

Role and identity transformation: A qualitative study on single fathers of children with disabilities

Rol ve kimlik dönüşümü: Engelli çocuğa sahip bekar babalar üzerine nitel bir araştırma

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Abstract

This research aims to examine the experiences of single fathers who provide sole care for their children with disabilities following the loss of a spouse through death or abandonment. It specifically focuses on the transformation of roles and identities during this process. A qualitative research design was employed, and semi-structured interviews were conducted with six single fathers selected via purposive sampling. The data were analyzed using thematic analysis. Findings indicate that the experiences of single fathers are shaped by three distinct processes: systemic transformation, identity transformation, and labor/role transformation. Systemic transformation refers to the reconstruction of family structure and balance following the loss of a spouse. Identity transformation describes the shift from the traditional "provider" role to a caregiving parent who establishes deep emotional bonds. Furthermore, labor/role transformation represents the restructuring of daily life practices through the redefinition of physical, cognitive, emotional, social, economic, and time-based labor. Consequently, this process emerges as an experience that not only increases individual responsibilities but also reinterprets traditional gender norms and transforms the meaning of fatherhood. The study recommends the development of father-oriented social policies and social work practices. Specifically, increasing economic assistance to alleviate the caregiving burden, strengthening psychosocial support networks tailored for fathers, and providing accessible, inclusive public services are essential.

Keywords: Fatherhood, disability, single fathers, identity, role.

Öz

Bu araştırma, engelli çocuğun bakımını eş kaybı (ölüm veya terk edilme) sonrasında tek başına üstlenen bekar babaların deneyimlerini incelemeyi ve bu süreçte yaşanan rol ile kimlik dönüşümünü anlamayı amaçlamaktadır. Çalışma, nitel araştırma yöntemiyle yürütülmüş; amaçlı örneklem tekniğiyle belirlenen 6 bekar baba ile yarı yapılandırılmış mülakatlar yapılmıştır. Veriler, tematik analiz yöntemiyle çözümlenmiştir. Bulgular, bekar babaların deneyimlerinin sistemik dönüşüm, kimlik dönüşümü ve emek/rol dönüşümü olmak üzere üç farklı dönüşüm süreci etrafında şekillendiğini göstermektedir. Sistemik dönüşüm, eş kaybı sonrasında aile yapısının ve dengesinin yeniden inşasını; kimlik dönüşümü, babaların yalnızca geçim sağlayıcı rolünden çıkarak bakım veren ve duygusal bağ kuran bir ebeveyn rolünü benimsemelerini; emek/rol dönüşümü ise bakım, fiziksel, bilişsel, duygusal, sosyal, iktisadi ve zamana dayalı emek türlerinin yeniden tanımlanmasıyla birlikte babaların gündelik yaşam pratiklerinin değişmesini ifade etmektedir. Sonuç olarak bu süreç, yalnızca bireysel sorumlulukların artması değil, aynı zamanda geleneksel cinsiyet normlarını yeniden yorumlayan ve babalığın anlamını dönüştüren bir deneyim olarak ortaya çıkmaktadır. Bakım yükünü azaltacak ekonomik yardımlar, babalara özel psiko-sosyal destek ağlarının güçlendirilmesi ve erişilebilir, kapsayıcı kamu hizmetlerinin sunulması için baba odaklı sosyal politika ve sosyal hizmet uygulamalarının geliştirilmesi önerilmektedir.

Anahtar Kelimeler: Babalık, engelli, bekar babalar, kimlik, rol

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Introduction

Gender roles, shaped by historical and cultural processes, serve as fundamental elements that define individuals' social positions, identity perceptions, and daily practices. For a long period, masculinity was equated with power, authority, and independence. In traditional family structures, these traits were institutionalized by assigning economic provision to men and domestic labor and caregiving responsibilities to women (Fairclough, 2013; Lamb, 2010; Yeşildal, 2010).

However, contemporary understandings of fatherhood have moved away from these traditional molds. It has evolved into a "nurturing" and "involved" parenting model characterized by active responsibility, strong emotional bonds, and intensive participation (Dermott, 2003; Elliot, 2016; Wall & Arnold, 2007). This transformation has led to a redefinition of fatherhood through direct involvement in a child's educational and emotional development. For instance, Lamb (1987) defines the "involved father" as a figure who goes beyond meeting the family's economic needs to actively participate in the child's life, establish direct communication, and provide emotional support (Çalbayram & Platin, 2020). Pleck and Pleck (1997) further explain father involvement through the concepts of engagement (quality time), accessibility (being available for support), and responsibility (planning and balancing skills). In modern perspectives, fatherhood has been enriched by models such as "responsible fathering" (Doherty et al., 1998), which views the father as a constant figure in development, and "extended intuitive fathering" (Cabrera et al., 2014), which examines relationships within a multi-layered structure. Currently, the role of the "provider" has been largely replaced by relational and care-oriented parenting. This radical change is the result of a multidimensional network ranging from individual psychological traits and social support to socioeconomic conditions and public policies (Lamb & Tamis-LeMonda, 2004). Such dynamics determine the quality of the bond fathers build with their children and lay the groundwork for

renegotiating roles within the family. Modern societal expectations demand that men become more visible and active in family care, forcing a profound shift in traditional roles (Aumann et al., 2011).

Nevertheless, the burden of caregiving often leads to unforeseen disruptions in professional life. This makes it difficult for fathers to maintain a work-life balance and stabilize family relationships (Langley et al., 2020; Hartley et al., 2010; Price, 2010). This multifaceted transformation creates significant diversity in how fathers perform their roles. While some remain focused on economic responsibility, others develop dual models combining provider and caregiver roles, or adopt an entirely care-oriented parenting identity (Lien et al., 2020). This diversity demonstrates that fatherhood experiences are shaped by a complex interaction of personal preferences as well as familial, social, and economic conditions.

