even in the Finnish context, where family policies have promoted shared parental responsibilities for earning and caring and have stressed the equal parental role of men for almost two decades, these policies have not always had the intended effect on men’s equal participation in child care. Most Finnish women combine full-time work with primary care work for children, as well as, increasingly, of the elderly. However, regardless of “choices” about the allocation of core responsibilities while partnered, mothers’ caregiving (seen as natural beforehand) becomes problematic after separation. At this point fathers everywhere do, generally, expect to share responsibility for children.

A further paradox is that of increased publicization (i.e., state control) alongside greater privatization of responsibility for care work that accompanies neo-liberal reforms. An example of increasing publicization can be found in British Columbia’s recent proposal to reform family justice services and, specifically, to make “consensual dispute resolution” mandatory prior to an initial family court application. While currently in a testing phase in several communities, BC policy-makers made explicit that underpinning this policy direction is the intention to shape post-divorce family practices as well as normative conceptions of the management of post-separation disputes. Another concern was the need to reduce subsidization of court costs and shift the fiscal responsibility for these “individual matters” back to the parties. The Working Group notes that mediation is less costly to the public purse and proposes that government cover only the cost of a single session. A sliding scale would then be available for those with financial need who wished to continue. However, those with means would be “free to use, and pay for, the services of a collaborative dispute professional who charges more, if they so choose.”

If we consider the economic differences between women and men after divorce, this proposal affects mothers and fathers differentially. However, in the context of recent elimination or cuts to services for women and community-serving agencies in BC, the elimination of family and poverty law legal aid (used primarily by women) and the existence of ongoing economic and social gendered inequities, these effects are compounded. The differential impact of cutbacks and service reductions on women, alongside a clear statement of government intent to shape the private sphere of post-separation parental behaviour and family life (i.e., “publicization”), has troubling implications for gender equality in family life, as well as the health, well-being and choice of mothers in these circumstances.

Among other effects, familialistic policies, practices and assumptions may have the consequence of idealizing father contact and devaluing or making problematic mothers’ care work. Many clinicians believe that women undergoing divorce create anxiety in children over father contact and that they act out of anger and resentment. Negative bias about divorced mothers in information recall among family therapy trainees has also been documented. Mothers tend to be held responsible for difficulties in the father-child relationship, for failing to safeguard successful contact between father and children, even when the father has been abusive, and for failing to resolve or accede in a dispute. Gilligan critiques this phenomenon as reflecting pressures for mothers to live “guided by the perceptions of others’ needs, where they can see no way of exercising control without risking an assertion that seems selfish and hence morally dangerous.”

One of the best predictors of children’s psychological functioning after divorce is the psychological adjustment of custodial parents. Research suggests that women who adjust best to divorce feel able to take control of their lives. Mothers risk social and legal sanctions, punishment and loss of custody if they depart from an idealized and normative version of motherhood, regardless of caregiving history. Yet legal decisions may deny either parent legitimate expression of his or her own needs and hinder adults (and particularly women) from exercising self-care. As mothers’ physical and emotional health is impeded, their ability to monitor and support their children is undermined. This is a further reason to ensure that Canadian social welfare provisions are adequate to support mothers through this difficult period. Specifically, this means ensuring not only that mothers have the financial means to raise their children but also that services to provide legal and emotional support and information are available and,
most importantly, affordable. Further, these need to be combined with a strong system of public child care and national economic and labour force policies that promote good jobs for both men and women, as well as the workplace flexibility required by single mothers.

While self-care is a moral imperative for expectant and new mothers, once separation occurs mothers are subjected to a different set of moral (and legal) imperatives, centred on a particular understanding of children’s welfare. It is at this latter point that social discourses of “good mothers” and “good post-divorce parenting” are particularly evident: with this, mothers’ parenting and decisions may be subject to public scrutiny in the form of legal decisions, professional assessment and parent education programs. This publicization ensures that the “best interests” of children are met, according to contemporary psychological, social, legal and political views. However, these views have little to say about mothers’ own well-being, work-life balance or capacity to make good decisions on their children’s behalf, despite the connection between child and caregiver well-being. Why is it that at the point of separation these factors cease to be relevant, even in the lives of children? What would appear to be individual-level health effects related to divorce are exacerbated by social and political contextual factors, such as increased responsibility and diminished economic and social support for mothers after divorce (and, we would argue, more generally).

