

The impact of divorce on the health status of ex-partners

by

Bronselaer JLJ¹, De Koker BSM², Van Peer CMA³

Abstract

Over the past decades, a great deal of research has been conducted into the effects of divorce on a variety of life areas. In this article, we consider the impact of divorce on the psychological and physical health of ex-partners. Our findings are based on a systematic screening of databases such as the 'Web of Science'. The main focus is on the Anglo-Saxon and Dutch literature. Results suggest that divorce has a negative impact on the general health status, psychological health, physical health, health behaviour and the life expectancy of ex-partners, and that the divorced make greater use of formal (health) care services. A variety of factors, including person-related characteristics and living conditions, are found to mediate the impact of divorce on the health indicators selected. Points of methodological criticism, such as the greater emphasis in the literature on negative health indicators or the need of panel data analysis, lead to some useful suggestions for future research.

Keywords

Divorce, ex-partners, health care use, psychological health, physical health, literature review

Samenvatting

De voorbije decennia werd heel wat onderzoek verricht naar de impact van een echtscheiding op verschillende levensdomeinen. Dit artikel behandelt de impact van een echtscheiding op de psychologische en lichamelijke gezondheid van de ex-partners. Er werd een systematische screening gedaan van verschillende databanken zoals 'Web of Science'. De focus ligt op de Angelsaksische en Nederlandstalige literatuur. De resultaten suggereren dat echtscheiding een negatieve impact heeft op de algemene gezondheidstoestand, de psychologische en lichamelijke gezondheidstoestand, het gezondheidsgedrag, en de levensverwachting van de ex-partners en dat ze frequenter gebruik maken van formele hulpverlening. Verschillende factoren zoals individuele kenmerken en levensomstandigheden

¹ Kenniscentrum, Departement Welzijn, Volksgezondheid en Gezin, Vlaamse Overheid

² University of Antwerp, Department of Sociology

³ Research Centre of the Flemish Government (Studiedienst van de Vlaamse Regering)

Correspondence

Joost Bronselaer, Vlaamse overheid, Departement Welzijn, Volksgezondheid & Gezin, Kenniscentrum, Koning Albert II-laan 35 bus 30, 1030 Brussel, Belgium
joost.bronselaer@wvg.vlaanderen.be

mediëren de impact van echtscheiding op de gezondheidsindicatoren. Methodologische kritieken zoals de grotere klemtoon in de literatuur op negatieve gezondheidsindicatoren of de noodzaak van paneldata-analyses leveren bruikbare ideeën voor toekomstig onderzoek.

Trefwoorden

Echtscheiding, ex-partners, gebruik van formele hulpverlening, psychologische gezondheid, lichamelijke gezondheid, literatuurstudie

Introduction

In recent decades, the nature of partner relationships has undergone some fundamental change. As all Western countries, Belgium has seen a substantial increase in divorce rates, while the number of marriages has declined. The figures illustrate just how momentous this change has been: between 1970 and 2000, the number of marriages in Belgium dropped by almost 40%, while the number of divorces increased by over 400% (1). In 1970, the expectation was that one in ten marriages would end in divorce; by 2002, the predicted divorce rate within 40 years of marriage had reached 54 % (2-3). A cohort analysis of divorce risks shows the same evolution. The divorce risk increases for each following younger marriage cohort. For example, after 20 years of marriage, 26% of the marriages of the marriage cohort of 1980 were dissolved, while 'only' 17 % of the marriages of the marriage cohort of 1970 were dissolved after the same marriage duration. Another linear trend to be observed is the increased risk of divorce over time for marriages that lasted for 30 years or longer. However, a saturation point seems to have been reached in 2001-2002. A stabilisation or, at most, a slight decrease in both the numbers of marriages and of divorces is noted from 2002 (4).

The experience of divorce can have a profound impact on various areas of life. In the present contribution, we provide an overview of the most relevant Belgian and foreign research findings concerning the impact of divorce on the psychological and physical health of ex-partners. After a brief outline of the methodology applied in our literature review, we consider how the health of divorced persons compares to that of non-divorced individuals. Subsequently, the article provides a number of explanations for the observation that, on average, divorced people are in less good health and it ascertains which factors may mediate the impact of divorce on ex-partners' health status. It also discusses the supply and use of formal assistance in situations of divorce. The article concludes with some remarks on the methodological aspects of the research and policy recommendations on health and well-being.

