

THE IMPACT OF MARITAL DISSOLUTION ON
PEOPLE ATTENDING AN ADULT EDUCATION
COURSE ON DIVORCE

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The Impact of Marital Dissolution on People Attending
an Adult Education Course on Divorce

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We hereby approve the Project Demonstrating Excellence

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ABSTRACT

This study explores the impact of marital dissolution on 161 people who chose to attend an adult education course on divorce. It describes their concerns and stress reactions, compares responses of those in psychotherapy to those not in therapy, and suggests clinical implications. Information was obtained from questionnaires, symptom checklists, MMPI D30 scales, interviews, and therapy sessions. Results indicate that people going through divorce are, as might be expected, greatly impacted: 91 percent feel an unusual degree of stress; 67 percent feel unhappy and worry about the future much of the time; 44 percent are as depressed as hospitalized patients; most are concerned about how to be single again. Concepts from crisis and object relations theories are used to describe the subjects' reactions to simultaneous losses of marital partners, marital status, and material possessions, and their concurrent adaptation to a new and undefined "single" identity. Depression, unusual stress, and multiple concerns were found to be normal responses to the complex adjustments inherent in this major life change.

CHAPTER I

Introduction

With the ever-increasing rise in the divorce rate as well as in the number of couples separating, it is unfortunate that until recently little information about marital dissolution has been available. Divorce has been experienced by 11 million adults in the United States (U.S. Bureau of Census, 1977), and separation by even more. It is estimated that one of every two marriages occurring in this country today can be expected to end in divorce (Weiss, 1977; Hunt & Hunt, 1978). Thus, more and more people will be dealing with this phenomenon, and may need help to do so.

The impact of marital dissolution is profound. It is a complex process requiring many difficult adjustments, including the simultaneous coping with many important losses and the undertaking of new responsibilities for self-care. Often this takes place within a diminished support-system. It is not surprising that many people seek psychotherapy to help them deal with this. Hunt and Hunt (1978) found that over half of the 984 "formerly marrieds" they studied had some kind of counseling or therapy after separation.

Clinical knowledge about grief and mourning, such as the concepts developed by Lindemann (1965), Simon (1976), Jacobson and Portugese (1976), and Bowlby (1973), are useful in understanding people's reactions to loss. Concepts about separation-individuation processes of normal development, including those of Mahler (1968) and Blos (1962), may be used to help understand the complexities involved in an individual's transition to being single again. The findings of this study will be viewed within a framework incorporating theoretical constructs from both these areas.

Because of the increasing number of people experiencing marital dissolution and the fact that until recently little data were available in this area, this study has been designed to add to the existing body of knowledge. It will explore the concerns and stress reactions of adults who chose to attend an adult education class on divorce, compare responses of those individuals in psychotherapy to those not in therapy, and suggest clinical implications from these findings.

Search of the Literature

Literature on the impact of divorce.

The first information about the social and emotional consequences of marital separation and divorce came from Waller's (1930) interviews with 33 individuals from upper level intellectual and social classes. Although his

subjects appear to have been living in a more moralistic and insular world than ours, his description of their suffering from their divorces still provides useful information about the impact of marital separation and divorce. Goode's (1956) Women in Divorce, a classic sociological study of 425 Detroit-area divorced women, was done in the late 1940s. Until very recently it was the only large-scale study of the impact of marital dissolution. Goode refers to divorce as a traumatic experience, and provides numerous statistics about the reactions and adjustments of the people studied. His information, however, may be partially distorted by the fact that the population he surveyed had been divorced at prior times. Some of his subjects had been separated as long as four years prior to the study, and were asked to remember and describe issues that were no longer current. In a later effort to analyze the emotional and social problems of divorce, Bohannan (1970) explains the significance of divorce from a sociological point of view. He suggests that there are six aspects of divorce that every divorcee must go through: the emotional divorce, the legal divorce, the economic divorce, the coparental divorce, the community divorce, and the psychic divorce. This adds an important dimension to our understanding of the many complex and divergent issues contributing to this confusing life change adaptation. More recently, Weiss (1975, 1976) has added to

this knowledge with his insightful clinical impressionistic account of the process of marital dissolution. His findings are based upon discussions with 150 recently separated, middle class men and women attending "Seminars for the Separated," educational discussion groups sponsored by Harvard Medical School and open to the public for a low fee. He limited his participants primarily to those who had been separated no more than one and one-half years. Initially, he tried to maintain balanced groups of half women and half men, but found this impossible since more women than men wished to attend. Weiss's writing gives a clear picture of the emotional distress experienced by people going through marital separation. He describes this distress as similar to that occurring in children who have lost attachment figures, and suggests that similar feelings are present in separating adults. In writing about his findings, Weiss comments that "until quite recently, little professional attention was given to the emotional and social consequences of separation or divorce. Only novelists seem willing to explore these issues" (Weiss, 1975; p. 322).

Weiss reports that some of the population who attended his "Seminars for the Separated" reacted to their separations with euphoria, but that this was fragile and did not seem to be an integrated or lasting aspect of their personalities. He suggests that this euphoria

tends to end, and is then replaced by separation distress or objectless depression. He explains that the euphoria results from the appraisal that the attachment figure is not needed after all, that one can do very well alone. He suggests that two psychological mechanisms are involved in the production of euphoria: a narcissistic reorganization of attachment feelings (so that they are directed to the self instead of to the former attachment figure); and a release of energy (that had been previously absorbed during the unhappy marriage by attempts to avoid confrontations and by worry and despair).

In her recent study of divorced people's concerns about the future, Gray (1978) reports that separated and divorced individuals dwell excessively upon resentment, guilt, shame, and fears of the future to a degree that is nearly pathological. She finds, however, that they appear to be quite normal in other areas, such as in their desire for supportive and sharing social experiences.

Concern over the rising divorce rate and the lack of knowledge about helping people deal with this has prompted the publication of a new professional journal, The Journal of Divorce (1977). It is devoted entirely to clarifying and furthering interprofessional understanding of divorce. Kressel and Deutsch (1977), in expressing a desire to make pertinent information about divorce

available, surveyed 21 mental health practitioners to determine their views about divorce therapy and to develop criteria for "successful" divorce. Kressel and Deutsch suggest that evidence of a "successful" divorce includes mastery of the painful experience, increased self-understanding, ability to form new relationships, and a heightened sense of personal competence. They conclude that the primary criteria of a constructive divorce are the successful completion of the process of psychic separation and the protection of minor children. They, too, express concern that there is little in the professional literature addressing itself to these problems and recommend further study of issues which would make divorce therapy an area of therapeutic specialization.

Hunt and Hunt, whose informative book, The Divorce Experience (1978), has only recently been published, offer the most current information available on the impact of divorce. Hunt and Hunt conducted an intensive research program that included field observation, roughly 200 in-depth interviews, a survey of recent lay and professional divorce literature, consultation with experts, and a lengthy national questionnaire survey of 984 separated and divorced people. Most of these people were contacted through Parents Without Partners, a national organization of separated, divorced, and widowed people. The population surveyed was composed of one-third men and two-thirds

women. Their responses, which were to multiple-choice and open-ended questions, were data processed and produced a vast amount of information about the divorce experience.

Hunt and Hunt suggest that the moment of separation is a severe shock to most people. Even those who wanted the separation feel disoriented and fearful about the unknown future, although they later find relief, freedom, and a sense of rebirth. Hunt and Hunt report that six-tenths of all "formerly marrieds" had had some psychotherapy or counseling, but that if this began after the relationship had seriously deteriorated, it was chiefly helpful in easing the way out of the marriage, rather than repairing the damage. They find it normal for divorcing people to experience ups and downs, and suggest that it takes about two years to level off. They postulate that a feeling of regained freedom plus a new feeling of self worth may create an exhilarating feeling. They also find that fewer than one-tenth of those who were left by their partners felt good, while one-third of those who did the rejecting felt good. They explain that some of the discomfort felt by both the rejecting and rejected partners is due to disconnection and partial isolation from the known social world, loneliness for spouses, and the many practical problems inherent in the transition to being single.

In spite of the past dearth of professional literature about the divorce process, it is interesting to note

that there have been several valuable books published in recent years about the impact of divorce on children. These books, written by experts in the mental health field, offer useful insights into the issues facing frightening dependency issues. Despert (1963) wrote one of the first in-depth explanations of the impact of divorce on children, optimistically reassuring parents that divorce is not automatically destructive to children. She gives an incisive description of the emotional divorce which precedes every legal divorce, and delineates the destructiveness of this period. She believes that if the destructiveness cannot be ameliorated, then the legal divorce may bring with it a wholesome revision of the children's lives. Gardner (1970) explains issues about the absence of one parent, which are ordinarily of greatest concern to children. He discusses their fears of being to blame, of being unlovable, and of being abandoned. His introduction, which addresses the fears adults also face during a divorce, is one of the first attempts to help adults understand feelings which are normal at this time. Sinberg (1978) writes about divorce for the younger child, using captions with large cartoon drawings to encourage children's bringing forth and expressing their angry, frightened, and confused feelings. Salk (1978) writes to parents from his long experience with children of divorce, giving practical information about

how to explain the divorce, the probable impact on the children, and the realities of custody and visitation.

Literature on issues not specific to divorce.

Literature which is not intended to examine the impact of divorce, but focuses on certain issues pertinent to this, has been useful for clinicians trying to help people cope with the divorce process. One of these issues is the importance of understanding one's role in the now defunct marriage in order to better understand the losses one is grieving. Researchers are in disagreement on this point. Jacobson and Portuges (1976) suggest that the therapist working with people going through divorce should avoid reviewing with them what went wrong with the marriage. They feel this lowers the "self-esteem of a person in a marital separation-divorce crisis and may exacerbate depression" (p. 439).

Several books offer useful ways of viewing people's roles within their marriages. Jackson and Lederer (1968) add immeasurably to an understanding in this area with their lengthy in-depth discussion of the myths of marriage. They incorporate their knowledge of family interaction and psychodynamics into an exploration of people's use of one another within a marriage relationship. They suggest that people are frequently disappointed when their partners do not live up to the myth of what they had expected from them, or do not provide what had been promised by

them. Bernard (1973) and Toffler (1970) offer viewpoints from a sociological framework as to role expectations in marriage and how frequently such expectations change, due to shifting cultural mores. They feel that these changes add to feelings of disillusionment and disappointment in marriage and in the marital partner. Toffler adds that marriage per se may not exist in the future; instead we may have serial marriages to accommodate people's continually changing needs. Bernard stresses the difference in marriage expectations for women and for men. She differentiates between "woman's marriage" and "man's marriage," and explains that the expectations of one's own role as well as that of one's partner vary significantly depending upon one's orientation. Shor and Sanville (1978) offer an insightful explanation from a psychoanalytic standpoint of the illusion that is involved in loving. They describe the need to create and to repeat the perfect relationship based upon unfulfilled needs from early parent-child relationships. They offer a fine historical survey "From Darwin to Psychoanalysis," of the human being's constant search for unity in a relationship, with an inherent illusion of fulfillment through the other person. O'Neill and O'Neill (1972) describe how people can modify their marriages to have "open marriages." By "open marriage" they mean a relationship in which each partner is able to have experiences independent of the other, but brings these to

the marital relationship to enhance and enrich it. They offer an interesting explanation of how one partner's dependency upon the other may be a passive way of negating one's self.

The issue of being single again and fears that accompany this process are discussed by Krantzler (1973), who offers a rather optimistic view of the potential benefits available to the divorced person. He discusses the fact that there is pain in this life change and that one should allow himself to mourn his losses. However, Krantzler also stresses the many opportunities that are now available: relating to others in different ways, forming new relationships, improving relationships with one's children, and coping with new realities in more effective ways. Edwards and Hoover (1974) have worked with people who were widowed, never married, or divorced. They find that people who work on their singleness in a positive manner can define a whole new identity which can be very satisfying. They offer a number of techniques for dealing with married friends, meeting new single people, and having satisfying sexual relationships. Several other books for lay people present "cook book" approaches to dealing with being single again, but offer little help in understanding the complex internal processes which complicate this life change. Two notable exceptions are the books by Weiss (1975) and Hunt and Hunt (1978), mentioned earlier

in this chapter. Both works offer information which can be of great value to both professional and lay readers.

Theoretical Framework

Relationship of depression and stress to loss.

In terms of stress responses and implications for treatment, numerous clinicians and researchers have written about stress symptoms in response to life change. Holmes and Rahe (1967), who were concerned with the difference in degree of stress in various life changes, published a "social readjustment scale" which ranks 43 life events from 0 to 100 according to how much adjustment they require. They found that, in terms of stress, divorce is second only to death of one's spouse. Marital separation is the third most stressful event. Goode (1956) states that the highest reported stress is at the time of the actual separation, but that there is considerable stress at other times. Jacobson and Portuges (1976) see serious emotional hazards at the time of the first serious mention of divorce, at the actual separation, and at the receipt of the final decree. Sifneos (1972) explains that an ability to conceptualize, and even to intellectualize, facilitates the process of coping with stress.

Crisis theory as first proposed by Lindemann (1965) adds significantly to an understanding of the stress reactions people normally experience when facing loss of a

loved one. In studying the families of people who had died in a fire, he describes the "symptomatology of normal grief" as "somatic stress, preoccupation with the image of the deceased, guilt, hostile reactions, and loss of patterns of conduct," and suggests that people need to do "grief work" to achieve emancipation and readjustment (1965, pp. 7-20). Clinicians who have addressed themselves to management of this grief through crisis intervention techniques recognize that a stress reaction may not become a crisis. "Crisis" refers to an internal state of the reacting individual, who is having difficulty coping with a hazardous situation because of his internal disequilibrium. Rapoport (1965) describes the patterns of response necessary for an individual or family to achieve healthy crisis resolution as "correct cognitive perception of the situation," "management of effect through awareness of feelings and appropriate verbalizations," and "development of patterns of seeking and using help with actual tasks and feelings." Aquilera (1970) presents a model for treatment which recognizes the need for assisting people who face stress to better utilize their environment to provide themselves with more social support. She outlines the steps people go through in healthy crisis resolution as assessing the problem; gaining intellectual understandings, opening up one's feelings, exploring coping mechanisms and reopening one's

social world; and resolving the crisis and beginning anticipatory planning. Crisis theory as defined by Morrice (1976) outlines three major phases: impact, in which customary coping skills diminish leading to stress; recoil, in which there is increased disorganization and incompetent functioning; and adjustment adaptation, in which resources are mobilized and new views of the situation (which may include resignation) are achieved, making it all seem more manageable.

Psychoanalytically oriented therapists agree that depression, with its concomitant symptoms of fatigue, disturbed sleeping and eating patterns, apathy, psychomotor retardations, etc., generally accompanies separation and loss. Discussions pertinent to this can be found in Overbeck (1977), Parad (1965), Wolberg (1965), and Masterson (1976), as well as in many other works. Overbeck explores various concepts of stress, concluding that change of any sort can be taxing to the adaptive coping of the individual. She outlines various stages of stress adaptation and discusses life stresses as an antecedent to people seeking mental health services. Simos (1976) feels that grief therapy is important for people who have suffered any type of loss, but does not think that depression need be a part of normal grieving. She prefers to look at the mourning process as a "specific psychological task--that of breaking the emotional tie

with that which has been lost and eventually reinvesting one's attachment to living (and available) people and things."

Importance of cognition in minimizing stress.

The current study derives its findings from the experience of people attending an educational course. It is important, therefore, to note that many of the crisis theorists already mentioned, as well as other therapists referred to elsewhere in this chapter, have observed the importance of cognitive aspects of treatment processes.

Freud and his followers (Fine, 1973) recognized that cognitive processes are used by the unconscious to ward off unpleasant impressions and facilitate the reception of pleasant impressions. Psychoanalysts such as Kernberg (1976) postulate that cognitive maturation is crucial for integration of self-representation reflecting affectively opposite perceptions and experiences. Kaduchin (1976) believes that learning proceeds most effectively when

- (1) the potential learner is highly motivated to learn (which is often not the case when one is depressed);
- (2) the learner is given material which he finds useful;
- and (3) the material is directly relevant to the unique needs of his situation.

Beck (1976), also a psychoanalyst, views depression as a cognitive disorder. His treatment, therefore, is designed to enable people to resolve their psychological disturbances by pinpointing and correcting

fallacies in their thinking. Beck postulates that people have "various rational techniques" they can use, and that "man can cope with solving his psychological disturbances within the scope of his awareness." He adds that most people's thinking is illogical and involves tangible distortions of reality which, if corrected, can help dispel fantasies and help them to proceed more adequately with their lives. He states that when people are depressed, improvement is based upon a cognitive (as well as affective and motivational) change in their tendency to regard things negatively. Beck's suggestions regarding the importance of a cognitive approach appear to be particularly relevant to the current study since much of the experience is necessarily cognitive. Class lectures offered explanations of how people going through divorce normally feel and some reasons for these stress reactions.

Object relations theories of separation-individuation processes.

A psychoanalytic understanding of the function of relationships with others in the individual's development, particularly as described by object relations and ego psychology theorists, aids immeasurably in clarifying why marital separation and divorce create so much stress. Mahler (1968) theorizes that the normal developmental separation-individuation process begins when the child develops the capacity to walk, and therefore to physically

separate himself from his mother. The child starts to develop a sense of separation and individual identity, through which he gains an image of the self as an object. Earlier, the child had been dimly aware of the mother as a need-satisfying object, but one who was part of dual omnipotent unity (with a common boundary), rather than a separate person. During this phase, the mother served as a buffer against inner and outer stimuli, since the human infant was incapable of doing this for himself. Simultaneously with learning to walk, however, the child undergoes an interpsychic separation that enables him to perceive himself as being separate from his mother. The child internalizes the ego functions that the mother had performed for him, creates his own secure ego boundaries, and develops the capacity to mediate stimuli, to be alone, to tolerate anxiety and depression, to show concern, and to feel guilt. Masterson and others postulate that when this process is accomplished adequately, and then reinforced by the "second separation-individuation phase" of prepuberty and adolescence, individuals have a greater sense of autonomy and are less likely to suffer as severely from later separations (Masterson, 1976, pp. 28-68).

Kernberg's (1976) contributions to the object relations theory of normal development provide additional insights into the separation-individuation process. Outlining

four stages in the development of normal internalized object relations, he suggests that, during the third stage, the individual begins to distinguish between the core "good" self-image and the object-image. (This stage usually takes place between four and twelve months of age.) Integration of the "good" and "bad" self-images, which occurs during the fourth stage, continues throughout life, providing integration for the ego and the superego and establishing coherence and continuity for the maturing person. Kernberg postulates that a successful integration of "good" and "bad" self-images is necessary for deep and consistent relationships with other people (pp. 59-75).

