Coping stress toward post-death of a couple: A qualitative study in single mothers

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Abstract – The study aimed to figure out the picture of a couple’s post-death stress and coping strategies used by working single mothers. The research approach uses qualitative descriptive with case study design. Characteristics of single mother participants, working and having children. Data were obtained through interviews of participants concerned accompanied by significant other interviews. The data analysis used in this study is a thematic data analysis technique. The results showed the symptoms of stress experienced by participants in increased blood pressure, frequent delays in work, irritability, dietary changes, and experiencing sleep disorders. Each participant’s stress was the shrinkage of economic, social, and psychological resources. Participants’ stress coping strategies include; planful problem solving, confrontative, seeking social support, distance, escape/avoidance, positive reappraisal, self-control, and accepting responsibility.

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INTRODUCTION

Various problems and disasters that are not predictable to come in the family can cause divisions. The most common separations in the household are death and divorce. Death in a family is an event that can interfere with emotional life, change the individual’s relationship with his social environment, and cause problems in life after the abandonment of the couple (Belsky, 2013). Glazer et al. (2010) argue that death impacts changing parenting patterns and relationships between couples who are still living with others (Pitasari & Cahyono, 2014). A person who is in a state of losing a partner is usually called a single parent. According to Qaimi (2012), a woman as a single parent is when a woman will occupy two positions at once, namely as a mother, a natural position, and a father. He will have two forms of attitude: a woman and mother must be gentle with their children, and a father who is manly and in charge of controlling rules and rules and acts as an enforcer of justice in domestic life.

According to Hurlock (2011), single parents are widowed or widowed, either father or mother, assume responsibility for caring for children after the death of their spouse, divorce, or the birth of an out-of-wedlock child (Sola & Nurdin, 2015). The only parent here who is more often encountered is a mother without a husband and has dependents on many children. Families with mothers as single parents are often caused by the death of husbands, divorcees, unmarried mothers, and teenagers who became pregnant out of wedlock (Aprilia, 2013).

For a mother, losing her husband is a tough challenge. This loss can have various effects, whether it is physical or psychological, for a mother. A single parent tends to be busy with office work, taking care of children, and lacking time off until eating is not regular, which often happens to single parents whose husband died (Negeri, 2013). After a spouse’s death, the mother experiences a shrinking of essential resources in performing parenting functions, namely loss of psychological and economic support from the husband, changes in status, role, and identity crisis, and emotional disorders, loneliness, feeling helpless, hopeless, and loss of confidence (Budiana & Amalia, 2015). The stressful behavior that single mothers bring up is crying, depression, and inferiority with status (Andriani & Naufaliasari, 2013).

Single mother stress is the pressure experienced due to the stress source in the family that has died one of the partners. Stress is caused by a discrepancy between the desired situation and the individual’s biological, psychological or social system (Sarafino, 2015). Changes in individuals due to stress can be grouped into three general categories: physical symptoms, psychological symptoms, and behavioral symptoms (Robbins & Judge, 2015). The initial effect of stress is usually physical symptoms. Stress can cause changes in metabolism, increase heart rate, raise blood pressure, cause headaches, and trigger heart attacks. Psychological symptoms of stress can lead to dissatisfaction with work, tension, anxiety, irritability, saturation, and an attitude that likes to delay work. Subsequent symptoms caused by behavioral stress include changes in productivity, healthiness, employee turnover, eating habits, smoking patterns, alcohol consumption, fast talk, restlessness, and sleep disorders (Robbins & Judge, 2015). Potential sources of stress are conflict, life changes, and daily arguments. The study focused on indicators of life changes using the theory of the source of stress put forward by Atkinson (2011) in looking at what factors can cause stress in single mothers after her husband dies. This response can be either a positive or negative response. Nevertheless, it tends to be a more dominant negative
response in its application. Responses to stress (Sarafino, 2012) include; anxiety, anger, aggression; apathy and depression; cognitive impairment.

