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Concerns of the Divorced Woman and Impact on Health

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Abstract

Married women have unique experiences based on familial roles, career choices and options, support systems, and their role within a “couple”. During and after a divorce, their prior sense of self may impact their physical and mental health, financial stability, parenting, and lifestyle. These aspects are further complicated when the legal process is ongoing. This case study research was an opportunity to look inside the experience of a complex divorce for two women, where stagnancy is lived yet the process continues between an initial court judgment and an ongoing appeal. Through this work, a glimpse of the support needs and healthcare considerations for this population was revealed. Identified themes were: looking for support, taking care of self, and time for self in relation to health. Implications for nurses and healthcare workers are described.

Keywords: Complex divorce; Support needs; Female divorcee

Introduction

Divorce is the most traumatic situation in one’s life, having the furthest reaching implications of all life events [1]. The nursing literature is sparse with accounts of women seeking divorce and the havoc it may bring to their lives. This problem is better described in social work/sociology, educational, and psychology literature where descriptive research is typically employed. From this literature we find descriptions of physical and mental health concerns, coping mechanisms, financial dilemmas, child care concerns, and grief and stigmatization. Although descriptive studies give us broad areas from which to better understand the experience of a woman seeking divorce and how to design support measures, what is not described is the woman whose experience is largely different, who has received a judgment of divorce yet a legal appeal or lengthy legal battle (heretofore referred to as complex divorce) leaves them without answers of economic division of property and alimony, child care specifics, and perhaps even immediate housing; impeding their ability to move past the dissolution process.

Nurses care for a multitude of persons but without understanding the complexity of their lives, it is difficult to truly come to know them as an individual. When completing health forms or responding to a health history they might check a box indicating their marital status, however, that box does not allow us a glimpse inside their experience. The status of “divorce in process” is not even a choice yet it likely impacts every facet of the lives of women embroiled in a lengthy or challenging legal battle.

Specific Aims

The purpose and aim of the proposed research was to study the experience of women who are legally divorced and at the same time in legal limbo, unknowing of the higher court’s opinion regarding the ultimate judgment and its enforcement; a period of time that can last for years. This case study research shares two women’s thought processes, everyday concerns and movements, physical and mental changes and challenges, coping mechanisms, and thoughts of their future utilizing an exploratory approach. The following research question was addressed: What unique experiences do women encounter in the midst of a complex divorce?

Background and Significance and Relation to Caring Science

In the United States, divorce or annulment is a common occurrence with trends indicating 3.2 of 1,000 total population (excludes one non-reporting state) abandoning their vows in 2014 at the same time the United States is experiencing a marriage rate of 6.9 per total 1,000 population (excludes four non-reporting states); as reported in the national census [2]. While divorce/annulment rates have decreased since 2000, this statistic is deceiving as marriage rates have similarly decreased. In 2016, the American Psychological Association reports a 40-50% divorce rate in first time marriages

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in the United States with rates being higher in subsequent marriages [3].

As legal and economic barriers to divorce occurred throughout the 1970's, power was redistributed to spouses with better predicted outcomes in the remarriage market [4]. In the 70's, men were typically employed as the family bread winner and therefore women were less likely to instigate a marital separation. Women with young children or of an older age were the most adversely impacted by divorce as men often took advantage of this situation [4].

Divorcees may continue to experience negative outcomes for years following marital termination [1,5] complicated by perceptions of how "fairness" within the relationship translates to equity in the divorce [6]. While nursing literature is sparse regarding implications of divorce, one nurse researcher described a transition process model for midlife women where based on decider status to seek divorce, primary interventions could support personal growth, health, and a healthy lifestyle [7]. In this study, initiators of divorce and mutual deciders saw the experience as a challenge rather than as a threat. Sakraida [8] identifies common themes of divorce transition to include new roles, depression, coping, promoting better health, and new relationships.

Divorce support groups and other social groups are an effective response to developing a continuing social network [9,10] with effectiveness influenced by high attendance, degree of attachment, and larger group size. Private counseling is also often employed as a supportive practice [11].

Sbarra [12] reports poor mental health outcomes associated with a struggle at the end of marriage including a 23% higher mortality rate. Although resilience is the highest reported response, some persons struggle substantially with a tendency to ruminate [12], consistent with those experiencing a complex and extended final judgment.

