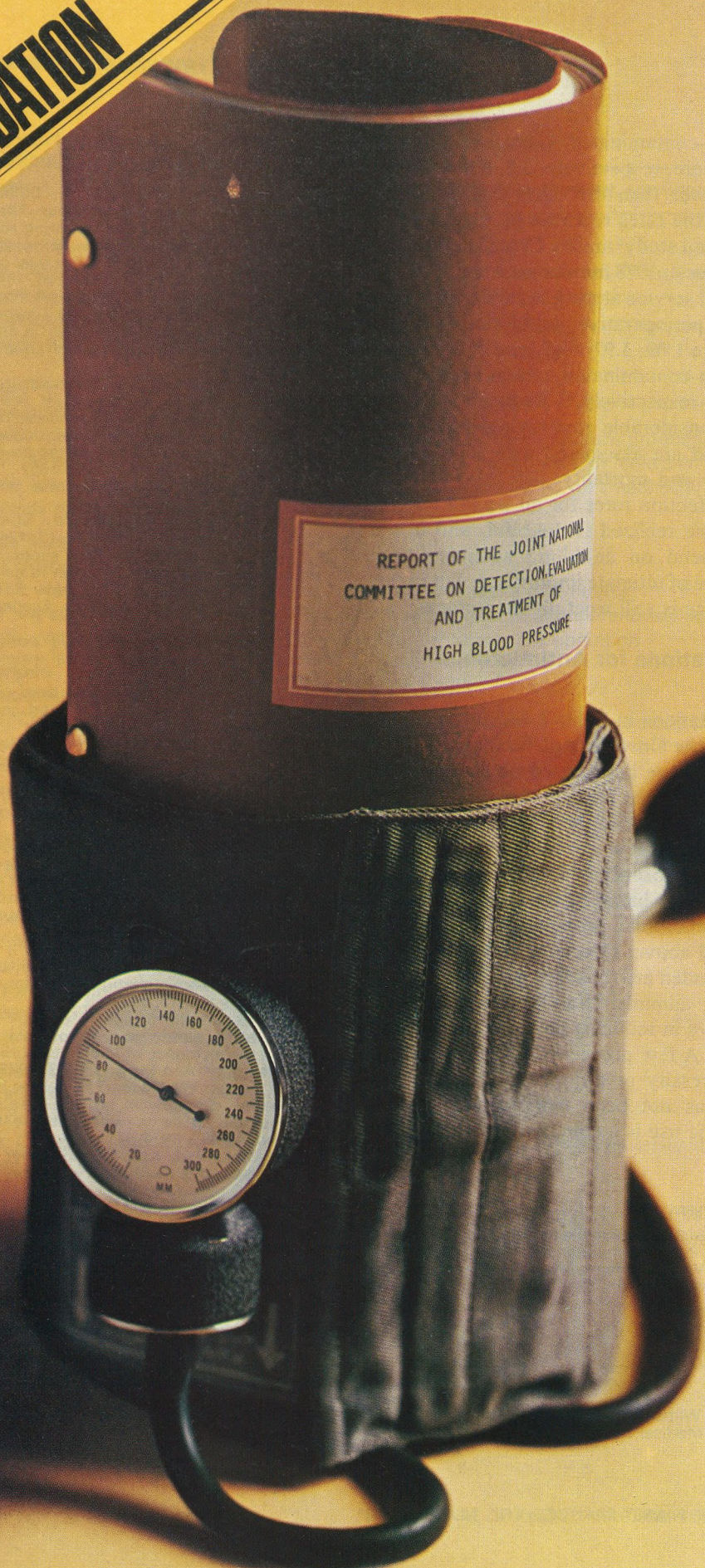
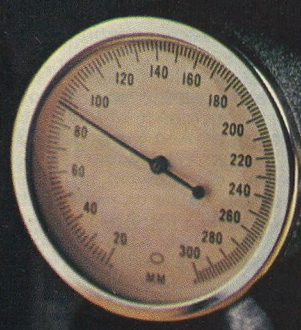


**NEW
RECOMMENDATION**

REPORT OF THE JOINT NATIONAL
COMMITTEE ON DETECTION, EVALUATION
AND TREATMENT OF
HIGH BLOOD PRESSURE



Divorce in Clinical Practice

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The family physician today has many families in his/her practice who have decided on divorce and who turn to the family physician for guidance. The effect of divorce for children from infancy to age three years is primarily related to the mother's emotional adjustment to the divorce. Preschool and school aged children are most at risk for personality disturbances because of their emerging sense of identity and need for both parents as figures of identification. The adolescent is initially the most painfully distressed by the divorce but, in fact, is in time the least affected of all the age groups.