The presence of a child with a disability in the family triggers a deep transformation that begins with parents losing the image of the "ideal child" and their future expectations. This process radically alters the family structure and balance, forcing parents to adopt the identity of an "exclusive caregiver," often at the expense of their social and personal practices. Research indicates that fathers may face greater difficulty than mothers in accepting the diagnosis and may initially remain inadequate in sharing caregiving responsibilities (Budak et al., 2018; Bahador et al., 2023). However, for a healthy new balance to be established, fathers are expected to reinterpret their existing roles and internalize responsibilities specific to the caregiving process (Pelchat et al., 2009; Donaldson et al., 2011). Today, fatherhood is no longer limited to economic provision; it emerges as a flexible and transformable identity encompassing multifaceted responsibilities such as emotional support and participation in education. The most radical form of this identity transformation is observed among single fathers who have lost their spouses due to death or abandonment and have assumed sole responsibility for their child with a disability. Beyond the general challenges faced by fathers of children with disabilities, this situation can disrupt

economic conditions, employment patterns, and social life more severely (Uribe-Morales et al., 2022; Marsh et al., 2020). It sheds light not only on individual parenting practices but also on structural role transformations. While paternal roles are extensively documented in the literature, the labor-oriented identity transformation of single fathers caring for children with disabilities remains under-researched. Aiming to fill this gap within the Turkish context, this study argues that the process experienced is not a mere redistribution of tasks, but a profound systemic and identity-based reconstruction driven by the demands of care labor. By uncovering the caregiving experiences and coping strategies of these fathers, the research aims to contribute to fatherhood studies and the development of social policies and support mechanisms for families with children with disabilities.

Methodology

This study aims to examine the experiences of single fathers who have solely assumed the care of a child with a disability following the loss of a spouse through death or abandonment. It specifically focuses on understanding these experiences within the context of role and identity transformations. Given that these experiences are analyzed through structural, economic, and identity-based categories, the research adopts the "Qualitative Descriptive Design" defined by Sandelowski (2000). The rationale for selecting this design is its ability to facilitate a direct description of the phenomenon—single fatherhood and the caregiving process—while remaining "as close to the data as possible" (Sandelowski, 2000; 2010). Unlike designs such as phenomenology or grounded theory that require high levels of conceptual abstraction, this approach remains faithful to the participants' own expressions. It enables the direct description of daily life practices, including various types of labor and economic challenges. Rather than forcing the transformations experienced by these fathers into a rigid theoretical mold, the study aims to present the multidimensional nature of this process—en-

compassing cognitive, emotional, and economic labor—within a "thematic organization" (Colorafi & Evans, 2016). Consequently, the qualitative descriptive approach provides the most suitable methodological foundation for this research. In this context, data were categorized based on concrete and functional descriptions of the phenomenon rather than abstract theoretical interpretations.

Study Group

The study group consists of six single fathers who provide sole care for a child with severe physical and/or mental disabilities following spousal loss due to death or abandonment (Table 1). The participants were selected using the criterion sampling technique, a specific form of purposive sampling (Baltacı, 2018; Merriam & Tisdell, 2016). The decision to limit the study group to six participants was primarily driven by the depth-oriented nature of the qualitative descriptive design and the high specificity of the inclusion criteria. Furthermore, this limitation ensured the selection of individuals capable of providing information-rich cases and data regarding their unique experiences. The main inclusion criteria were that the fathers (i) reside in Türkiye, (ii) have a child with an official report indicating severe disability, and (iii) have independently carried full caregiving responsibility for their child for at least two years. The fathers in the study group ranged in age from 49 to 72, and their children's disability types included severe physical and/or intellectual disabilities. This diversity offers a more comprehensive perspective on how different disability types and living conditions may shape fathers' experiences.

Table 1. Distribution of Participants

Participant	Age	Child's Disability Status	Reason for Spousal Loss
P1	49	Physical Disability	Death
P2	62	Intellectual Disability	Death
P3	53	Physical Disability	Death
P4	58	Intellectual Disability	Death
P5	72	Physical Disability	Divorce
P6	64	Intellectual Disability	Divorce

To protect confidentiality, participants' real names were replaced with codes (e.g., P1, P2), and in participant quotations, their children's names were replaced with color labels (e.g., red, green).

Data Collection Instruments

In this study, a semi-structured interview guide and a sociodemographic information form were used as data collection instruments. The semi-structured interview guide used in this research was developed to understand the role and identity transformations of single fathers who assume sole responsibility for caring for a child with a disability following spousal loss. During the development of the guide, studies in the literature addressing the experiences, caregiving processes, and social roles of fathers of children with disabilities were first reviewed, and a draft pool of questions was created accordingly. The questions were then evaluated by two academic experts in family studies and social work in terms of scope, open-endedness, and clarity. After the necessary revisions, the questions included in the semi-structured interview guide were finalized. Participants were included on a voluntary basis, and informed consent was obtained from all participants.

Data Analysis

The qualitative data in this study were personally collected by the author and analyzed using the six-step thematic analysis approach established by Braun and Clarke (2006). Thematic analysis is a flexible analytic method that enables the identification of meaningful patterns (themes) in the data and the linkage of these themes to the research questions. This approach was preferred because the study did not rely on a predetermined set of themes; instead, it aimed to discover themes emerging directly from participants' accounts. Approximately six hours of audio recordings were obtained during the data collection process, with each interview lasting about one hour on average. The recordings were transcribed using an online transcription program, yielding a total of 120 pages

of text. During coding, the data were examined line by line to identify meaningful statements and recurring patterns. Codes with similar content were then grouped to form sub-themes, which were subsequently integrated into main themes based on shared meaning frameworks. Following the analysis, the emerging findings and primary themes were shared with two expert scholars experienced in family structures and research methodology. These experts reviewed the results to verify whether the researcher's subjective perspectives or expectations influenced the data. This process ensured that the study's conclusions were presented with objectivity, accuracy, and independence from the researcher. As a result of the analysis, three overarching themes were identified that reflect single fathers' experiences: systemic transformation, identity transformation, and labor/role transformation.

Limitations of the Study

Due to the nature of qualitative research, the findings of this study do not aim for statistical generalization. While the data provides in-depth insights into the experience of single fatherhood, the results represent the subjective reality of the participants rather than a universal pattern applicable to all fathers. The experience of single fatherhood in Türkiye is directly shaped by economic resources, social capital, and regional cultural structures. Therefore, future studies covering different regions and socio-economic levels are essential to understand the full diversity of this transformation. Finally, as the research is cross-sectional, it is limited to a specific timeframe in the participants' lives. However, identity reconstruction is an ongoing process. Longitudinal studies are needed to observe how roles and coping strategies evolve as the family system matures over time.