Caring

As nurses, we seek to know others in their unique domains. Unfortunately, sometimes a person's life becomes defined by outside experiences over which they feel they have no control and little ability to function as their former selves. Yet, as nurses, if we are "nurturing persons living caring and growing in caring" [13, p. 11], we understand that "persons are whole and complete in the moment" (p. 11) and we enhance their personhood by participating in nurturing relationships with caring others (p. 11).

Being complete in the moment means that although changes occur day-to-day, the divorced woman remains complete in spite of uncomfortable moments as their life's course alters from what they had previously known and perhaps even expected. "Being complete in the moment also signifies something more: there is no insufficiency, no brokenness, or absence of something" [13, p. 12]. Nurses, within the nursing situation [13], are in a position to help the divorced woman affirm her changing circumstances and face the unknown as they await legal opinions that may shape their lives. Likewise, nurses have the opportunity to affirm the divorced woman as growing in caring as they face the unknown and unique challenges to their lives.

The woman experiencing a complex divorce has not been studied and while recognized as living and growing in caring, we do not know how to best support her. This work advances caring science by seeking to understand the unique experience of a woman in a complex divorce from which further work might inform nursing

practice considerations.

Materials and Methods

Qualitative methods such as case study research and phenomenology are used when the investigator wishes to conduct a detailed study of unique and particular experiences in their natural settings [14]. This may involve a particular individual, program, or event for a defined period of time [15]. Gerring [16, p. 341] defines case study as an intensive study of a single unit (a relatively bounded phenomena) with an aim to generalize across a larger class of similar phenomena. In this case, the units in the phenomena under study are referred to as the objects of the study.

Nieswiadomy [17] and Munhall [18] argue that case study research can be either qualitative or quantitative, depending on the purpose and design, but is qualitative when looking at the meaning of experiences to the subjects themselves. A single case, because it is unique or has exceptional qualities, can promote an understanding or inform practice for similar situations and may be especially suitable for learning more about a little known or poorly understood situation while being useful for generating or providing preliminary support for hypotheses [15, p. 137; 17]. A recognized limitation is that we cannot be sure the results are generalizable to other situations [15] yet the study itself may help to generate further questions.

Extensive data of two women embroiled in a complex divorce was collected to include direct observation, interviews, documents, and past records. The research question helped guide the data choices collected. Contextual information surrounding the case was collected as well as historical, economic, and social factors that came into play.

Institutional Review Board approval was obtained through the university and consents were signed by each participant. One participant was obtained through the leader of a divorce support group and the second through snowball effect. Two women, each experiencing a complex divorce, were interviewed over the course of 3 months, at length, each using a case study approach and encouraged to share "their" story. One of the participants chose to share multiple legal documents related to her divorce and explained and discussed them with the researcher. Content analysis was employed with ongoing data analysis as additional data was collected. Each case study was treated as a comprehensive research strategy and data gleaned was holistic, empirical, interpretive, and empathetic. A thematic approach was used to correlate the findings and identify the results.

Results and Discussion

Description of the subjects

Both subjects were females married 22 years (subject #1) and 7 years (subject #2) respectively. The subject married for 22 years has two daughters of college age and was 61 years old. While this was her second marriage, her first marriage ended somewhat amicably and did not produce children. The subject married 7 years has a four year old daughter and is 38 years old. Both subjects worked as professionals and earned at least a baccalaureate degree. Subject #1 worked within the family business and was no longer employed. Subject #2 is currently employed as a physician.

Data analysis

The steps of data analysis for a case study research are well defined by Creswell [19]. Content analysis, the examination of communication messages [17] is employed. The researcher seeks to categorize and interpret the data in terms of common themes and

then synthesize it into an overall portrait of the case. Ongoing data analysis as the data was collected helped to inform the kinds of data that were then sought for later points of the study. Convergence of the data pointed toward the same conclusion [15].