An intervention aimed at helping reduce the pathological effect on the child's development is outlined, which includes an emphasis on the parents working together for the benefit of the children, the suggestion that the children be allowed as much continuity in their lifestyle as possible, and the need for each parent not to deprecate or blame the other so that the child may have a positive image of both parents.

The high incidence of divorce in modern Western society has ushered in a host of related problems that are only presently beginning to be appreciated.

Societies throughout the ages have dealt with marital disruption and the placement of the chil-

dren in a variety of ways, but there appears to be no clear-cut historical perspective regarding which manner of handling marital disruption has benefited the society or what have been its effects on the individuals involved, especially the children.

Divorce in this society has become an increasingly prevalent phenomenon. In 1979, there were 1,170,000 divorces in the United States at the rate of 5.3/1,000 population. The marital rate was 10.5/1,000 population, making one divorce for every two marriages.¹ The reasons for the increase in divorce are complex and multidetermined: the industrialization of society, the lack of extended families leading to an intensification of needs to be met by both marital partners, the marriage of in-

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dividuals from diverse cultural backgrounds, the decreased social stigma of divorce, the increased autonomy of women, and a shift by individuals in society towards increased self-fulfillment and pleasure.

In this culture, the father usually leaves the family and the mother retains custody of the children. Over the past decade, fathers have begun to gain custody of children. The number of paternal custody situations is relatively small and the men in most of these cases either remarry or have other family members help nurture the children.

In recent years, joint custody or shared custody has been tried. In this arrangement neither parent has sole custody of the child or children; the time spent is equally divided between parents living in the same geographic area. The effect of this model on the children has not been systematically studied. A major source of criticism of this arrangement comes from Goldstein et al in "Beyond the Best Interest of the Child," which emphasizes the need for day-to-day contact between the psychological parent and the child.² The proponents of joint custody feel it provides the child with the loving support of two caring parents. This arrangement is complicated and there appear to be several factors that are necessary for its success. They include both parents' commitment to the arrangement, each parent being able to support the child's having a separate and good relationship with the other parent, and the ability of both parents to flexibly share the responsibilities of school, sports, and doctors' appointments.^{3,4}

Many men and women faced with divorce are alone. The extended family of parents, siblings, aunts, and uncles is either nonexistent, unavailable, or unable to give significant and substantial emotional and financial aid. As a result, divorcing couples turn increasingly to institutions such as welfare, social services, school, and the medical establishment, particularly the physician, for assistance. Divorce is a crisis in parents' and children's lives, yet one in which the physician has had little formal training to evaluate the child's reaction to divorce and to offer guidance to the parents.

The family physician is viewed by most children and families as an important and significant person in the community and one who has a very personal and unique knowledge of children and families in his/her practice. This view of him, somewhat dis-

torted by the patients' and families' psychological needs, does make the physician an ideal professional for divorcing families to consult. A sensitive physician, willing to take the necessary time and possessing a basic understanding of the psychodynamics of children's reaction to divorce, may prevent serious developmental problems in children made so vulnerable by the family disruption.

Impact of Divorce on the Child

The psychological effect of divorce on children has only recently been studied. Much work has been done and studies are currently being pursued by Wallerstein and Kelly in California. The studies have consisted of clinical observation of middle-class children in which the mother had custody of the children.

