

Identifying Children's Stress-Responses to Divorce

By Daniel Pickar, PhD

Forty percent of all children growing up in America today will experience a parental divorce. For the vast majority of children and adolescents, the initial period following separation is quite stressful, and many experience negative emotional, psychological, and physical health symptoms for several years afterward.

Early research typically reported and predicted long-term emotional and psychological problems for most children of divorce, but current longitudinal studies indicate that a majority of children from divorced families grow up to be well-adjusted adults.^{1,2} Nonetheless, a large body of empirical evidence confirms that divorce increases the risk of adjustment problems in children and adolescents who demonstrate multiple symptoms of stress during the initial and early phases of the divorce process.

Children from divorced families are significantly more likely to have emotional, social, and academic problems than children from married families.³

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The emotional stresses frequently express themselves in a variety of physical symptoms, making divorce a major public health concern. Primary care physicians are often the first health professionals to hear about or witness the physical complaints or developmental problems experienced by children of divorce.

Primary care physicians can serve a crucial function with divorcing families. During office visits, they can help parents recognize physical and emotional symptoms or signs of developmental regression in their children. Because doctors are typically viewed as trusted helpers, they can give beneficial advice and counsel to parents. They can also provide referrals to mental health colleagues for children and families in need of further services.

Stages of Divorce

Years ago, divorce was considered a single legal event, but it is now clear that divorce unfolds over many years. The process can be divided into three stages, each with specific psychosocial stressors.⁴

The first is the "immediate crisis

stage," which may last two months to a year. For children, this is frequently a time of shock and disbelief. Regardless of the amount of fighting that may have existed in the home, the vast majority of children are surprised, frightened they will be abandoned by both parents, and saddened that the divorce will occur. The long-held belief that the family will always be together is shattered.

Conflict between parents is perhaps the most serious stressor a child encounters during this phase. During the initial stages of divorce, parents spend less time with their children and are less sensitive to their children's needs. In most crisis situations, parents instinctively protect their children; but in the crisis of divorce, parents are frequently preoccupied with their own problems. This diminished capacity is quite difficult for children, who often feel the most needy, sad, and anxious during the initial stages of divorce.

In the "short-term aftermath stage," which can last up to two years, the turmoil and shock of the first stage gives way to a deepening recognition of the realities of divorce. Conflict and

Symptoms of Stress and Adjustment Problems

Infants and Toddlers

Sleeping, eating, or digestive problems; excessive crying, lethargy, temper tantrums, regression; delayed development of walking and speech.

Preschool Children

Heightened irritability, aggression, increased temper tantrums, heightened separation anxiety or excessive clinging, regression in toilet training

Elementary School Children

Physical manifestations of stress, including headaches, stomachaches, tiredness; school refusal or decrease in academic performance, depression and sadness; increased anxiety

Adolescents

Depression; acting-out behavior including substance abuse, precocious sexual activities, suicidal thoughts or self-injurious behavior, uncontrollable anger

hostility between parents continue to be common and serious sources of stress for children. Older children are frequently used by their parents as allies, pawns, or go-betweens. Many parents try to burden their children with private, adult aspects of the divorce.

Some parents allow children to sleep in the parent's bed during this phase. Sleeping alone is a developmental achievement for children, and they acquire a firmer sense of independence, autonomy, and competence by being able to manage this type of separation from parents. Allowing younger children to sleep in a parent's bed on a short-term basis for comforting purposes is not necessarily harmful, but more permanent changes in sleeping arrangements may foster regression in some children.

Lastly, the "long-range period" of divorce, which may begin anywhere

from two to three years after the initial separation, may be prolonged due to unresolved custody or financial battles. Many parents remarry during this stage, sometimes leading children to feel displaced. Also, some children who experience positive feelings toward a stepparent may struggle with feelings of disloyalty toward their biological mother or father.

When conducting therapy or evaluations, one of the questions I ask children of divorce is, "If you had three wishes, what would they be?" In this third phase, children continue to harbor a powerful fantasy of their parents reconciling. They frequently express such wishes to me, even when one or both parents has remarried to someone they like. Thus, the dreams broken by divorce continue for several years.

A common loss for both boys and girls following separation is disruption in the father-child relationship. Far more often than not, mothers are the ones who have either sole or primary custody of the children. Some children interpret diminished contact with one parent as a sign that they are unlovable.

Ages and Symptoms

Infants and toddlers need consistency in their contact with parents. Unpredictable daily routines, hostilities between parents, or frequent exposure to emotional upset are central causes of psychological stress in these children. When infants are in distress from major changes in their consistent routine, they may exhibit sleeping, eating, or digestive problems, or excessive crying. Toddlers can exhibit many of the same symptoms, in addition to increased lethargy, temper tantrums, night terrors, and regression.