Remarkable is that little or no literature is available on the outcomes of separation among people cohabiting without being formally married. It is however not possible to extrapolate the findings of divorced persons to this complementary group of people. The origin and nature of consensual unions show some differences compared to marriage. For example, people entering into consensual unions are, on average, younger, they have less children, and they separate more quickly than married people (4).

Methods

This literature review is part of a broader study of the literature on possible effects of separation or divorce on the various life areas of ex-partners and their children (4). This study was conducted at the request of the Minister for Welfare, Public Health and Family of the Flemish Government.

A selective approach was taken to collect data from the very extensive literature. The identification of the most relevant sources began with a search of the available databases (Web of Science, Swetswise, Bibliografie Nederlandse Sociale Wetenschappen, databases of the Flemish university libraries, ...) using such keywords as 'divorce', 'marital disruption', 'adults', 'parents', 'psychological well-being', 'well-being', 'health', 'mortality'. In addition, all relevant articles from the past 10 volumes of the authoritative 'Journal of Divorce and Remarriage' were considered. Subsequently, the qualitatively most interesting articles, published primarily after 1995, were selected from the substantial and diverse supply of research literature (5). The literature was subdivided by theme and subjected to an evaluation system in which the articles were scored by two assessors (0 = not interesting, 1 = moderately interesting and 2 = very interesting). Articles with summed scores of 3 and 4 were included in our study and read at full length. Subsequently, on the basis of references in key articles, a further search was conducted per theme.

The selected literature is primarily Anglo-Saxon – the most extensive on this topic – though in addition a number of important studies pertaining to the Dutch-language area were included.

Results

Research into the health status of divorced persons makes use of a broad array of indicators, which focus on both the positive and the negative health dimensions. It is also noticeable that the research literature considers not only subjective but also more objectified indicators. In terms of content, a distinction is made between indicators of psychological health, indicators of physical health and indicators of health behaviour.

As far as the negative dimension of psychological well-being is concerned, depression and psychological distress are the most commonly applied indicators for gauging the impact of divorce. The positive dimension is measured in terms of, among other things, general life satisfaction, happiness and self-appreciation (6). Physical health is ascertained on the basis of the individual's general health status, and the presence of health complaints or chronic conditions. Among the more objectified indicators of physical health are body weight, Body Mass Index (BMI), lipid profile, inflammation markers, blood pressure and mortality. As regards health behaviour, account is taken of smoking habits, alcohol consumption, eating habits and sleeping behaviour (7).

The literature studied reports quite unequivocally that persons who have gone through a divorce are in less good psychological and physical health, and exhibit more negative health

behaviour than married individuals. Divorced persons report more depressive symptoms (8-21), more psychological distress (22-24) and more feelings of hostility (16). Furthermore, they consume more alcohol and tobacco (25). Despite the fact that only few studies have examined the relationship between marital status and physical health, divorced persons have more fatal and non-fatal chronic diseases, more subjective health complaints, a weaker perceived general health and more long-term work disability, a higher prevalence of being disabled and more functional limitations than their married counterparts (26, 27). In comparison with married persons, they have higher mortality rates (28, 29) and death rates from coronary heart disease, stroke, pneumonia, many kinds of cancer, cirrhosis of the liver, automobile accidents, homicide and suicide all of which are leading causes of death (30).

Conversely, divorced people score less well on the positive dimension of health and well-being. Those who have separated or are divorced are less satisfied with their lives (21, 31) and feel less happy (13, 19, 22, 32). Divorced persons also feel less in control of their environment, they display a lower level of self-acceptance and they have fewer purposes in life (16). Furthermore, they show a worse level of general health (33-35) and exhibit less positive health behaviour (36-37).

Besides this overwhelming evidence for a negative impact of divorce, there are some studies that find no significant relationship with (aspects of) psychological and physical health (13, 33, 38) or that report a number of positive consequences of divorce. Some assert that divorced men and women report greater autonomy than married persons (16) and that the personal growth of women is enhanced after divorce (14, 16).

Nonetheless, while there are some indications that divorce is not necessarily detrimental to people's psychological and physical well-being, the literature provides more – and indeed more consistent – evidence of a lower level of well-being among divorced individuals.

