

The Impact of Daily Stressors on Women's Adjustment to Marital Separation

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The relationship between stressful life events and the onset of various forms of illness has been well documented. One aspect of the relationship that has been overlooked, however, is that a major stressful life event frequently creates lifestyle changes that may increase susceptibility to illness. The purpose of the present study was to examine the hypothesis that daily stressors mediate the relationship between the stressful life event of marital separation and psychological distress. Seventy-nine women separated or divorced for less than three years completed measures of daily stressors and psychological distress on two occasions approximately ten weeks apart. The results confirmed the hypothesis that frequency of daily stressors is a better predictor of psychological distress than time since the life event of marital separation. The results also indicated that frequency of daily stressors maintains distress over time. These findings suggest that physicians should focus attention on evaluating the frequency and impact of ordinary stressors in daily life following a major life event.

Most physicians are aware of the impact that stressful life events such as divorce, death of a spouse, and retirement can have on their patients. The relationship between life stress, operationally defined by self-reported life changes, and various forms of physical and psychological illness has been well documented.¹⁻³ Certain stressful life events have been associated with specific illnesses. Depressive disorders, for example, are commonly linked with events involving loss such as death or divorce.^{4,5} When stress is prolonged or chronic, physical illness is more likely to occur. Hypertension, peptic ulcer disease, migraine headache, and ulcerative colitis are but a few of the psychophysiologic disorders frequently encountered by the family physician.

Most investigations of stress-related disorders have used a methodology in which a single stressful life event is correlated with illness onset.⁶ The magnitude of these correlations has been low, ranging from .16 to .30 and accounting for only about 10 percent of the variance in observed illness rates.^{2,7} Thus, the exposure to major life stressors is only a partial explanation for the occurrence

of physical or psychological illness. Hudgens,⁸ for example, reported that most individuals do not become ill in response to stressful situations. Death of a loved one and divorce are frequent events in the population, yet only approximately 10 percent of these losses are followed by clinical depression.⁴

Given the low correlations between stress and illness, it may be more useful to conceptualize this association within a multidimensional framework. Biological vulnerabilities, coping skills, personality style, demographic factors, and social support are some of the variables that have been shown to influence the relationship between exposure to a stressful life event and illness onset.^{1,5} Stressful life events may then be viewed as catalysts that precipitate illness in an already vulnerable individual.

One overlooked aspect of the relationship between stress and illness is that a major stressful life event frequently brings about other changes in an individual's life that may increase susceptibility to illness. Divorce, for example, may create a series of minor demands not previously encountered such as sole responsibility for household or car repairs, yardwork, finances, parenting, etc. What these tasks represent in terms of threats to physical or emotional well-being may have more of an impact on health than the divorce itself. In addition, it may be these changes that maintain the distress that follows a major life event. Events that many people would consider routine or minor

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annoyances may take on greater significance following a stressful life event, thereby mediating the relationship between the stressor event and the onset of illness.

The purpose of the present study was to examine the hypothesis that daily stressors mediate the relationship between the stressful life event of marital separation and psychological distress. Specifically, it was predicted that daily stressors are better predictors of distress among separated or divorced women than the fact that marital separation has occurred. It was also predicted that these daily stressors contribute to the maintenance of distress over time. Recency of separation was used to measure the distress associated with the life event of marital separation. Previous research has demonstrated that length of separation is correlated with psychological distress.^{9,10} An underlying assumption of this study is that separated individuals do not comprise a homogeneous group with respect to the events that occur following marital separation, hence the need for determining environmental variables that contribute to psychological distress.

METHODS

Subjects

Eighty-five women separated or divorced from their husbands between 1 and 36 months (mean = 15.3, SD = 9.4) responded to an advertisement for subjects. They volunteered and were compensated \$15 to participate in a study examining adjustment to marital separation. Of these, 79 (93 percent) completed both initial and follow-up measures.

The final participants ranged in age from 20 to 55 years (mean = 33.6, SD = 7.9). The sample was predominantly white and middle class based on educational attainment and income. Eighty-three percent of the women were currently employed, and 67 percent were single parents. There was a relatively even distribution with respect to marital status, with slightly more women divorced than separated. None of the divorced women remarried during the course of the study. The final sample (93 percent) did not differ significantly ($P > .05$) from the initial group on any of the predictor or demographic variables.

Measures

Daily events that occurred over a brief period of time were assessed with the Hassles scale.¹¹ This scale consists of 117 items that evaluate problems in such areas as family, work, friends, and health. Subjects indicated the stressors they experienced during the previous month and then rated them according to their frequency of occurrence (eg, somewhat, moderately, extensively). Two summary scores were obtained for the Hassles scale: (1) frequency, which was simply a count of the number of items checked

(range 0 to 117); and (2) intensity, which was the sum of the three-point frequency ratings divided by the total number of items endorsed (range 0 to 3). High scores suggested the occurrence of a large number or a high intensity of stressors.