Basing his formulation on Mahler's studies of the separation-individuation phase of the very young child as it emerges from the symbiosis with the mother, Blos (1962) discusses the phenomenon of the adolescent's disengagement from his parents. He sees adolescence as partially analogous to the earlier separation-individuation process, and as an additional opportunity to establish a sense of autonomy. In addition to shedding family dependencies, the adolescent is also attempting to establish a rational, mature emotional relationship with parents and elders. Blos suggests that ego weakness of adolescence is due to intensification of the adolescent's drives as well as to reduction of parental ego support. Individuation, according to Blos, implies that the growing person

takes increasing responsibility for what he is. He adds that the social group becomes the source of emotional supplies, without which individuation cannot be realized. The group shares, and thus alleviates, individual guilt feelings that accompany emancipation from childhood dependencies. It also permits role tryouts without any permanent commitments. Although the divorce process is beyond the scope of Blos' work, two of his concepts--the achievement of further individuation through a process of disengagement from attachment figures and the provision of supplies by a social group--seem particularly relevant to the process through which divorcing people achieve their new single status.

The anxiety experienced by people who are separating from their partners may be related to earlier separation experiences. Bowlby (1973) describes in detail the emotional vicissitudes of 20 children, aged 13 months to 32 months, temporarily placed in nurseries. He suggests that attachment is observable early, and that when the individual is threatened with the loss of the attachment figure, separation anxiety occurs. Bowlby notes that, in general, the nature and origin of anxiety is obscure, while the nature and origin of fear is simple and readily intelligible (p. 78). Separation anxiety, he suggests, may be a response to the fear of being separated unwillingly from an attachment figure. Bowlby describes the

child's response to separation from his mother as the prototype of human sorrow, noting manifestations of distress during the separation period and increased ambivalence and anxiety afterwards. He suggests that the availability of a familiar companion may help to alleviate the child's sorrow. He describes three periods in the child's response to separation: protest, despair, and detachment. Behavior during the period of protest suggests expectations of the mother's return. Despair is seen as a preoccupation with the missing mother and an ensuing state of deep mourning. The final stage is detachment. This is sometimes falsely construed as a sign of recovery, but will manifest itself upon return of the mother, with whom the child may appear remote and apathetic. Heinecke (1965), expanding upon some of Bowlby's early studies, describes the behavior of ten children placed in a residential home. These children demonstrated a variety of disturbances including regression in eating, sleeping, and toileting patterns. Although they longed for their parents, when the parents actually came to visit, the children tended to be less affectionate and more hostile than in the past.

Masterson (1976) builds on earlier object relations theories in the development of his concepts about the "borderline" adult. He describes the borderline person as one who has not successfully accomplished earlier

separation-individuation tasks, and is therefore blunted in his ability to maintain meaningful work and love relationships. He explains that loss of an attachment object can create feelings in these adults that are very similar to those feelings of abandonment described by Bowlby in regard to children. He suggests that most adults have acquired defenses to help deal with their responses to separation, but that the borderline adult has not developed a capacity to use integrative skills for this purpose. "When the clinging fails to achieve its aim, the patient next passes into a depression which, however, contains such intense feelings of rage, despair, and hopelessness that he further defends himself against this state by splitting, projection, acting out, or by other styles of defense" (p. 53).

Constructs from object relations theory enhance our understanding of the type of individuation necessitated by marital dissolution. Greene (1978), in his discussion of bereavement, relies upon this theory. He explains the loss of a mate through death as a third opportunity to accomplish adequate individuation, with the marriage having offered an opportunity for dependency upon a partner who was used for maintaining ego support, thereby impeding the individual's development. He suggests that this is also true for many people going through divorce, and that treatment should be designed to help the bereaved mate

dissolve the tie to the internalized infantile object and so gain a more advanced level of separation-individuation.

Goals

The current study has been designed to provide information which can be used to further understand and better help those who are suffering the stresses and concerns associated with marital dissolution. It will address the following goals:

Major goal: To explore the impact of marital dissolution on people attending an adult education course on divorce, and to suggest possible clinical implications from these findings.

Sub-goals: (1) To describe the stress reactions they report experiencing; (2) to report the kinds of concerns for which they would like help; and (3) to compare the responses of those in psychotherapy with those not in psychotherapy.

Limitations of Study and Definition of Terms

This study is not intended to be a comprehensive study of either the divorce process or of the reasons for marital disruption. It does not determine why the population studied chose to attend the divorce courses and how this group differs from other populations of divorcing people. The word "stress," as used in this study, is meant to indicate internal pressure felt by a person.

Stress, according to Webster (1961), is a constraining, urgent, or impelling force. It can be manifested by numerous symptoms, such as depression, somatic complaints, anxiety, phobias, etc., or it can simply be a general feeling of tension. Stress is considered to be a normal response to the life changes involved in dealing with marital disruption. Overbeck (1977) suggests that adaptation to a stress-producing situation is a dynamic process of maintaining or establishing equilibrium. Depending upon its severity and the ways in which it is manifested, stress may also be considered pathological. "Concern," as used in this study, delineates those issues subjects worried about for which they wanted help or attention. Webster (1961) defines concern as that which busies or occupies one's thoughts. Expressing concern about major changes in one's life situation is considered normal. Concerns, too, are sometimes viewed as pathological depending upon their degree and upon their relevance to the actual situation.

Chapter II

Method

In order to obtain information about the impact of marital dissolution on the 161 people who attended the adult education courses, instruments were devised and administered. Follow-up interviews were held with ten percent of the population. Additional information was obtained from class discussions and psychotherapy sessions.

Subjects

The sample consisted of a self-selected population of 161 persons who elected to pay a \$40 fee to attend a six-week course about divorce. Each person attended one of the five courses given between 1974 and 1978. Most of the class members had seen the course description in the UCLA extension division catalog; the course was also advertised in a local newspaper. Some who attended the later classes were referred by friends who had attended the earlier classes. One hundred sixty-one of the 190 people enrolled in these classes, filled out the various forms which provided the information reported in this study. Due to absence, attrition or refusal, 29 people did not fill out any questionnaires. Some class members were not present at every class, and therefore did not fill out every form.

Class members were at varying stages of separation and divorce. Of the 145 members who filled out demographic information forms, 12 were still living with their spouses, 71 were separated but had taken no legal action, 42 had filed for divorce, and 20 had already received a final decree of marital dissolution. The length of time since separation ranged from one day to three years; the length of time since receiving the final decree ranged from one week to three years. The subjects were from 23 to 58 years of age, with a mean age of 40 years. They had been married between nine months and 35 years, the average marriage having been 14.8 years. Of 104 who were asked about their children, 21 reported having no children, 21 had one, 32 had two, 13 had three, and 17 had four to six. The sample was composed of 69 percent women and 31 percent men, with the ratio shifting from nine to one women in 1974 to two to one women in 1978. The educational level achieved was markedly higher than the population at large; all 161 individuals had a high school diploma; 47 percent had at least a bachelor's degree; and 24 percent had a master's or doctor's degree.

Of the 127 respondents who reported upon whether or not they were currently or had recently been in psychotherapy, 71 (56%) reported they were in treatment; 56 (44%) were not. Although this report did not specify the type of therapy or for how long the individuals had been involved,

a "yes" answer indicated some attempt on the part of this population to find help in understanding and alleviating the discomforts they were experiencing. Many of those interviewed who were included in the no-therapy group indicated they had at some earlier time been in some type of therapy. Therefore, the population can be said to be composed of people who are apt to be in psychotherapy. There is no other information to indicate why these particular people chose to attend the divorce classes, and how they may differ from people who did not choose to attend.

Materials

Information forms.

Questionnaires eliciting demographic information were given out at the initial class meetings. (See Appendix D for a copy of this questionnaire.) The questionnaire asked people to report on whether they were feeling more stress than usual and if so, what symptoms they had experienced. Respondents were also asked to list their concerns; in other words, to list those issues for which they wanted help. They were further asked whether they had had any psychotherapy either currently or recently. Additional questionnaires were also given out at the final classes to determine participants' reactions to the course and to determine what concerns they still were interested

in exploring. (See Appendix G for a copy of this questionnaire.) This information was used primarily for planning future lectures.

Symptom checklist.

Symptom checklists have been reported to be a useful screening instrument (Tasem, Dasteel, Goldenberg, 1974). They provide information which can be utilized by agencies for planning psychotherapeutic treatment (Rosenberg, Prola, Meyer, Zuckerman, Bellak, 1968). A 41-item symptom checklist was given to the 65 members present at the first meeting of the winter 1978 course, and to the 30 members who attended the third class meeting of the summer 1978 course. (See Appendix E for a copy of this form.) These people were asked to check off one of four possible responses to each of 40 symptoms. Scoring was computed as follows: symptom does not worry me - 0; worries me a little bit - 1; worries me quite a bit - 2; and worries me almost all the time - 3. The potential maximum score was therefore 120 points.

The checklist is composed of 41 items. Due to a clerical error, two items (numbers 16 and 31) are duplicates of the same symptom. (Item 31 was not scored.) The first ten items refer to somatic complaints; the other 30 are related to depression, stress and general adaptation. Twenty items were selected from a symptom checklist which was used as a screening device (Rosenberg et al., 1968) for patients applying for treatment in a brief

therapy program at a mental health clinic. These items were chosen from this checklist because of their appropriateness to the population attending a class on divorce; items designed to determine severe psychopathology were discarded because of their offensiveness to people who had identified themselves as "students," not "patients." The 20 items from Rosenberg's list are asterisked on the symptom checklist in the appendix. The other 20 items on the list reflect specific complaints expressed by people in discussion groups during the 1974-1977 divorce courses.

MMPI D30 depression scale.

A 30-item scale (see Appendix F) derived by Paul Dempsey (1964) from the original D60 depression scale of the Minnesota Multi-Phasic Inventory Personality Inventory was administered to 44 people attending the summer 1978 class. The original MMPI D60 depression scale was developed in order to measure symptomatic depression. Subjects for scale derivation consisted of (a) 139 normal married males and 200 normal married females between the ages of 26 and 43; (b) a group of 265 college students as a check for the effect of age on item frequency; (c) 40 normal persons having a high depression score on a preliminary depression scale; (d) a group of 50 patients without clinically observed depression but with a tendency to score high on the preliminary depression scale; and

(e) a group of carefully chosen depressed hospitalized patients to serve as a criterion group. In choosing items for the final scale, the following requirements had to be met. First, each depressive item had to show a progressive increase in frequency from the normal groups through the depressed normal group to the criterion group. Second, the non-depressed group percentage for the item was required to approach that for the normal population. After a careful analysis of all percentages for each of the 504 items, 60 items were chosen as the final depression scale. A depression scale composed of 30 of the original 60 items of the MMPI D60 scale was developed by Paul Dempsey in order to develop a depression scale that consistently differentiates not only between normal and abnormal samples but also within such samples. Items from the MMPI D60 scale were selected on the basis of consistent relationship to the contextual analysis of responses in each of four normative samples of 40 subjects, normal and abnormal. (Responses were also divided by sex.) The new scale, called the D30 scale, displayed considerable improvement over the D60 scale by improved within-group distinctions, particularly among the normal group's dimensionality coefficients (r_a) of .97, .95, and .98 in cross-validations, in contrast to values of .67, .65, and .87 for the original. Split-half reliability showed improvement despite the test's shorter length, and

test-retest figures in two normal samples were .88 and .92. The D30 scale was recommended by Dempsey for general use in lieu of the original. t score norms for the D30, based on the performance of 424 subjects (280 normal individuals and 144 hospitalized patients) indicated that three percent of the subjects in the normal group scored as high as the mean of the hospitalized patients.

MMPI D30 scales were completed by subjects present at both the first and last meetings of the summer 1978 class. This test is simple to administer and requires only a true-false answer to each item. All items are counted +1 when answered in the depressed direction. (A copy of the test, with depressed answers indicated, can be found in Appendix F.) t score norms range from 37 (raw score 0) to 107 (raw score 30), with the normal group having a mean t score of 50. Scores higher than 50 denoted more depression (McKinley-Hathaway, 1956). Any score of 70 or higher--falling at two standard deviations or more above the mean--is generally taken as the cutoff point for the identification of pathological deviation (Anastasi, 1954). Scores substantially below 50 may have diagnostic significance, indicating maladjustment rather than superior adjustment (Anastasi, 1954).

Procedures

Divorce courses.

The six-week courses on divorce were offered to anyone who was interested and willing to pay a registration fee of \$40 to the UCLA extension division. There were no other criteria for admission and no restrictions on who could attend. The courses were advertised in the UCLA extension catalogue as dealing with understanding one's role in and reactions to marital separation and divorce, including psychological, emotional, and legal aspects of divorce, overcoming grief and loneliness, managing new relationships, coping with children, and being absent parents. (See Appendix A for a copy of the UCLA extension catalogue advertisement.) Each of the six meetings began with a one-hour lecture, followed by a one-hour group discussion on the topic for that evening. The sequence of topics was as follows: (1) Course Introduction and Overview of Divorce: a description of emotional, legal, and psychological divorce and the trauma of each; (2) Changes-The Losses: normal grief reactions, types of losses and the importance of recognizing and dealing with such losses; (3) Legal Aspects: a discussion of legal topics presented by a prominent divorce attorney; (4) Changes-The Gains: an exploration of some of the potential gains of the situation and suggestions for maximizing them; (5) Children: helping them to cope with their fears,

concerns and new familial structures; and (6) Course Overview: a review of normal grief reactions, ways of exploring losses and gains, re-evaluating new life positions and restructuring to increase the gains. A course outline can be found in Appendix C..

Beginning with the 1974 course, class members were given forms to fill out, although not every group was given the same forms. The information forms were revised over the four year period. All forms included questions about demographic facts and stress reactions. Questions about concerns and psychotherapy were added in 1977; a total of 127 people responded to questions on these subjects. Symptom checklists were given to the last two courses (a total of 105 people), and the MMPI D30 scale was given to only the 45 people at the summer 1978 course.

Members of one of the courses suggested a continuation of the course; 12 people indicated that they would participate in such a group. The additional course was not instituted due to lack of sufficient enrollment. Six of these people, however, did join a small time-limited discussion group with a clinician who had been a co-discussion leader for their class. Five others who had originally desired inclusion in the continuation class were among those interviewed to further explore issues of concern. Several members of each course requested referrals for ongoing therapy and were given information

about community and private practice resources. Five people were seen in psychotherapy by the researcher. Follow-up interviews were held with 17 class members in order to augment information already obtained from them on the questionnaires, symptom checklists and MMPI D30 scales. The procedure for these interviews is described below.

Follow-up interviews.

Interviews were held with 17 class members in order to elicit further information about the types of people who chose to attend courses on divorce and to provide more in-depth understanding of the concerns and stresses they were experiencing. Some interviews were individual, others occurred in a group setting. One-hour, semi-structured interviews were held in the investigator's office with eight of the class members two to six weeks following the final class meeting. Nine additional class members participated in a special follow-up group meeting one week after termination of the summer 1978 course. Subjects included in the group interview were present at the sixth class meeting of the summer 1978 course and spontaneously volunteered to participate when asked the question, "Would anyone like to get together (with the investigator) to further discuss the study and how it relates to the information you have given about yourself?" Participants agreed to bring written material to the

follow-up meeting, including autobiographies of their marriages and information about the stresses and concerns they were feeling relative to their marital dissolutions. They understood that the purpose of this meeting would be to discuss this information, as well as that which they had already submitted on the questionnaires, symptom checklists and depression scales. A class member volunteered the use of her home for this special follow-up meeting, providing a setting which was less formal and more conducive to discussion than the classroom had been.

Criteria for selection of the people individually interviewed were as follows: Five class members who had asked to be included in an ongoing discussion which had been planned but then cancelled were offered appointments to talk about another potential discussion group. One of these declined, stating she had since entered both therapy and a career counseling group, was feeling much better, and no longer needed a discussion group. The other four agreed to come for an evaluative meeting to discuss their possible inclusion in a new group. One additional man came to the meeting at the investigator's request to discuss his concern for his wife, whom he had asked the investigator to see in crisis intervention therapy for her acute severe depressive reaction to their planned separation. He had not expressed any interest in ongoing help of any kind for himself, but agreed to be

interviewed. Three additional people who had spontaneously requested psychotherapy were first seen for the same type of evaluative session. Therefore, eight people in all were individually interviewed for one hour each, and, of these, three continued with ongoing psychotherapy. Two additional class members later requested, and were seen in, psychotherapy.

Both the individual and the group interviews, which were held at mutually agreed-upon times, were relatively nondirective in format. Five basic areas were covered. These included: (1) the issues of particular concern to these specific people; (2) the types of stress responses they had been feeling; (3) brief personal and marital histories; (4) histories of previous and concurrent psychotherapeutic contacts, as well as experience in other activities through which they had sought help; and (5) concerns for which they wanted continuing help.

The following chapter includes descriptions of people who participated in the individual interviews. The purpose of providing such information is to give the reader a fuller description of the population included in the study. It is an attempt to enrich the statistical information, and to illustrate how some of the symptoms and stress reactions that are reported fit into a clinical picture. Additional information obtained from later therapeutic contacts with some of those interviewed is

added to the pertinent vignettes in order to offer more information than could be obtained in the initial interview.

Statistical analysis and computations.

(1) Concerns: Information regarding the subjects' concerns was obtained from their responses to the question, "Please describe what it is you would like to gain from this course," which was included in the form found in Appendix D. Concerns of 20 subjects for whom this form was not utilized were determined by responses to the question, "What issues would you like to further explore?", which is on the form in Appendix G. Similar responses, such as "to be able to share my feelings with others" and "to have others to talk to for support"; or "to know how to handle new relationships" and "to learn how to get along with new people" were categorized together. Totals were then computed for the entire group of 126 respondents and for the sub-groups of the 58 people in psychotherapy and the 48 not in psychotherapy. (Information regarding involvement in psychotherapy was unknown for 20 subjects.) Percentages of each population were also computed for each concern.

(2) Stress: Responses on the information sheet (Appendix D) which indicated that the respondent felt no more stress than usual were scored as "0." If a respondent checked off "yes" indicating an unusual stress

reaction, he was scored one point for "mild," two for "moderate," and three for "severe." Each respondent thus received a stress degree score ranging from 0 to 3 points. The reported stress symptoms were tabulated and ranked according to the number and percentage of population reporting each stress response. Responses of the therapy and no-therapy groups were compared.

(3) Symptom checklist: Items were scored as follows for each respondent: "does not worry me" - 0; "worries me a little bit" - 1; "worries me quite a bit" - 2; "worries me almost the time" - 3. Respondents were each given a total symptom checklist score and the scores for the therapy and no-therapy groups were compared. The range of potential scores is 0 to 120. Each of the 40 items was ranked by frequency of response. Only scores of 2 and 3 counted; scores of 0 or 1 were considered not to indicate any unusual symptomology. Items were then listed by both response frequency and the percentage of population that had checked them. The therapy and no-therapy groups were compared. A correlation was made between stress degree scores and symptom checklist scores for the total group, and then for the therapy and no-therapy groups.