At the end of three months, data saturation had occurred. An overall portrait of these cases had emerged and three general themes were identified. These data sets were nearly consistent across cases. The following themes emerged from the data: looking for support, taking care of self, and time for self in relation to health. Supporting data for the theme *Looking for support*, included the use of divorce support groups, rather through a church or community. One participant said “I don’t know that I could have hung in there without the support I received from as subgroup of ladies from my divorce support group. Had I returned to my husband, I would be dead by now. These ladies will be my friends for life. We call ourselves the tribe”. They shared how speaking with individuals also experiencing a complex divorce helped them to “hang in there”. Both participants utilized counseling with a psychotherapist throughout their extended divorce which they found to be invaluable and a worthwhile expense. In addition, family members and friends provided assistance with funds, support for caring for their children, social support, and most importantly, a shoulder to cry on.

The second theme that was identified was *Taking care of self*. Both of the participants expressed the importance of maintaining routine hair and nail appointments to feel better about themselves. One of the most difficult things that both participants shared was the many demands for their time between managing a household alone, acting as a single parent, working, paying all the bills, and meetings with lawyers, court dates, and obtaining documents for their divorce. One of the participants found that using a calendar to arrange “me” time reminded her to make it to self-care appointments. Her calendar also became a place to pencil in a walk or time with a friend. She found that writing it down in her calendar made it likely to happen.

The final theme that was identified was *Time for self in relation to health*. Both participants spoke of creating “time for self” during and after the divorce to create a healthier self as they approached life alone. Both arranged for exercise specifically with individual attention by employing a personal trainer. One of the participants said “I am in better shape now than I have been in a long time. This nervous energy serves me well in Pilates class where I can sculpt my body and feel better about moving forward as a single lady”. Both participants also expressed the importance of staying healthy for the sake of their children, as they each had girls and wanted to be a good role model and support system for them.

Conclusion

Canham et al. [21] describe how the need to care for children influences the decision making processes that go into when to instigate a complex divorce and the vulnerability that partners anticipate. For the study participants, childcare ranged from immediate supervision for a young child to assistance with decisions regarding grown children. Support from friends and family allowed the participants to move forward with their divorce. Knowing that they had assistance with their children made it easier to now focus on self. The freedom to focus on self and others helps to find a sense of self-fulfillment [22] as lived by the participants in this study.

Successful coping after divorce creates a new reality [23] as shared by the women studied. Health patterns of the subjects were preserved

and even enhanced, supporting previous work finding that neither degree of conflict nor duration relate to depressive feelings or life satisfaction [24]. Making time for exercise and personal grooming aided the participants in feeling good about themselves.

Network changes affect social adjustment after divorce [25]. While for some partners an abrupt decrease occurs, this is less likely with those who shared fewer networks with their spouse during marriage [25]. For these study participants, because the women’s family and friends were less a part of their husband’s extended network, support needs and availability were not in conflict based on a perceived loyalty to one partner. Participants in this study sought social support through friends and family; social support is identified in the literature as a major contributor to overcoming crisis and successfully adjusting post-divorce [9,26]

Promoting better health was a concern identified by women experiencing a complex divorce. A recent study [27] supports that health is not linked to being married as much as an association with a more positive evaluation of one’s life. Depression after divorce is a transitional state consistent with recovery over time [27]. Divorce has a marginal effect on younger men’s health but is not associated with a causal effect of relationships on health. In this study, the women focused on their own health, not in response to known issues, but rather, to encourage optimum health as they moved forward in their lives.

Implications for nurses and healthcare workers

Nurses create trusting and meaningful relationships with clients and are in a prime position to listen to their concerns. Within this relationship is an opportunity to offer support and guidance and inform clients of available resources to ease stress at a very difficult time. By addressing support needs, encouraging one to take care of themselves, and to develop healthy lifestyles, nurses are caring for their clients at a vulnerable time and offering them tools to address their concerns as they rebuild their lives. Understanding how the woman who is in the midst of a complex divorce experiences the transition to being single once again can help the nurse to provide individualized care and apply nursing therapeutics consistent with Sakreida’s [8] findings of ways to support divorced midlife women.

Limitations

One potential limitation is the small sample size as necessitated by a case study approach. While the subjects spoke extensively of their experience allowing a rich tapestry of information, later comparison to a larger sample may permit generalization of the findings. As such, it is noted that this study was designed to begin an understanding of the experiences of the woman within a complex divorce. Future research should seek a larger and more diversified group of women representing different cultures and to include those without children.

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