The scale was normed on a sample of primarily white, middle-class community residents. Normative data are limited, but test-retest correlations over a nine-month period averaged .79 for frequency and .48 for intensity.¹¹

The SCL-90-R¹² was used to assess psychological distress. The SCL-90-R is a reliable symptom checklist that has adequate concurrent validity with the Minnesota Multiphasic Personality Inventory but contains more specific behavioral referents. Normative data have been obtained on samples of psychiatric outpatients, nonpatient normals, and adolescent outpatients. Internal consistency and test-retest correlations for each of the factors is adequate, ranging from .77 to .90 and .78 to .90, respectively.¹² Subjects indicated the amount of distress they experienced during the past week by rating each of 90 items on a five-point scale. A global index of distress was obtained by summing the weighted values (range 0 to 360) on each questionnaire and dividing by 90. High scores indicated high psychological distress.

A questionnaire designed for this study was used to obtain information on subjects' demographic characteristics. Variables of interest included recency of separation, family income, educational attainment, and number of children present in the home.

A longitudinal design was used to study the intensity of psychological symptoms as a function of frequency and intensity of daily stressors over time. Subjects provided demographic information during an interview and then completed the Hassles scale and the SCL-90-R. Subjects were informed that they would receive a similar packet by mail approximately eight weeks following their initial session, and were instructed to complete the questionnaires and return them within one week. Those who failed to return the questionnaires by the end of three weeks ($n = 26$) were contacted by telephone or mail, and, if necessary, were contacted again at the end of six weeks. The mean response interval between the initial assessment and receipt of the follow-up questionnaires was nine weeks, four days (SD was one week, five days).

For the analyses, the independent variables included frequency of daily stressors at initial and follow-up interviews, intensity of daily stressors at initial and follow-up interviews, and recency of separation. Psychological distress at follow-up was the dependent variable.

RESULTS

Intercorrelations of the initial and follow-up independent variables were obtained. These variables were also cor-

TABLE 1. INTERCORRELATIONS OF INITIAL AND FOLLOW-UP PREDICTOR VARIABLES WITH FOLLOW-UP PSYCHOLOGICAL DISTRESS

	Initial Distress	Follow-up Distress	Initial Stressor Frequency	Follow-up Stressor Frequency	Initial Stressor Intensity	Follow-up Stressor Intensity
Initial distress	—					
Follow-up distress	.69	—				
Initial stressor frequency	.55	.42	—			
Follow-up stressor frequency	.45	.58	.63	—		
Initial stressor intensity	.49	.42	.49	.46	—	
Follow-up stressor intensity	.40	.54	.34	.57	.61	—

Note: All correlations significant at $P < .001$

TABLE 2. MULTIPLE REGRESSION PREDICTION OF FOLLOW-UP PSYCHOLOGICAL DISTRESS AS A FUNCTION OF INITIAL DISTRESS, RECENCY OF SEPARATION, STRESSOR FREQUENCY, AND STRESSOR INTENSITY

Variable	Multiple R	Simple Correlation	Increment of Explained Variance
Initial distress	.69	.69	.48
Stressor frequency*	.76	.55	.09
Stressor intensity*	.77	.54	.02
Recency of separation	.77	.08	.00**

* Follow-up values
 ** Total explained variance = 59%

related with follow-up psychological distress. As displayed in Table 1, the relationship among all of these variables was high. As expected, the magnitude of the correlation was greatest when the initial value of a given variable was correlated with its follow-up value (eg, initial stressor frequency with follow-up stressor frequency, $r = .63$).

Given the high intercorrelations of initial and follow-up values for the variables stressor frequency and stressor intensity, a stepwise multiple regression procedure was employed to determine the relative contribution of each of these variables to follow-up psychological distress. Stressor frequency at follow-up accounted for 34 percent of the explained variance. Stressor intensity at follow-up accounted for 6 percent of the variance. The initial values of stressor frequency and intensity did not add to the prediction of level of follow-up distress. Thus, 40 percent of the explained variance in the level of follow-up distress was accounted for by follow-up stressor frequency and intensity.

To test the hypothesis that daily stressors are better predictors of psychological distress among separated or divorced women than the life event of marital separation itself, the relative contributions of initial levels of distress, stressor frequency at follow-up, stressor intensity at follow-up, and recency of separation were examined with a stepwise multiple regression procedure. As expected, initial distress was the best predictor of follow-up distress (Table 2). Daily stressor frequency was the next best predictor, however, accounting for approximately 9 percent of the explained variance. Recency of separation was not correlated with psychological distress at follow-up.

Because initial distress correlated highest with distress at follow-up, another analysis was performed to identify factors that differentiated initially distressed from initially nondistressed women. Women were classified into initially high or initially low distressed groups. Forty-one women were categorized as distressed at the initial assessment, whereas 38 exhibited fewer symptoms and were classified

as nondistressed. The results of the discriminant function analysis indicated that frequency of daily stressors was the best predictor of distress ($F = 31.23, P < .0001$), followed by stressor intensity ($F = 12.17, P < .005$). Length of time since separation did not predict initial distress. These results support the conclusion that daily stressors rather than time since marital separation are important indicators of psychological distress.