(4) MMPI D30 scale: Depression scale score information was correlated with other variables. A t test was used to determine whether the mean D scale scores for the therapy and no-therapy groups differed significantly.

Chapter III

Results

Findings from this study, which explores the impact of marital dissolution, are presented in this chapter. Responses to questionnaires were tabulated and the number and percentage of stress symptoms and concerns reported. The same type of information from symptom checklists was also reported. MMPI D30 depression scale responses were computed and correlated with stress degree scores and symptom checklist scores. All this information is reported for three groups: those in psychotherapy, those not in therapy, and the total population. In addition, information obtained from follow-up interviews, class group discussions, and therapy sessions is also reported.

Questionnaires

Concerns.

Responses to questionnaires asking subjects to list their concerns are shown in Table 1. Those concerns reported were categorized under the 18 items listed in this table. Learning to live alone or be single was the primary concern of the total population irrespective of their involvement in psychotherapy. Twenty-five percent of the total population reported this concern. Insight into the

Table 1

Concerns

Number and Percentage of Population Reporting Each Concern

	Total population			Population category according to involvement in psychotherapy								
	(n=126)			Therapy (n=58)			No-therapy (n=48)			Unknown ^a (n=20)		
	Rank	#	%	Rank	#	%	Rank	#	%	Rank	#	%
Learn to live alone (or be single)	1	31	25.0	1	17	29.9	1	12	25.5	3	2	10.0
Insight into emotional problems	2	25	20.0	6	9	15.8	2	11	23.4	1	5	25.0
Support, sharing	3	23	18.5	2	17	29.9	7	5	10.6	9	1	5.0
Direction	4	18	14.5	3	11	19.3	7	5	10.6	3	2	10.0
Beginning new life	4	18	14.5	8	8	14.0	4	8	17.0	3	2	10.0
Legal advice	6	17	13.7	3	11	19.3	11	4	8.5	3	2	10.0
Coping with problems	6	17	13.7	5	10	17.5	11	4	8.5	2	3	15.0
New relationships	8	15	12.1	6	9	15.8	7	5	10.6	9	1	5.0
Personal growth	9	13	10.5	13	5	8.8	5	6	12.8	3	2	10.0
More self-confidence	10	12	9.7	11	6	10.3	7	5	10.6	9	1	5.0
Less anxiety	11	11	8.9	8	8	14.0	15	3	5.3	14	0	0.0
Dealing with children	11	11	8.9	15	2	3.5	3	9	19.1	14	0	0.0
Financial-work	13	10	8.1	11	6	10.5	11	4	8.5	14	0	0.0
Clarifying problems	13	10	8.1	10	7	12.3	15	3	6.3	14	0	0.0
Family and friends	15	8	6.5	15	2	3.5	11	4	8.5	3	2	10.0
Using divorce positively	16	7	5.6	18	0	0.0	5	6	12.8	9	1	5.0
Understand self	17	6	4.9	14	4	7.0	18	1	2.1	9	1	5.0
Independence	18	3	2.5	17	1	1.8	17	2	4.2	14	0	0.0
				136 ^b			96 ^b					

Note. Columns total more than 100 percent because respondents could report more than one concern.

^aNo information regarding involvement in psychotherapy was available for these 20 respondents.

^bTherapy group offered 2.34 responses per person, no-therapy 2.0 per person: therapy group gave 17 percent more responses per person than no-therapy respondents.

emotional process was the next most frequently mentioned concern of the total population, with those not in psychotherapy reporting this concern 48 percent more than those in psychotherapy. The third most frequently mentioned concern, a desire for sharing and support, was ranked second by the therapy subjects, who reported this concern almost three times as often as people not in therapy. Those in psychotherapy showed two to three times more concern about finding a new direction in life, obtaining legal advice, and coping with problems and anxiety than those not in psychotherapy. Those not in psychotherapy, however, were markedly more concerned about dealing with their children, family and friends. People in psychotherapy, who reported more concerns than the rest of the population, also tended to be looking for practical information as well as support, while those not in psychotherapy seemed more concerned with finding insight and achieving positive growth from the divorce experience.

Stress symptoms and degree.

Responses to questionnaires asking subjects to list the types of stress symptoms they were feeling are shown in Table 2. All stress symptoms reported by respondents were categorized under the 12 symptoms listed in this table. Depression was the most reported symptom of the total population, twice that of the next ranked symptom, loss of sleep or weight. Although depression was the

Table 2

Stress Symptoms

Number and Percentage of Population Reporting Each Stress Symptom

	Total population ^a			Population category according to involvement in psychotherapy							
	(n=141)			Therapy (n=58)			No-therapy (n=48)			Unknown ^b (n=35)	
	Rank	#	%	Rank	#	%	Rank	#	%	#	%
Depression	1	61	43.3	1	30	51.7	1	19	39.6	12	34.3
Loss of weight or sleep	2	30	21.3	2	16	27.6	3	10	20.8	4	11.4
Nervousness, anxiety	3	25	17.7	5	9	15.6	2	12	25.0	4	11.4
Anger	4	21	14.9	4	10	17.2	4	6	12.5	5	14.3
Loneliness	5	20	14.2	3	13	22.4	5	4	8.3	3	8.6
Fear	6	13	9.2	6	8	13.8	6	3	6.3	2	5.7
Confusion	7	6	4.3	8	1	1.7	7	2	4.2	2	5.7
Guilt	8	5	3.5	7	2	3.4				3	8.6
Indecision	9	4	2.8	8	1	1.7				3	8.6
Panic	10	3	2.1	8	1	1.7				2	5.7
Helplessness	11	3	2.1				8	1	2.1	2	5.7
Disorganization	12	2	1.4							2	5.7

91^c57^c

Note. Columns total more than 100 percent because respondents could report more than one stress symptom.

^aThese respondents included those 126 respondents who were reported in Table 1 plus an additional 15 for whom concerns were not available.

^bNo information regarding involvement in psychotherapy was available for 35 of these respondents.

^cTherapy group offered 1.57 responses per person, no-therapy group 1.19 per person: therapy group gave

stress symptom most frequently mentioned by both the therapy and no-therapy groups, it was reported 31 percent more often by those in therapy than those not in therapy. Loneliness was ranked third by those in psychotherapy, who reported this problem 59 percent more than those not in therapy. The no-therapy group experienced more nervousness, anxiety, and anger than loneliness.

Those in psychotherapy tended to volunteer more information about the stress they were feeling, reporting 32 percent more responses than the no-therapy group. They also mentioned several complaints not reported by the no-therapy group: guilt, indecision, and panic. Stress symptoms reported by a higher percentage of people not in psychotherapy were more diffuse and included confusion, helplessness, nervousness and anxiety.

Unusual stress reactions were reported by 91 percent of the population studied, with those in psychotherapy reporting 15 percent more unusual stress than those not in psychotherapy. Information about the degrees of stress is in Table 3. Of those reporting unusual stress, only six percent stated such stress was mild, while 38 percent indicated that their stress was moderate and 56 percent felt severe stress. Comparison of the therapy and no-therapy groups indicates that both groups felt severe stress. However, those in psychotherapy are 39 percent more apt to feel this degree of stress than those not in psychotherapy.

Table 3

Stress Degree

Degrees of Unusual Stress Indicated by People
Attending All Five Courses

Degree of unusual stress reported	Population category according to involvement in psychotherapy							
	Total population (<u>n</u> =140)		Therapy (<u>n</u> =57)		No-therapy (<u>n</u> =48)		Unknown (<u>n</u> =35)	
	#	%	#	%	#	%	#	%
None	13	9	1	2	7	15	5	14
Yes:	127	91	56	98	41	85	30	86
Mild	8	6	2	4	5	12	1	3
Moderate	48	38	18	32	17	42	13	43
Severe	71	56	36	64	19	46	16	54

Symptom Checklist

Responses per item.

The 15 top-ranked items from the symptom checklist are reported in Table 4. Only those symptoms which respondents reported as bothering them "quite a bit" or "almost all the time" were computed. Twenty-six symptoms which were considered bothersome by less than 20 percent of the population have been omitted from the table. Most respondents indicated that they felt unhappy (68%) or "blue" (65%), with those not in psychotherapy reporting 28 percent more unhappiness than those in psychotherapy. Although worrying about the future is the second highest ranked symptom of total population (67%), it is ranked first by those in psychotherapy. Compared to the no-therapy group, 37 percent more people in therapy fear being single and 20 percent more feel they have failed. Thus, it appears that those in psychotherapy are more bothered by specific worries or fears, but are less apt to be unhappy, to blame themselves or to feel they are no good. They also tend to have fewer difficulties with crying, tiring easily, or feeling intense anger. (These symptoms were reported 20 percent more frequently by those not in psychotherapy.) Symptoms that bothered slightly more than ten percent of the population were frightening dreams, suicidal thoughts, and more drugs or medications than usual.

Table 4

Symptom Checklist

Number and Percentage of Responses by Subjects who Checked Symptom, "Bothers me quite a bit"
or "Bothers me almost all the time"

	Total population ^a			Population category according to involvement in psychotherapy							
	(n=97)			Therapy (n=44)			No-therapy (n=41)			Unknown (n=12)	
	Rank	#	%	Rank	#	%	Rank	#	%	#	%
Feeling unhappy	1	66	68.0	3	26	59.1	1	31	75.6	9	75.0
Worrying about future	2	65	67.0	1	30	68.2	3	28	68.3	7	58.3
Feeling blue	3	63	64.9	2	27	61.4	2	29	70.7	7	58.3
Afraid of being single	4	48	49.5	4	25	56.8	8	17	41.5	6	50.0
Feeling isolated	5	48	49.5	5	22	50.0	4	20	48.8	6	50.0
Feeling "I've failed"	6	45	46.4	5	22	50.0	8	17	41.5	6	50.0
Nervousness	7	44	45.4	7	20	45.5	5	19	46.3	5	41.7
Feeling left out	8	43	44.3	7	20	45.5	6	18	43.9	5	41.7
Blaming myself	9	40	41.2	9	17	38.6	6	18	43.9	5	41.7
Intense anger	10	38	39.2	10	15	34.1	8	17	41.5	6	50.0
Crying easily	11	36	37.1	10	15	34.1	8	17	41.5	4	33.0
Tiring easily	12	28	28.9	12	12	27.3	12	13	31.7	3	25.0
Feeling "I'm no good"	13	27	27.8	13	11	25.0	12	13	31.7	3	25.0
No energy	14	27	27.8	13	11	25.0	14	12	29.3	4	33.3
No hope for future	15	20	20.6	15	10	22.7	15	8	19.5	2	16.0

Note. This table displays the fifteen most checked items on the symptom checklist. Responses of "have not had this complaint" or "bothers me a little bit" were considered insignificant for this purpose and were not included.

^a These respondents were 97 out of the 126 reporting concerns who also filled out symptom checklists.

The somatic symptoms listed on the symptom checklist bothered only a few of the respondents, averaging only 8.4 responses per item. Fewer than ten percent of the population reported experiencing the somatic complaints indicated on the checklist. The other symptoms that bothered ten percent or less of the population were excessive drinking, lack of support from friends, and difficulty in getting along with friends.

Scores per person.

In computing symptom checklist scores for the 63 people from the winter 1978 course, all responses that indicated that the respondents were in any degree bothered by these symptoms are included. As shown in Table 5, with a possible score of 120 points, the mean score for the total population is 34.35. (The mean is slightly lower for those not in therapy.) The 36 people who attended the final session were retested, resulting in a mean score of 22.75, or a decrease of 34 percent. Both the therapy and no-therapy groups had similar score decreases. Those who did not remain for the sixth class had the same initial mean scores as those who did remain. The primary difference between the individuals who remained compared to those who did not was that those who remained tended to be in the no-therapy group, while at least 44 percent of the therapy group was not present at the final class. This number is only an approximation,

Table 5

Symptom Checklist

Mean Total Scores for People Responding to all
Degrees of being bothered by These Symptoms

Time at which symptom check- list was administered	Population category according to involvement in psychotherapy			
	Total population	Therapy	No-therapy	Unknown
Pretest - Winter 1978 (n=63) (Therapy n=28) (No-therapy n=26) (Unknown n=9)	34.35	36.21	32.50	33.89
Test - Third meeting Summer 1978 (n=27) (Therapy n=16) (No-therapy n=11) (Unknown n=0)	30.31	28.20	33.18	-
Winter 1978 Pretest of those who did not remain until last class ^a (n=27) (Therapy n=10) (No-therapy n=9) (Unknown n=8)	34.41	38.50	33.00	30.87
Comparison of scores for those who remained and were given both tests (n=36) (Therapy n=18) (No-therapy n=17) (Unknown n=1)				
Pretest	34.31	34.94	32.23	
Posttest	<u>22.75</u>	<u>22.88</u>	<u>20.88</u>	
	11.56	12.06	11.35	
Decrease	34%	35%	35%	

^a Population decrease from first to sixth class is due to attrition and absences.

since it is now known how many of the eight individuals who did not indicate their therapy status were among the seven people who did not remain for the last class. The scores for the 27 respondents from the summer 1978 course, which were also computed to include any degree of being bothered by the symptoms, are also shown in Table 5. The mean score for these individuals, who were tested at the third class meeting, is 30.31, which is consistent with that of the winter 1978 course members. However, for the summer 1978 class, the mean score for the therapy group was lower than the no-therapy group.

MMPI D30 Scale

The MMPI D30 scale mean score for the population of 45 to whom this test was administered is 12.38. This score is higher for those in psychotherapy (12.52) than for those not in psychotherapy (12.17). There is no stated mean in Paul Dempsey's (1964) report of D30 scale results; however, the mean score of his depressed sample of hospitalized patients is approximately 14. Dempsey indicates that only about three percent of his normal sample scored as high as the mean score of the hospitalized patients, which in t score terms occurs very close to 70. In the current study of the impact of divorce, the mean t score is 65, with 44 percent of the subjects obtaining as high a score as Dempsey's severely depressed population.

These results are shown in Table 6. Subjects who were available for retesting dropped 20 percent in their D30 mean scores, with those in psychotherapy showing a larger decrease. People who had lower depression scores on the pretest and who were not in psychotherapy tended to drop out of the course before the final meeting. These results are shown in Table 7. Results of the MMPI D30 scale indicate that people attending the divorce courses tended to score between Dempsey's normal and depressed groups, but much closer to the depressed group.

Table 6

MMPI D30 Scale Mean Scores

Number and Percentage of Those Attaining Same Mean
Score as Dempsey's Depressed Sample

	Population category according to involvement in psychotherapy					
	Total population		Therapy		No-therapy	
	#	%	#	%	#	%
Pretest (<u>n</u> =45) (Therapy <u>n</u> =27) (No-therapy <u>n</u> =18)	20	44	13	48	7	39
Posttest (<u>n</u> =21) (Therapy <u>n</u> =11) (No-therapy <u>n</u> =10)	5	24	2	18	3	30
Decrease		45		62		23
Pretest of those who did not remain until last class ^a (<u>n</u> =24) (Therapy <u>n</u> =16) (No-therapy <u>n</u> =8)	9	37	7	44	2	25
Comparison of scores for those who remained and were given both tests (<u>n</u> =21) (Therapy <u>n</u> =11) (No-therapy <u>n</u> =10)						
Pretest	11	52	6	54	5	50
Posttest	5	<u>24</u>	2	<u>18</u>	3	<u>30</u>
Decrease	6	54	4	67	2	40

^a Population decrease from first to sixth class was due to attrition and absences.

Table 7

MMPI D30 Scale Mean Scores

	Population category according to involvement in psychotherapy		
	Total population	Therapy	No-therapy
Pretest (<u>n</u> =45) (Therapy <u>n</u> =27) (No-therapy <u>n</u> =18)	12.38	12.52	12.17
Posttest: (<u>n</u> =21) (Therapy <u>n</u> =11) (No-therapy <u>n</u> =10)	10.38	9.36	11.50
Decrease	2.00 (16%)	3.16 (25%)	.67 (5%)
Pretest of those who did not remain until last class ^a (<u>n</u> =24) (Therapy <u>n</u> =16) (No-therapy <u>n</u> =8)	11.54	12.56	9.50
Comparison of scores for those who remained and were given both tests (<u>n</u> =21) (Therapy <u>n</u> =11) (No-therapy <u>n</u> =10)			
Pretest	13.00	12.45	13.60
Posttest	<u>10.38</u>	<u>9.36</u>	<u>11.50</u>
Decrease	2.62 (20%)	3.09 (25%)	2.10 (15%)

^aPopulation decrease from first to sixth class was due to attrition and absences.

As described in Chapter II, MMPI D30 depression scale score information for the 45 people who took this test (the summer 1978 population) was correlated with other variables. These correlations appear in Table 8.

Table 8

A Correlative Matrix Showing the Relationship Between Stress Degree, Symptom Score, and D30 Scale Score for All Subjects

	Stress degree	Symptom score	MMPI D30 pretest	MMPI D30 posttest	Gain score
Stress Degree	1.0000 (0) <u>s</u> =0.001	0.3110 (26) <u>s</u> =0.016	0.6230 (45) <u>s</u> =0.001	0.5347 (21) <u>s</u> =0.006	-0.0278 ^a (21) ^b <u>s</u> =0.456 ^c
Symptom Checklist Score		1.0000 (0) <u>s</u> =0.001	0.5872 (26) <u>s</u> =0.001	0.7418 (18) <u>s</u> =0.001	-0.1857 (18) <u>s</u> =0.254
MMPI D30 Pretest Score			1.0000 (0) <u>s</u> =0.001	0.7355 (21) <u>s</u> =0.001	0.3918 (21) <u>s</u> =0.054
MMPI D30 Posttest Score				1.0000 (0) <u>s</u> =0.001	0.4312 (21) <u>s</u> =0.037
Gain Score					1.0000 (0) <u>s</u> =0.001

Note. Code refers to numbers for all categories.

^a Pearson "r" value.

^b n, or number of cases.

^c Probability level.

There was a strong positive relationship between all variables considered except for stress degree and symptom checklist scores.

Correlations to those subjects in therapy and those not in therapy were assessed. This information appears in Tables 9 and 10, respectively.