If the individual can survive the bad situation so that he prefers to overcome or minimize the problem, then the individual is trying to do a self-defense mechanism, or it can also be called a coping strategy (Papalia et al., 2013). Coping is how a person manages the perceived difference between the demands and the resources they value in a stressful situation (Pitasari & Cahyono, 2014). Coping is essential to correcting or mastering a problem and helping a person change his or her perception of nonconformity, tolerance or acceptance of threats or harmful things, or escape or avoid a situation (Lazarus & Folkman, in Sarafino 2012). Several previous studies found that single mothers as the subject of the study who experienced stress were single mothers who were working (Kusumastuti, 2014; Pitasari & Cahyono, 2014; Asilah & Hastuti, 2014; Nisa & Lestari, 2016).

Coping is how individuals manage the demands of a person-environment relationship that is judged as stress and the emotions they produce. Coping is an attempt to change thoughts or actions to manage internal and external demands that are considered heavy and exceed the resources of the individual. According to Robbins & Judge (2015), coping is a process in which individuals manage the distance between the demands (be it the demands derived from the individual or the demands that come from the environment) and the resources they use to deal with stressful situations. According to Robbins & Judge (2015), coping has two main functions: problem-focused coping and emotional-focused coping. Problem-focused coping is an approach that aims to lower the demands of stressful situations or expend resources to deal with them. Problem-focused approaches are used when they believe that their resources or demands are in a situation that may change (Robbins & Judge, 2012). Emotional-focused coping aims to control emotional responses in situations that cause stress. An emotionally-focused approach is used when they believe they can do small things to change stress (Robbins & Judge, 2015). Robbins & Judge (2015) describes several coping strategies in problem-focused coping and emotional-focused coping, including planful problem solving (problem-focused), confrontative (problem-focused), seeking social support (problem/emotion-focused), distance (emotion-focused), escape/avoidance (emotion-focused), positive reappraisal (emotion-focused), self-control (emotion-focused), and acceptance responsibility (emotion-focused). Based on the above exposure, this article aims to determine the post-death stress and coping strategies working single mothers use.

**RESEARCH METHOD**

This research uses a qualitative approach with intrinsic case study types. A qualitative approach is a research method using research procedures that produce descriptive data in written or oral words from sources encountered and observed background thoroughly (Moleong, 2017). The reason for using a qualitative approach is because it is based on the focus of research to get relevant results (Poerwandari, 2017), which is to know how to describe stress and coping strategies used by single mothers after the death of their husbands and responsible for caring for their children. The type of research used in this research is an intrinsic case study approach because it aims to learn about unique phenomena focused on the research. The data excavation
techniques used in this study are filling questionnaire sheets and interviews conducted on subjects and significant others.

The study participants were obtained through informants who knew about the participants’ circumstances as single mothers. Characteristics of participants in the study include: women whose husbands have died and have not remarried; have a biological child (one or more) from her husband, bearing the burden of the life and education of her child who is in school or college; and have a personal business or a permanent or temporary job that becomes the primary source of income.

Table 1 Participant Profile

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Participant 1</th>
<th>Participant 2</th>
<th>Participant 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>33 years</td>
<td>35 years</td>
<td>28 years</td>
</tr>
<tr>
<td>Religion</td>
<td>Islam</td>
<td>Islam</td>
<td>Islam</td>
</tr>
<tr>
<td>Occupation</td>
<td>Lecturer</td>
<td>Teacher</td>
<td>Employee</td>
</tr>
<tr>
<td>Education level</td>
<td>Master degree</td>
<td>Undergraduate degree</td>
<td>Undergraduate degree</td>
</tr>
<tr>
<td>Age when the husband died</td>
<td>28 years</td>
<td>30 years</td>
<td>26 years</td>
</tr>
<tr>
<td>Impact</td>
<td>Stress &amp; weak financial</td>
<td>Weak financial</td>
<td>Stress and stress stigma</td>
</tr>
</tbody>
</table>

This study used thematic analysis techniques. Thematic analysis encodes qualitative information through an explicit code in a list of themes, a complex model containing themes, indicators, and qualifications connected in causality; or something between the two (Boyatzis, 2010). The thematic analysis serves to find patterns of various information that has been collected (Poerwandari, 2017). The approach used in this study is theory-driven.