Findings

Fatherhood is not merely a biological connection; it is a multifaceted experience with cultural, social,

and psychological dimensions. Challenging circumstances, such as raising a child with a disability, serve as transformative experiences for both fatherhood and the family system. In the participants' narratives, this transformation was precipitated by moments of crisis—specifically spousal loss through death, abandonment, or separation. These crises shifted systemic roles, ranging from domestic tasks to emotional responsibilities, entirely onto the father. This restructuring significantly altered not only the participants' parental roles but also their identities, relationships, and daily life rhythms. Data analysis revealed three complementary themes within this multidimensional reconstruction process: systemic transformation, identity transformation, and labor/role transformation (Figure 1). In this study, "Role" refers to the father's functional responsibilities within the social system and the specific types of "Labor" these duties require. In contrast, "Identity" represents the self-perception and self-construction developed by the father while performing these roles. The interaction between these two concepts facilitates a comprehensive and multidimensional understanding of the fathers' transformation.

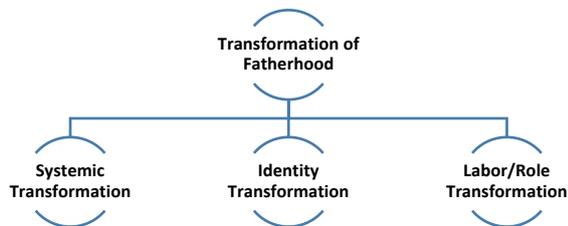


Figure 1. Thematic Distribution of the Research Data

1. Systemic Transformation

Systemic transformation refers to the disruption of the family system's homeostasis following the loss of one of its essential components—the primary caregiver or spouse. This process represents the construction of a new structural order centered around the father. The participant narratives presented under this theme are not merely tragic accounts of loss. Instead, they represent a "systemic breaking point" where decision-making, division of labor, and emotional support mechanisms

are radically reallocated. Through this process, the father evolves beyond his role as a parent to become the sustainer of a mother-absent family structure, positioning himself at the new epicenter of the father-mother-child systemic balance. The initial narratives regarding spousal loss, whether due to death or abandonment, serve as fundamental coordinates. They define not only how the system collapsed but also the conditions under which the new father-centered system was born. In this context, systemic transformation is not a phenomenon independent of identity construction or the multidimensional transformation of labor and roles. Rather, it serves as the primary turning point that establishes the foundation for all these subsequent changes.

A shared feature in the accounts of four participants ($n = 4$) was that detailed narratives of the spouse's death represented not merely a loss, but also the beginning of a new form of fatherhood.

"We went to the charity hospital, and they referred us to Çapa. Back then, it was hard to get to Çapa. There they said it had spread everywhere. She had chemotherapy at Çapa for two years. She died of cancer. It was in her throat." (P2)

"Her stomach was retaining fluid. Every two or three days, they would remove three or four kilos of fluid. We struggled for a year. We couldn't save her. She passed away—just like that. Suddenly. When we talk about it like this, my eyes tear up (gets emotional)." (P4)

In the narratives of P5 and P6, spousal loss did not occur through death; rather, it unfolded through abandonment and economic exploitation. P5's statement—"one day I came home and... she left a note on this table and was gone"—shows that systemic transformation took place through an abrupt, uncommunicated rupture, without preparation. Such separation signals the onset of a new system marked by emotional and psychological fragility.

"Forty years. Thirty-nine years. She left me—more precisely, she wronged me. My eldest son realized it. One day I came home and... she left a note on this table and was gone." (P5)

“She spent ten years’ worth of his salary. She spent the caregiving allowance and his salary without telling me. I go to work and come back. We couldn’t get along. Forgive me, I don’t want to say more. She disrespected me. We’ve been separated since 2009. She lives in another house. We live in this one.” (P6)

2. Identity Transformation

Nearly all participants stated that they had been “a different man” before, maintaining a conventional identity of the “Traditional breadwinner” during the period when their spouses carried the caregiving burden. This aligns with the traditional social order that assigns fathers the role of breadwinner and emotional distance. However, following the loss of the spouse, most participants reported learning to build emotional bonds, provide hands-on care, and even cook—changes that compelled them to redefine themselves from the ground up. The accounts of P4 and P5 symbolize more than the acquisition of a technical skill; they represent the reconstruction of masculinity:

“There’s nothing else to do. I learned how to cook too. Are you going to feed him only from outside? I learned to cook—and over time I actually started cooking very well. Gradually.” (P4)

“I kept saying, ‘I want to learn.’ I need it now. Like I said, we were left helpless. I need it. I have to learn this... Honestly, I learned it all by asking around. I look it up online—how do you make it? How is it done? That’s how we got by. We became cooks—cooks.” (P5)

Furthermore, this transformation occurred not only at the behavioral level but also at the emotional and cognitive levels. Participant P4’s remark that ‘even emotions change,’ along with the following statements from P1 and P5, point to a construction of self. This paternal identity is not merely based on caregiving; instead, it indicates a self-construction that emphasizes emotional responsibilities and involves a process of inner maturation:

“It’s not the kids—you are the one who’s maturing now. If I still had that ignorance, I’d burn them

too. It’s responsibility. Each time you step on a needle, it forms in you by itself. You know, it happens slowly—little by little, that’s what you become.” (P5)

“I became someone with responsibilities. I used to see life through rose-colored glasses. I became a responsible person. Going out, shopping—every little thing... Let me give an example: you’re going to buy shoes, you used to just go for a brand, but now you can’t—just as an example. Why? Let my child wear it, not me. There are so many examples like this. Eating out—no, I’ll eat at home. With the money I’d spend there, let me buy something for my child, for instance. Things like that. The way I look at life changed.” (P1)

Some participants described a process of coming to terms with gendered norms through the initial inner resistance they felt while performing housework—tasks socially coded as “feminine”—and the learning that followed over time. The accounts of P3 and P6 demonstrate how masculinity is redefined through the lens of caregiving labor. Similarly, P5’s words illustrate a transition from a traditional paternal identity toward a fatherhood that is compassionate, sincere, and open to learning. This shift is not merely a matter of ‘necessity’; rather, it has evolved into an identity that is internalized and embraced over time:

“The difficulties of staying at home are really hard—it turns out it’s hard. I cook, I look after the child, and even though there’s a washing machine, I do the laundry. It’s hard, I mean—being a housewife, honestly, is hard work, brother.” (P3)

“I’ve been the one taking care of this little one ever since—since my former wife left. Truly, I don’t have any help either. I have God, and I have myself. I mean, honestly, I could take care of three more children. Truly. I have no problem at all. I don’t feel disgusted. There’s nothing like that.” (P6)

Participants were aware that the bond they formed with their children was not merely a caregiving relationship, but also an existential relationship of meaning. Some grounded this meaning in their relationship with God, while others anchored it in their identity as a father, thereby creating a field of belonging and purpose.

