

1-1-1977

The crisis of uncoupling.

Stephen Howard Portuges
University of Massachusetts Amherst

Follow this and additional works at: https://scholarworks.umass.edu/dissertations_1

Recommended Citation

Portuges, Stephen Howard, "The crisis of uncoupling." (1977). *Doctoral Dissertations 1896 - February 2014*. 1489.

<https://doi.org/10.7275/5czf-jw60> https://scholarworks.umass.edu/dissertations_1/1489

This Open Access Dissertation is brought to you for free and open access by ScholarWorks@UMass Amherst. It has been accepted for inclusion in Doctoral Dissertations 1896 - February 2014 by an authorized administrator of ScholarWorks@UMass Amherst. For more information, please contact scholarworks@library.umass.edu.

THE CRISIS OF UNCOUPLING

A Dissertation Presented

By

STEPHEN HOWARD PORTUGES

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of

DOCTOR OF PHILOSOPHY

June 1977

Psychology Department

© Stephen Howard Portuges 1977
All Rights Reserved


THE CRISIS OF UNCOUPLING


A Dissertation


By

STEPHEN HOWARD PORTUGES

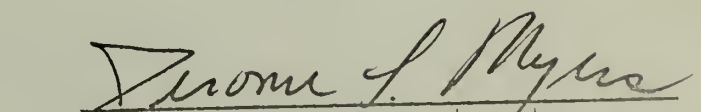
Approved as to style and content by:


Castellano B. Turner, Chairperson


Jan Dizard, Member


Harold Jarmon, Member


Barbara Turner, Member


Jerome Myers, Department
Chairman, Psychology Department

August 1975

To David Grossman, Ph.D.:
a therapist's therapist

Acknowledgements

There are many people without whose help this research would never have been completed: my chairman, Castellano B. Turner and my committee members, Jan Dizard, Harold Jarmon, and Barbara Turner, made unique contributions both to my intellectual development during my graduate training and to the formulation of the ideas that are found in this work. I would especially like to thank the committee members for their support during the writing of the dissertation. I am most grateful to them.

My colleagues, Dr. Thomas Bikson and Mr. Jim McGuire, were consistently helpful in preparing the data for analysis, in scheduling subjects and conducting secondary interviews; without their contributions, the 2-1/2 year data collection period would have been insufferable. Similarly, the statistical advice of Dr. Ken Sirotnik was an incalculable aid in the process of data analysis and I appreciate his guidance. I would like to thank Ms. Peggy Bonnefil and Dr. Ken Wurtz for conducting the interviews and Dr. G. F. Jacobson for permitting me to use the data that formed the basis for the empirical work.

Finally, I want to thank Dr. Tora Kay Bikson for being willing to listen to every sentence read aloud at least twice, for invaluable criticism of the text, for helping me

clarify the most important of the ideas found in this work
and for continuing to love me in spite of it all.

ABSTRACT

The Crisis of Uncoupling

(June 1977)

Stephen Howard Portuges
B.A., University of California, Los Angeles
M.A., University of California, Los Angeles
Ph.D., University of Massachusetts

Directed by: Professor Castellano B. Turner

This work attempts to understand the disproportionate incidence of illness and psychiatric impairment among the separated and divorced in terms of the extent to which psychological disengagement from a dissolute marital relationship has been achieved. To develop the thesis that the quality of post-marital adjustment is related to "uncoupling" progress, an empirical investigation was conducted in which 170 separated and divorced applicants to a crisis intervention clinic were intensively interviewed about various aspects of their (former) marital relationship. On the basis of these interviews, six related indices of the extent to which a psychological separation from the (former) spouse had been completed were then developed. These uncoupling indices were derived from an assessment of: 1) whether the crisis for which psychotherapeutic treatment was sought was related to the marital dissolution; 2) current emotional reliance on the (former) spouse; 3) ideational preoccupation with the (former) marital partner; 4) attitudes toward rec-

onciliation; 5) whether feelings of sadness, anger, and guilt were related to the marital dissolution and 6) the degree of positive affect toward the (former) mate. A global measure of uncoupling was also developed by combining responses to each of the six separate indices.

