

Course Objectives

The purpose of this module is to provide nurses with information about the psychological dynamics of divorce and their effects on divorcing spouses. After studying the information presented here, you will be able to —

- Identify and contrast the dynamics that underlie successful marriages and marriages that end in divorce.
 - Explain the connection between early interpersonal development and marital relationship dynamics.
 - Discuss the psychological response of children and adults to divorce and identify individual coping mechanisms and treatment interventions that nurses can promote.
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Unlike fairy tales with their happily-ever-after marriages, the real world is full of failed intimate relationships. Although divorce rates have been inching downward since 1980, the chance of a first marriage in the U.S. ending in divorce is still around 50%.¹

Throughout much of history, marriage has been a business arrangement — for both rich and poor families. Today a marital pursuit is frequently wrapped up in the fantasy of finding one's "soulmate."² For many people, maintaining a long-term marriage is as daunting as finding that perfect match. The distress surrounding divorce can affect a person's emotional well-being, and the connection between emotional and physical health is well documented.³

Nurses need to understand that divorce can disrupt emotional and physical health. Divorce may trigger a depressive episode in anyone, but those prone to mood disorders are particularly vulnerable. Patients with chronic medical conditions are at risk for illness if they neglect self-care during this chaotic period. Pediatric nurses must understand how the emotional stress of divorce can place the physically ill child in jeopardy. School nurses have a unique role in helping students when issues of divorce become a problem.⁴ Even the neonatal nurse role is important since neonatal nurses can facilitate optimal bonding between the primary caregiver and infant, which provides the foundation for the infant's connection with a romantic partner later in life.⁵

Divorce is both social and personal. Many nurses experience this firsthand in their own marriages. Self-awareness is crucial during such difficult times. Nurses need to recognize when painful emotions are interfering with functioning at work or when work is serving as a distraction from personal turmoil. Additionally, nurses serve as role models when they allow themselves to seek help from others.

Early training for divorce

Attachment theory is the study of how human infants bond with their caregivers. A secure attachment with primary caregivers early in life provides a foundation for forming long-term adult intimate relationships; difficult adult intimate relationships can often be traced back to problematic early bonding.⁶

Infant-mother observations reveal that secure attachment results when the mother perceives and accurately interprets her child's emotional and psychological needs, and responds in an appropriate and timely manner.⁵ Children with feelings of security grow into adults able to form trusting, long-term, stable romantic relationships. They are able to seek support from their partner when under stress and can be empathic and flexible in conflicts.⁶ Children without secure relationships tend to carry their attachment problems into their adult relationships. Three types of insecure attachment have been identified.⁶

Avoidant ambivalent attachment develops when a baby cries out for relief and the caregiver repeatedly fails to alleviate his or her discomfort. As a survival mechanism, the child withdraws and gives up trying to have his or her needs met.⁵ As adults, such people are distant marital partners and lack investment in romantic partners. They are likely to be critical of any neediness in their spouses. Instead of going to their partners for support, they withdraw when in emotional distress. These adults have the highest rates of broken relationships.⁶

Anxious ambivalent attachment develops when the attachment figure is only rarely able to alleviate discomfort. These infants

become preoccupied, anxious, and hypervigilant toward the primary attachment figures.⁵ Adults with histories of anxious ambivalent attachments attempt to hold onto their romantic partners to an extreme degree. What begins in infancy as an attempt to hold onto an unreliable attachment figure may turn into an obsession with a romantic partner. Such people are often extremely jealous and fear rejection and as a result behave in ways that are intrusive and controlling. There is a high breakup/back-together rate in marital or other intimate relationships for these individuals.⁶

Infants with disorganized attachment have typically experienced physical abuse. These children are afraid of their caregivers, the people they depend on for basic security and comfort.⁶ Disorganized attached babies often grow into adults who are introverted, lack self-confidence, and feel bad about themselves. In marital relationships, they may be hostile and violent and fluctuate between neediness and withdrawal.⁶

A person who had a secure early attachment is more likely to have a lasting intimate marital bond. Still, it is not a guarantee for a successful marriage since marriage is a complicated endeavor with other internal and many external challenges.⁶