Table 9

A Correlation Matrix Showing the Relationship Between Stress Degree, Symptom Score, and D30 Scale Score for Those in Therapy

	Stress degree	Symptom score	MMPI D30 pretest	MMPI D30 posttest	Gain score
Stress Degree	1.0000 (0) <u>s</u> =0.001	0.3110 (26) <u>s</u> =0.061	0.6230 (45) <u>s</u> =0.001	0.5347 (21) <u>s</u> =0.006	-0.0278 ^a (21) ^b <u>s</u> =0.456 ^c
Symptom Checklist Score		1.0000 (0) <u>s</u> =0.001	0.5872 (26) <u>s</u> =0.001	0.7418 (18) <u>s</u> =0.001	-0.1857 (18) <u>s</u> =0.254
MMPI D30 Pretest Score			1.0000 (0) <u>s</u> =0.001	0.7355 (21) <u>s</u> =0.001	-0.3918 (21) <u>s</u> =0.054
MMPI D30 Posttest Score				1.0000 (0) <u>s</u> =0.001	0.4312 (21) <u>s</u> =0.037
Gain Score					1.0000 (0) <u>s</u> =0.001

Note. Code refers to numbers for all categories.

^aPearson "r" value.

^bn, or number of cases.

^cProbability level.

Table 10

A Correlation Matrix Showing the Relationship Between Stress Degree, Symptom Score, and D30 Scale Score for Those Not in Therapy

	Stress degree	Symptom score	MMPI D30 pretest	MMPI D30 posttest	Gain score
Stress Degree	1.0000 (0)	0.3268 (11)	0.5710 (18)	0.6406 (10)	0.1503 ^a (10) ^b
	<u>s</u> =0.001	<u>s</u> =0.163	<u>s</u> =0.007	<u>s</u> =0.023	<u>s</u> =0.350 ^c
Symptom Checklist Score		1.0000 (0)	0.3857 (11)	0.7439 (8)	-0.2029 (8)
		<u>s</u> =0.001	<u>s</u> =0.121	<u>s</u> =0.017	<u>s</u> =0.331
MMPI D30 Pretest Score			1.0000 (0)	0.5939 (10)	-0.6100 (10)
			<u>s</u> =0.001	<u>s</u> =0.035	<u>s</u> =0.041
MMPI D30 Posttest Score				1.0000 (0)	0.3553 (10)
				<u>s</u> =0.001	<u>s</u> =0.174
Gain Score					1.0000 (0)
					<u>s</u> =0.001

Note. Code refers to numbers for all categories.

^a Pearson "r" value.

^b n, or number of cases.

^c Probability level.

In comparing the therapy and no-therapy correlation matrices, differences were observed in the following correlations:

For the therapy group:

$$r_{\text{symptom checklist score - MMPI D30 score}} = .819.$$

For the no-therapy group:

$$r_{\text{symptom checklist score - MMPI D30 score}} = .386.$$

A t test was used to determine if there were significant differences between the therapy and no-therapy groups on the following variables: stress degree score, symptom checklist scores, pretest MMPI D30 scales and posttest MMPI D30 scales. Statistical procedures were employed to account for unequal group size. In all cases prior tests for homogeneity of variance assumption violated. The .05 level of confidence was used to reject the null hypothesis. The results are shown in Table 11.

Table 11

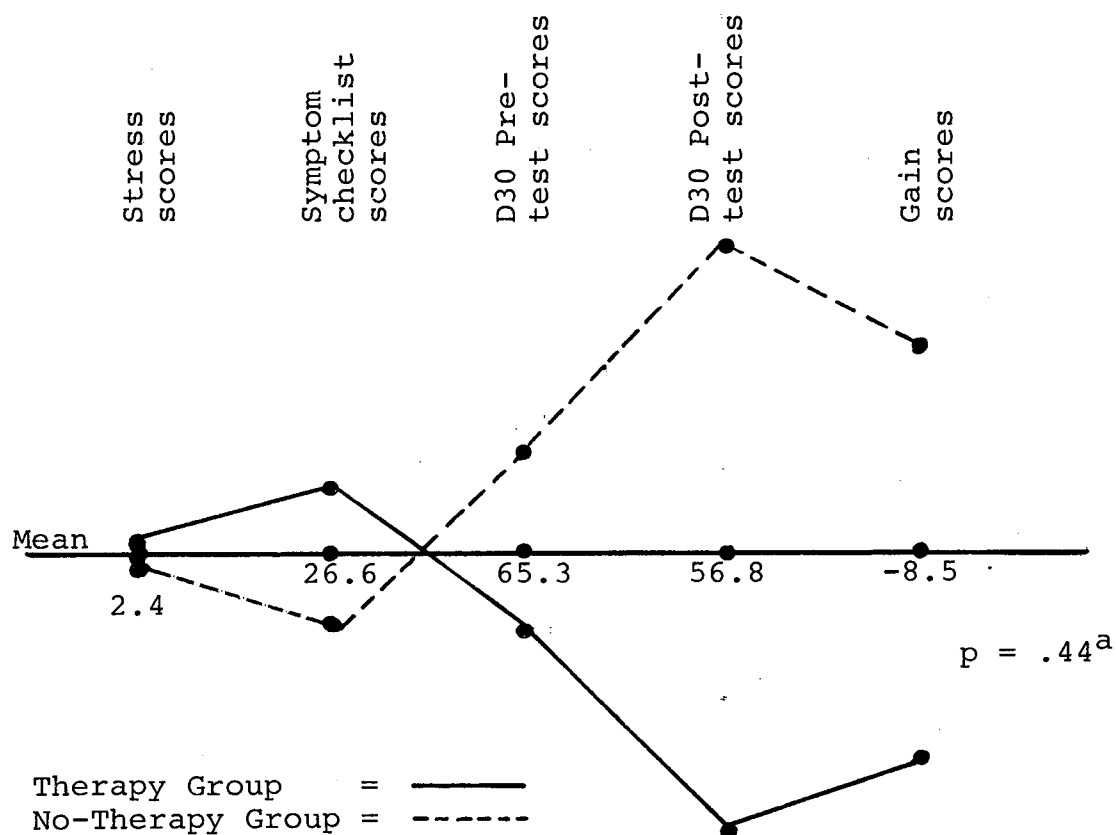
t Test

Variable	Group	<u>n</u>	Mean	<u>t</u>	<u>p</u>
Stress Degree	Therapy	27	2.444	0.96	0.343 ^a
	No-therapy	18	2.1667		
Symptom Checklist Score	Therapy	15	28.2000	-0.66	0.519 ^a
	No-therapy	11	33.1818		
MMPI D30 Pretest T score	Therapy	27	65.9259	0.14	0.891 ^a
	No-therapy	18	65.2778		
MMPI D30 Pretest T score	Therapy	11	58.8182	-0.80	0.434 ^a
	No-therapy	10	63.9000		
Gain Score	Therapy	11	- 8.8889	-0.34	0.739 ^a
	No-therapy	10	- 7.1111		

^aNot significant at the .05 level.

As can be seen from the above table, no significant differences between mean group scores were observed.

A discriminant profile analysis was used to determine if the combination of variable scores on all subjects, when considered simultaneously, would indicate a significant difference between therapy and no-therapy groups. The .05 level of significance was established. The results of this analysis are reported in Figure 1.



^aNot significant at the .05 level.

Figure 1. Discriminant profile analysis of variable scores for all subjects

As can be seen from Figure 1, there was no significant difference between score profiles for the therapy and no-therapy groups.

Case Material

Information obtained through follow-up interviews with 17 class members augments the facts already obtained through their responses to questionnaires, symptom checklists, and MMPI D30 depression scales. Information obtained from their participation in class group discussions is incorporated into the case material reported below. A synthesis of all this information is offered in the following manner: Information from each of the eight people seen in individual interviews is presented in "vignette" form. Names and other identifying facts about each of these subjects have been disguised to protect the privacy. Information about the nine additional class members who participated in the group interview follow-up meeting is presented in composite form following the vignettes.

Case reports.

Vignettes include information about subjects' concerns, stress responses, personal and marital histories, and psychotherapeutic histories. Additional information about subjects' coping abilities, symptomology, and psychodynamics is reported for those who were seen in psychotherapy.

"Marcia"

Marcia is a 37-year-old teacher, divorced for a year and a half from her executive husband. She feels like "a liberated woman," and she made the decision to leave her husband, whom she felt was rigid and unwilling to see her become more of an individual in her own right. The couple has one child, a daughter, who is in junior high school. Marcia's primary concern in coming to the class was to obtain a better understanding of the kinds of reactions people have as they go through the divorce experience; she felt the information would enable her to more fully enjoy the dating relationship with which she was involved. She was not feeling particularly stressed at the time of entering class, and she mentioned that her former therapy had helped her when she was depressed. However, she was still angry with her former husband, overprotective of her daughter, and afraid of repeating the kinds of mistakes that had led to the divorce. She found the class helpful in providing suggestions for dealing with her daughter, in increasing her understanding of what she and her husband had contributed to the divorce (which, she felt, removed some of the blame from the situation), and in cautioning her not to become too quickly involved with someone else while still trying to understand herself better. Marcia felt that her past therapeutic experience helped her to be able to negotiate the marital separation

and divorce. During this therapy, she apparently became more cognizant of the way in which her history may have influenced the difficulty she was experiencing during this post-divorce period.

Marcia was the only child of a European couple who came to this country shortly before her birth. She feels that she was the typical partially acculturated youngster who tried to accommodate to two cultures in her growing up--the more traditional one of her parents and the other culture of the United States. She tried to please both her parents and her peers, often at great cost to herself, but apparently with considerable success. She feels that her relationship with her husband was perhaps somewhat like her relationship with her father, whom she was always trying to please. However, she felt that in making this attempt, she had frequently negated her own individuality.

Marcia requested inclusion in a continuation group, primarily to help her avoid the kind of mistakes she had made in the past. She expressed eagerness to form new male-female and female-female relationships which she could enjoy without feeling the guilt she often felt in former relationships. She felt she had not resolved her rage toward her husband, and desired to do so in a group. She expressed a need for support from others in her quest toward liberation. Since the continuation group was not available, Marcia began individual therapy. She worked

primarily on separation-individuation issues, feeling she had never really functioned autonomously. Recognizing how her dependency upon her parents was repeated in the marital relationship, in which her husband tended to be domineering and make all the decisions, she struggled with gaining a better understanding of why she had allowed this to happen. As this occurred, she concurrently experienced a diminishing of anger toward her husband. She gradually became able to make more decisions, and to feel less anxious and guilt-ridden about doing so. For example, rather than continuing to overprotect her daughter, she began to expect more age-appropriate types of behavior from her. For the first time ever, she went on a vacation with some friends; she decided to take dancing lessons, something she had always wanted to do, but of which her mother strongly disapproved; she dated a man who insisted that she make her own decisions about the degree of sexual involvement she wanted with him, rather than coercing her into a relationship she would resent, which she had experienced with her former partners. As Marcia began to feel pleasure from her newfound types of experiences, and as she began to be more comfortable with her daughter's increasing happiness and independence, she decided to terminate therapy.

"Ann"

Ann is a fifty-year-old, tall, attractive mother of four children. She has been divorced for two years after a thirty-year marriage to a revered minister in a small town in Canada. She came to Los Angeles to "establish herself." The concerns which motivated her to attend the divorce course were extreme anxiety at being alone and single, and somatic complaints (backaches, muscle cramps, dizziness, etc.), which doctors have told her were not of physiological origin. She felt a lot of rage at her husband for not satisfying her needs, therefore necessitating her decision to obtain a divorce. She felt that attending the course had helped her better understand these issues in herself and recognize (to some degree) her participation in her marital difficulties. In addition, she felt that the class had helped her to see that there had been a long history to the breakup of her marriage; the dissolution had actually begun several years prior to her separation, as evidenced by the onset of severe somatic complaints and depression.

Ann was reared by an uneducated mother who depended very much on her and her older brother to take care of the younger siblings, products of subsequent marriages. Her father, who was very wealthy, left her a large estate, which was often a source of jealousy by her mother. Ann felt deprived of her mother's love and affection, as well

as that of her father, and always felt that she had to be the one to take care of others. This feeling was increased as her older brother became more distant from the family and left her to be her mother's sole helper. Ann went away to college in an attempt to find a life of her own. It was in college that she met the man to whom she later was married, and whom she then put through pastoral school. She remembers being happy at that time, marrying, moving to her husband's small home town, and gaining recognition through her marital status. However, in more recent years, as noted above, she became severely depressed and developed the somatic complaints from which she now suffers. The depression subsided with her decision to leave the marriage. This decision occurred at the time her older son left home to marry and her younger son left for college. Ann then came West to reestablish herself as an independent woman. She found gainful employment as a fashion designer, something she had done part time during her marriage. She also has substantial alimony, so that her problems are not financial at this time.

Ann hoped that participation in an ongoing group would help her to feel better and that her dizziness and headaches would subside. She also hoped to use the group as a method of socialization and to find out more about how she could establish new contacts in a new, large community. She had come to recognize the severity and

longevity of her symptoms as indicative of a problem she should deal with, and hoped that group participation might help her to do this. Since group was not currently available to her, Ann began individual psychotherapy. In this therapy, she gained some understanding of her longstanding rage at her mother, the way she had tended to repeat aspects of this relationship in her marriage, and her intense need to maintain control over this rage. She also worked on achieving some separation from her earlier role of having to be the "caretaker," so that she could attain more satisfaction in her new autonomous functioning. She desired to handle her finances more adeptly, to form new relationships, to function with less concern for what "proper" behavior is, and to become more successful career-wise. She expressed deep concern about wanting a man to "take care of her," and to be able to have this happen in a sharing way. Since her dependency conflicts are very severe, she will probably need to work on these issues for a long time.

"Barry"

Barry, a successful thirty-year-old attorney, was married for eight years and has three small children. His wife, a teacher, worked actively through the last several years of their marriage and was, according to Barry, too dependent upon him. He decided to leave her in order to

have more freedom and less responsibility. He felt quite sure that he could provide adequate financial support for his wife so that she would not need him any longer. He came to the course because his therapist had recommended he do so in order to better understand his reactions to his separation. He said that he had been unhappy at the time he had decided to leave the marriage (only two weeks prior to his attending class), but that he was getting along well now. He added that the separation had been difficult logistically, but not emotionally. The primary benefit he felt he had derived out of coming to the class was his admission that he was now single, about which he now felt quite comfortable. He had not been in therapy until recently, when he had contacted a therapist at his wife's urging because his wife saw his request for a marital separation as indicative of his having a mental breakdown.

Barry was reared in Los Angeles by a middle-class family who had always expected him to do well. He had found that in order to pursue his own interests, which were often different from those suggested by his family, he had to do so quietly; thus he had achieved his independence at the price of constant guilt over what he fantasied would be his parents' disapproval. In reality, most of his achievements fit within the realm of his parents' demands. He had continued this pattern

throughout his marriage, feeling he had pursued his career and his marital obligations according to the wishes of both his parents and his wife. He said that early in the marriage he had wanted a wife who would be very dependent upon him, and willing to help him achieve his plans. As he had achieved a degree of comfort with himself and with his career, he no longer needed his wife to help him feel confident about himself. Therefore, he wished to leave the marriage and experience a freer life situation (an adolescent type of individualization) which he felt he had missed out on because of his very early assumption of marital and parental responsibilities. He had never desired therapy for himself, and continued treatment only briefly in order to be sure he was doing the "correct thing for himself" and to appease his wife. He said he hoped she would do well without him, and that she would be able to make a good adjustment to his absence. As soon as his wife appeared to feel more comfortable about her new experience as single, he terminated his treatment. He seemed freed by her growth to pursue his own interests without guilt.

"Phyllis"

Phyllis is a 41-year-old woman who separated from her husband of 12 years one week prior to coming to the divorce course. She has two children, is a professional

counselor, and is currently finishing a graduate program in the counseling field. Her husband, who is an educator and sports enthusiast, is currently pursuing social experiences in bisexuality. The marital separation came about by mutual agreement since he and Phyllis agreed that because of his bisexuality, they could be friends, but no longer marital partners. Phyllis is concerned with getting insight into how to understand her role in the decline of the marriage, as well as how to handle her children and pursue her career at this time. She found the class very useful in both of these areas and was appreciative of the group support it offered. She was also pleased with the opportunity it gave her to better understand the reactions to the divorce she could anticipate by herself and her two children.

Phyllis is from a very rigid Catholic family in the mid-West. Her parents were divorced when she was an adolescent. She felt that her father was a very sensitive man (as was her husband) but quite inadequate compared to her mother, who was very strong and domineering and whom she does not wish to emulate. At age 27, the time of her engagement, she was still virginal. A quality she most appreciated in her husband was his lack of insistence of premarital sex. She now feels that it was significant that she became physically ill at the time of her engagement. She wonders whether this illness was her way of

attempting to warn herself of the inadvisability of marriage. Phyllis and her husband both worked to put each other through school. This seemed to satisfy them both, and provided an opportunity for each of them to pursue their own individual interests. Three years ago, Phyllis became concerned about the quality of her sexual relationship with her husband. She wasn't sure what was wrong, and entered counseling to help clarify what the difficulties might be. As a result of this counseling, she decided that the difficulties might be irresolvable, but it was only recently that she and her husband decided to terminate the marriage so he could be free to pursue another type of lifestyle. Phyllis expressed a desire to enter psychotherapy in order to better understand her own sexuality. She recognizes that she may have some difficulties that permitted her to enter and to tolerate a relationship in which sexual problems were evident from its inception. She also is concerned about her sexuality in terms of her role with her two daughters, although she felt that being in the continuation group would help her to deal with these issues. She did not enter group or individual therapy.

"Elaine"

Elaine is a 48-year-old woman who has been married for 20 years and has one child, who is now away at college.

She and her husband, who is an attorney, are still living together. She has consulted divorce attorneys three times in the past several years, each time filing for marital dissolution, then cancelling the action before her husband even knew about it. She has been greatly dissatisfied with the marriage and feels that she has "gotten nothing." The fact that there has been no sexual activity between her and her husband for 19 years is indicative of this type of lack of satisfaction. She is also very dissatisfied in terms of her peer relationships, feeling that she does not have meaningful relationships with friends. She is unsure how she will support herself if she divorces. She was an escrow officer prior to the marriage, but has not worked for 20 years. She currently attends courses to find some career ideas. Although she feels the need for help, she is unable to clearly identify her areas of concern. She is feeling extremely anxious and depressed, and has resorted to an increased amount of alcohol consumption.

Elaine grew up in a small town in the East, the youngest in a large family. Her parents never got along well; they divorced and remarried each other three times. She dislikes her parents, considering them both inadequate people. She becomes enraged when she even thinks about the deprivation she faced through her childhood. She believes that the reason she married her husband was

because of her hope that she would become part of his close family. She has never found herself accepted as an integral part of his family and feels that she continually has been rejected by them.