“So fatherhood means that Almighty God entrusts you with something. He gives you a trust, and He says: I test some people through their children, and some through wealth. To be a father is a source of pride for everyone.” (P2)

“Fatherhood is like motherhood. I caught a chill—I was shivering, under the covers. And at that moment, he’s hungry. Even in that state, you get up and cook. It went on for two, three days for me—the trembling, the cold, all that. But you have to get up and do it. You prepare his food.” (P4)

For P1, the dialogue between him and his spouse was not simply a conventional farewell; it also functioned as a form of affirming his fatherhood identity and granting him the authority to carry it forward. His wife expressed her belief that caregiving was not merely an obligation, but a trust to be fulfilled with love and faith. This served as a supportive and guiding reference point as P1 reconstructed his inner sense of fatherhood:

“One day we were talking. She said, ‘If I’m not here, I’m not telling you to take good care of the children because I already know you will. I’m sure you’ll take care of them. There’s no need for me to say it.’” (P1)

P3’s account, framed with “I guess she said,” can be interpreted as his way of emotionally making sense of the process and assuming responsibility. The fact that his spouse had shouldered the child’s care for 26 years generated in him both a sense of gratitude and a feeling that “it was now his turn.” This suggests that his identity transformation was not grounded solely in necessity, but also in meaning-making, responsibility, and commitment.

“For about 26 years, to be honest, she took care of it. I worked—I went to my job—and she looked after the child. After that, I guess she said, ‘I’ve looked after him enough; now you carry on,’ and she passed away—she was gone.” (P3)

3. Labor/Roles Transformation

The loss or absence of a spouse necessitates a redistribution of roles. This shift radically transforms the functions men fulfill within the family system.

Fathers are no longer only expected to earn a living; they also become responsible for cooking, cleaning, and managing the child’s education and healthcare processes, while being actively involved in domains that require emotional regulation and empathy. This shift represents not merely a redistribution of tasks but also a reconstruction of masculinity and fatherhood. The narratives of fathers who have a child with a disability and assume the caregiving burden alone clearly demonstrate this transformation. As illustrated in Figure 2, the analysis was conducted in line with labor categories that have conceptual equivalents in the literature.

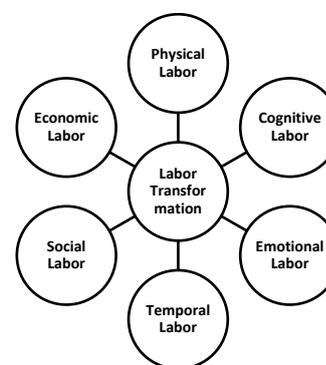


Figure 2. Sub-themes of Labor and Roles

3.1. Physical Labor

Care work is more than a task limited to meeting a child’s basic needs; it is a comprehensive process that requires the caregiver to reorganize everyday life around those needs. Participants’ experiences indicate that care work is not composed solely of physical tasks, but also involves a multidimensional effort that includes time management, sustained attention, emotional sensitivity, and social interaction. Fathers’ assumption of this responsibility signals a broader transformation—not only in the domestic division of labor, but also in the reshaping of social norms of masculinity and fatherhood. For this reason, care work becomes a domain in which forms of labor and roles are redefined, extending beyond identity change alone.

Participants’ accounts show that, while the spouse was alive, caregiving responsibility rested almost entirely with the mother and fathers were largely confined to the “external provider” role

within a traditional division of labor; after the loss, this arrangement was radically disrupted. In the initial period, fathers confronted embodied caregiving practices they had never previously undertaken—such as feeding, changing diapers, and bathing—and they described intense feelings of “confusion” and “inadequacy.” Over time, however, the process was navigated through skills learned from close networks (e.g., cooking) and through necessity, gradually turning into a new routine in which the technical demands of care became internalized.

“Maybe there are people who can do it. I’ve gotten used to it now. At first, I rebelled. I got used to cooking. I would make phone calls—who cooks well? I’d ask the wives of relatives we knew, older women, those with experience, honestly.” (P5)

“When my wife died, I was overwhelmed—if I’m being truthful, I was overwhelmed, brother. Because you’re doing things you’ve never done before: you’re trying to feed the child, trying to change diapers, trying to bathe him, and at the same time you’re trying to provide all that care.” (P3)

“Right now, for example, my child receives treatment at a rehabilitation and physiotherapy center in Bahçelievler. I take him there and bring him back every day.” (P1)

3.2. Cognitive Labor

Participants’ mental burdens were shaped not only by providing care for their child, but also by multiple aims such as reconstructing their own identities, planning for the future, and maintaining balance within the family. In this sense, cognitive labor emerged as central to both individual and broader social transformation processes, functioning as a structuring force that shapes other forms of labor (physical, emotional, and social). The data indicate that cognitive labor became salient through two subthemes: efforts related to daily care and planning, and efforts related to future-oriented concerns and expectations (Figure 3).

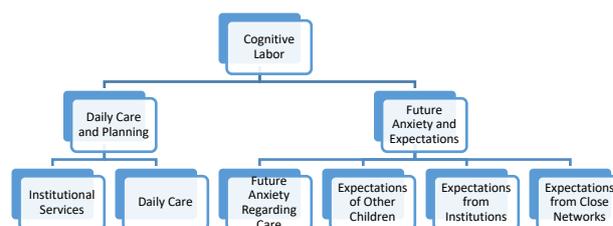


Figure 3. Components and Subthemes of Cognitive Labor

First, cognitive labor encompasses a broad field of responsibility—from planning daily care routines to monitoring institutional processes such as physiotherapy, education, and healthcare. Participants reported being mentally occupied almost constantly with details such as preparing meals in line with the child’s fixations, learning where each item is kept, and not forgetting medication schedules or physiotherapy appointments:

“After my wife... you start thinking, you know. Whether you want to or not—you have to. Your mind is no longer empty. You’re forced to think all the time. Even when I’m lying down, it comes to mind. In some sleep, you feel sorrow. What will happen with this? What are we going to do? How will we manage it? It’s impossible not to think.” (P4)

One of the key mediators of cognitive labor is the expectations fathers carry and their future-oriented anxieties. This mental burden is not limited to planning everyday life; it also includes trying (or failing) to manage uncertainties about the child’s future. Fathers’ concerns about the future stand out as both an intense mental preoccupation and a suppressed emotional load. This anxiety is not confined to fears of their own inadequacy; it also involves worries about the difficulties that may arise if this burden is transferred to someone else.