In these studies, the effect of divorce is primarily related to the age, sex, and developmental level of the child. Other factors that appear important include the type of marital relationship prior to the divorce, the stress around the divorce itself, the child's particular relationship to the father prior to the divorce, and the degree of instability in the mother and its consequent reverberations in the child. In Wallerstein and Kelly's follow-up studies one year after divorce, over half the children improved in their overall functioning or had maintained their previous developmental gains. The other children had either consolidated previous pathological trends or developed personality disturbances.⁵⁻⁹

The Child From Birth to 3 Years

Infancy and early childhood are characterized by a close mother-child relationship. Thus, the effect of divorce at this stage of development is related to the amount of turmoil, depression, and anger in the mother, how this is transmitted to the baby, and how the mother's own emotional state interferes with her nurturing capacity. Clinical observation of these children reveals that at the time

of divorce they manifested nonspecific tantrums, irritability, separation problems, and regressions. Later difficulty, however, was found to be more related to prolongation of the divorce acrimony. In families in which the mother makes a good post-divorce adjustment, the children appear to do well.

The Child 3 to 6 Years

The preschool child usually has a well-established tie to his/her absent parent and views the departure as a substantial loss. Because of the child's egocentricity at this age, he frequently blames himself for his parent's departure. The child uses denial to defend himself from the painfulness of the divorce. He frequently implies to playmates and teacher that the absent parent is still at home.^{5,6}

The preschool child and the school age child appear to be most at risk for personality disturbances as a result of the divorce. The vulnerability of these children appears to be related to their emerging sense of identity and their need for both parents as figures of identification. The child's sense of identity is initially defined by the externals: "I am the child of John and Mary Smith and live in a white house in Boston." The children react to the absence of a parent with a lowering of self-esteem.^{5-7,10}

The child's reaction to divorce is also influenced by the child's sex. Girls at about five years begin to see their fathers as romantic figures. The absent father is idealized and the young girl's view of men is not modified on a day-to-day basis. Visitations usually add to the distortion by becoming one exciting event after another. If the girl remains with the father, she may see herself as "his woman." Another less common distortion, obviously supported by the mother, is that fathers (all men) are sadistic and cruel. The girl may increase her dependency on mother, which may stifle her future autonomy and sexual relations.^{10,11} For the boy, the loss of the father deprives him of an everyday figure for identification. The increased dependence on the mother for the boy may frighten his emerging sense of masculinity, and he can "protest too much" with displays of bravado

and aggression, the young boy's concept of male behavior. In other cases, he may become a "mama's boy" and be too closely identified with femininity.^{6,7,9-11} Hostility toward the mother may be difficult for both sexes to express directly, as they fear damaging this remaining important relationship. Hostility is ever present toward the mother, for many of these children, in fact, blame the mother for the father's departure.^{7,11}

Clinically, children in this age group react to the divorce with regression, increased fearfulness, sadness, and aggressive behavior. Some children react with hyperactivity and overeating, and occasionally there is widespread personality disorganization. There are intense reunion fantasies within this age group. Most children have decreased self-esteem and see themselves as weak and impotent.

The Child 6 to 11 Years

The child from six to eleven years of age is more at risk, as is the preschooler, for personality difficulties as a result of divorce. The school age children are less able to deny the loss of the parent and, thus, experience the divorce more painfully. They appear depressed and involved in a mourning process. Again, the loss of the parent endangers the child's emerging sense of identity and decreases their self-esteem. The loss of the father at the age of six or seven years, when the conscience is emerging, potentially could affect the child's sense of morality. In the past the father represented "the outside world," a final authority or arbitrator and hence had a major organizing influence on the child's conscience formulation.^{6,7,10} The mother's influence on the child's conscience formation has probably been previously underestimated and may now be as equally important as the father's as she has attained greater autonomy and community stature.

The child from six to eleven years often becomes involved in loyalty conflicts. The child himself probably has an inner need to become involved in these conflicts. Obviously, many embittered parents encourage the alignment of one parent against another. The danger to the developing child is that he or she may learn to manipulate and

exploit people rather than develop rewarding relationships.^{6,7}

Clinically, at the time of the divorce, these children appear depressed, with decreased self-esteem and a sense of vulnerability. In some children there is demonstrated school failure, increased daydreaming, and poor peer relationships.