A theoretical explanation: the selection versus the causation hypotheses

There are different hypotheses regarding the direction of the relationship between the experience of divorce on the one hand and psychological and physical health on the other. According to the selection hypothesis, the reported findings can be explained by the fact that people who are in worse health already have an increased risk of relationship problems and divorce. The selection effect may persist after divorce if divorced persons in worse health are less likely to remarry (8, 12, 39). The causation hypothesis, on the other hand, considers the experience of divorce to be the cause of deteriorated psychological and physical health. Divorce, it is argued, generates distress and all kinds of change, which causes individuals to feel worse, be it temporarily or more permanently (39).

Much of the research into the relationship between marital status and health status is cross-sectional and consequently does not allow one to distinguish between selection and causation effects. Most longitudinal studies demonstrate that both hypotheses have explanatory value. Research on the basis of two waves of the Panel Study of Belgian Households (1992 and 1998) suggests that, compared to continuously married persons, divorced persons re-

port a lower level of psychological well-being, not only after but also prior to divorce (31). However, after controlling for this effect, divorce continues to have an independent negative impact on psychological well-being. Other studies reach similar conclusions, including in relation to physical health (20, 22, 23, 40, 41, 42).

Short- and long-term effects

Although most researchers agree that divorce has an impact on psychological and physical health, research conducted in the 1990s does not tell us whether these ill-effects of divorce are short- or long-term, or both (39).

According to the crisis model, the consequences of divorce are merely temporary. The reduced health after divorce is caused by the temporary uncertainty and distress that the process entails, the ensuing changes in one's life and the necessity of adapting to that new situation (22, 24). Hence, differences between the married and the divorced groups are attributable primarily to individuals who have gone through divorce more recently, while the health status of those who have been divorced longer is comparable to that of married people (12). An alternative hypothesis is that divorce also has longer-term consequences (8, 22, 24). Chronic stress theories such as the family stress model (31), the social role theory (24, 43) and the marital resource model (44), consider divorce to be a process in which the dissolution of the partner relationship gives rise to all kinds of transitions (e.g. deteriorating financial situation, less social support, changing responsibilities, different regulation of health behaviours,...) that are often perceived as stressful, and which have a long-term negative impact on individuals' health status.

Findings on the duration of the impact of divorce diverge. Various studies find an improvement in psychological health, alcohol consumption and health problems as the divorce lies further in the past, thus providing evidence for the crisis model (13, 15, 22, 23, 31). On the basis of the Panel Study of Belgian Households, for example, one observes that, while men who have been divorced in the past two years exhibit more signs of depression, there is no difference in this respect between men who have been divorced longer and married men (31). Other studies report no significant improvement in physical and psychological health over time, and thus confirm the chronic stress model (8, 14, 45, 46).

As both hypotheses are corroborated by research, we conclude that the adjustment to divorce can either happen quickly or may take a longer period of time. The crisis model and the chronic stress model are both valid, but they apply in different situations (39).

Variability in the impact of divorce

Although, on average, the experience of divorce has negative consequences in terms of physical and psychological health, there is some variability in the manner that individuals respond (39). Many studies have tried to ascertain which factors may aggravate and which may alleviate the impact of divorce. This happens on the one hand by comparing divorced persons with married persons and by explaining the observed difference in well-being in

terms of certain circumstances of life, such as the extent of social support received and the individual's financial situation (e.g. 9), and, on the other hand, by ascertaining within a sample of divorced respondents what makes individuals adapt well or less well to their new situation (e.g. 45).

Below, we provide an overview of research findings concerning factors that may influence the impact of divorce on physical and psychological well-being. A first subparagraph discusses the role of certain person-related characteristics. Subsequently, a number of factors are considered that relate specifically to the dissolved marriage and the divorce. The impact of (changes in) the individual's living conditions after divorce are dealt with in the third subparagraph.

Person-related factors

Gender is an individual characteristic that impacts substantially on the manner in which persons respond to divorce. Despite the fact that some studies report no gender differences (17, 22, 47), most show that divorce is more likely to result in depression in women than in men (8, 9, 20, 31, 41, 42). On the other hand, a separation or divorce has a more negative impact on the physical health of men than on that of women (41, 42, 44). Moreover (recently) divorced men have higher suicide risks than married men while this is not the case for women (49). It was also found that both divorced men and women have higher (cause specific) mortality risks (29).

One explanation for these findings is that women and men respond differently to stress: women more often internalise stress resulting in, among other things, depressive complaints and anxiety while men tend to manifest stress in externalised behaviour, such as increased alcohol consumption (50). Moreover, single men are found to be much more prone to high-risk behaviour and unhealthy lifestyles than single women, and they are also less integrated into social support networks (51, 52). Finally, attention is drawn to a difference in gender roles: women tend to fulfil a more caring role, from which married men draw health benefits (37).