While participant P2 highlights the moral dimension of caregiving labor, P3 points to the cognitive load of the caregiving process that increases over time. Furthermore, P5’s prayer and P6’s statement can be interpreted as a form of mental preparation for potential future physical decline.

“I worry a little at the point of ‘What will happen to this child, who will look after this child?’” (P3)

"I'll look after him as long as I have the strength. When I don't have the strength, I'll fall. Then I leave it to God." (P6)

For fathers of children with disabilities, loneliness emerged as one of the most prominent emotions while sustaining daily care. A near and practical way of coping with this loneliness was the support received from the other (non-disabled) siblings or, alternatively, future expectations that siblings would assume care. Participants' statements indicate that siblings already provide support in daily activities such as cooking, cleaning, caregiving, and taking the child outside—support that functions for fathers both as physical relief and as a source of cognitive reassurance. Expressions such as "Even if I'm not here, his brother will do it" (P1) or "The children help with all of it—his care, his meals, his bathing" (P3) reflect trust in siblings, while statements like "I rented a house nearby so I could leave the child there if something happens" (P4) show that this support is sometimes structured through deliberate planning.

"Now he has a sibling. I'm not worried about that. He'll look after him. The child will look after him." (P6)

"That (healthy sibling) is already grown—26 years old now. They help me too. The children help with everything: his care, his food, his bath." (P3)

"I married him off—got him settled. I rented a house for him on my street. You know, in case something happens, so I can leave the child there, and so on." (P4)

However, many fathers also produce discourses that question or view sibling support with skepticism. They express apprehension that such support may be perceived as a burden in the future. As illustrated by participant P2, even life events like a sibling's marriage process are shaped by these caregiving responsibilities. These narratives demonstrate not only the intergenerational transfer of care labor but also how intra-familial relationships are reshaped through their emotional and social dimensions.

"Even a sibling—my own son—can't care the way a father does. It's not possible. That's why our minds are always full. 'What if?' 'What happens

then?' 'Will that girl really care tomorrow?' People like us—our heads are full of these things." (P4)

"...But that's your son-in-law. And your daughter-in-law too, for example. Just as it's a burden for me, it would be a huge burden for them as well. When we went to ask for a girl for my son, they wouldn't give her—because there was a disabled child. They were thinking, 'When your father dies, this will be left to us.' I married my son off with difficulty; he just got married. I don't doubt them, but they would be uneasy. It's not for one or two days." (P2)

A further dimension of fathers' future anxieties is tied to distrust in public services. Most participants expressed the view that public services may not be able to provide not only technically adequate care but also care characterized by compassion, continuity, and round-the-clock physical attention. While P4 framed the state as a compulsory option, he did not imagine it as an adequate caregiving actor. P3, in turn, coded leaving a child to the state as a form of "rebellion," defining not doing so as a core component of parental responsibility and acceptance. These perspectives suggest that the state is not seen even as a "backup actor" in care, because fatherhood here is experienced as a bond that is not only physical but also emotional and moral.

"Honestly, for me the most important thing is health and my child's... care. I pray every evening. I pray: 'My God, don't give me anything. Don't give me illness. This child would be devastated.' I mean, if we gave him to the state—well, the state can't do it. The state, day and night... I clean him three, four times a night, change his diaper. The state can't do that. And then I can't trust the state either. What can I do?" (P6)

3.3. Emotional Labor

Emotional labor is not limited to practices of compassion, patience, and emotional regulation that accompany a child's daily care. It also includes coming to terms with the reality of disability, the grieving process following a spouse's death or

abandonment, and the psychological resilience developed in the face of these traumas. In this process, fathers' efforts to both live through their own grief and meet their children's emotional needs often generate a profound inner conflict.

Participants frequently carried this emotional labor quietly in everyday life; yet in moments when emotional intensity rose, the weight of this labor became visible in their accounts. For example, P4's description of his child as "an angel," and his statement—"you get upset... then he kisses you, and everything ends"—illustrate how exhaustion in caregiving can suddenly transform into emotional repair. Likewise, his remark about crying while cooking reveals how the spouse's absence intertwines with caregiving responsibility, deepening emotional labor through longing and feelings of inadequacy. P3's expression "I was overwhelmed" reflects the adjustment process of someone accustomed to masculinity roles traditionally kept distant from caregiving, when confronted with sudden and intense care responsibilities; his phrase "you sacrifice yourself" points to a deep devotion directed not only at the child's needs but also at the integrity and sustainability of the family as a whole. P5's metaphorical emphasis on "don't break your child, dress his wounds" similarly indicates that caregiving involves not only physical tasks but also emotional restoration.

"Honestly, right now I look at it like I'm caring for an angel. I'm serving a child who doesn't have even a gram of sin. You get upset... and then the one who upset you—he kisses you, 'Dad, Dad,' and oh—finished. Everything is finished after that... There have been times I cried even while cooking. Thinking, if my wife were here, she would do this better than me. She would feed him better, dress him better—she would do everything better. But after a while, you get used to it. You get used to pain, too." (P4)

"You sacrifice yourself. The father sacrifices himself. Others may say it differently, but that's how I see it. I'm dedicating myself as a father—to my children, my family. Isn't that what living is for, anyway—for your children, your family?" (P3)

Awareness that their children cannot participate on equal terms with peers points not only to

sadness, but also to a sense of lack and an emotional vulnerability experienced as fathers. While the "deficits" observed in the child initially pushed fathers toward self-questioning, over time an inner shift toward acceptance and adaptation was identified. Disability thus reshapes not only material and caregiving responsibilities, but also fathers' emotional worlds and life priorities.

"When other kids are playing ball, their voices reach the house. That's why I feel a bit of bitterness inside. The child doesn't feel it—I'm not directing it at him—but sometimes I think, I wish my child were among them. Playing, running..." (P1)

"If only my child weren't like this—if he were typical—even if I didn't have a house... Or if my child were typical and I didn't have a car, even if I had no money at all." (P3)

"Like, 'My God, what did I do to you?' And then you think, think, think. And I said to myself, apparently Almighty God saw it as fitting. There's nothing to be done..." (P4)

When the participants' statements are analyzed together, it is evident that spousal loss and abandonment manifest in distinct ways within their emotional spheres. Fathers who lost their spouses emphasize the shared caregiving labor of the past and the emotional bonds of that relationship through metaphors such as "A wing has been broken" or "We stood back-to-back." These expressions clearly articulate the profound void created by the loss. Conversely, the narratives of fathers abandoned by their spouses are markedly sharper and laden with anger. This reflects more than just the pain of separation; it reveals deep-seated resentment and indignation stemming from the spouse's rejection of caregiving responsibilities, which left the father to manage the burden alone.