The Child 11 to 18 Years

The preadolescent and adolescent child appear initially to be most painfully upset, depressed, and enraged; but, in fact, they fare the best of all the age groups. Adolescents, by the nature of their maturity and cognitive and personality development, have a more realistic view of the divorce and are able to gain distance between themselves and parents with increased activity outside the home. Adolescents are less likely to blame themselves, to be involved in reunion fantasies, or to be caught in loyalty conflicts as might their younger counterparts. In fact, divorce for many of these adolescents brings about an increased maturity, independence, and mastery.^{8,10}

Divorce, however, in a minority of cases does have a negative impact on the adolescent's emerging personality. A too rapid de-idealization of the parents in which the child sees the parents as childish, amoral, or too sexual, interferes with the adolescent's emerging consolidation of his sense of self-esteem. Areas of difficulty include a premature entrance into adolescence with loss of control exhibited in sexual acting out, drinking, and drugs. The opposite may also occur, with an interference into the entry of adolescence with a regressive childlike interaction with the mother. In adolescents who are already experiencing difficulty in areas of antisocial activities, the divorce is another superimposed trauma leading to a downward course.^{8,10}

Clinically, at the time of the initial divorce, the adolescents may be depressed, angry, and painfully upset. Many relate that they will never marry. They worry about finances. Many adolescents deal with the divorce by a false courage and conscious avoidance. Most adolescents are able to live through the painfulness of the divorce and progress toward adulthood.

Remarriage

Remarriage of one or both parents occurs in most divorced families. The new marriage is viewed with mixed feelings by both the children and the ex-spouse. Many new stepparents have the illusion of instant love and family unity and become quickly disappointed and angry when this does not occur.¹²

If the mother remarries, the father's jealousy and concerns about the fathering of the children may increase. The children often want a stepfather to give the family a sense of wholeness. The stepfather can become a strong protector and a male figure for identification, but the children often have concerns about their natural father's reaction to the stepfather, and they themselves are afraid of being swallowed up and taken over.

If the father remarries and the mother does not, her resentment may increase. His remarriage may be viewed by the children as a further abandonment, especially by the girls. However, the children may also feel less compelled to provide the father with affection and gratification if they see him gaining these pleasures in his new marriage. In families in which the father is wealthy and lives with his new wife and her children or their children in a gracious home, feelings of jealousy or envy may well intensify. Stepmothers have, throughout the ages, been cast in an unfavorable light. The stepmother herself and the stepchildren often have difficulty separating out this stereotype.^{10,11}

Children from families in which there is remarriage have three or possibly four adults to relate to. Many children worry about liking a stepparent for fear the natural parent will disapprove or be diminished. If there are stepsiblings, the rivalry increases, which is further intensified by the parents' natural ties to their children.^{13,14}

Intervention

At the time the physician learns of a divorce in a patient's family, either through the course of an office visit or a telephone call from a parent, he should schedule a 20- to 30-minute appointment. Ideally, both parents should be seen together. This will naturally depend on their availability, reason-

ableness, and amount of overt conflict. The benefit of seeing both parents together allows the physician to view their current interaction; most importantly, it communicates to the parents how important it is that they work together for the benefit of the child or children. After a conjoint interview, each parent should be scheduled for an individual interview, and the child or children should be seen alone by the physician.

The Conjoint Interview

The physician may begin this interview by asking the parents what they have told the children about the divorce. The parents' response to this question often will reveal a great deal about how the parents are handling the divorce and their relationship to the children. Many parents believe the child is unaware of their conflict. This misconception can be clarified by asking the parents if they noticed any changes in the child's behavior. One can then point out how sensitive children are to changes in their environment even if they do not know specific details. Ideally, each parent separately should tell the child directly about the divorce and the parents' living arrangement in words the child understands. The parents should be able to allow the child to voice his feelings and assure him he is still loved and not to blame. The physician may gently inquire, if it appears appropriate, about financial and living arrangements. In principle, the less dramatic and disruptive the changes, the better.¹⁴ The physician must be careful here not to be too directive, as most parents have preconceived plans. There is an understandable impulse among people involved in conflict to run away and make a "clean break." Suggestions about remaining in the same house or neighborhood and a gradual progression of the mother into working or school may be made if they appear appropriate. Money always is an important issue, as two families cannot live as cheaply as one. Money symbolizes many things and can be used as a vehicle to express jealousy, anger, and rejection. Most postdivorce fights involve visitation privileges and money. Parents should be encouraged to work these things out, if at all possible, since repeated appearances in court usually benefit only