RESULT

The study produced data on post-death stress images of couples and various coping strategies working single mothers use. In general, this study found differences in the picture of stress and coping strategies in the three participants. The stress images shown by the three participants in the study included stress symptoms, sources of stress, and responses to stress.

Symptoms of stress

To find out the symptoms of stress experienced by each participant after the death of their husband, researchers used a questionnaire adapted from a diagram of stress symptoms from Robbins and Judge (2015).

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Participant 1</th>
<th>Participant 2</th>
<th>Participant 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical symptoms</td>
<td>-</td>
<td>High blood pressure</td>
<td>High blood pressure</td>
</tr>
<tr>
<td>Psychological symptoms</td>
<td>Procrastination</td>
<td>Procrastination</td>
<td>Procrastination, Irritability</td>
</tr>
<tr>
<td>Behavioral symptoms</td>
<td>Dietary changes; Sleep disturbances</td>
<td>Dietary changes; Sleep disturbances</td>
<td>Dietary changes; Sleep disturbances</td>
</tr>
</tbody>
</table>

These results show that the three participants have similar psychological symptoms, often delaying work. The first participant showed the slightest symptoms of stress, while the third participant showed the slightest symptoms of stress.
Sources of stress

The source of stress, in general, can be divided into three parts: conflict, life changes, and daily arguments (Atkinson, 2011). Based on these three indicators, researchers focused on the changing part of life because the focus of this study is the strategy of coping with post-death stress of a couple, then life changes are the most related indicators. The life change referred to in the study was widowhood, having previously had a partner and then separated due to death. The impact of a couple’s death can be a source of stress experienced by the three participants, namely on economic, social, and psychological factors. After a partner’s death, the mother experiences a shrinking of essential resources in performing parenting functions, namely loss of psychological and economic support from the partner, changes in status, role, and identity crisis, and emotional disorders, loneliness, feeling helpless, hopeless, and loss of confidence. In order to meet the needs of her life and her children in the early days after the death of her husband, participant 1 did not feel severe financial pressure because he had enough income and got insurance for his son’s school. While participant 2 must work side and be a teacher selling food. After the husband’s death, participant 3 had to work as a factory employee to meet the needs of his family, where previously his daily activities were only as a housewife.

In terms of social, participants 1 and 2 did not feel depressed in the association of social environment and family after their husband’s death. While participant 3 felt social pressure after the couple’s death in the form of bullying from her husband’s family on her and her two children.

Participant 1 stated that she only felt stress after her husband’s death related to changes in her life. While in participant 2, she claimed to anxiety about changes in her life and the fulfillment of her children’s needs. Participant 3 stated that the psychological pressure she experienced was anxiety about changes in her life, meeting the family’s financial needs, and bullying from the husband’s family.

Response to stress

From the statements of the three participants, it is known that each participant has a diverse response to the stress they face. According to Sarafino (2012), the individual’s response to the stress he faced included; anxiety, anger, aggression, apathy, depression, cognitive impairment. Anxiety felt by participant 1 after the death of her husband in the form of difficulty adjusting to life changes. In participant 2, the anxiety experienced after her husband’s death in the form of financial difficulties and life changes. At the same time, the anxiety response experienced by participant 3 in the form of difficulties in financial matters to meet the needs of life and the cost of education of their two children. She also has anxiety about the stigma of being a widow in the community.

Then for the anger and aggression response of participants 1 and 2, she never showed an angry or aggressive response either in the form of physical or verbal after the death of her husband. He prefers to pray and surrender to God than vent his anger to others or objects around him. While the response of anger and aggression of participants 3 after the death of their husband is in the form of behavior or anger for no apparent reason when experiencing stress.

Furthermore, on apathy and depression indicators, it was known that the three participants claimed never to show a withdrawal response from their social environment when experiencing post-death stress.
While on the cognitive impairment indicator, participant 1 often found it difficult to concentrate while working after the death of her husband. In participant 2, it is known that his concentration is also often distracted, but it is not a stress response due to the death of his husband but only saturation in his daily work. While participant 3 felt his focus was often distracted when reminded of his son’s school fees, but it did not affect his performance.