Elaine has been in therapy several times, never remaining more than a few months. In any one-to-one relationship she becomes dissatisfied and distrustful of the other person. She finds some of the classes and some of the things she learned from her prior therapists helpful to her in her quest to become more assertive. She feels that she has always gone along with things her husband and family wanted, even when she felt they were demeaning or dissatisfying. The kinds of concerns for which Elaine would like to participate in a continuation group include: how she can finally free herself of her marriage, what she can then do in terms of career opportunities, and how she can improve her relationships to make them more satisfying. She would like to work on these issues in a group, because she recognizes that she becomes extremely uncomfortable in one-to-one relationships. She found the sharing of the class helpful and often quotes what others have said about life situations which are similar to hers. She wonders why she herself cannot adjust as others are doing.

Elaine elected to enter psychotherapy, something she had tried earlier for six months, but from which she felt she received little help. She said she was not optimistic

that "this" could help, but felt so upset, that she had to do "something." Treatment with Elaine revealed a highly disturbed woman who had never separated herself from her family of origin. She is tied to them through her continued rage at the deprivation and degradation she sees them as having caused her. She is stuck in her marriage, unable to move from the husband for whom she also feels constant hate. This rage, plus her underlying hope for fulfillment, keeps her locked into a sado-masochistic role, which has come to be dissatisfying to her, but from which she cannot separate. In addition, her fears about having to support herself in a world with which she feels unequipped to deal, add to her immobility and confusion. Her primitive sexual identity and fears of possible homosexual desire also increase the tension she constantly feels.

"Mary Ann"

Mary Ann is a 37-year-old, very pretty, but unhappy and confused, mother of three children. Her husband, who is a tax accountant, left home three months ago after what she feels had always been a happy marriage, to "find himself." Since this time she has felt bewildered, isolated, frightened, depressed, and unsure exactly what to do or how to handle anything. Her attendance at the class was her first venture at trying to do something by

herself for herself. She felt proud that she was able to join in the situation in which others, who seemed to feel somewhat similarly, were also participating. Although she feels so upset and confused about what is happening to her, she has not had any therapy nor has she considered the possibility that this might be useful to her.

Mary Ann is from a warm family, the only daughter of two professional people, who have always given her a great deal of consideration and attention. She states that her father has always been the strong one in the family, and she never had to worry about anything. She went through childhood, adolescence and college years with a minimum of trouble and a maximum of good feeling. This same kind of situation continued through her marriage, as her husband seemed pleased and desirous of being the controlling person. He handled all decision making, including decisions about the children and the finances. Mary Ann had "dabbled" in art, and often helped her husband and his friends entertain business acquaintances and decorate their offices. In the meantime, she did nothing about pursuing a career for herself. She felt entirely satisfied over the period of their 15-year marriage with being devoted to her husband and rearing their three children.

Mary Ann expressed interest in being in a discussion group in order to better understand her own reactions.

She felt overwhelmed by the tasks necessitated by her husband's absence: caring for her three children, arranging for the repairs and maintenance of her house, and making any social plans. She plaintively said, "Do others go through this? It feels terrible. I don't deserve this!" She hoped that a group could help her deal with these issues, as well as help her overcome her anger, which she felt was immobilizing her in her efforts to cope effectively. She also wanted to use a group to overcome her feelings of isolation and loneliness.

After attending a therapy group for only a few sessions, Mary Ann dropped out. This abrupt and premature termination seemed to occur just as the group was beginning to help her focus on her reluctance to face any difficult issues in her life. As she had told the group members how her parents had always taken such "good" care of her, and that she never had wanted to displease them, it became evident that she had had little practice in decision making or establishing her own set of values. She had never considered alternative behaviors to those set by her parents or her husband. For example, she hated the house in which she was living, but remained there because her husband had decided (and still felt) it was the best place for her and the children. She still gave him all the bills to pay, and refused to even consider how much alimony she might need to take care of

her own financial needs. As the group questioned her handling of these issues, she stopped coming to meetings.

"Nat"

Nat is a 38-year-old man, married for the past 11 years and father to three children. He and his wife are still living together and he is experiencing little stress with the situation, feeling confident that the arrangement they have agreed upon (in which he will soon leave to live with his new girlfriend, taking his children with him so his wife can be free to pursue her school plans) is quite satisfactory. He came for an appointment only because the therapist requested he do so in order to help his wife, who seemed to be in crisis over the planned separation. He indicated that he felt no stress, was pleased with the arrangement that he and his wife had made, and felt that the future plans were suitable. He stated that he had attended the class only to help his wife with her stress. His wife, a teacher, was in graduate school and functioning very well on her job. However, she has suffered depression and confusion as a result of the soon-to-happen separation.

Nat was the youngest of three children. He grew up in a small mid-West town and came West to pursue his career in the business world. He has been relatively successful and helped support his family, who still live

in the small town where he grew up. In the course of his business he became acquainted with a young woman who he feels needs him and will be a good mother to his children, thus freeing his wife to pursue her career, and offering the kind of companionship he would like.

"Sally" (wife of Nat)

Sally, a 33-year-old special education teacher, the wife of Nat, is the mother of three children. She still lives with her husband, who is planning to leave shortly to live with his girlfriend. According to their mutual agreement, he will take the children with him and she will have them visit on weekends. This will allow her to continue her graduate studies and offer the children mothering by a woman who will have more time to be with them. Sally has been extremely depressed and confused. Her husband insisted she enter therapy. She seems to be functioning well in her demanding work situation, in which she is competent in working with very disturbed children. Sally attended the class at her husband's urging, since he was concerned about her behavior and eager to have her feeling well and able to function well as he proceeds with his move. She feels that the class helped her to recognize that she was reluctantly going along with her husband's plans, but secretly hoping that he would not leave; she feared she would "rock the boat"

by any refusal to go along with the arrangements they had made. She feels the class has also been helpful to her in determining that she is not "a bad mother," as she has been led to believe by her husband and his girlfriend. She sees that some of her children's recent disruptive behavior may be related to their discomfort with the marital situation.

Sally was reared in the mid-West, the oldest of several children, in a very religious and traditionally oriented farming family. She went away to school to become a special education teacher because she enjoyed helping children, particularly those who had severe problems. While at school, she met and married Nat. They moved to Los Angeles to pursue their careers and establish a family of their own. She has combined the rearing of her three young children with her career by scheduling her work hours so that she or her husband was at home with the children at all times. This has allowed them to have and save a great deal of money, to make several good investments through which they have accumulated a sizable estate. On the other hand, it has given them little opportunity to do things together as a couple or little time for social activity. During the last six months, Sally noticed that her husband seemed more distant and had numerous unexplained absences from the home. He recently told her that he had found a companion for himself

and was planning to leave her. The current crisis is due to the fact that these plans will come to culmination in one week; he will leave, but there is no divorce planned. In response to her severe depressive reaction, he has helped her to find therapy. She indeed has seen several therapists, but does not wish to continue with any of them. She doesn't trust them and finds each one insensitive to her feelings. In addition to her growing feeling of desperation as the leaving date approaches, she reports a new recognition that perhaps her husband is the one who is disturbed rather than she herself.

Sally sees her dilemma as one with which she needs help. and is fearful of her husband's response to her refusal of his plans. She would like individual treatment for the time being, as well as conjoint sessions if her husband will participate in these.

Group interview.

A group meeting was held with nine members of the summer 1978 course one week following the last class. These people had volunteered to participate in a follow-up discussion about the impact of their divorces, particularly about the concerns and stresses they had been feeling. In addition, they were interested in having feedback on the purpose and findings of the study, particularly as it was relevant to the forms they had filled

out during the course they had just completed. Two men and seven women attended the group. They were at varying stages of divorce: one woman was still attending conjoint therapy sessions with her husband in an attempt to reconstruct the marriage; one man had been divorced for three years. Some of the group members were extremely depressed, having MMPI D30 scores at the top of the class range; others had scores near the class norm; a few people scored very low on the scale. The group seemed to be a composite of variables seen with all class members. It was atypical in that these people demonstrated an interest in pursuing discussion of the issues which had been mentioned in the classes.

Initially, the primary interest of the group members was to get to know each other and to find areas of mutual interest. Several individuals had attended a weekend for singles, about which they had heard from someone who visited the class meeting. As this was discussed, they began to share how proud they were at having been able to attend the divorce course which, for several, had been the first attempt at trying a new experience by themselves. As they talked about how this had felt to them, it became clear that they had had at least two major purposes in taking the course. One was the obvious one of finding companionship, which was a desire they stated on the questionnaire. Another, which some had had difficulty

clarifying for themselves previously, was to see what it meant to be single. Several people expressed having only married friends, and having only rather bizarre concepts of what a "divorced person" was like. They were frightened that they would become either the discarded single or swinger type of divorcee, the only images they could remember seeing or hearing about (mostly in the movies or on television). They wanted to find other people to do things with to help them overcome their loneliness. They had deep concerns over how they should act as a single person. Some of them had withdrawn from friends, and expressed discomfort at being with married people. Others still felt very much accepted by their friends, but still wanted some single friends to be with at certain times. They also expressed a fear of dealing with any additional losses, and were fearful of alienating any friends.

Another issue which became clear in this discussion was that of psychosomatic problems. Although most of these people had not checked off that they were particularly bothered by somatic problems, they became more cognizant of the increase they had had in health problems during this stressful time. One woman described having several surgeries during recent years, and reported having greatly improved health since deciding on the divorce. She now wonders if her gall bladder problems might have

been stress-related. A man described his hospitalization for bleeding ulcers; it was not until he found himself facing possible surgery and large medical bills that he finally recognized the degree to which he felt his wife's inattention and the futility of remaining in the marriage. Several people mentioned less severe physical problems that plagued them. Many people indicated an upsurge in dental problems during this time.

Group participants, as well as the rest of the population, were interested in finding out who suffers more--men or women, "leaver" or "leavee." They seemed to need reassurance that their suffering was normal. Those individuals who had decided on the divorce needed reassurance that they shouldn't feel guilty, that their spouses were also involved in the downfall of the marriage, and could be expected to recover from the impact of the divorce. Those who were "left" wanted reassurance that they would recover and that their spouses were probably not having such an easy time either.

The group members expressed gratitude for having been part of the class and a desire for future help and companionship of some type. Those not in psychotherapy seemed somewhat more at a loss as to how to find this.

CHAPTER IV

Discussion

Impact of Marital Dissolution

One of the theoretical bases for this study is that people going through marital dissolution or divorce experience tremendous stress due to the losses and life changes involved. This theory is supported by the fact that 91 percent of the total population stated they were experiencing an unusual degree of stress and 68 percent indicated they were bothered quite a bit or almost all the time by feeling unhappy. In addition, when the mean scores on the MMPI D30 Depression Scale were compared with those of a hospitalized group of depressed patients studied by Dempsey (1964), it was found that almost half of the divorced population to whom the MMPI D30 Scale was administered scored as high as the hospitalized patients. The high scores are especially significant in light of Dempsey's findings that only three percent of the "normal" population scored as high as the severely depressed population.

These findings indicate that clinicians dealing with people going through divorce could justifiably expect to be faced with a highly depressed population. The data

gathered during this survey agree with the findings of Waller (1930), Goode (1956), Weiss (1975, 1976), and Hunt and Hunt (1978) about the severe impact of divorce. These data also support the observations of most crisis theorists, who maintain that depression is often a normal part of the grief process. They do not support the contention by Simos (1976) that depression need not be a part of normal grieving. It is possible, however, that the population studied may tend to be more depressed than the population of divorced people who did not attend the extension classes. The depression itself may have contributed to the desire to attend such classes. Overbeck's (1977) conclusion that life stresses are an antecedent to an individual's decision to seek mental health services may also apply to seeking help through an educational class.

Crisis theory suggests that people going through marital dissolution will probably experience disruption of their normal coping mechanisms. Responses to the unusual adaptations necessitated by the numerous and complex life changes involved could be expected to include unusual stress symptoms such as severe depression. They could also include numerous concerns, both major and minor. The simultaneous adaptations inherent in marital dissolution are unique and complicated. They involve grieving over multiple losses, assuming new roles and responsibilities as a single adult, and functioning within what may be a

diminished social and financial support system. In addition, the current situation of adapting to separation and loss may exacerbate earlier unresolved separation issues. Thus, one has a new and a valuable opportunity to explore and, hopefully, to achieve further resolution of these old conflicts or traumas.

Losses: "real," "fantasied," and "psychological."

Losses experienced by people going through divorce can be seen as "real," "fantasied," or "psychological." Each type of loss requires a difficult adjustment and contributes to the grief people feel at the time of marital dissolution. "Real" losses, those which are concrete and easily identifiable, include the marital partner, money, material goods, and sometimes house, friends, and family. For most people the marital partner is the primary loss. Even if the marital partner was considered lacking in many desired qualities, he or she was still an integral part of daily life. Several subjects mentioned that the marital partner was at least someone to come home to or to plan around. In addition, many of the class participants depended upon their partners for numerous decisions and functions. He or she may have helped with financial management, childrearing, home maintenance, and social planning, thus leaving an immense void by his or her absence. Money, often mentioned as a source of concern by subjects, is almost always greatly reduced at the time

of divorce, since assets are generally divided between partners. The impact of this loss is often great, particularly since it is accompanied by concurrent diminishing of material goods. It is also the battleground upon which many arguments and legal fights are held.

Another crucial adjustment that is usually necessitated by a divorce is the changed relationship to one's children. Absent parents often feel, at least early in the separation, that they have "lost" their children. Custodial parents may experience changes that are almost equally profound. In addition to attempting to some extent to fulfill the role of the absent parent, many custodial parents find themselves leaving the home more frequently and for longer periods to work and to involve themselves in new social experiences. Shifts in familial patterns, living arrangements, and sometimes geographic locations often result in loss of friends, neighbors, and a sense of belonging. In-laws sometimes sever relationships after a divorce, which to some people is very painful.

"Fantasied" losses are the "hoped for" and unrealized aspects of the marriage. They are difficult to mourn, since they are usually unclear, and may be a product of the person's yearnings. Fantasied losses include the myths of marriage described by Lederer and Jackson (1968). They correspond to the unreal expectations people have for

their marital partners and marriage relationships. Many of the women who participated in the classes mentioned that they had thought the "right" man could provide all they needed for their happiness. They had expected wealth, security, vacations, etc., much of which never materialized. Some had married people who obviously could not provide any of these things. Nevertheless, they yearned for new partners who could fulfill their dreams. Many of the men had wanted partners who could "make them happy" (which corresponds to the kind of illusion suggested by Shor and Sanville [1978]). The identifying quality of fantasied loss is "if": "if only," "if I had tried harder or longer," "if I had picked the 'right' partner." Some of the fantasied qualities people look for in marriage are culturally induced, such as the importance of finding the "right" person, and the assumption that this person will insure happiness. Other fantasies are created by the particular needs of the individual, which usually culminates in unreal expectations of oneself or one's partner.

"Psychological" losses include the loss of marital status, a homeostatic life situation, and a partner for need-gratification. The loss of marital status is frequently accompanied by disequilibrium in accommodating to a new single role. (Psychological losses can shade into "real" losses: the fact that one is no longer "Mrs. X"

or a "family man" can complicate one's efforts to obtain a financial credit or new job.) Divorce can mean the loss of a particular position in society or within a social group. This aspect of loss of marital status was particularly important to those women who had been married to professional men and had achieved a pseudo-identity through their husbands' accomplishments. In addition, the social guidelines for a married person, although rapidly shifting in this society, are still clearer than those for a divorced person. Finally, the divorced person has lost the types of need-gratification which were provided by the marital partner. Whether such gratifications were appropriate or neurotic, they are, nevertheless, no longer available. In some cases, the ability to manage without these functions may be heralded as a success. Several subjects, for instance, reported having worked hard to free themselves of the need for control, abusiveness, or overdependency by their spouses. Even when this is so, there is need for adaptation by the remaining partner, who must now learn to manage without these functions from the spouse. However, if the functions served by the former partner were still wanted, a considerable amount of grief and anger are aroused by their loss. Adapting to simultaneous losses in all these areas can be extremely taxing. The degree to which an individual is impacted by the dissolution of the marriage may be related to the

number and severity of the losses to which he must adapt, the number and quality of the gains inherent in the situation, and the coping ability of the person involved.

New and increased responsibilities.

The responsibilities resulting from a divorce may include a new or increased obligation to provide one's own financial support, for which some people are ill-equipped. This is particularly true of women, many of whom have never worked, have little or no training for jobs, and do not know how to enter the job market. Some were dealing with re-entry into a job market that had changed since they had retreated into a world of wifedom and motherhood. This dilemma is compounded for those women who have young children whom they do not want to leave with sitters. It is even more serious for those who are older and find themselves competing with younger, better educated, more skilled job applicants. Many women in the classes were coping with these dilemmas. Men, too, were facing additional financial responsibilities, often being called upon to maintain two households instead of one. In addition, whichever parent had child custody had increased responsibilities for child-care. Additional responsibilities for home maintenance, care of elderly parents, etc., often increased the burden. Dealing with such responsibilities is complicated at best, and is made even more difficult by the stress under which recently divorced people operate.

Support systems, which may have included not only the former partner, but also extended family, friends, and social groups, are diminished by a divorce. Although some people still retained close relationships with their former partners' families, most did not. In some cases, their own families disapproved of the divorce and were rejecting. Decreased availability of friends, although not specifically reported as a concern by most people, was still a problem for many. Often, a general feeling of being "out of step" with society by not being part of a couple seemed to hamper the individual's ability to adapt to his or her new responsibilities.

Opportunities for new personality growth.

Clinical observations by this investigator suggest that marital dissolution, although a painful and complex process, can present opportunities for further personality growth. Within this context the individuation process can be viewed as a normal accommodation to a major adult life change, rather than as a pathological or infantile process. Some people seem able to use this experience to achieve feelings of self-assuredness, self-worth, and self-understanding, as well as new mutually satisfying relationships. Conversely, others may react to this time in their lives with an inordinate amount of depression and other pathological symptoms, which impair their ability to achieve any benefit from their experience.

An important factor in the individual's capacity to master tasks inherent in the divorce process is the relative degree to which he or she had previously achieved independence. Some people have developed an ability to share experiences without becoming overly dependent upon their marital partners, and to maintain clear ego boundaries. For these people the transition to making important life decisions without their partners, establishing careers, creating gratifying social relationships, and providing their own financial support is not overwhelming. Those who were somewhat less independent within the marriage may find the transition more difficult, but are still able to cope adequately. On the other hand, the "borderline" adults described by Masterson, who have not completed earlier separation-individuation tasks, may be overwhelmed and may find themselves unable to adequately deal with the depression they experience.

Future research might address itself to the relationship between successful early individuation and successful adaptation to marital dissolution. This could be accomplished by first developing criteria for determining those people who have mastered early separation-individuation tasks, and comparing those who rank high to those who rank low in terms of their relative responses to tasks considered adaptive to marital dissolution.