"What a person wants most is their spouse, of course. A spouse is different—your spouse is the one who meets all your needs. A partner in troubles; you talk. What a person wants most is to talk, to discuss. What will you discuss with 'Red'? How will I play with 'Red,' how will I talk? At least if I had a wife, we would talk, remember our days, go somewhere." (P2)

“The struggles I endured—my wife and I, we had stood back to back. It was very good, something different (cries).” (P1)

“I don’t want to see that woman. I wish she had left earlier. I wish we hadn’t stayed together that long—eighteen, nineteen years. I hate that woman so much. What can I say? They say when you recite the basmala, the devil goes away.” (P6)

Emotional labor also has a dimension that not only carries burden but produces resilience. Fathers of children with disabilities are able to make this labor sustainable through psychological coping mechanisms they develop in response to challenges. One of the most prominent resources in this process is making the child’s existence meaningful. By interpreting their children as a religious test, a duty, or a symbol of a special bond, fathers frame caregiving not only as a burden but also as a responsibility and a value.

“You feel sorry, you feel upset. Then you think: this child—God gave him to me. You fight your fight; you do everything you can; you run around. You go to hospitals, doctors, physiotherapy, pools... That’s how it is. The love for him is something entirely different.” (P1)

“A blessing from God for us—maybe a test. A person can think that because of this child, we may also have a reward on the other side.” (P3)

“I’m telling you—if it weren’t for this, people say ‘my world went dark.’ May God protect us from worse; there’s no end to worse. My pilgrimage, my holiday—everything is this. He tested me with this, and you come to realize it. If it weren’t for prayer, I don’t know—would someone turn to alcohol, to medication? I don’t know anymore. That’s the bad part.” (P2)

In addition, the wishes or “last words” of a deceased spouse function for some participants as a symbol of a special bond, an inner guide, and a source of motivation—providing an emotional reference point that accompanies the father through loneliness.

“One day we were talking. She said, ‘If I’m not here, I’m not telling you to take good care of the children because I already know you will. I’m sure

you’ll take care of them. There’s no need for me to say it.’ That’s it.” (P1)

“God gives you that patience. My wife said to me, you know: ‘If I die, two days later they should take this child away. You won’t be able to care for him.’ But God gives accordingly—He gives the patience too.” (P4)

Finally, participants sometimes produced consolation by comparing their children with children who were in even more difficult circumstances, which can be read as one of the coping pathways within emotional labor:

“When I used to go to schools for ‘Red,’ I would see—someone married, and all three children were the same. When you see them, you give thanks even more. The man has no home, no relatives, no one.” (P2)

3.4. Temporal Labor

Time labor refers not only to the amount of time allocated to specific tasks, but also to the structuring of that time in a flexible, patient, and repetitive rhythm aligned with the child’s routines, emotional sensitivities, and daily fixations. P2’s arrangement of meal times according to his child’s compulsions, P4’s organization of the day around regular activities such as going out and having coffee, and P6’s hour-by-hour maintenance of responsibilities—including morning cleaning, preparing breakfast, working, and taking the child outside—demonstrate how extensively care work is spread across time and how fathers reshape their daily routines in accordance with the child’s life cycle:

“Now I wake up in the morning. For example, I clean my house. I mop the floors. I get everything ready. I clean. If Fadime wakes up, I give her breakfast. I slowly give her breakfast. Then I take her outside. On this street—up to the central mosque, the Green Mosque—I go there and come back. I go as far as the metro and return. I go up, and I go to the end of Davutpaşa and come back. And she walks around with me.” (P6)

3.5. Social Labor

Social labor refers to outward-facing efforts that extend beyond providing physical or emotional care and involve maintaining caregiving responsibilities within a wider network of social relations. For fathers of children with disabilities, this includes a multidimensional process such as engaging with institutions, managing relationships with relatives and neighbors, participating in social activities, or having to forgo them altogether.

Most participants stated that they had not received meaningful support from their close surroundings to date and noted that this also constrained their hope for the future. This state of social isolation becomes particularly pronounced when ties with family members are weak or when physical distance is a determining factor. P4 and P6 described the social disconnection produced by distance as follows:

“Honestly, we haven’t seen each other for forty years—my siblings and I. We’re siblings, but we don’t see each other. My sister is in Şirnak; we don’t see each other. I won’t lie. Only a phone call: ‘Hello,’ ‘Hello.’ And that too only from one holiday to the next. Truly, I want it so much—for a relative to come, for me to go—but there’s nothing like that. Nothing.” (P6)

Some participants, on the other hand, emphasized the importance of family and kin support, highlighting the decisive role of spatial proximity in the effectiveness of support networks. For example, P1 stated that living in a solidarity-oriented neighborhood made everyday life easier and also gave him emotional reassurance, while P2 noted that living in a family apartment building provided not only practical help but also emotional support through social interaction:

“My circle—our neighbors, our relatives, our friends—they come and take ‘Green’ and go. They send their child and say, ‘Go be friends with Green, play with him—look, he can’t go out.’ In that neighborhood, there are those kinds of neighborly relations. I never had a problem like that.” (P1)

Having a child with a disability reshapes not only the form of social relationships but also their scope

and duration. In this process, ruptures such as spousal loss do not merely increase individual burden; they also weaken the quality of social connections. The data show that individuals are compelled to place their social relationships in the background, and that this gradually becomes normalized over time.

“Like it or not, you’re by his side. You can’t go to a wedding, you can’t go to a funeral. It always takes over your social life. You’re obliged to look after him. It’s like... like prison, really.” (P2)

“I have no relationship with the outside... The responsibility never ends. How can I make time for anything else, brother? Right? This is my trouble—I have so many responsibilities. If I’m late, the laundry is still hanging. I need to collect it, dry it, iron it—just as an example.” (P5)

The caregiving routine, which Participant P4 describes with the phrase ‘you cannot take your eyes off,’ emphasizes a supervision burden that supersedes social interactions. Similarly, P3’s account reflects how even during social contacts, priorities are dictated by the needs of the child with a disability. This dynamic illustrates the discontinuity and limited sustainability of the relationships these fathers maintain with normative social life.