**Stress coping**

In this study, the three participants applied every kind of coping strategy put forward by Robbins & Judge (2015) to cope with the stress they faced after the death of their husbands. According to Robbins & Judge (2015), coping has two main functions: Problem-focused Coping and Emotional-focused Coping. Various coping strategies that focus on solving problems include; planful problem solving, confrontative, and seeking social support for an instrumental reason. In comparison, coping strategies that focus on controlling emotional responses include; distance, escape/avoidance; positive reappraisal; self-control; acceptance of responsibility; and seeking social support for an emotional reason.

Participant 1 did not seem to do much problem-focused coping strategy, namely just by deciding to work (planful problem solving), consult with the family (seeking social support for an instrumental reason), face and still live (confrontative), and make decisions in his life by consulting with family (planful problem solving). The rest, participant 1, focused more on the emotional approach in dealing with stress after the death of her husband. Participant 1 also often sought social support from parents and siblings to gain sympathy and calm feelings (seeking social support for an emotional reason).

In the coping distance strategy, participant 1 tended to behave as if they were not facing sadness and saw the good side of the disaster. Participant 1 also implemented a coping escape/avoidance strategy in fantasizing about how the situation should happen and making comfortable with traveling and vacationing with the children. The positive reappraisal coping strategy applied by participant 1 in the form of confidence that he will be fine and with the misfortune he experienced will make him closer to God and more substantial in facing life.

The application of self-control coping strategies in participant 1 is in the form of living life by simply flowing, following studies to keep themselves from being affected by other harmful things, and consulting those closest to them about decision making and problem-solving. Participant 1 also implemented coping acceptance responsibility strategies to accept one’s condition, realize that he had shortcomings as a parent, and take action to change the situation.

In participant 2, the coping strategy planful problem solving applied in the form of understanding the existing circumstances and trying to stay in the condition, planning and implementing it, trying to change things for the better, and finding a way out by finding a side job. Furthermore, the confrontative coping strategy applied by participant 2 in the form of still facing and living a life that continues to run.

Coping seeking for social support strategies that are more focused on participants 2 is the instrumental reason for finding information on others, especially families, about the situation at hand and asking for advice in the future. As for the emotional reason, the application is in the form of telling his feelings to his family and closest relatives and receiving sympathy and understanding from them.
The form of implementing the coping distance strategy of participant 2 is trying to accept reality, see the good side of the disaster that occurred, and try to accept destiny. Then, the coping escape/avoidance strategy is to hope the situation will change for the better and try to make comfortable by often gathering with family. Participant 2 also implemented a positive reappraisal coping strategy in the form of confidence that he would be fine.

Self-control coping strategies implemented by participants 2, among others; Try to keep feelings of sadness, prevent others from knowing how sad life's misfortunes are, pour out sadness by praying to God, and keep feelings from being affected by other things that can add stress. Then, coping acceptance responsibility strategies are applied in accepting one’s circumstances and accepting the responsibility to change lives for the better for their children.

In participant 3, the coping strategy planful problem solving applied in the form of understanding the conditions that have occurred and trying hard to stay afloat, making plans and implementing them, and trying to change things for the better. Furthermore, the confrontative form that participant 3 does is to continue to live and face the existing life.

Coping seeking for a more focused social support strategy on participant 3 is an emotional reason, which is in the form of telling the feelings he experienced to his family and friends. For the instrumental reason, participant 3 looked for information on others about the situation, told the problem, and asked experienced people for advice, especially to find a job.

The coping distance strategy applied by participant 3 is to try to accept the current condition, see the good side of the disaster that occurred, and try to accept destiny. The coping escape/avoidance strategy applied by participant 3 is hoping that the condition will change for the better and trying to make herself comfortable by traveling with her child and gathering with her friends. Participant 3 also applied a positive reappraisal coping strategy in confidence that he would be fine and made the disaster experienced as a form of getting closer to God.

The application of self-control in 3 participants, among others; Prevented others from knowing how sad the misfortune is, keeping feelings from being affected by other things that can add to the stress. Then, the coping acceptance responsibility strategy was applied by participants 3 to accept their condition and accept conditions that make them responsible for changing conditions better for the sake of their children.