One of the most important tasks required by marital dissolution is the ability to make decisions about major and minor life issues. Such issues include where to live, when and how to repair something, how to budget one's money and time, with whom to become sexually involved, and how to discipline children. They involve an awareness of one's own needs and abilities, as well as the feeling that one can operate somewhat autonomously. The individual who adapts successfully to the situation must have not only ego strength, but also clear ego boundaries. He must be able to differentiate between his own needs and values and those of others. This type of autonomy differs from the autonomy achieved by the infant who develops an image of the self as an object. (This process is described by Mahler [1968].) Obviously, the functioning adult has already achieved this on an intrapsychic level to some degree, but he may have trouble translating the intrapsychic achievement to adult functioning. Such an individual may have used the marital partner for maintaining ego support, described by Greene (1978), thereby impeding his or her own development. Many people in the divorce courses seemed unable to cope with even the smallest decision, although they were of above average intelligence and experience. Some, such as "Ann," "Elaine," and "Mary Ann," had been so involved in identifying with, and depending upon, their husbands that at times they appeared

to be incapable of adequate autonomous functioning. This impression was countered, however, by the fact that in some areas they functioned very effectively, particularly as they became less depressed.

Several factors appear to mitigate against clinicians having a better understanding of marital dissolution. One issue is social attitude toward the divorcee. The tasks of the divorcing woman are often compared to those of the widow, but in some ways they are even more complex. Widows, in addition to having continued support from sympathetic family members and friends, do not give up their husbands' names or families. Divorcees not only lose this role identity and familial support, but are often viewed as "failures," and may even be considered as threats to their married friends. Bohannon (1970) refers to certain aspects of the divorcee's situation, but primarily from a sociological standpoint. Others such as Edwards and Hoover (1974) address the issue in terms of changing friendships. The loss of role identity may be of less consequence in some newer types of marriage, in which women retain their own names and generally view themselves as relatively independent of their husbands. Within this context, a divorce may result in less narcissistic and social injury. Widows do not have to deal with the same type of personal rejection as do divorcees, for whom the process may be further complicated by the continued presence, in one way

or another, of the rejecting spouse. Frequently the divorcee observes their former partner's attentions to a new partner, thus intensifying their rage at their own deprivation. Finally, widows do not have to cope with the shock and disappointment of finding that the contract which was to be "till death do us part" has been broken.

Stages of divorce at which impact occurs.

It seems clear from the findings of this study that the severe impact of marital dissolution is at least partly explained by the fact that people undergoing this phenomenon are faced with complex and taxing adaptations to both mourning important losses and attempting to function in a new and somewhat unfamiliar role. It is difficult to determine when this impact is the most severe, as marital dissolution is a lengthy process, and different people respond strongly at different times. It seems to this investigator that there are three clearly definable stages of marital dissolution. The first is that described by Despert (1953) as the "emotional" divorce. Class participants referred to this period as one in which they were aware of vague discomforts, physical complaints, or changed behavior by themselves or their spouses. It was a time of "cold war." The marital partners were withdrawing from each other, but neither knew exactly what was wrong, or had seriously considered divorce. Some class members, who were still living with their spouses, were

greatly affected by the distancing and tension of their situations, but were unable to decide whether to separate and/or divorce. They were hoping that the class experience would help them decide what to do. The second stage of divorce, the "legal" stage, seemed for many to be a period of clarification. Although for some individuals, particularly those who had not initiated the divorce, it was a time of increased stress; for others it brought relief. The third stage of marital dissolution, or the "psychological" divorce, as mentioned by Kressel and Deutsch (1978), is a period of disengagement, usually following the legal divorce. During this stage, which few class members had attained, people de-cathect from each other and concentrate upon the individuation tasks already described. For a very few class members, such as "Barry" and "Marie," much of the third-stage process had already occurred during the course of their marriages.

Class members were at varying stages of the divorce process, in contrast to both Weiss's (1975) and Hunt and Hunt's (1977) populations. Weiss limited his study primarily to those who were recently separated, usually no more than one and one-half years, postulating that his "Seminars for the Separated" would be less appropriate for those who had been separated longer. He did not address those people who were still living together and attempting to make a decision about separation. The primary

respondents to the questionnaires prepared by Hunt and Hunt were members of Parents Without Partners, which is a group comprised of people already identifying themselves as single. Results of the present study are based on a population ranging from those who were still living together to those who had been separated up to four years. Difficulty is felt by people at varying stages of divorce, as indicated by the broad cross section of "divorced" people who chose to attend the classes. This finding supports Goode's (1956) conclusion that there appears to be no one time period in which all divorcees undergo great personal disorganization. He adds, however, that the greatest disturbance is often at the time of final separation. It may be that an integral aspect of this disturbance is the recognition that one must now learn to function independently. This is the primary concern expressed by the population in this study, mentioned by one-fourth of those attending the courses as an issue with which they hoped to have help. It would therefore seem that coming face to face with the necessity for establishing a "single" identity is a crucial issue for people considering or attempting to adjust to divorce. It may be that those who made the initial decision to leave their marriages faced some aspects of this issue earlier than did their partners. This might explain why some of the people interviewed appeared to be substantially less impacted than did their

spouses, who had been "left." These observations concur with findings by Hunt and Hunt (1978) that those who leave tend to feel better than those who are left. The "left" people have to deal with feeling rejected, frightened, and angry in addition to mourning their losses and adjusting to a new single identity. "Barry" and "Marcia," for example, both reported having felt a lot of stress prior to telling their spouses they wanted to separate. They described their spouses' initial reactions of extreme distress. Follow-up contact in psychotherapy several months later revealed that both spouses had made good adjustments to their new status, and were feeling at least as good as their partners about proceeding with the divorce. However, they still tended to blame the "deciding" spouses whenever things were not going well for them. Some of those who had made the decision to divorce, such as "Ann," felt that they had been forced by their partners' deficiencies into this course of action. The impact of their divorces was increased by their resentment at "having to" make the decision to be single again. Those who were in psychotherapy during the deciding period, such as "Phyllis" and several of those in the follow-up group, seemed less resentful and more positive toward their new single role.

People who do not seem greatly impacted by divorce.

Findings of this study raise questions about people who appear not to feel unduly stressed during the time of

marital dissolution. Are these people better equipped to cope successfully with the situation? Are they utilizing a larger degree of denial? If so, can they be expected to suffer negative consequences at some later time, perhaps in a less predictable manner? Clinicians are probably less apt to see these people in their offices except at the request of a spouse, such as with "Barry," or under the guise of being helpful to a suffering spouse, such as "Nat." A number of class participants who did not feel unusual stress wanted intellectualized explanations relating to their areas of concern, and may have needed to handle their anxiety through denial. Others who reported little impact at the time of the study but remembered feeling very upset much earlier, seemed to be primarily relieved at ending a long and difficult relationship. Perhaps some people who are not greatly impacted by divorce had married without expecting their marriages to last indefinitely. They may have retained more independent stances within their marriage relationships, and therefore adapted more easily to being single again. However, the population attending the divorce classes did not fall into this category. People who attended the classes had married with the full expectation that their marriage contracts were unbreakable, and that they would have partners upon whom they could depend under almost any circumstances. They had believed in the myths of

marriage: having found the "right person," they assumed they could settle down to lives of bliss, and that even if problems occurred, "love would conquer all."

Future research on those people who seem not to be experiencing unusual stress or depression during marital separation might help clarify some of these questions. The existence of "easy adaptors" raises a number of pertinent questions. What types of adaptation do they actually make to being single or to repartnering? What is the quality of their later relationships? Do they later experience severe depression? Do they experience "ups and downs"?

Relationship of class attendance to symptom reduction.

Findings (shown in Tables 5, 6, and 7) which note decreased depression and fewer bothersome symptoms in those who were tested at the first and last classes indicate that class attendance may be useful for some people in lessening the disturbance they feel during the divorce process. The combination of psychotherapy and class attendance may be even more helpful. Although most people who remained until the final class showed a marked decrease in depression, those who were simultaneously in psychotherapy showed an even greater decrease. It is possible that those individuals in psychotherapy had initially felt more concern about loneliness and more desire for sharing and support, so they may have found that the

sharing aspects of the class experience helped to fulfill this need. Another possibility is that those who were in psychotherapy had an opportunity to deal further with issues which had been raised in class. Results of the MMPI D30 scale indicate that many of the more highly depressed class members whether or not they were also in therapy were much less depressed following the class experience. A discussion of the concerns people expressed and the stress they feel may help clarify some possible reasons for these findings. However, no definitive statements can be made about the effectiveness of the class experience on symptom reduction for two reasons. No information is available on symptom reduction in people who did not attend the final classes, and who therefore were not retested. Also, no control group was established to determine whether symptom reduction might have occurred under other conditions as well.

Concerns

Concerns, as shown in Table 1, were determined by subjects' responses to questionnaires and from information obtained from class group discussions and from follow-up interviews. Since many concerns expressed by class members were similar to the description of the course content in the UCLA extension catalogue, it might be assumed that the population is self-selected to include

primarily those people who wanted help with these particular issues. However, even if this is the case, most of the concerns expressed by class participants are similar to those reported by other researchers (Hunt & Hunt, 1978; Weiss, 1975; Kressel & Deutsch, 1977; Bohannan, 1971; Goode, 1958). Viewing divorce as a complex process during which further personality growth can take place, equivalent in some ways to individuation processes described by Mahler (1968) for childhood and Blos (1962) for adolescence, it can be anticipated that divorcing people will have intense concerns about the changes with which they are dealing. These earlier individuation processes described by Mahler and Blos allowed the infant, and later the adolescent, to gain images of themselves as objects, separate from their parents. These adaptations were achieved when the developing infants and youngsters perceived themselves as able to provide their own supplies and accomplish their own drive regulation, culminating in new perceptions of their individual identities. Thus, they no longer required the parents, or nourishing objects, to be available to them in the same ways as they previously had done. Similarly, in the adult separation-individuation process, people must learn to deal with internal and external changes in identity. Findings indicate that they are very concerned about how to function separately from their partners, who may (at least at one

time) have been nurturing and available. They must also learn to view themselves as individuals capable of independent functioning. Such changes involve grief and depression over their losses, as well as a desire for help and information in order to cope with the new tasks. For many people, their concerns are intensified by the fact that they feel so badly and assume that such feelings are pathological. Thus, they develop secondary concerns about having concerns.

Attachment to the former partner, with whom many bonds had been established, will linger on, as described by Weiss (1975). Some people spend their time seeking a replacement person to fill this role, rather than focusing on developing their coping skills. As described by Masterson (1977), it is likely that those who had not successfully completed earlier separation-individuation processes will experience more severe and prolonged difficulty during the divorce process. They have had little experience with functioning autonomously, and are particularly ill-prepared to do so under conditions of increased stress. "Ann," "Mary Ann," and "Sally" typify those who had not successfully "individuated" earlier in their lives. Like many women, particularly those who grew up before the period of "women's liberation," they had sought an identity through their husbands. They had married young, going immediately from nuclear families to marriage

and emphasis on their roles as wives and mothers. They had never considered themselves or their own careers as paramount. Histories of these women revealed little about their early developmental periods, but indicated that throughout their childhood and adolescence, their needs as individuals had been less important than those of others in their families. None of them reported undergoing a rebellious adolescence, and each of them was in many ways still closely caught up in the original family structure. They had never achieved full autonomy, and expressed particular concern about doing so now.

Many people who attended the classes were clearly interested in meeting others, expressing a desire for sharing and support. Some expressed a desire to "get themselves together" to better handle being single. They wanted help and direction in "beginning a new life," and many of them specified that (at least for now) their new life would involve staying single and living alone, which was their most-mentioned concern. In general, the class members expressed awareness of and concern about their new, non-partnered status, and were searching for tools to better deal with this. Those in psychotherapy, who could be assumed to be particularly capable of seeking multiple sources of help, expressed more concerns. Also, they were able to be more specific about their concerns and about the type information they wanted. It could be

that their desire for self-awareness and their proclivity toward verbalizing their concerns precipitated their entry into psychotherapy; or it may be that psychotherapy facilitated their abilities in this area. The large number of people expressing fears about the future is consistent with Gray's (1978) findings. Their desire for a sharing and supportive social experience is congruent with Hunt and Hunt's (1978) observations that the newly separated person suffers from disconnection and partial isolation from the known social world.

Members of the follow-up discussion group provided additional insight into the dualistic nature of their particular type of separation process. They desperately wanted the support and sharing which the whole population had mentioned as a prime concern, explained that they not only wanted to replace the mutuality of a missing partner, but also to find the companionship of others with whom to share and emulate a single identity. This can be considered a desire for an appropriate model to aid in the process of identity formation. It could also be seen as similar to the need adolescents have for peer group support. As noted by Blos (1962), adolescents need the ego support of a peer group to compensate for the lessened support from nurturing parents and to help them overcome the guilt aroused by their greater independence. Divorcing adults, like adolescents, are losing their

primary nourishing source--in this case, the marital partner instead of the parents. They, too, may suffer guilt at withdrawing from the objects upon whom they have been dependent, and whom they sense may want to be depended upon. They may find that association with their peer group can help ameliorate their guilt by validating the efficacy of their new independence. The group can therefore become a valuable new source of supplies. However, unlike adolescence, divorce is not considered a normal developmental process. The peer group can be helpful, but it cannot compensate for a missing spouse. Often, divorcing people do not realize the inherent limitations of the peer group, and are upset at the inability of the group to fulfill their needs. A number of people explained that, although they recognized that the world is full of divorced and single adults, they did not know any of them. All their friends were married. Their only picture of the divorced person was based on two images commonly utilized by television and movies: the devastated, rejected social isolate and the manicky swinger. They strongly felt that neither image was acceptable to them as an object for identification. They expressed concern about not having a viable model to emulate, nor any guidelines for their behavior in their new roles. Several added that their primary reason for attending the course had been to find out what a single person is

really like. Many of the class members expressed concern about the regressive aspects of this major life change. Many of their concerns were similar to those expressed by adolescents: a strong need for peer group support; questions about dating and sexual behavior; and requests for information about how to handle money, where to live, and where to meet people. All these concerns reflect an adolescent-like dependency paradox: the individual strives to be independent, yet asks for help in achieving his independence. Adults experiencing these concerns are often frightened by their own regression and feel their concerns are inappropriate. They want support and an appropriate model to help them overcome these fears.

There are a number of major differences between the divorcee's developmental tasks and those of the adolescent. Divorced people are older and have a greater reservoir of knowledge and experience. They have responsibilities for themselves and often for others (such as their children), which greatly outweighs any responsibilities associated with earlier stages of their lives. They are expected by their friends and families, as well as by themselves, to cope with their increased responsibilities in a productive manner. Finally, it is of the utmost importance to note that the former nurturing object (in this case, the spouse) is frequently not available to support the individual in achieving greater independence.

In earlier individuation processes, the nourishing objects were available for the separating child (or adolescent) to return to as needed. Mahler (1968) describes the child as needing an object with whom to share new acquisitions of skill and experience, and from whom to separate after feeling refueled. In optimum situations, the child suffers only tolerable amounts of frustration as he achieves new levels of independence, and trusts the parents to be available for nourishing when necessary. The child can then continue to grow--to attempt increasingly independent feats, and to be replenished when necessary, so he can continue on with tasks of separation-individuation. Many divorcing people would like to be able to use their spouses in this way, even though they would not necessarily like to continue with the marriage. A number of class members were upset because they could not return to their spouses for comfort or closure of the relationship. They wished to have their former partners available in much the same way as parents are available for children. The former spouse's lack of availability was a significant source of additional anger and difficulty.

In addition to dealing with the concerns which accompany internal attempts at individuation, class members were also desirous of obtaining tools which could help them with external issues. Those people who were

in psychotherapy were able to be more specific about such needs, but many people who were not in therapy also expressed concern about acquiring a sense of direction with their new lives and new relationships. They wanted legal advice, information about handling financial matters, career guidance, and advice about dealing with children. The findings of this study suggest that requests for help in these areas should not necessarily be regarded as resistance to dealing with the "real" therapeutic issues.

Although difficulties with family and friends are often reported to be significant for people going through divorce, it is interesting to note that only a small number of the class members listed this concern or checked it on the symptom checklist. It may be that, compared to the more profound issues involved in individuation, this seemed of less consequence. It may also attest to the fact that some people prefer to work on gaining a stronger sense of self and an ability to cope with the individuation tasks inherent in the divorce process before turning to others in their environment. Also, it may reflect an increasing social acceptance of divorce.

The fact that those individuals who participated in this study were attending divorce courses suggests that they have the ability to reach out and find resources to deal with their concerns. Their depression, as implied from the large drops in their MMPI D30 scores (discussed

more thoroughly below), is largely reactive, and they may be a population which is normally capable of quite adequate coping.

Stress

A principal finding of this study, that 91 percent of the divorced population report experiencing an unusual degree of stress, is compatible with other studies of response to major life changes. However, the data collected during this investigation also indicate that stress accompanying marital dissolution may be even more severe than is often assumed, possibly because it is induced by such complex adaptation tasks. It also appears that the stress responses are a reaction to handling unusual and complicated tasks, and subside as adaptation to these tasks is achieved. The symptom checklist responses and reported degrees of unusual stress were used to gauge stress reactions on the part of the respondents. Neither instrument had been used prior to this study and neither had been validated. Therefore, it was uncertain to what extent the information provided by these instruments should be considered accurate. Nevertheless, both showed significant correlations with scores from the MMPI D30, which is a well validated and well respected instrument. It can be assumed, therefore, that the respondents' self assessments of their felt degrees of stress offer accurate

information about their current reactions to their marital dissolutions. In addition, the responses to the symptom checklist indicate the degree of difficulty which the population was experiencing. It would be interesting to determine whether those who were separated felt less stress than those who were divorced, as reported by Holmes and Rahe (1967). Data available from the current study could be utilized in future research, which could compare the stress responses of separated and divorced individuals. This data could also be used to compare stress reported by people at different stages of divorce. However, it should be kept in mind that the people who came to the courses were already cognizant of serious marital disruption. Many had not yet made up their minds about a legal divorce, and so were considered to be in the stage of "emotional divorce." Thus it can be stated that the population of the current study, which included people in all stages of marital dissolution, was experiencing unusual stress.

Considering the high degree of stress experienced by this population, and the fact that increased somatic complaints are often associated with severe stress, it is surprising that less than 10 percent of the population checked off any of the somatic complaints on the symptom checklist. Discussion with members of the follow-up group added insight to this finding: the items on the

symptom checklist (headaches, stomach disorders, muscle soreness, chest pains, faintness, etc.) may not have been sufficiently inclusive. The physical symptoms reported by members of the follow-up group were often more serious, some necessitating surgery or prolonged hospitalization. Other symptoms mentioned in the follow-up group, such as problems with deteriorating teeth, gums, and eyesight, were not included in the symptom checklist. These findings suggest the importance of revising the symptom checklist to more accurately reflect somatic complaints, as well as to remove redundant items.