Christopher, in comparing the treatment of single mothers in different welfare states, concluded that Canada ranks poorly in this regard. The Nordic countries’ scores were much higher, as related to their policies that allow single mothers both to form autonomous households if they wish and to avoid poverty. Important factors included the Nordic tax and social transfer systems, as well as policies that support maternal employment. Both Sweden and Finland report very low rates of maternal poverty, the percentage of single mothers living in poverty being 4.4% and 5.1%, respectively. This is in stark contrast to Canada, with poverty among single mothers at 38.3%. France, Finland and Sweden also have generous employment policies to support mothers of young children. These policies have a significant impact on poverty ratios of single mothers and of mothers more generally. While the recent neo-liberal reforms noted earlier are likely to have worsened the situation of single mothers in these Nordic countries to some extent, we believe that Canada can still learn important lessons from policy development relating to the increased care burden and its health affect on mothers undergoing separation/divorce.

SUMMARY AND CONCLUSIONS

This paper has highlighted the health implications of mothers’ care work after separation/divorce in Canada within the context of eroding government responsibility and a moral emphasis on women’s caregiving responsibility for their young children. Mothers face competing sets of expectations and must navigate the paradox of having autonomy while also feeling compelled to choose the “proper” or “responsible” route. Yet this route, while seemingly natural, has been shown to be highly problematic and risks the health, well-being and agency of this vulnerable group of women. Thus, both the privatization and publicization of responsibility have significant implications for mothers’ health and autonomy, for the welfare of those for whom they provide care and for deepening gender inequality.

It is our argument that the physical and mental health and well-being of all family members are affected by the ways in which responsibilization and familialism in the socio-political Canadian context constrain the enactment of care work and the exercise of choice in this work. There is urgent need for further research that examines the links between broader ideological, political and economic contexts and the experiences and health of mothers after separation and divorce, explicating the complex mechanisms involved.

As also shown, the Nordic countries, such as Finland, have been more successful in developing economic and social policies that promote the health and well-being of single mothers and give dignity to their informal care work. Research is needed to identify in greater detail the contextual factors that give rise to this variation in policy environments and also assist in developing policies to better support mothers involved in family care work. Further, an exploration of differences among women is needed. For example, we know little about the experiences of separated/divorced mothers who are disabled, lesbian and/or Aboriginal.

Many health and social service practitioners and policy-makers may not have heard of terms like “familialism” and “responsibilization” or considered how they can support women in balancing their care work for others with self-care. Our aim has been to increase the awareness of these concepts and to offer a critical reflection on them in contemporary human service delivery systems, as well as to explore how the enactment of neo-liberal reform policies negatively affects mothers who separate and divorce. One possible avenue for the re-conceptualization of care work is the feminist “ethic of care” perspective, which promotes responsiveness to self as well as others and challenges the perceived disparity between selfishness and responsibility. Rather than further entrenching women’s responsibility to care, this approach emphasizes interdependence and the collective (social) responsibility for care, in seeking to “identify and make visible the social relations embedded in the decisions that involve obligation and responsibility.”

Scholars such as Hankivsky are exploring the utility of such an “ethic of care” approach in caregiving policy, making the case for greater, not the erosion of, state responsibility for care (i.e., providing services such as public child care). A full range of support services, childcare and labour market policies to assist mothers who provide informal care, particularly during difficult transitions such as separation or divorce from their partners, can buffer adverse health effects as well as promote choice, and reduce the unintended health effects of care work performed by women at various stages in the life course. In this way, we believe, mothers can retain both their health and dignity in this challenging period, and society can better support them in positively fulfilling the responsibility of raising healthy children.

REFERENCES