The age at which individuals experience divorce may also co-determine the impact, although findings on this aspect diverge (53, 54). Some studies find that divorce at an older age is linked to worse psychological and physical health (13, 44, 54), while others report the opposite (31, 45, 55, 56, 57). The explanations given for greater problems at old age are the fact that divorce at old age occurs less frequently, that older divorced partners have fewer options for starting a new relationship, and that they grew up in an era when divorce was less prevalent and less socially acceptable (41, 54). Lower well-being among young divorced persons may be attributable to the fact that early divorce can be more disruptive in terms of the individual's plans or desires for the future (56).

Educational level and employment situation are two person-related factors that may alleviate the negative effects of divorce (39). A high level of educational attainment makes it easier to find a well-paid job, and it is, moreover, associated with better problem-solving skills and a

stronger sense of control (54). Again, though, the findings are not unequivocal: some authors observe that higher-educated women are less depressed (14, 56), while others find that level of educational attainment has no impact on the adjustment to being divorced (54). Being in paid work provides not only an income, but also a sense of self-worth and independence. On the other hand, work can lead to stress and overburdening, especially if combined with caring for children (47). Some results show that being in paid work coincides with less psychological distress and that it can serve as a buffer against the negative effects of loss of income and social support in consequence of divorce (54, 58). Others find no evidence that the extent of paid work impacts on the psychological well-being of (divorced) women (47).

There are also different hypotheses concerning the relationship between the presence of children and the psychological health of divorced persons. On the one hand, the presence of children may be an additional burden, because it implies more work and makes it more difficult to enter into a new partner relationship. In the case of parents whose contact with and contribution to the education of their children is reduced through divorce, the loss or reduction of their parental role can result in a deterioration of psychological well-being. On the other hand, the presence of children can have a positive impact if they provide support to their parents (9, 19, 47). Some studies indicate that the presence of (several) children in the household has a negative impact on the well-being of the divorced (23, 56), while others (59) see no mediating effect of the presence and number of children on the psychological well-being of women, or even discern a moderately positive impact on the psychological well-being of divorced parents (47).

Finally, the extent to which one experiences negative consequences of a divorce may be related to one's personal values and beliefs (20, 41, 59). The more a divorce goes against the values/beliefs one holds, the greater its negative effect on well-being may be. An American longitudinal study shows, for example, that the negative impact of marriage dissolution on depression is greater among persons who believe in sustainability of marriage (20).

Marriage- and divorce-related factors

The quality of the dissolved relationship emerges from various studies as a relevant factor for the impact of divorce. In line with the 'escape hypothesis' (13), which predicts that ending a problematic marriage will have a less negative or even a positive impact on well-being, a number of studies find that divorce causes less psychological distress in individuals who have previously experienced serious marital problems, and that it may even lead to an improvement in their well-being (8, 21, 24, 58). A longitudinal American study among women finds that those who separated from a husband with whom they had reported a positive marriage consumed more alcohol than women separated from a discordant marriage (38). Compared with maritally satisfied women, divorced women were significantly more likely to have the metabolic syndrome at follow-up. The difference between maritally satisfied women and divorced women was reduced to marginal significance in a multivariate model (60).

A longitudinal Belgian study (31) finds that a close relational involvement during marriage and an appreciation of a common background will alleviate rather than aggravate feelings of

depression after divorce. Explanations for this observation, which also emerge from other research (24), relate to the strong correlation between personal happiness and marital happiness, i.e. people with a more positive outlook on life may be able to adapt more quickly after marital dissolution (24). It is also pointed out that conflicts between ex-partners often linger on after divorce, particularly if there are children. Any 'relief effect' may be counterbalanced by such persistent conflicts (13).

The longer a marriage has lasted, the closer the lives of the partners have become intertwined, and the more difficult it may be to build a new identity after marital dissolution, without the ex-partner (39). However, findings concerning the connection between the marriage duration and well-being after divorce do not all point in the same direction. While some studies conclude that there is no relationship between the duration of a marriage and the psychological well-being of divorced partners (47, 56), a Belgian study finds greater negative effects on well-being among divorced persons who had been married for under 7 years at the time of dissolution (31).

Some evidence exists that shorter separation periods and greater attachment to the (ex)-husband are associated with poorer immune function and greater depression (61).