**Discussion**

The single mother stress understood in this study is the stress that arises after a single mother experiences the death of her husband. The study focused on showing a picture of the stress that arises post-death of a working single-mother couple. This study found that single mothers experienced psychological and behavioral stress symptoms, but participant 1 did not experience physical symptoms. This condition proves that stress symptoms do not always cause physical symptoms in individuals. Stress due to death has a wide variety of impacts on single mothers. Single mothers feel the impact of death in the form of identity changes, namely widowhood.

Responses to couples’ post-death stress that appear in single mothers are anxiety, anger, aggression, and decreased cognitive function, but do not elicit responses in the form of helplessness and depression. This finding does not fit with the theory put forward by Sarafino (2012), where individuals will give rise to psychological reactions in the form of withdrawing and
feeling helpless in the face of uncontrolled events. This study also found differences in emotional perception of death stressors between single mothers. Participants 2 and 3 had emotional perceptions that tended to be hostile towards the death of a partner and considered the stressor to be an unfortunate event. While participant 1 had a positive emotional perception of the death of a partner and only considered minor stressors so that they could quickly rise from adversity. The findings are related to resilience, namely the ability of humans to face, overcome, and be substantial for difficulties experienced (Wiwin Hendriani, 2018). This is by the results of Aprilia research (2013), where if resilience in a person is increased, it will be able to overcome any problem, increase self-potential, be optimistic, appear courage and emotional maturity. This study also found the complexity of post-death stressors of single mother couples. Single mothers are not just focused on accidents. Bullying from the husband’s family is related to inheritance, and the stress of the child’s living needs is a form of double stress for single mothers.

This leads to rising blood pressure, difficulty concentrating, and anger for no reason. Single mothers who have complex stressors and live them negatively report worse experiences and tend to rely on emotional coping. While single mothers who have a minor stressor and live it positively, consider the death of a partner as a destiny from God tend to do coping that focuses on the life ahead. Every single mother in the study did all kinds of coping put forward by Robbins & Judge (2015) to cope with her husband’s post-death stress. Robbins & Judge (2015) describe three coping strategies in problem-focused coping: planful problem solving, confrontative, and seeking social support for an instrumental reason.

The problem that single mothers experience is mental stress due to the death of her husband. This is in line with Robbins & Judge (2015), who states that a condition that suppresses physical and psychological due to demands in the self and environment can cause stress and stimulate the individual to react. In addition, it is known that each single mother participant sought advice from others. It is understandable that the environment in which the individual is, particularly the immediate environment such as the family, is very decisive in providing support to deal with the pressures experienced by the individual (Bhatia, 2016).

In addition to problem-focused coping, single mothers in the study also applied the emotional-focused coping approach described by Robbins & Judge (2015) in six coping strategies: distance, escape/avoidance, positive reappraisal, self-control, accept responsibility, and seeking social support for an emotional reason. The study results found that initially, single mothers could not accept that the death of the husband experienced by her was a destiny. This is related to the background of single mother participants who experienced entire dependence with a partner. The data obtained through interviews shows that differences in coping strategies stand out from each single mother participant. Participants 2 and 3 tended to be more dominant in focusing on emotional-focused coping. This is because this coping strategy is more emotion-oriented, an attempt to relieve or manage emotional stress when individuals interact with the environment (Bakhtiar & Asriani, 2015). While in participant 1 tended to do coping that focused on problem-focused coping.

**CONCLUSION**

Based on the study results, there are three dimensions of post-death stress images of couples working single mothers: stress symptoms, sources of stress, and the stress response.
From different images of stress, to overcome post-death stress, the three participants implemented every coping strategy, namely planful problem solving, confrontative, seeking social support, distance, escape/avoidance, positive reappraisal, self-control, and accepting responsibility. The results showed that all three participants tried every coping strategy available and maintained the coping that made them most comfortable. Participant 1 tended to seek social support in the form of information or advice and sympathy from the family environment and get closer to God. Then, participant 2 prioritized good self-control for his stress coping strategy. While participant 3 tended to focus on accepting responsibility as a solid mental foundation in dealing with everyday problems.

REFERENCES