The seven-year risk

Half of divorces occur during the first seven years of marriage.³ Findings from a large-scale longitudinal study of married couples reveal two critical periods for the survival of a marriage: the first seven years and again at middle-age when couples are dealing with teenage children. But the marital dynamics in these two groups are quite different.³

Couples are more likely to divorce in early marriage if there are no children. Volatility characterizes these failed relationships. An attack-and-defend mode of fighting is virtually constant. Practically everything is a source of disagreement: money, sex, in-laws, and communication. These couples seem to lack an awareness of how to change their destructive behaviors, and a pervasive sense of desperation fills their relationship.³

Prominent features in the middle-age divorce group are emotional distance and suppressed emotions. These couples complain of feeling "alienated" from each other. Positive emotions are absent. Typically there is little laughter, love, or interest in each other. These people tend to complain of loneliness in the relationship. Researchers describe a "cool distance" with little or no fighting or bitterness.³

The average age of a registered nurse in the U.S. is 45,² a peak time for divorce.⁷ In addition to being aware of patients' needs and stressors, nurses dealing with their own marital dissolution need to be aware of their own feelings and needs. This self-awareness enables the nurse to make conscious choices and pursue assistance.

Observational studies reveal the skills associated with happy marriages as well as the behavior deficits of unhappy unions. Studies show that all couples argue but that happy couples know how to resolve conflicts and disagreements. Couples in successful marriages can negotiate. They speak clearly and offer empathy to each other. They are friends and have more positive than negative exchanges. Happy couples exhibit a climate of positiveness.³

Unhappy couples interact in a range of destructive ways. Arguments rarely, if ever, are resolved. Partners constantly bring up past incidents and lose the focus of the disagreement.¹ Among couples who do not argue extensively, communication is lacking, and issues are suppressed and not resolved, or even brought to the surface.

In some unhappy marriages there is a distinctive pattern of conflict in which the wife pursues intensely and the husband withdraws. The man's disengagement seems to be connected to his lack of experience in emotional interactions. He feels inadequate in the face of his wife, who tends to be more versed in this interpersonal dance.³

Couples who possess rigidly held ideas of gender roles may be at risk of divorce. For instance, a husband who rigidly identifies with his masculinity may be afraid of being influenced by his wife since he deeply believes the man has a duty to be the ultimate authority in the home.¹ Likewise, a woman who has difficulty being assertive and asking for what she needs may harbor feelings of resentment. Misunderstandings and feelings of alienation are prominent in these relationships.

Wives more often than husbands initiate marital therapy.⁸ However, for marriage therapy to be successful, both partners must be invested in working to repair the relationship. Conflict and resentment can abate if the couple allow a neutral therapist to help them understand and accept each other despite their imperfections.

Many couples wait too long to seek therapy.⁸ Negative feelings are sometimes so intense, and problems so entrenched, that marriage therapy proves ineffective. In these situations couples sometimes opt for a "trial separation," which is a recipe for

divorce since physical distance precludes the couple from working through conflicts.¹

Marriage therapy is not always about helping to reunite the couple. It can be instrumental in helping a couple come to terms with the end and help with an amicable parting. This may be the time when the couple address difficult decisions, such as “who gets what.” Divorcing couples must realize that “things are not just things.” Some objects hold symbolic meaning and are reminders of a shared past.⁹

The couple may hope that anger and arguing stop once the divorce proceedings start. But this is not likely. Intense negative feelings may, in fact, escalate when the partners are faced with negotiating a divorce settlement.

Mourning a marriage

Divorce results in emotional loss even if a marriage was unsatisfactory or abusive. If the marriage was short, there may be loss of the dream of a long life together. With loss comes deep emotional pain and grief. The severity of grief depends on how much the spouses invested in the relationship, emotionally and financially. Divorced people are likely to experience many and sometimes conflicting emotions, including relief as well as grief. Feelings such as helplessness, despair, fear, and abandonment are common. Divorcing people often worry about what other people will think. They may wonder if their parents are disappointed or if friends and coworkers are judging them harshly. Feelings of failure may be prevalent. These feelings must be identified and understood for the person to work through the loss. Each person’s strengths and weaknesses influence the emotional recovery from divorce.