the lawyers.^{11,12} If the parents appear to be handling the interview well, a brief but nondirected discussion of how they both came to the decision of divorce may seem appropriate.

The Individual Interview

The individual interview of the mother and father should be as open-ended and as nondirected as possible. Time taken with the father can be very important. Often no one has asked him how he feels about the divorce and the separation from his children. A simple question such as what happened may be all that is necessary to encourage the parent to ventilate his or her thoughts and feelings. The very process of putting into words the grief, rage, and resentment to a helping person will be of immediate benefit to each individual's emotional balance and subsequent adjustment, as well as directly and indirectly affecting the children's adjustment. During this interview, the physician may look for an appropriate opportunity to tell each parent that it is important for him not to depreciate or blame the other parent in front of the children, as this is destructive to the child's emerging identity and development and the child's need for a positive image of both parents.¹¹ In time children come to a realistic view of the parents. In cases in which there is a serious problem with the spouse, such as mental illness, crime, or alcoholism, the remaining parent may tell the child that the other parent is ill or troubled but still point out his or her positive features, such as warmth or intelligence. In cases in which a parent completely severs the relationship with the child, the remaining parent should point out the human weakness of the absent parent's behavior and reassure the child that it is not a rejection of him *per se*.¹⁴

The physician may ask about attitudes toward future dates and partners. As some parents may be already involved with a new partner, this needs to be approached cautiously. Ideally, the physician wants to communicate that he sees each parent as capable of attracting another person in a close relationship, but immediately after the crisis of the divorce the children may especially need their undivided attention. A word of caution about impulsive liaisons at the time of crisis may be voiced if done sensitively and nonjudgmentally. In cases

where there already is a new partner, the physician may comment to the parent about the time necessary for this new person to develop a relationship with the children.

Fathers may need to be assured that the children still love him and a continuing relationship is important to them. He may also need some advice about visitation. It is best if visits take place out of the mother's home, coincide with the child's sleep and school routines, and are activities that both the father and child enjoy. Fathers should be encouraged to attend sporting events and recitals. Quality, not merely quantity, is important. Periods of extended visitations such as vacations and weekends may be important in helping the child get a more realistic view of the father.^{13,14}

Mothers need to be assured that they are capable of managing their households and raising the children. The physician may give examples of women who successfully raised their children alone. Visitations with the father should be encouraged, as it is in the children's best interest. Mothers, however, should be reminded that they are now single and should not capriciously involve the ex-husband in routine household problems.

The Child

Children over four years of age should be seen alone by the physician if only for 10 to 15 minutes. He should tell the child that he understands from the child's parents that they are divorcing. He should then allow the child to respond, if necessary encouraging the child to talk by asking him what he understands of the parents' divorce. The physician should note the child's manner of defending himself from the painfulness of the divorce, be it by bravado, denial, regression, or withdrawal. He should respect the child's defensive stance, as this may be his or her best or possibly only method of handling the crisis. The physician should also be aware of areas where he can correct any distortion in the child's perception of the divorce or of the parents, and where he can communicate to the child how difficult this all must be for him. If the child is unable to talk about the divorce, the physician may talk about the divorce via displacement, that is, talking about other children he knows whose parents divorced,

perhaps covering issues of the child blaming himself, reunion fantasies, and loyalty conflicts. The physician should convey to each child that even though the family may be disrupted, he is still loved and this divorce in no way makes him a less than worthwhile person. A follow-up appointment for mother and child should be made in two to four months.

Parent(s) and children who continue to demonstrate difficulties in coping with the divorce at follow-up visits should be referred for psychiatric evaluation and treatment.¹⁵

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