Finally, whether or not one was the initiator of divorce appears to have an impact on the divorced person's psychological well-being. According to various authors, initiators of divorce are less likely to experience negative consequences on well-being (54, 62). There are, however, also indications that it is not so much the degree of emotional distress as the moment the distress manifests itself that varies between initiators and non-initiators of divorce. Initiators will tend to experience lower well-being before dissolution of the marriage, while afterwards they may feel relief. The other party will tend to experience negative effects mainly after marital dissolution (39, 63).

Changes in life circumstances

Divorce is likely to result in certain changes in the life circumstances of the ex-partners. Research in the 1990s found indications that these changes largely explain the difference in well-being between divorced and married persons (39). Often-cited consequences of divorce with implications for the well-being of the ex-partners are: changes in financial situation and housing, changes in social relationships and changes in health behaviour. In the following subparagraphs, we shall ascertain the degree to which each of these circumstances may contribute to the psychological well-being and physical health of divorced persons.

Financial situation and housing

Research suggests that the deteriorated socioeconomic circumstances of the divorced contribute significantly to explaining their worse psychological and physical health. As women generally contribute less to household income, they often experience a greater loss of income through divorce, so that the economic impact is greater than in the case of men (9, 12).

Dutch research has found that the relationship between divorce and lower psychological well-being is entirely attributable to the less favourable financial position of divorced women (12). American studies confirm the significant impact of the financial situation after divorce (17, 22, 45). Loss of income, the realisation that one is financially less well-off than before divorce, and economic distress may all lead to more depressive symptoms among mothers as well as fathers. However, the impact of the financial situation is greater for women than it is for men (45, 47).

An aspect of life circumstances that is connected with available resources is quality of housing. After divorce, one or both partners will move out of the family home, and often this implies deterioration in standard and quality of housing (32). In Belgium, quality of housing emerges as an important factor for explaining the differences in depressive symptoms between married and divorced persons. Persons whose homes are in less good condition, who are confronted with noise nuisance or who complain of a lack of space also report more depressive symptoms (9). American research confirms that moving into a lesser-quality home is detrimental to individuals' psychological well-being (32). According to a British study (23), women's psychological well-being after divorce is affected primarily by a change in homeownership status. Women who used to own a home, but no longer do so after divorce, exhibit the greatest deterioration in psychological well-being.

The explanatory power of material circumstances (such as income, financial distress and quality of housing) for differences in physical health between married and divorced persons appears to be slight in the case of men and considerable in the case of women (especially financial distress) (64). Car ownership, too, appears to have a significant explanatory value for the observed health differences between married and divorced men and women (34). The presence of an additional income, better homeownership status and protection through private health insurance all explain to a significant degree the better health status of married persons as compared to non-married individuals. However, divorced, widowed and never-married women still exhibit a health deficit after controlling for these economic factors (35).

The same conclusion can be drawn from an American mortality study. Once education status, poverty status and employment status are controlled, divorced men still have a higher mortality risk while this is not the case for women (48). Others also found that the material circumstances slightly contributed to the explanation of excess mortality among divorced men (29). These findings are in line with the conclusion of another mortality study. "Her" marriage was found to offer primarily the benefits of improved financial well-being while this is not the case for "his" marriage (52).

Social relationships and social support

The significance of social relationships and social support to psychological and physical health has been confirmed repeatedly in research. Especially during difficult moments, it is very important to be able to call on others (65-66). However, divorce often entails that contacts with certain groups of people are severed and that the amount of social support one can rely on is reduced.

Various authors cite social relationships and social support as mediating factors for the impact of divorce on well-being. According to a number of studies (9, 47, 67), the reduction in social support after divorce can contribute to a lower psychological well-being of divorced persons in comparison with married persons. Similarly, within the group of divorced persons, more social support contributes to a better psychological well-being (10, 56). As regards physical health status, it emerges that the quality of support received contributes significantly to a better health status of married persons in comparison to divorced persons (34). It also appears that lack of emotional supports and participation in social activities can explain some of the negative impact of divorce on personal health (68). In addition, there are indications that well-being is affected not only by the number of social relationships, but also by the composition of the social network. Some studies demonstrate that contacts with friends in particular have a positive impact on psychological well-being (47, 69, 70).