As discussed above, a high degree of depression appears to be normal for the population studied. As a whole, the population had very high MMPI D30 scores; in addition, 43 percent of the population stated that they were feeling unusually depressed. Most of the members of the follow-up group were quite open about the tremendous stress they had been experiencing. Several indicated they had sought psychotherapy to help themselves through this period. A member who had scored very high on both the pre- and post-MMPI D30 scales and the symptom checklists was unable to talk about her feelings or to define the kind of stress she felt. The other group members indicated that they felt much better since attending the course.

Most therapists regard stress as a normal response to change. Freud's thinking in this area, for example, developed to include a concept of anxiety as a normal response to anything which tends to create disorganization in one's life (Fine, 1973). Bowlby's description of the behavior of infants who have been separated from their mothers also seems to appropriately describe reactions expressed by much of the divorced population. Those who are suffering from more generalized anxiety and report more diffuse stress symptoms may be at an earlier stage of coping with the losses of their partners. Conversely, those who are experiencing more grief and are better able to express specific fears and complaints may be further along with the process of detachment. It might even be that these people are better able to apply some of what they learn from the divorce course. Further research would be necessary to test this supposition. This research could define those traits considered to be indicative of greater detachment from the marital partner, identify people demonstrating these traits, and then determine if these people report more generalized anxiety and diffuse stress symptoms than other divorcing people.

The people in the divorce classes appeared to be striving toward the kind of mastery and increased self-understanding described by Kressel and Deutsch (1977) as indicative of a "good divorce." It seems from the marked

decline in the MMPI D30 scores that those who allow themselves to mourn and to obtain whatever help they find necessary are engaged in a healthy process of recovery. Stress symptoms can thus be seen as indicative of adaptation to an unusual, but increasingly common, major life change.

An issue which seems worthy of future consideration is the degree to which the cognitive aspects of the divorce course may have helped to ameliorate some of the stress and depression of the class members. Several people commented that they felt better "just knowing" their responses were normal. People attending the divorce courses were exposed to others going through similar experiences. They were able to share enough about themselves to recognize that their symptoms were very similar to those reported by others. Although the sharing aspect of the classroom experience was reported to be very useful in this regard, it is less clear how merely knowing what to expect, what is normally felt, etc., helps to ameliorate stress. It may be that this information helped to remove the "sick" label from the intense stress symptoms people were experiencing. Many class members had previously feared they were "sick" or "crazy" because they felt so much stress. They expressed relief at finding that others felt as they did. It also may be that offering people rational explanations for their depression is

instrumental in reducing depressive symptoms, as Beck (1976) suggests. In class, the instructor described normal stress reactions to marital dissolution. Those who attended the courses were academically oriented and motivated to seek help. They may, therefore, be among those who can benefit most by the cognitive aspects of their class experience. Finally, some of the practical aspects of the adjustment to a single life were discussed in some detail, possibly helping to alleviate the stress people were feeling about what they considered to be an "unknown" life style. Future research might address itself to exploring which ingredients seem to be most effective in alleviating stress and depression. It might also determine whether those who left before the final class did so because they felt better, felt the course was not helpful, or for some other reasons. Follow-up interviews with people who enrolled in the courses, but did not attend the final meetings, could help clarify this point.

Comparison of Those in Psychotherapy with Those Not in Psychotherapy

Since class members were not asked to describe the type of therapy in which they were involved, no information is available regarding the extent or nature of such therapy. It may have been brief crisis therapy, long-term analytic treatment, group therapy, encounter groups, etc. The fact that these people had sought this type of

experience for themselves and identified themselves as "in psychotherapy" was the criterion for their inclusion in the "therapy" group. Future research might address the issue of more clearly defining what "psychotherapy" means to these respondents, and differentiating between those who are involved in treatment focused on dealing with marital disruption, and those who may have attended only some brief experiential event. In any case, several issues pertinent to differences between the therapy and no-therapy groups are discussed elsewhere in this chapter. Therefore, this section will contain only brief comments upon a few important findings. Although a discriminant analysis of the therapy and no-therapy groups does not show a statistically significant difference between the two groups, their responses to the questionnaires and their comments in class discussions do show some differences (see Table 11). However, the number of subjects analyzed was small (see Figure 1). This was due to the fact that scores for all four measures--pre- and post-MMPI D30 scales, symptom checklists, and stress scores--were available for only 15 class members. Future research on larger populations might produce more comprehensive data.

It is interesting to note that those in psychotherapy tended to consider themselves more depressed than those not in psychotherapy, but that both groups scored equally

high on the MMPI D30 scale. It is difficult to know whether those who are more aware of feeling depressed are more apt to seek out psychotherapy or whether those in psychotherapy are more apt to be aware of and to report their depression. The symptom checklist scores for all subjects tend to correlate with their MMPI D30 scores, with those of the no-therapy group having a lower correlation than those of the therapy group. The primary concern for members of both groups is being single, and the primary stress symptoms are unhappiness, depression, and worrying about the future. However, considerably more no-therapy people reported a greater incidence of more diffuse symptoms such as intense anger, crying easily, feeling "no good," nervousness, and anxiety. This indicates that while both groups were equally impacted by their divorces, the no-therapy people tended to be less aware of the issues contributing to their stress. On the other hand, the therapy group's tendency to mention more concerns and stress symptoms and more specific concerns, to rate themselves higher on depression and degree of stress, and to specify that they suffer from loneliness and fears, seems to indicate greater awareness of internal and external factors contributing to their stress. This supports Overbeck's (1977) findings that an awareness of stress is an antecedent to help-seeking.

As indicated by the pre- and post-symptom checklist scores, the stress symptoms for both the therapy and no-therapy groups decreased in approximately the same degree. However, the MMPI D30 scores decreased more sharply for the therapy group. People not in psychotherapy were quite concerned about gaining insight into what they are going through, and were more apt to want to use the course for this purpose. This finding, too, suggests that the no-therapy group was somewhat slower in recognizing and adapting to the issues raised by a divorce.

Although members of both groups appear to have many similar concerns, one major difference is the area dealing with children. Those in psychotherapy seemed primarily concerned with alleviating their own problems. On the other hand, a desire for help dealing with their children was a major concern of those not in psychotherapy. Since parents who are in better mental health usually are better able to cope with their parenting tasks, it could be more adaptive to be primarily concerned with oneself at this time. Such a theory does not negate the importance of helping children deal with their parents' divorce. It suggests that those who express more concern about their children than themselves at a time of such great stress may be attempting to distance themselves from their pain. They may be projecting their concerns onto their children rather than realistically

coping with their own feelings. The fact that those in psychotherapy expressed more concern about issues directly related to themselves can be viewed as a healthier form of adaptation to their situations.

Clinical Implications

An issue of major importance to clinicians treating people going through marital disruption is the tremendous impact they can assume their patients are experiencing. Based on the findings in this study, they can expect these people to have many concerns, to suffer what the patients themselves consider to be unusual degrees of stress, and to be feeling unhappy and worried. These reactions are normal rather than pathological, considering the severe impact that marital disruption creates for most people. Therapists should look with some suspicion on those patients who are going through severe marital disruption without any apparent feeling of distress.

Clinically speaking, the divorce period can also be considered one which offers opportunities for personal growth, if indeed people are helped not only to mourn, but also to assume new single identities with increased degrees of self-understanding and feelings of competency. The process of facing their new "singlehood" is frightening to most divorcing people. Also, it may be a time during which people can be helped to explore and deal

with their earlier unresolved conflicts or traumas related to separation and individuation. For all these reasons, they may need a great deal of help and support. Clinicians should recognize that a divorcing person may occasionally attempt to recontact his or her former spouse in an attempt (often futile) for refueling, not necessarily as a denial of the divorce. The patient may need reassurance that this is not pathological, but is sometimes a normal part of the separation process. Lacking an available nurturing partner, as most often is the case, these people may want a therapist to be available on an "as needed" basis to help them with this rapprochement-type process. People do not adapt to marital separations and divorces at the same rate. Clinicians can expect that some people will experience greater disruption in the early stages of divorce. Other people, however, experience greatest degrees of suffering later, often long after legal divorce. It is possible that people who have extreme difficulty in adapting to a divorce, may also have had greater difficulty with earlier separations, and may require help with resolution of these earlier developmental and/or traumatic issues before they can successfully manage their current separations. Even those who generally function well might appear at this time to have marginal ego functioning. They may appear naive, ask questions that seem superficial, and

be severely depressed. They may require information about issues such as financial and legal matters, child rearing, and socialization opportunities. With support and information, many of those who do have good ego functioning can be expected to reconstitute well. It might even be speculated that impaired functioning, if not too severe, is adaptive, and that these people can make good therapeutic progress.

Although researchers have disagreed about the advisability of spending therapeutic time to help explore their roles in the now-defunct marriages, findings of this study suggest that this process may have positive benefits for some people. Increased understanding about how and why marriages are terminated seemed to offer solace to many class members. They had requested help in understanding themselves better, and found that gaining insight into their roles in their marriages gave them a greater feeling of participation in--and hence control over--what had occurred. Obviously this topic can be discussed only in general terms in a classroom setting. It can be done much more more effectively in a therapy situation. Some people who were concurrently in psychotherapy apparently found it possible to explore the concepts presented in class on a more specific basis within the intimacy of their therapeutic relationships. This may help explain the greater improvement of the therapy

group versus the no-therapy group, who had no other helping situation within which to further deal with these issues. The large number of people who requested referrals for psychotherapy at the termination of the classes may indicate that these people had become conscious of issues with which they desired further help.

The fact that more women than men attended the divorce courses is consistent with findings of other researchers, and is probably a reflection of cultural differences in how men and women handle emotional difficulties. However, the marked increase in the number of men who attended the courses (from one-tenth to one-third men over the past four years) suggests that men are becoming more aware of their discomforts and more able to seek help. It would be interesting to note whether a similar increase has occurred in the number of men who seek psychotherapeutic help. Further research could reveal whether the findings of this study are an accurate reflection of concerns and stresses for both men and women. Data from the study could be retabulated to compare men's and women's responses, just as the responses of the therapy and no-therapy groups were compared. This would provide information about whether men have more or less difficulty with dependency issues, whether their concerns are similar to or different from those of women, etc. It can be assumed from the fact that relatively few

men attended the courses, that men may prefer to resolve their emotional difficulties through more aggressive means, rather than by taking what could be considered a passive approach to this life change, attending a course, or possibly going for therapy. Some men may regard this type of help-seeking as "unmanly" or "weak." However, those who attended the courses--both men and woman--were actively seeking tools to deal with their divorces. Requests for this type help from therapists might be considered attempts at active mastery rather than avoidance of the problems.

Suggestions for Further Research

Further research has been suggested to clarify several issues. Among these are the relationship between successful completion of early separation-individuation tasks and ease of adaptation to marital dissolution, the reasons certain people did not experience unusual stress at the time they were studied, and aspects of class participation which contributed to people's decreased feelings of stress. In addition, it might be interesting to determine what type of psychotherapy people were involved in, and why they also chose to attend the divorce course. It would be useful to determine an individual's degree of detachment from a former partner, and then to describe whether increased anxiety accompanies greater or less detachment.

As previously suggested, the already-available data from this study could be further analyzed to compare responses of men and women. It could also provide information about stress responses and concerns of people of different ages, lengths of marriage, ages at time of marriage, lengths of separation and divorce, and numbers of children.

Summary

With the ever-increasing rise in the number of couples separating and divorcing, it is unfortunate that until recently little clinical information about the impact of marital dissolution has been available. The impact of this experience is profound: the individual must mourn multiples losses and simultaneously make complex adaptations to becoming single again. Often these processes are rendered even more difficult because they occur within a diminished support system. Clinical knowledge about grief, as well as an understanding of separation-individuation processes of normal development, may be used to gain insight into the adaptations necessitated by marital dissolution. The current study was designed to add to the body of clinical knowledge about the impact of this major life change. It explores concerns and stress reactions of people who attended adult education courses on divorce, compares responses of those in

psychotherapy with those not in psychotherapy, and suggests clinical implications from these findings. The population studied was a self-selected group of 161 people who attended adult education courses on divorce given over the past four years through the UCLA adult education division. The ratio of men to women attending the courses shifted from one to ten for the first course to one to two for the last course. The class members ranged from 23 to 58 years old, and had been married between nine months and 35 years. They were at varying stages of divorce. Some were still living with their spouses; most were either separated or divorced. The length of time since separation ranged from one day to three years. Three-quarters of the population had children. They were academically oriented and highly educated; half had at least a bachelor's degree, and many had graduate and professional degrees. Fifty-six percent were concurrently or had recently been in psychotherapy. All had paid a \$40 fee to attend the classes.

The divorce course itself was composed of six weekly two-hour classes, each of which was half lecture and half group discussion. The issues discussed included an overview of the stages involved in the process of marital dissolution, normal grief reactions to the losses created by a dissolution, legal issues, potential gains from the transition to being single, understanding and dealing with

children, and restructuring lives as single adults. Materials used for obtaining information about the impact of marital dissolution included questionnaires, symptom checklists and MMPI D30 depression scales; the subjects filled out these forms at class meetings. Additional information was obtained through class group discussions with the total population, follow-up interviews with ten percent of the population, and psychotherapy with five class members who requested treatment following termination of the courses. Findings of this study support the assumption that people going through marital dissolution are greatly impacted by their experiences. Ninety-one percent of the population reported experiencing an unusual degree of stress; 68 percent indicated that they were bothered quite a bit or almost all the time by feeling unhappy. In addition, when their mean scores on the MMPI D30 depression scale were compared with those of the hospitalized depressed population upon which the scale had been standardized, it was found that almost half of the divorcing population had scores as high as these hospitalized patients. These findings concur with the results of other studies regarding the impact of divorce. They also agree with current crisis theory, which maintains that stress reactions, including depression, may result from adaptations which are necessitated by major life changes.

The types of losses which divorcing people must mourn include those which are "real" (partner, money, material goods), "fantasied" (hoped-for but unrealized aspects of the marriage), and "psychological" (marital status, homeostatic life conditions, need-gratification). Concurrently, divorcing people must handle new or increased responsibilities, particularly in the areas of finances, child care, and home maintenance. Many subjects, particularly women, felt overwhelmed at undertaking all these responsibilities plus supporting themselves, which many were ill-prepared to do. Support from friends, family (especially former in-laws) and sometimes social groups was often withdrawn, intensifying difficulties in dealing with the dissolution of the marriages.

Depending upon how people handle these complex adaptations, their experiences at the time of divorce can lead to further personality growth. People who had shared responsibilities with their marital partners without becoming extremely dependent upon them, seemed to be less overwhelmed than others by the transition to becoming single. Many used the mastery of their new experiences to achieve increased feelings of self-worth and self-understanding. Others, some of whom may not have successfully completed earlier individuation tasks, were less able to master the adaptations necessary for this additional growth. The individuation process can thus

be seen as a normal accommodation to a major adult life change, rather than as a pathological or infantile process.

Clinicians should be wary of drawing parallels between marital dissolution and widowhood. Although there are some similarities, divorce can be a more complex and painful process. Divorce elicits less social sympathy, and therefore, less support. It may involve deep narcissistic injuries, and is often complicated by the continued presence of the rejecting spouse. In addition, it involves the shock and disappointment inherent in finding out that the marriage contract, which for many people was to be "till death do us part," has been broken.

Depending upon the individual, the impact of marital dissolution may be most severe at any stage of divorce. The crucial factor determining when people feel the most impacted seems to be the point at which they recognize the finality of their dissolutions and the necessity for seeing themselves as single. Stages of divorce can be described as "emotional" (a period of affective withdrawal and discomfort), "legal" (the process by which dissolution is clarified and finalized), and "psychological" (the period during which people decathect from each other). Some respondents did not report feeling unusual stress. There are a number of possible explanations: they may have felt more impacted at earlier stages in their divorces, they may have handled their anxiety through denial, they

may not have expected their marriages to last, they might not yet feel the full impact of the divorce, or they were facing situations that for some reason were not stress-inducing to them. Subjects who were present at the first and last classes of the final course were given MMPI D30 depression scales at both meetings. Results of these tests indicated that people tended to be less depressed by the final meeting, and that this decrease was even greater for people who were in psychotherapy. This suggests that attending the courses was beneficial in helping some people deal with the impact of their divorces, and that a combination of class attendance and psychotherapy might be even more helpful. However, no definitive statement can be made about this, since no information is known about those class members who were not present at the final class, and there was no control group of people who did not attend the classes.

Foremost among the concerns of the population studied were those about being single again, mentioned by 25 percent of the population. Many subjects desired support and sharing to cope with this transition, and wanted to have more insight into what they were experiencing. They desired information about finding "direction," legal advice, and techniques for dealing with their children, family, and friends. Class members were concerned about finding appropriate models to emulate, and thus aid

themselves in their processes of identity formation as single adults. Like adolescents, they wanted to have peer groups available to them, both as sources of supplies and to validate the efficacy of their new independent positions. Regressive aspects to their behavior (which are again similar to those of individuating adolescents) were seen in their questions about dating behavior, peer group acceptance, and where and how to live. The refueling needs inherent in the separation-individuation processes of both early childhood and adolescence, recurred in many class members, who expressed a need to occasionally recontact their former spouses in order to help them proceed with the current individuation tasks. Lack of the spouses' availability for this purpose, or ambivalence about allowing themselves to contact ex-spouses, seemed to be an additional source of anger and confusion for many people.

The stress responses reported by the subjects in this study appeared to be primarily reactive to handling so many unusual and complicated tasks. Both the self-reported degrees of stress and the symptom checklist responses correlated significantly with scores from the MMPI D30 scales. Few somatic complaints were checked on the symptom checklists. This was considered to be a function of poor item selection for the checklist, since many people reported experiencing numerous illnesses,

surgeries, and dental and visual problems. Reactions expressed by much of the population seemed similar to those described for infants who have been separated from their mothers. Subjects reported feeling depressed, nervous, anxious, unable to sleep or eat, lonely, fearful, and confused. These symptoms seemed to be normal responses to a situation creating such upheaval in their lives. Those people who were experiencing more generalized anxiety may have been at earlier stages of coping with losses of their partners. Assuming that the people in the divorce courses were striving toward mastery through increased self-understanding, their stress symptoms can be considered to be indicative of adaptation to an unusual, but increasingly common, major life change. Cognitive aspects of the courses may have been helpful in this adaptation. Sharing information about their stress seemed to help relieve many people, who had previously thought their feelings of distress indicated that they were sick or crazy. Explanations of normal grief reactions and normal processes of adaptation to divorce were also reported to be helpful in reducing stress. In spite of the differences observed between the therapy and no-therapy groups, a discriminant analysis comparing them showed no statistically significant difference between them. This could have been because of the small number of people who were available for this analysis. It was unknown exactly what

type of therapy people who identified themselves as "in therapy" meant. The primary point seemed to be that these were people capable of seeking multiple helping situations for themselves. Compared to those not in therapy, they were more articulate about their concerns and more aware of the depression they felt.