Two- and three-year-olds may have particular difficulty handling divorce. While they are working on the developmental achievements of separation and individuation, they still have many dependency needs. Children who are dealing with how safe it is to separate from a parent may find that parent's partial or complete disappearance a frightening experience. They may also

show heightened irritability, aggression, temper tantrums, and regression, including the loss of previously acquired toilet-training skills.⁵ Heightened separation anxiety from either parent is another common symptom at this age.

Children in the three- to five-year-old range have limited ability to make sense of parental loss, and they may ascribe the cause of certain events to themselves. They may believe that a parent's emotional distress or anger, and even the divorce, is their fault. Regression continues to be a problem at this age. Loss of developmental accomplishments may occur in sleeping, eating, motor activity, language, toilet training, emotional independence, and social relationships. There may be excessive clinging or crying when a parent leaves to go to another part of the house, and transitions between homes are frequently difficult. Expression of anger is a common sign of a preschool child's distress.

Early elementary school children are developing feelings of competence and mastery. Children undergoing a divorce at this age may also regress and show less initiative or willingness to use previously acquired skills. They may exhibit anxiety, restlessness, and increased moodiness, tantrums, or separation problems. Signs of stress or depression may take the form of physical complaints, such as headaches, stomach problems, and tiredness. Such symptoms may be the child's unconscious attempt to have increased contact with his or her parents. Parental warfare or remarriage are also major environmental sources of stress for children of this age.

Older elementary school children may experience divided loyalties, which can be especially painful if one or both parents attempt to enlist the child "on their side" in an adversarial divorce process. These children frequently convert painful feelings of helplessness and sadness into anger, which is more tolerable to them than emotional vulnerability. Low self-esteem and decreased academic performance are also commonly seen.

Adolescence is a period of substantial flux on all developmental fronts. Teenagers are dealing with their emerging sexuality, solidifying their identity, and pushing for increased autonomy, while also mourning the loss of childhood. When parents divorce, adolescents face the formidable task of adjusting to these changes while coping with their parents' divorce. More than ever, they need emotional support, love, and firm guidance from their parents.

Adolescents are capable of expressing their distress about the divorce in alarming new ways. Teenagers can use or abuse illicit drugs or alcohol, precociously engage in sexual activities, physically hurt themselves, run away, or get in trouble with the law. They may also strongly align themselves with one parent. Dealing with parental dating or remarriage is particularly difficult for children in this age group.

For adolescents, physicians need to differentiate between normal mood swings and depression as a response to the stresses of divorce. Depression can manifest itself in the classic clinical symptoms of insomnia or hypersomnia, poor concentration, low energy or fatigue, feelings of hopelessness, and depressed mood. It may also be manifested by increased irritability, withdrawal from friends or family members, suicidal thoughts, or highly dangerous acting-out behaviors, such as self-cutting or reckless actions.

Helping Children Cope

Physicians and medical personnel need to be aware of the "protective factors" that moderate the risks of divorce, and to convey such information to separated or divorcing parents. The foremost protective factor is to minimize parental conflict, especially in front of the children. Children who are openly exposed to such conflict, whether overt or subtle, tend to have poorer psychological adjustment to the divorce.

Second, divorcing parents need to provide warmth and emotional support, adequate monitoring, authoritative discipline, and age-appropriate expectations. Children and adolescents who

receive these protective factors have far more positive adjustments than children whose divorced parents are inattentive, less supportive, or use coercive discipline.⁶

Third, significant contact with both parents following a divorce is crucial. Several studies have found that children who maintain close relationships with their fathers have more positive adjustment and better academic performance after divorce, compared to those with less involved fathers.⁷

Physicians should be alert to signs of distress in children of divorce. As previously described, stress may manifest in physical complaints, in overt sadness or depression, in regression or behavioral problems, or in decreasing academic performance. If a child shows signs of distress, it is best to refer the family to a mental health professional. The therapist can provide a safe place for children to express their feelings, to understand the changes happening in their lives, and to develop coping strategies. Therapists can also raise parents' awareness of the post-divorce dynamics that hamper children's positive adjustment. Both parents should be involved in the counseling.

Group therapy and psychoeducational groups are also helpful and effective treatment approaches. In a group setting, children can find that their experiences are shared by others, that their fears are not unique, and that others have found ways to cope successfully with divorce. Psychoeducational divorce groups for adults help parents understand the effects of divorce on their children and assist parents in improving communication with their ex-spouses. Parents can be helped to anticipate the changes that lie ahead and learn critical skills for protecting their children.

References

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Psychoeducational Group Treatment Programs

Sonoma County has several psychoeducational group treatment programs for children and parents undergoing separation and divorce, including:

- *California Parenting Institute*. Parents only. 707-585-6108.
- *Kaiser Child and Family Psychiatry*. Children only. 707-571-4015.
- *Kaiser Health Education*. Parents only. 707-571-4167.
- *Kids' Turn at CARE Children's Counseling Center*. Both parents and children. 707-575-9166.