One type of relationship that inevitably falls away after a divorce is the partner relationship (even though one may obviously continue to maintain contact with the ex-partner). As the dimensions of a partner relationship are not or cannot be present simultaneously or with the same intensity in other types of relationships, divorce can lead to a situation where one experiences the loss of a strong emotional bond (12). Various studies demonstrate that when individuals enter into a new partnership or marriage, their level of psychological well-being improves substantially and sometimes returns to the level of the married group (13, 24, 47). A Dutch study shows that divorced persons' increased risk in respect of three of the four health indicators studied (i.e. general health status, presence of chronic conditions and work disability) drops substantially after controlling for the presence of a partner. The reduction of the excess risks for subjective health complaints is rather small (29). A Swedish longitudinal study finds evidence of an increased mortality risk for lone mothers as compared to mothers with a partner. This increased risk persists after controlling for socioeconomic status and previous physical and psychiatric conditions (71). Still, there are a few studies which find no or very little evidence of the effect of the presence of a new partner (9, 56). Belgian research suggests there is no difference in depressive symptoms between divorced women with and without a new partner (9). Elsewhere, it emerges that the level of psychological well-being of divorced persons who have remarried continues to be lower than that of persons who are still in their first marriage (72). A Dutch study shows that the loss of a partner is the most important explanatory factor for the worse health status of divorced men. Likewise in the case of divorced women, this factor explains to an extent the difference in health status with married women (64).

Another type of relationship that may be affected significantly by divorce is the relationship with one's children. As custody is often awarded to the mother, fathers in particular tend to have less contact with their children after divorce. Divorced fathers without custody may experience negative emotions such as feelings of guilt, frustration and sadness through reduced contact with their children and loss of control over the lives of their children. Conversely, these fathers, because they have been relieved from the daily care of their children, have more room to develop new relationships (19). A longitudinal study among fathers (19)

into the effect of divorce on the quality of the father-child relationship and the psychological well-being of the father concludes that fathers with custody tend to have a lower level of well-being, and that men are generally not very sensitive to strained relationships with their children. Another American study (45) suggests that the functioning of the family (measured in, among other things, the ability to function as a team and the presence of tensions within the family) is connected with well-being, for custodial mothers as well as fathers. If the family functions less well, the divorced parent is likely to display a lower level of psychological well-being.

Health behaviour and disease

Health behaviour is another factor whose mediating role has been studied in conjunction with marital status and physical health. The better health behaviour of married persons is often cited as one of the reasons for their better health as compared to divorced persons. Being married would appear to protect people – and men in particular – against high-risk behaviour such as smoking, excessive drinking and speeding. This protective role reduces the likelihood of illness and premature death. Moreover, it is assumed that being married entails a more organised lifestyle (e.g. regular eating and sleeping patterns), which affects people's health positively (34). Various explanations are put forward for the differences in health behaviour between married and non-married persons (51, 73). The impact of familial relations on health behaviour is believed to be exerted via indirect and direct social control. As regards alcohol consumption, attention is drawn to the fact that the stress involved in the process of divorce, the reduction in responsibilities within the family and changes to the social network can all result in an increased alcohol intake.

A meta-analysis of 12 longitudinal studies (6 American, 4 European and 2 Canadian) shows that marital dissolution, at all ages and among both men and women, results in increased alcohol consumption (73). A Dutch study explores the extent to which differences in health status by marital status may be explained by health behaviour exhibited. It concludes that 6 types of both health behaviour and health indicators (smoking, alcohol consumption, coffee consumption, breakfast habits, physical exercising and BMI) explain to a substantial degree the differences in terms of general health status and subjective health complaints. However, differences between the groups persist after control for health behaviour (36). Another study into the mediating role of health behaviour in divorce suggests that smoking and drinking behaviour has albeit limited a degree of explanatory power, for women as well as men (34). However, after controlling for these health behaviours, there are still significant health differences between married and divorced women.

A British mortality study shows that men who divorced during follow-up were at increased risk of both cardiovascular disease mortality and other non-cardiovascular disease mortality. The excess mortality of divorced men could not be explained by poor health or by exposure to a range of risk factors (74). Others found that differences in health behaviours accounted for almost half of the excess mortality of divorced men compared to married men (29).