People prone to depression may have significant difficulty during divorce. Feelings stemming from losses and separations in childhood are likely to be triggered, reigniting old traumas. It takes time to heal emotionally, and as with the death of a loved one, emotions may change over the grieving process.⁹ Nurses can help patients to normalize the experience. However, if intense negative feelings are unrelenting, sleep and eating are disrupted, or functioning is impaired, psychotherapy is indicated. Nurses should know the process for accessing mental health treatment in the organization for which they work. A trained psychotherapist can help the grieving person sort out his or her feelings and make sense of the current event as well as past losses and traumas. Self-understanding and emotional growth can emerge out of this painful experience. Ideally, the person in therapy comes to realize that the time together with the spouse was not a waste and that the marriage was a meaningful part of his or her past.⁹

Children of divorce

Given the high divorce rate, school nurses and pediatric nurses must have some understanding of how divorce typically affects children. The personality of the child, his or her age, and the circumstances in which the divorce is occurring are factors that may help or hinder the child’s ability to cope.⁴ Intense conflict between divorcing parents is clearly the most damaging factor for a child.¹⁰ Ongoing bickering and animosity between parents put a tremendous strain on the child and result in deleterious effects on emotional development and well-being. The child who is predisposed to emotional problems and has parents who are in ongoing conflict is in grave emotional danger. Adults are often so blinded by their own strong emotions — including loss, anger, and frustration — that it is difficult for them to clearly see the needs of their child. Sometimes the child of divorcing parents does not even get to say goodbye to the parent who moves out. The child can also get caught in the middle of the parents’ battle. Fighting over issues such as who gets the child for a holiday may become a parent’s focus rather than looking out for the best interests of the child. Parents must remain flexible.¹⁰

Inpatient pediatric nurses will inevitably find themselves pulled into these conflicts when dealing with visiting hours, a guardian’s consent to treatment, and parental disputes about treatment. When feeling pulled in both directions — as the child has likely been feeling — nurses should keep in mind that the child’s needs come first. All adults involved should remember that the child is developing emotionally and that problems at various stages of development can have long-lasting negative effects on the child’s future well-being.^{10,11}

Children often believe that they were the cause of the divorce. They may harbor fantasies such as “If I am a perfect child, I will get my parents back together.”⁹ Parents can help the child by clearly and consistently taking responsibility for the changes and conflicts.

For divorced parents, taking a child from one home to the other may be a hassle, but the child should have a relationship with both parents. Findings from a recent metaanalysis reveal that children from divorced families are better adjusted when they live with both parents at different homes or spend significant time with both parents. Parents can devise strategies for smooth and consistent transitions.¹² A school nurse, as well as teachers, can serve as a consistent person in a predictable place for these children.

It's natural for a child to have difficulty dealing with parental divorce. But if functioning is impaired and depression persists, professional help is recommended.¹⁰ Nurses who work with children should know how depression manifests in this population. Signs of depression in children may include misbehavior, a decline in school performance, a loss of interest in favorite activities, withdrawal, moodiness, anger, and irritability. Changes in sleep patterns (i.e., increased or decreased duration, frequent nightmares) and a return to bed-wetting are all signals of possible problems coping. In older children, drug or alcohol problems or self-mutilation are indicators of possible difficulty coping with the divorce.¹¹ Along with providing support and understanding, the school nurse can identify psychiatric symptoms and refer the child to mental health professionals for evaluation and intervention.

Divorce is the rupture of an important interpersonal bond and affects the health of both spouses and children. This external event creates physical, emotional, and social vulnerability and upheaval. Studies show that marital stress negatively affects immune functioning. With their holistic background and close contact with people, nurses are in an ideal position to offer patients who are divorcing much-needed support and hope, identifying psychosocial problems and maladaptive coping and referring for psychological evaluations and treatment.

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CE407 - Course Sidebars

Dos and don'ts for divorcing parents(11)

- Do keep the best interests of your child in the forefront.
- Do put your feelings aside and listen when your child talks about good things that happened with the other parent.
- Do allow your child to talk about his or her feelings.
- Do devise a parenting plan that allows both of you access to your child.
- Do provide structure and reasonable rules.
- Don't make your child into your sounding board.
- Don't make promises to your child that can't be kept.
- Don't try to buy your child's love.
- Do get help if you have trouble dealing with your feelings.
- Don't argue with or belittle the other parent in the presence of your child.
- Don't let your own feelings — such as guilt, depression, and anger — get in the way of parenting.
- Don't force your child to choose sides.