The current study, which was designed to explore the impact of marital dissolution, should not be considered a comprehensive study of the divorce process or of marital disruption. Its findings suggest the need for further research in several areas. The results, however, do provide information for clinicians attempting to help people going through this process. Hopefully, they will be a meaningful contribution to the existing body of knowledge about the impact of marital dissolution.

Several clinical implications were derived from findings of this study. The most important is the fact that people going through marital dissolution can be expected to be severely affected by the impact of their experiences. They have many concerns and suffer from unusual degrees of stress. These reactions can occur at any stage of divorce, and may last for a long time. However, successful mastery of the necessary adaptation tasks--mourning losses and facing issues involved in becoming single--offers significant potential for personality growth. Even further growth can be achieved if these people are also

helped to explore and deal with earlier unresolved conflicts or traumas which are exacerbated by the current life changes. It is vital that therapists treating divorcing people help them in all these areas. Since these issues are extremely complex, many people need a great deal of support at this time, and may desire to occasionally recontact former spouses. Clinicians should help these people to understand that their behavior may be seen as similar to the refueling needs associated with earlier individuation processes in normal development, rather than necessarily being a denial of their divorces. If the ex-spouse is not available, people may attempt to use therapists for support, as well as for self-understanding and personality growth. In addition, they may request information about numerous areas of their lives, and should be assisted in finding this information. Such requests should not necessarily be viewed as resistive to treatment. Results of this study clearly showed that information about specific issues, as well as involvement in multiple helping-situations, may be useful to people dealing with this major life change.

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Appendix A

Course Advertisement in UCLA Extension Bulletin

Divorce:

New Challenge to Growth

People dealing with divorce can take better advantage of new opportunities by understanding their roles in and reactions to this major change in their lives. This program offers clinical perspectives on issues involved in marital dissolution, separation and individuation. Includes: psychological; emotional and legal aspects of divorce; overcoming grief and loneliness; managing new relationships; responding to the fears, questions, and anger of children; dilemmas of the absent parent; enjoying independence as well as preparing for the possibility of new pairing.

Instructor: Joan C. Dasteel, MSW, LCSW

Guest Lecturer: Stuart B. Walzer, Attorney, Walzer, Weinstock, Manion, & King, Inc.

6 Wednesdays, 7:30-9:30 pm

June 28–August 2

UCLA: 2173 Bunche Hall

Social Welfare 811

Fee: \$40 EDP S2628B

Appendix B

Course Outline: Class Handout

UCLA Extension
Department of Human
Development

DIVORCE: CHALLENGE TO GROWTH

Joan C. Dasteel, M.S.W., Instructor

Course Outline

- Jan. 11, 1978 INTRODUCTION, COURSE OVERVIEW: Divorce as a trauma; anatomy and stages of divorce (how we got there and where we are emotionally, psychologically, legally).
- Jan. 18 CHANGES: THE LOSSES AND THE GAINS, PART I: Normal grief reactions, types of loss (real, fantasied, psychological); the importance of recognizing and dealing with this.
- Jan. 25 LEGAL ASPECTS: Stuart Walzer, guest speaker: When to seek legal advice, what to expect about alimony, property division, child support, visitation, etc.
- Feb. 1 CHANGES, THE LOSSES AND THE GAINS, PART II: Exploring the gains and finding ways to maximize them; renegotiation of parental roles, altered family structures.
- Feb. 8 CHILDREN, OUR OWN AND OTHERS: Helping them to cope with their fears, concerns, and new family structure without over-identifying, over-protecting, or scapegoating.
- Feb. 15 MEETING THE CHALLENGE: After grieving the loss, exploring the gains, and evaluating ourselves, restructuring our lives to "maximize the gains."

SUGGESTED READINGS

- Bernard, Jessie. The Future of Marriage, Bantam Books, N.Y., 1973.
- Bohannon, Paul, ed. Divorce and After, Anchor Books, N.Y., 1970.
- Edwards, Marie and Eleanor Hoover. The Challenge of Being Single, Tarcher, Inc., Los Angeles, 1974.
- Gardner, Richard, M.D. The Boys and Girls Book about Divorce, Bantam Books, N.Y., 1970.

Suggested Readings (contd)

Krantzler, Mel. Creative Divorce, Lippincott Co., Philadelphia, Pennsylvania, 1973.

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Appendix C

Course Content Outline

I. INTRODUCTION AND COURSE OVERVIEW

- A. Introduction to course format, speaker, and class members, suggested readings. An attempt to acquaint class members with the purpose of the course and encourage their participation.
- B. Summary of topics to be covered each week. (See "Course Outline" in appendix.)
- C. Overview of "divorce" - some general statements which underlie most material which will be presented.
 - 1. Divorce is traumatic for all.
 - 2. Divorce includes gains (such as giving up problems and stresses, false hopes and dead-ends) and losses (such as companionship, finances, marital status, etc.). The objective of dealing with these issues is to maximize the gains and minimize the losses.
 - 3. Divorce can be seen as being of three types: emotional (withdrawal from each other, usually unclear at first and prior to legal), legal (which clarifies and finalizes) and psychological (when one decathects, turns attention outside the relationship).
 - 4. Divorce is important to understand in terms of each individual's participation - whether one made a "bad choice," and if so, why? Whether they just "grew apart," or whether one kept the other person "wrong" for them because of conflicts in their own needs.

II. LOSS AND GAINS, PART I: THE LOSSES

A. There are various types of losses and knowing what these are can help one deal more effectively with the situation.

1. Realistic losses: another person to talk to, relate to, share with, have for a sexual partner.
2. Fantasied losses: the hoped for and unreal aspects; i.e., what the other person "could be," "if," etc., the position one perceives having by being in the relationship, the unreal picture of the other person; all of which are very hard to detach from, particularly since they do not exist in reality.
3. Psychological losses: the need-gratifications from the other person; a partner, sometimes for unconscious issues and homeostatic equilibrium.

We react to a combination of these and adjust relative to the degree of loss involved.

B. Reaction Syndrome: Loss always results in uncomfortable reactions on our part.

1. These are influenced by various things such as our social situation and the degree of environmental support we feel as well as by our particular ability to cope.
2. The grief process usually includes denial or disbelief, despair or depression, anger, cognition, and working through; however, people go through this in different ways and in different amounts of time. If they do not allow themselves to do so, they often experience severe or prolonged depression, mania, fixation with revenge, or hostility, or loss of adequate adaptation.

C. Adjustment is influenced by situational factors (family and peer support, involvement in satisfying work and/or recreational activities, etc.), degree of loss, individual coping abilities and former life experiences.

III. LEGAL INFORMATION

Presented by a competent attorney who specializes in marital dissolution.

IV. THE LOSSES AND GAINS, PART II: THE GAINS

- A. Introduction: a framework for seeing divorce as an opportunity for getting out of a "treadmill" situation and re-directing energy positively.
 1. Taking stock of one's needs and regaining a feeling of control over one's life.
 2. Gaining a new identity: single again and ways this differs from before.
 3. Growth opportunities: a time to "sort through" and possibly make some different decisions about friends, work, how to spend time, etc.
 4. Re-structuring lifestyle and position to fit new or formerly repressed needs.
- B. Re-entry, or "taking stock"
 1. An opportunity to assess one's contributions to the defunct marriage and to the divorce, to assess one's needs as much as possible (some may need professional help for this), and the resources now available to him.
 2. Timing is a necessary ingredient to allow one to grieve, to experiment (without making new commitments too soon) to form new goals for oneself, and then to slowly proceed toward these (allowing for some failures).
- C. New Identity
 1. If unsure about oneself as a unique individual and about one's needs, important to learn more about "who you are" before moving into another relationship: develop one's self.
 2. "Singleness" - now is different because of being older, more experienced, more distanced from the "single world," having possibly children and other responsibilities, and education.

D. Growth Opportunities

1. To heal and perhaps come out better able to live happily (after the mourning).
2. To explore areas of career, school, social activities, etc., and not just resent the losses.

V. THE CHILDREN

A. General Beliefs: There is an impact on them, but:

1. A "good divorce" is better than a "bad marriage"; living with strife and confusion damages children.
2. Opportunity for clarification and stress reduction.
3. Parents can over-identify and scapegoat children if unclear about dealing with them self.

B. Meaning of the Divorce: varies with developmental level, but involves abandonment and loss and they will react.

1. Losses: need to grieve these before they can move on and continue their growth - includes a "happy" family, a parent (will always be their parent anyway), a familiar situation (to a new and unfamiliar one), finances and material goods, a caretaking person (who will take care of me?), love (and fears of "Am I lovable?").
2. Gains: a new chance for clarification of what they may have suspected - includes loss of the negatives (untruths, confusion), feelings of responsibility for parental problems, loss of omnipotent fantasies - "The responsibility is now not mine," positives in new relationships with each parent and freedom to move on and grow.

- C. Reactions (depends on age, environmental situation, usual coping ability, and parent's handling):
 - 1. Grief - like the adult syndrome.
 - 2. Uncertainty - may cling or reject parent, or withdraw if too painful.
 - 3. Expressions of grief, anger, concerns (may need help expressing these openly and constructively, and may need to talk to someone else in addition to parents).
- D. Ways to help (varies with you, the children, your style and situation).
 - 1. Get yourself together: grieve, allow anger, move on, be a model for dealing and provide a stronger person for the child to depend on.
 - 2. Allow your anger, etc. - but put limits on your and their expression of this.
 - 3. Clarify your interpretations of the divorce and tell them (simply and according to their age, etc.).
 - 4. Reassure them that there is someone to care for them; it is not their fault - it's Mom's and Dad's and we'll deal with it; they are lovable and they can love each of us, although Mom and Dad do not love each other; the marriage was sick - not them.

VI. MEETING THE CHALLENGE - OVERVIEW OF COURSE

- A. Introduction: Reminder of the grief process, discussion of myths of marriages and divorces, and criteria for a "good divorce."
- B. Steps and process to go through.
 - 1. Define "Where I am" in terms of emotional, legal, or psychological divorce.
 - 2. Grieve the losses so you can prepare yourself for the gains.
 - 3. Assess the choices now available to you re: lifestyle, jobs, friends, etc.

4. Make decisions about best choices based on own needs, resources, and coping mechanisms.
5. Implement these! (So they don't remain a fantasy.)

C. Myths of Divorce and Marriage.

1. Marriage: "Love will win out over all problems," "There is one perfect mate for each person," "It will last forever if it is good."
2. Divorce: "It is a terrible trauma, we'll never get over it," "It just happened for no reason at all," "No one wants to be single," "If I'm good at being single, I'll never re-marry."

D. Criteria for a "successful divorce" (which is the forerunner to a better future).

1. Attitudes toward partner of mutual acceptance of need to divorce, ability to negotiate a balanced view of each other and the marriage, of closure.
2. Attitude toward children in which the psychic injury is minimized, the relationship with the absent parent is clear and there is mastery of the painful experience so growth can occur.
3. Attitude toward self: an absence of strong unrelenting feelings of failure and self-disparagement, increased self-understanding, an ability to form new, satisfying relationships, and a heightened sense of personal competence.

Appendix D

Questionnaire - First

U.C.L.A. Extension Division
Department of Human Development

DIVORCE: CHALLENGE TO GROWTH

Joan C. Dasteel, M.S.W., L.C.S.W., Instructor

Name: _____ Age: _____ Sex: _____

Marital Status:

How Long?

Married and living together _____

Separated _____

Dissolution filed _____

Dissolution filed _____

Length of Marriage: _____

Prior Marriages: (Number & Length) _____

Children: (How many, ages) _____

Living with you: _____ Spouse: _____ Other: _____

Educational Level (Highest grade completed) _____

Current Employment: _____

How Long? _____ Is this your usual occupation? _____

Have you experienced greater stress during this period than usual? No _____ Yes: Severe _____ Moderate _____ Mild _____

Describe symptoms: _____

Have you had any psychotherapy to help you at this time?

No _____ Yes: Currently _____ Recently _____

Did therapist suggest course? _____ Refer you? _____

Or doesn't even know? _____

Please describe what it is you would like to gain from this course.

1. _____
2. _____
3. _____

Questionnaire - First (contd.)

4. _____
5. _____
6. _____

How did you find out about this course?

Catalogue: _____ Friend: _____ Other: _____

Appendix E

Symptom Checklist

Name _____

Date _____

SYMPTOM CHECKLIST

People going through separation and/or divorce respond to this change in their lives in many ways. It can help us plan a class which might be of more help to you if you will tell us how you feel you are doing in the areas mentioned on this checklist. Please mark one answer to each item. Thank you.

	Have not had this complaint	Bothers me a little bit	Bothers me quite a bit	Bothers me almost all the time
*1. Headache				
*2. Pains in heart or chest				
*3. Trouble getting breath				
*4. Stomach aches				
*5. Faintness, dizziness				
*6. Itching, rashes				
*7. Muscle soreness				
*8. Difficulty in swallowing				
*9. Constipation or diarrhea				
*10. Backaches				
*11. Feeling I'm no good				
*12. Tiring easily				
13. No energy				

* These items are from Rosenberg's (1968) symptom checklist.

Symptom Checklist

Page 2

	Have not had this complaint	Bothers me a little bit	Bothers me quite a bit	Bothers me almost all the time
*14. Sleeping a lot				
*15. Loss of appetite				
16. Feeling un- happy				
*17. Feeling blue				
*18. Crying easily				
*19. Frightening dreams				
*20. Suicidal thoughts				
21. Feeling iso- lated				
22. Feeling "left out"				
23. Trouble getting along with friends				
24. with family				
25. Lack of support from friends				
26. from family				
27. Dating diffi- culties				
28. Not enough to do				
29. Dissappointment with friends				
30. with family				

* These items are from Rosenberg's (1968) symptom check-
list.

Symptom Checklist

Page 3

	Have not had this complaint	Bothers me a little bit	Bothers me quite a bit	Bothers me almost all the time
31. Unhappiness				
32. Feeling that I have "failed"				
*33. Nervousness				
34. Intense anger				
*35. Worry about the future				
36. No hope for future				
37. Drinking a lot				
38. More medication or drugs than usual				
39. Dissatisfied with life in general				
40. Afraid of being single				

* These items are from Rosenberg's (1968) symptom check-list.

Appendix F

MMPI D30 Scale

The Protocol for the D-30 Items

D-30 Items are scored in the Direction of Depression

D SCALE

Name _____ Date _____

Read each statement and decide whether it is True as applied to you, or False as applied to you. If a statement is True or Mostly True, as applied to you, circle True. If a statement is False or Not Usually True, as applied to you, circle False. Remember to give your own opinion of yourself. Make a decision on each statement. Do not skip any of the statements. If you are not sure, or if you feel that a statement does not apply to you, you should still give the best possible guess, even though you may have some reservation about it.

Circle either TRUE or FALSE for every statement

- | | | |
|---|-------------|--------------|
| 1. My daily life is full of things that keep me interested. | TRUE | <u>FALSE</u> |
| 2. I am about as able to work as I ever was. | TRUE | <u>FALSE</u> |
| 3. I find it hard to keep my mind on a task or job. | <u>TRUE</u> | FALSE |
| 4. At times I feel like smashing things. | <u>TRUE</u> | FALSE |
| 5. I have had periods of days, weeks, or months when I couldn't take care of things because I couldn't "get going." | <u>TRUE</u> | FALSE |
| 6. My sleep is fitful and disturbed. | <u>TRUE</u> | FALSE |
| 7. I prefer to pass by school friends, or people I know but have not seen for a long time, unless they speak to me first. | <u>TRUE</u> | FALSE |
| 8. I am a good mixer. | TRUE | <u>FALSE</u> |
| 9. I wish I could be as happy as others seem to be. | <u>TRUE</u> | FALSE |

- | | | | |
|-----|---|-------------|--------------|
| 10. | I am certainly lacking in self-confidence. | <u>TRUE</u> | <u>FALSE</u> |
| 11. | I usually feel that life is worthwhile. | TRUE | <u>FALSE</u> |
| 12. | I don't seem to care what happens to me. | <u>TRUE</u> | FALSE |
| 13. | I am happy most of the time. | TRUE | <u>FALSE</u> |
| 14. | I seem to be about as capable and smart as most others around me. | TRUE | <u>FALSE</u> |
| 15. | I do not worry about catching diseases. | TRUE | <u>FALSE</u> |
| 16. | Criticism or scolding hurts me terribly. | <u>TRUE</u> | FALSE |
| 17. | I certainly feel useless at times. | <u>TRUE</u> | FALSE |
| 18. | Most nights I go to sleep without thoughts or ideas bothering me. | TRUE | <u>FALSE</u> |
| 19. | During the past few years, I have been well most of the time. | TRUE | <u>FALSE</u> |
| 20. | I cry easily. | <u>TRUE</u> | FALSE |
| 21. | I cannot understand what I read as well as I used to. | <u>TRUE</u> | FALSE |
| 22. | I have never felt better in my life than I do now. | TRUE | <u>FALSE</u> |
| 23. | My memory seems to be all right. | TRUE | <u>FALSE</u> |
| 24. | I am afraid of losing my mind. | <u>TRUE</u> | FALSE |
| 25. | I feel weak all over much of the time. | <u>TRUE</u> | FALSE |
| 26. | I enjoy many different kinds of play and recreation. | TRUE | <u>FALSE</u> |
| 27. | I brood a great deal. | <u>TRUE</u> | FALSE |
| 28. | I believe I am no more nervous than most others. | TRUE | <u>FALSE</u> |
| 29. | I have difficulty in starting to do things. | <u>TRUE</u> | FALSE |
| 30. | I work under a great deal of tension. | <u>TRUE</u> | FALSE |

Appendix G

Questionnaire - Final

U.C.L.A. Extension Division
Department of Human Development

DIVORCE: CHALLENGE TO GROWTH

Joan C. Dasteel, M.S.W., Instructor

Name: _____

What did you hope to gain from taking this course?

Has this happened? Yes: _____ No: _____ Partly: _____

If not, why not? _____

What are the main things you feel you have learned or gained from this experience?

1. _____
2. _____
3. _____
4. _____
5. _____

Do you think you might want to further explore issues which have come up on class? Yes: _____ No: _____ If so, please indicate which ones _____

How would you like to do this: Individual therapy? _____

Group therapy? _____ Educational group or class? _____

Would you recommend a class like this to your friends going through divorce? Yes: _____ No: _____

Additional comments: _____