Still others found that underlying marital status differences in health could partially or fully explain the higher rates of disease or disability among divorced persons. Results from a longitudinal Norwegian study show that inflammation-sensitive proteins vary greatly by marital status and occupational status, however this does not confound the relationship between inflammation-sensitive proteins and incidence of cardiovascular disease. The conclusion is that inflammation could not fully explain the increased cardiovascular risk in divorced men (75). An American study indicates that divorced persons have a higher risk of disability than married persons. Once demographic characteristics, fatal chronic diseases and non-fatal chronic diseases are controlled divorced persons still significantly differ in their odds of disability. No statistical differences exist after control for physical functioning problems (27).

The role of formal assistance and care

From a user perspective, various studies demonstrate that the divorced rely more on formal assistance than married persons do. Divorced persons more often seek assistance for emotional reasons (77), they are represented more strongly in hospital populations (78), pay more frequent visits to their GPs (79), are hospitalised more frequently (79), consult specialists more often (79), make more extensive use of psychological healthcare and social services (80) and seek more help from psychiatrists (38). Explanations for these different utilisation patterns are sought in the difference in nature and frequency of illnesses experienced by divorced and married people respectively, the greater social need for formal assistance among the divorced, and a divergent translation of care needs into care utilisation (78).

Educational level to a large extent explains differences in use of healthcare services. Also, the more frequent use of healthcare services by divorced persons may be attributable to the fact that they are more likely to suffer from chronic conditions than married people are (79). However, the hospitalisation frequency for divorced persons remains higher if one controls for socio-demographic variables, urbanisation rate and health status. It is therefore recommended that further research should be conducted into the role of socio-psychological aspects. Having custodial responsibility over children, for example, may inspire individuals to attribute a greater significance to 'health' matters. Another possible explanation is that divorced persons may call on formal care providers to discuss problems which, in the case of married persons, are resolved at home (79). After all, research shows that, if another adult person is available, divorced women make less use of care services (81).

Research from a supply perspective shows that persons with divorce-related problems come into contact with a variety of actors from the welfare services and health care sector (82). This observation should not come as a surprise, since going through a divorce impacts not only on people's well-being and health status, but also on various other areas of life (4). An exploratory study in three Flemish regions suggests that, as far as content is concerned, there are four 'supply clusters' in divorce-related services. The first includes lawyers/ notaries and judicial and police services, who can help resolve material and legal issues. The second cluster consists of generalists. It encompasses some GPs and more than half of the actors in

psychological health care, whose services are geared towards dealing with a broad range of problems. The third cluster, to which a large majority of GPs and a third of the psychological healthcare providers belong, consists of actors whose supply is geared to dealing with (psycho)somatic problems. The fourth cluster, with an important representation of welfare services, has a supply that is directed at familial and educational issues (82).

Divorced persons suffering from (psychological) health problems primarily call on their GP and a variety of care or service providers from the psychological healthcare sector, such as therapists, psychologists, psychiatrists, centres and services for psychological healthcare, psychiatric (wards in) hospitals (83). Strikingly, some but not all GPs are a gateway for divorced persons to specialist care, particularly psychological healthcare (82, 84). For care or service providers from the psychological healthcare sector, the referral of divorced clients and the information function are largely an intrasectoral matter. Here the issue arises of affordability of care for divorced persons (84, 85).

Discussion

Research into the impact of divorce on people's physical and psychological health is hampered by a number of methodological constraints.

First and foremost, it should be noted that many studies are set in a stress-theoretical framework, in which divorce is regarded a priori as a stressful event with possible negative consequences for individuals' well-being. Although the stress model does not exclude that divorce may have positive consequences, researchers have hitherto paid too little attention to this possibility and to the circumstances in which a divorce may have a less detrimental or even a favourable impact (13, 39, 86). A number of meta-analysts of divorce research therefore assert that more positive consequences would most likely be reported if researchers were to set out to identify them in the first place (39, 86).

A second remark concerns the interpretation of selection and causation effects. A number of longitudinal studies suggest that divorced persons are more likely to already have reported worse health a number of years prior to marital dissolution. This may point towards a selection effect (persons in less good physical and/or psychological health are more likely to experience marital problems and divorce), or it may be attributable to marital problems preceding the divorce (22, 23, 24, 39, 42). As the level of psychological well-being is lower mainly in the years leading up to divorce (22, 23), some argue that what we observe here are early effects of separation or divorce rather than selection effects (39). It may also be the case that selection and causation effects interact, e.g. in situations where persons who are already more prone to psychological problems experience a more negative impact of divorce on their well-being (11, 39).