To test the prediction that daily stressors maintain distress over time, women were divided into two groups on the basis of follow-up psychological distress. Women whose psychological distress remitted at follow-up ($n = 13$) were differentiated from those who were classified as distressed at both initial and follow-up interviews ($n = 28$). Women who had a large number of daily stressors at the initial and follow-up assessments had high levels of distress, whereas those who had a large number of daily stressors at the initial interview but not at follow-up exhibited less distress ($F = 5.52, P < .02$). These results suggested that frequency of daily stressors maintains distress over time.

DISCUSSION

The purpose of this study was to examine the relationship among recency of marital separation, daily stressors, and psychological distress in a sample of separated or divorced women. It was predicted that daily stressors are better predictors of psychological distress than the major life event of marital separation. This hypothesis was confirmed, as stressor frequency accounted for significantly more of the variance in distress than recency of separation. These results are consistent with those of other investigators who have found that daily events scales are superior to major life events scales in predicting distress.^{11,13,14} Whereas past studies have relied exclusively on self-report data in comparing the two methods, this study compared self-report of daily stressors against an objective criterion (ie, length of time since marital separation).

Although the results indicated a moderately strong relationship between daily stressors and psychological distress, symptomatology reported at the initial interview was most highly correlated with follow-up distress. This finding suggests that a limitation of the present study is that the ten-week follow-up period may have been too short to examine significant changes in levels of psychological distress. Another possibility, however, is that initial distress suppresses the effect of other variables on follow-up distress. Support for this explanation is twofold. When initial levels of distress were not statistically controlled, stressor frequency explained 34 percent of the variance. In contrast, only 9 percent of the variance was accounted for by stressor frequency when initial distress was entered into the regression equation. Second, when initial levels

of distress were controlled by dividing women into distressed and nondistressed groups, stressor frequency emerged as a better predictor of follow-up distress than recency of separation. These findings suggest that frequency of daily stressors is more significant than marital separation itself in explaining the amount of psychological distress observed following marital disruption.

The hypothesis that frequency of daily stressors maintains psychological distress over time was also confirmed. Women who had a large number of daily stressors at the initial and follow-up assessments had high levels of distress. In contrast, women whose symptoms remitted during the ten-week interval between assessments had fewer daily stressors. These findings suggest that frequency of daily stressors, such as the washing machine breaking down or caring for a pet, take on great significance for some women following marital separation and are important indicators of adjustment.

Although support for both hypotheses was found, a limitation of the present study is the possibility that the correlation between frequency of daily stressors and psychological distress may be explained by both measures being self-report. Women who endorsed a large number of items on the daily events scale may have responded similarly on the distress inventory. In addition, as with any correlational research, inferences regarding causality are limited. Although frequency of daily stressors predicted initial levels of distress, distress may also increase one's perception of events as stressful. Future research should examine changes that occur in levels of distress and in the frequency of daily stressors through multiple assessments over time as a function of changes in marital status in samples of married, separated, and divorced individuals. Observational data, behavioral measures, and clinical ratings may also be included to independently validate self-report data.

In practical terms, the findings from the present study suggest that family physicians should extend their assessment of psychosocial factors when their patients present with stress-related illnesses. In addition to inquiring about recent major life events, physicians should explore with their patients the ways in which the event has triggered changes in their lives. For example, a recently divorced or widowed woman may have to assume responsibility for a variety of tasks for which she is ill-prepared or unaccustomed to managing alone. Lawn and household maintenance, parenting, and financial obligations are a few of the specific tasks that may be stressful. The increased volume of the workload is also a source of stress for many women.

By determining the number of lifestyle changes that have occurred and how stressful a patient perceives them, the physician can conduct a brief intervention aimed at reducing this source of stress by engaging in collaborative problem-solving. For example, if there are too many tasks

that need to be done on a daily basis, the physician may be able to help the patient assign priorities and assist with time management. He or she may also encourage the patient to delegate some responsibility to other family members. If the source of stress appears to be the result of inexperience with certain responsibilities, the physician may be able to provide a link with community resources for instructional, legal, or financial assistance. He or she may also be able to help the patient identify untapped social support and resources that can be used to modify or buffer the effects of daily stressors.

Active intervention to reduce the number and intensity of daily stressors may have benefits in addition to reducing acute physical or psychological distress. It is possible that the changes in lifestyle that occur following a major life event demand so much of an individual's resources that they prevent him or her from resolving the psychological issues generated by the event itself, particularly when the event involves significant loss such as divorce or death of a spouse. Psychologists and psychiatrists have consistently emphasized the need for a period of mourning following any major loss.^{15,16} When grieving does not occur or it is prematurely interrupted, as may happen if the tasks of living become too demanding, the result may be an abnormal grief reaction and depression.¹⁶ Thus, modifying the number and intensity of daily events may prevent potentially serious psychological problems from developing.

In summary, the results from the present study suggest that daily stressors mediate the relationship between the major life event of marital separation and the intensity of psychological symptoms. The frequency in which daily stressors are reported following marital separation is a better predictor of distress than the mere fact that divorce has occurred. Adjustment following divorce is directly related to the perceived stressfulness of daily events, suggesting that this area is appropriate for intervention by physicians.

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