Resources

Websites

- www.divorcecare.com: Offers seminars and support.
- www.divorcecentral.com: Includes information about the legal side of divorce and referrals to divorce professionals.
- www.nolo.com: Includes forms for doing your own divorce.

Books

- Your Divorce Advisor. Mercer D, Kline Pruett M. New York, NY: Fireside; 2001.
- Between Love and Hate: A Guide to Civilized Divorce. Gold L. New York, NY: Plume/Penguin; 1995.

Clinical vignette for Divorce

Friends were shocked when Jack and Jill announced they were divorcing. The good-looking, athletic couple who met 15 years ago on the ski slopes now had little in common other than their two daughters, aged 8 and 12. Despite the tension and distance that had grown between them, Jack and Jill rarely argued. In fact, they hardly talked at all, except about the children.

Their paths headed in different directions early in the marriage. From the start, Jill's career as a marketing consultant took off while Jack, although intelligent and well-educated, floundered in the workplace.

For a long time Jill resisted the thought of divorce, not wanting to be a failure --and not wanting to put her children through the pain. When she finally asked Jack for a divorce, he became desperate for her attention.

During a short-lived attempt at marital counseling, Jill became aware that Jack represented her depressed mother, who left the family when Jill was only 8. Ironically, what Jill used to find attractive in Jack - his sensitivity and adoring admiration for her -- now repulsed her. She felt suffocated and drained by him, and for many years she had felt more like his mother than his wife. Jack does not know how he will manage without Jill and is devastated by the

thought of losing her.

This scenario illustrates the complexities of divorce and how people bring to the intimate relationship the many sides of themselves as well as their past unresolved experiences.

1. What would be the best resolution concerning custody of the children?

- a. Given that Jack likely suffers from depression and cannot financially support himself and care for the children, Jill will probably get full custody.
- b. Jill is likely to get full custody since she is the primary wage earner and emotionally stable. Plus, historically mothers get custody.
- c. Jack is likely to receive full custody since he is more available to the children because Jill works full time and frequently travels for business.
- d. Joint, 50/50 custody is likely to be in the best interest of the children.

D is correct. Research shows that children do best when both parents are involved in parenting even if this means the children have to travel back and forth from mother to father.

2. Several weeks after Jill files for divorce, she finds a lump in her breast and requires a lumpectomy. During the preoperative nursing assessment, Jill begins to cry when the nurse asks her about marital status and emergency contact. The nurse should:

- a. Calmly continue the interview but avoid asking any other questions that may remind Jill of her relationship problems and may trigger negative emotions before surgery.
- b. Verbally reflect back to Jill the pain she is suffering during this major life event (divorce), which is exacerbated by her current medical problem, and then provide her information about support groups and counseling/psychotherapy.
- c. Suggest to Jill that she make an appointment with a psychiatrist for antidepressant medication to help numb her emotional pain.
- d. Remind Jill of her strengths and tell her she will be better off without her husband, who is more of a burden than support. Encourage her to stay busy after recovering from the surgical procedure to avoid the emotional pain

B is correct. Jill needs support and validation of feelings during this difficult period.

3. Based on the information provided, which attachment disorder best fits Jack's way of interacting with his wife?

- a. Avoidant ambivalent
- b. Anxious ambivalent
- c. Disorganized attachment
- d. Avoidant anxious attachment

B is correct. In real life, people don't perfectly fit into categories, but anxious ambivalent best describes Jack. The more Jill pulls away, the needier Jack becomes. Avoidant ambivalent is characterized by distance. Disorganized attachment would present more pathological

symptoms. Attachment theorists do not use the term avoidant anxious.

4. Based on the information provided, which attachment disorder best fits Jill's way of interacting with Jack?

- A. Anxious ambivalent
- b. Avoidant anxious
- c. Avoidant ambivalent
- d. Disorganized

C is correct. Although capable of engaging, Jill probably develops distance in relationships as a way of coping given the early loss of her mother. Some characteristics of avoidant ambivalent that can be intuited are that Jill seems critical of Jack and that she doesn't need anything from him.