In order to unravel these points, panel studies are required that span a sufficiently long period of time (5 to 10 years). An additional benefit of such an approach is that it will provide better insight into the long-term effects of divorce and the impact of a new marital partner

(13). Besides covering too short a period of time, existing panel studies are often restricted by the small number of respondents experiencing a divorce or separation between interviews. If this group is subsequently further subdivided, e.g. to test for interaction effects, then the numbers involved become even smaller, which can give rise to statistical unreliability (13).

The above described studies suggest that the degree to which one experiences negative effects from a divorce is co-determined by a number of person-related characteristics, marriage- and divorce-related factors, and the circumstances of life after divorce. To what extent each of these types of factors come into play is, however, not entirely clear, given the divergent research findings. This may be attributable to the different composition of the samples and certain characteristics of the respondents (e.g. the length of time since divorce, parents vs. childless individuals, once divorced vs. presently divorced...), the operationalisation of the variables, and the models applied (controls for different variables).

The measures that are employed for gauging the mediating factors and the level of physical and psychological well-being diverge considerably. In some cases, a single measure is used for a multidimensional concept. Other studies use combinations of items from different scales. As far as future research is concerned, it is in any case important that, when operationalising psychological well-being, one should take due account of internalising and externalising aspects (41, 42, 50). If, for example, one chooses to use only depression as an indicator of well-being, then there is a danger that typically 'male' expressions of lower well-being will be overlooked, leading to erroneous conclusions regarding the impact of divorce on psychological well-being in general.

Conclusion

It emerges from the studies discussed above that, on average, the experience of separation or divorce has a negative impact on individuals' psychological well-being, their health behaviour, their health status and their life expectancy. Divorced persons report more depressive symptoms, express less feelings of happiness, are in worse health, display more negative health behaviour and exhibit a higher mortality rate than (continuously) married persons.

It would appear that both selection effects and causation effects come in to play here. Research from the 1990s reveals that the causation effects of divorce are largely attributable to changes in the circumstances of life after marital dissolution. Consequently, the impact of divorce may persist in the longer term. Particularly important in this respect are a reduced availability of social support and a deteriorated financial situation. The presence of a new partner can reduce or even neutralise the negative effects of divorce. The impact of divorce on the individual's physical and psychological health varies depending on a number of person-related factors (e.g. gender, age,...), characteristics of the dissolved marriage (e.g. quality of the relationship, duration,...) and divorce-related aspects (e.g. who was the initiator?). However, it is still not altogether clear precisely what impact these mediating factors have, as the available research findings point in different directions.

Present research is hampered by a number of important methodological constraints. The challenge consists in further identifying – on the basis of qualitatively adequate data – under which circumstances a person's physical and psychological well-being may be positively or negatively affected by the experience of divorce. For policymaking purposes, one important conclusion is that the negative impacts of divorce on the psychological well-being and physical health of ex-partners is, to a considerable extent, attributable to their deteriorated financial situation and housing, and a reduction in social support. On the basis of this evidence, we argue that improving the socioeconomic position of (single) divorced persons ought to be a policy priority.

In the introduction it was already mentioned that little or no literature is available on the outcomes of separation among people cohabiting without being formally married. Large-scale research into the consequences of separation for the health status of these people could be useful, in order to compare with the outcomes in the health status of the divorced or those who are cohabiting.

Moreover, as far as Flanders is concerned, little is known about the impact of divorce on the physical health and health behaviour of ex-partners. A similar conclusion imposes itself in relation to the impact of separation or divorce on the utilisation of different types of care or social assistance. Foreign research suggests that divorced persons make more use of certain types of assistance. Because of context-specific factors, such as the nature of the informal care policy pursued or the nature of available formal care and assistance services, the conclusions reached in such foreign research are not readily transposable to Flanders. A client-oriented perspective on the use of and experience with care and assistance is nevertheless important, for various reasons. It can, for example, provide useful information for the development, adjustment and fine-tuning of the supply on the basis of existing demand. The opinion of users can provide care providers with useful insights for organising client-oriented care. Care users, finally, stand to benefit from a better adjusted and optimised care system.

Finally, little is known about the impact of region-specific characteristics on the health status of the divorced and the supply of care and assistance. An important challenge for future research is therefore to take into account the interplay between individual-level and region-level characteristics when studying the health status of the divorced. Another interesting topic is to ascertain whether region-specific factors in the supply of care and assistance services, such as their availability, quality and accessibility, play a mediating role in the impact of divorce on the health status and well-being of ex-partners.

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