“Say we want to go somewhere, like a visit—first we don’t think about ourselves, we think about Eflatun. How will we take him, what will we do? Let’s bathe him, change his clothes... Like that. First you have to think of him; we think of him first. It’s not a problem for me, as the father of a child with a disability. If my friend goes somewhere, I don’t envy him. Why? Because he has no excuse. I have an excuse. Because of the disabled person at home, it becomes... a bit difficult, you know.” (P3)

3.6. Economic Labor

In the experiences of fathers raising a child with a disability, economic labor is not merely a matter of earning income or providing for the household; it is a form of labor that often overlaps with, and must be carried out alongside, caregiving responsibilities. Two central problem areas emerged most clearly in participants’ accounts: financial hardship

and the difficulty of maintaining a work–life balance.

Participants described feeling caught between the demands of caregiving and economic necessity, often trying to sustain this balance through personal sacrifice. These challenges and sacrifices deepen as care-related expenses increase, fixed income proves insufficient, labor force participation becomes constrained, and circumstances such as early retirement or unemployment arise. P2's decision to close his shop and devote himself fully to caregiving, P4's compulsory early retirement, P1's efforts to remain afloat through flexible but excessively long working hours, and P3's remark that he was able to maintain work–life balance in the past by relying on his spouse all demonstrate how this tension is managed through different strategies.

“This time you’re being both the mother and the father. So your burden increases accordingly, if necessary. For example, I had to retire from the bank because of this—because I was left alone.” (P4)

“There was a balance between work and home. I would come to my job, work, and go home to earn bread money. Because of my profession, I was a painter back then—oil painting. In Istanbul, I could go to the most remote, farthest places. It wasn’t a problem. I could go to nearby districts or far away. I could go because I trusted my wife at home and my children.” (P3)

Participants also reported drawing on various support mechanisms—such as help from friends and acquaintances or assistance from institutions and organizations. However, these supports were mostly limited, irregular, and far from sustainable.

“Food comes. The municipality sometimes helps with rent too. They did a few times, but not always. I don’t know anymore—sometimes they do, sometimes they don’t. It’s random. Those things ease the burden a bit.” (P5)

“I have a 150 lira card—a grocery card... pasta, rice, oil, tea... They would bring it, and we would eat here.” (P1)

For fathers of children with disabilities, economic labor is not confined to low income or unemployment. It also includes the struggle to access the child's specialized care needs (medication, diapers, transportation, private healthcare, etc.), to meet basic living expenses such as rent, food, and energy, and the emotional burden generated by this ongoing effort. For instance, P5's statement highlights that financial hardship is not only a practical problem but also a source of emotional pressure that affects self-realization and the desire to be an adequate parent. P6's account, by contrast, shows that even meeting the most basic health needs can impose a serious financial burden, and that fathers may find themselves constantly negotiating between desperation and compromise in order to meet their child's needs.

“Of course, it hurts—how could it not? Because I can’t provide, actually. I can’t do it the way I want... Even if you were stuck without what you wanted for yourself, you wouldn’t be this upset. But when it’s for him, and you don’t have the means, you’re twice as upset—ten times.” (P5)

“We can’t buy diapers... I bought eight packs of diapers. Nine hundred sixty lira... I said, ‘I don’t have money. If you accept nine hundred lira, it’s this. If you don’t accept it, then there isn’t any.’ He said, ‘Okay.’ That’s how we agreed.” (P6)

Discussion

This study offers an original contribution to the literature by examining the experiences of single fathers raising a child with a disability through the lenses of systemic transformation, identity construction, and the multidimensional restructuring of labor. The findings demonstrate that fatherhood is not merely a biological or legal status; rather, it is a dynamic process of transformation—triggered by traumatic life events (spousal loss, abandonment)—that fundamentally destabilizes gender norms. In particular, crises such as spousal loss or abandonment create a profound void within the family system and necessarily expand the boundaries of paternal roles. In this process, fathers are

compelled to move beyond the traditional breadwinner role and evolve toward a holistic form of parenting that includes care, emotional repair, domestic labor, and building a high-quality relationship with the child—functions previously coded as “feminine” (Lamb & Tamis-LeMonda, 2004; Marsh, Brown & McCann, 2020). This shift represents a radical break in which fatherhood ceases to be primarily an economic figure and becomes the child’s primary source of care and affection.

The study further shows that the responsibilities assumed by single fathers cannot be understood simply as an increase in physical workload. Fathers reconstruct themselves by deploying multiple forms of labor—physical, emotional, cognitive, temporal, social, and economic—intensively and simultaneously. This multidimensional labor process places fathers in continuous negotiation with gender norms and leads them to position themselves as caregivers, beyond a provider identity (Uribe-Morales, Cantero-Garlito & Cipriano-Crespo, 2022; Lien, Lashewicz, Mitchell & Boettcher, 2020).

One of the most significant findings of this study is the identity transformation experienced by fathers who become single parents following traumatic events. Consistent with existing literature, participants rapidly distanced themselves from the traditional definition of the “authoritative and emotionally distant” father. Instead, they evolved into “active, compassionate, and continually learning” figures—fathers who change diapers, feed their children, weep with them, and openly express their fears (Lestari & Amaliana, 2020; Schippers et al., 2020). This transition necessitated a critical re-evaluation of conventional gender norms and perceptions of masculinity. In contrast to rigid masculine ideals that demand the suppression of emotion, this emerging paternal figure—who suffers and grieves yet perseveres for their child—reconceptualizes fatherhood as a space for personal growth and existential reconstruction (Davies, Rix & Robb, 2024). Within this framework, fatherhood is not merely the execution of a duty; rather, it constitutes a moral journey that evolves

into a care-oriented and relational structure (Jackson, 2023). Furthermore, the “verbal wills” of deceased spouses—expressed through affirmations such as “I trust you to care for our child”—functioned as a “psychosocial bridge” for these fathers (Bowers, 1999). By integrating these messages of trust with a “sense of entrustment” (*emanet bilinci*), fathers embraced caregiving not just as an obligation, but as a core component of their identity construction (Yopp & Rosenstein, 2012). This internalization effectively mitigated the gender-based tension men often face when assuming caregiving roles, enabling them to transcend traditional boundaries (Burgess, 1994; Calasanti & Bowen, 2006). The findings concretize fathers’ transformation through six core types of labor. Physical labor constitutes the most visible dimension of change. After an initial phase of disorientation, fathers internalized routine and exhausting tasks—such as feeding, cleaning, bathing, and mobilization—not merely as technical obligations but as an inseparable part of parenting (Cabrera et al., 2022). Assuming these tasks—traditionally attributed to mothers and sometimes devalued in male worlds—transforms fathers’ perceptions of masculinity (James, 1992) and, by strengthening bodily and emotional bonds with the child, stretches social boundaries (Combs-Orme & Renkert, 2009). Research indicates that hands-on practices requiring direct physical contact—such as playing, feeding, and carrying—serve as the most powerful mechanisms for reinforcing fathers’ caregiving roles. These activities are particularly significant when providing care for younger age groups or children with severe disabilities (Raley, Bianchi & Wang, 2012).

An often overlooked yet highly exhausting domain is cognitive labor. The findings indicate that fathers are not only the ones who “do,” but also those who continuously “think, plan, and worry.” Following spousal loss, fathers carry a chronic and invisible mental labor burden as they manage uncertainties ranging from medication schedules and education calendars to physiotherapy appointments and the child’s future care (Giles et al., 2022). This includes complex cognitive processes such as

continuous strategy-building, information gathering (Zebracki, 2018), and forming expectations regarding siblings' future caregiving roles (Scorgie, 2017). In addition, deep distrust in public services and the state's care capacity intensifies fathers' future anxiety—shaped around the question “What will happen after me?”—to a traumatic level (Uribe-Morales et al., 2022).

Emotional labor captures fathers' entrapment between managing their own grief and meeting the child's emotional needs. Research similarly indicates that bereaved fathers experience profound grief, longing, and a sense of 'brokenness' (Yopp et al., 2019; McClatchey, 2018). In contrast, abandoned fathers struggle with intense feelings of anger, disappointment, and betrayal (Kitson & Zyzanski, 1987). In both scenarios, fathers painfully realize that their spouse was not only a partner in caregiving but also a vital emotional confidant. Consequently, they often confront deep feelings of loneliness and inadequacy (Yopp & Rosenstein, 2012). Consistent with these findings, religious and spiritual motivations—such as patience, submission to divine will (*tawakkul*), and the belief in trial—emerge as primary sources of resilience for coping with this heavy emotional burden (Olson et al., 2002; Domaradzki, 2024). Islamic concepts of 'trust' (*emanet*) and 'divine reward' add existential meaning to the caregiving process (Abdul Rahim & Jaafar, 2025). By reframing the care of their child as a 'gift from God,' these beliefs provide a framework that helps prevent paternal burnout (Setyawati, 2024; Acar, 2023).

When the dimensions of temporal and social labor are considered, it becomes evident that caring alone for a child with a disability fundamentally alters fathers' perception of time and social lives. The constant state of vigilance required for the child's safety and care reduces fathers' personal time almost to zero and removes their capacity for spontaneity in everyday life (Rogero-García et al., 2025). Research shows that these parents have, on average, 1.5 fewer hours of leisure time per day than others (McCann et al., 2012; Luijkx et al., 2017), and that this deprivation is far more dramatic

among single fathers (Seepersad, 2016). This temporal constraint inevitably produces social isolation. Fathers withdraw from social rituals such as weddings, funerals, or even a simple conversation with friends (Bonsall, 2014) and are compelled to reduce social relations to “functional” networks that facilitate caregiving (e.g., support from neighbors or relatives) (Nadel, 2020; Olsson & Hwang, 2008; Acar, 2023).

Finally, economic labor makes visible the irreconcilable tension between caregiving responsibilities and market conditions. Our findings are in full alignment with the literature (Lee & Tang, 2015; Sellmaier, 2015) indicating that single fathers often sacrifice their career paths or transition into precarious employment to create the necessary flexibility for caregiving. Leaving employment entirely or working informally (Chowdhury & Williams, 2023) pushes households into lasting economic vulnerability and heightened poverty risk. The insufficiency of social security systems and care allowances makes these fathers dependent on civil society organizations or local government assistance to meet basic needs (One Parent Families Scotland, 2023; UK Parliament, 2023). This remains a structural problem that increases fathers' stress and undermines paternal dignity.

In conclusion, this research demonstrates that single fatherhood for a child with a disability is far more than a biological status; it is a dynamically reconstructed process triggered by traumatic life events. The findings indicate that following spousal loss or abandonment, fathers do not merely assume a logistical workload. Instead, they actively deconstruct traditional societal expectations of men—typically characterized as distant, authoritative, and emotionally closed. In their place, they construct a new parental self-identity centered on compassion and holistic care. In this regard, the study challenges the prevalent perception in the literature of the father as an “assistant” or “secondary parent.” By revealing that fathers can become fully competent and primary care actors even in the most intensive caregiving contexts, this research significantly expands the boundaries of classical fatherhood definitions

Conclusion

This study conceptualizes the experiences of single fathers of children with disabilities not merely as a role change, but as a holistic transformation of identity and labor that radically reshapes the male lifeworld. The primary conclusion is that single fatherhood represents a painful yet transformative evolution. It marks a shift from the traditional "provider" profile to a "primary caregiver" identity that integrates physical, emotional, and cognitive labor. This transformation unfolds within a structural cycle characterized by the mutual reinforcement of time poverty, social isolation, and economic vulnerabilities. The study's principal contribution to the literature lies in its theorization of the multidimensional structure of care labor. Rather than viewing care as a series of fragmented tasks, the research highlights the interactive nature of these dimensions specifically within the context of single fatherhood. Consequently, ensuring the sustainability of this individual transformation requires robust social and systemic support. To address these challenges, several policy measures are recommended. First, care allowances must be increased to alleviate economic strain. Furthermore, incentives should be developed to encourage employers to implement flexible working hours and remote work models for fathers with caregiving responsibilities. Finally, accessible daycare centers, home care services, and father-specific psychosocial support groups should be expanded through the collaboration of local governments and NGOs.

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Informed Consent: Informed consent was obtained from all individual participants (6 single fathers) included in the study after providing information about the research purpose and confidentiality. Pseudonyms were used to ensure participant anonymity.

Data Availability: The data that support the findings of this study (semi-structured interview transcripts) are not publicly available due to participant privacy but are available from the corresponding author upon reasonable request.

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