To evaluate psychosocial functioning in areas outside the marriage, 60 theoretically relevant items were selected from both clinical ratings and from subject self-reports. A set of seven factor-analytically derived dimensions were then created which purported to measure such characteristics as: 1) depression, 2) anxiety, 3) suicidal penchant, 4) anomia, 5) involvement in a new love relationship, 6) self-health concern, and 7) problems with both work and finances. Further, in attempting to achieve a relatively uncontaminated estimate of the relationship between uncoupling progress and these dimensions of psychosocial functioning, several potentially confounding influences such as the duration of the marriage and the amount of time elapsed since the marriage's end were statistically controlled.

As anticipated, the results generally confirmed the hypothesized association between the degree to which uncoupling had been achieved and the quality of psychosocial functioning. Approximately 60% of the 49 predictions based on this hypothesis were confirmed. The pattern of correlations which emerged was interpreted to indicate that functioning in the intrapsychic realms, as represented by such dimen-

sions "depression," "anxiety," and "suicidal penchant," was more consistently implicated in the uncoupling process than was functioning in the social realm. However, the magnitude of the correlations was relatively small, a fact which suggests that processes in addition to uncoupling must be invoked to account for anomalies in the psychosocial functioning of the formerly married.

The implications of these findings for the psychotherapeutic treatment of those undergoing marital separation or divorce are discussed with emphasis on aiding this population-at-risk to make the psychological separation from the marital relationship.

TABLE OF CONTENTS

	Page
Chapter I. The Psychological Separation from a Dissolute Marital Relationship: A Critical Review.....	1
Introduction.....	1
Love and Mourning.....	2
Mourning and Uncoupling.....	6
Object Loss and Health.....	11
The Process of Marital Dissolution.....	20
Summary.....	30
Chapter II. Methodology of the Crisis of Uncoupling.....	32
Subject Selection and Data Collection.....	32
Indices of Uncoupling.....	35
Item Selection.....	35
1) The Crisis Component of Uncoupling.....	35
2) Grief and Uncoupling.....	36
3) Dependence.....	37
4) Ideational Preoccupation with the Spouse..	38
5) Positive Affect about the Spouse.....	38
6) Attitude toward Reconciliation.....	39
Overview of Item Selection Procedure.....	40
Construction of the Uncoupling Index.....	40
Measures of Psychosocial Functioning.....	45
Preliminary Item Selection.....	45
Data Reduction Procedures.....	50
Chapter III. The Structure of Psychosocial Functioning...	55
Factor Structure of Psychosocial Functioning Measures.....	55
Factor I (Depression).....	58
Factor II (Anxiety).....	59
Factor III (Anomia).....	60
Factor IV (Suicidal Penchant).....	61
Factor V (New Love Relationship).....	61
Factor VI (Work/Money Problems).....	62
Factor VII (Self-Health Concern).....	63
Summary Scores.....	64
Overview of the Dimensions of Psychosocial Functioning.....	64
Chapter IV. The Relationship between Uncoupling and Psychosocial Functioning: Hypotheses and Predictions....	68
Depression and Uncoupling.....	68

	Page
Anxiety and Uncoupling.....	69
Anomia and Uncoupling.....	70
Suicidal Penchant and Uncoupling.....	71
New Love Relationship and Uncoupling.....	72
Work/Money Problems and Uncoupling.....	73
Self Health Concern and Uncoupling.....	75
Summary of the Hypotheses and Predictions.....	76
Demographic Sources of Variation in the Psychoso- cial Functioning Measures: Potential Confound- ing Influences.....	77
 Chapter V. Results.....	 82
Section I: Demography of the Sample.....	82
Sex, Age and Marital Dissolution Status.....	83
Duration of Marriage.....	85
Socio-economic Status.....	87
Time since the Last Structural Marital Dis- solution Event.....	89
Section II. The Relationship between the Uncoup- ling Items and Marital Dissolution Status.....	91
The Crisis Component of Uncoupling.....	92
Dependence.....	96
Positive Affect for the Spouse (Yearning)....	105
Grief.....	109
Ideational Preoccupation with the (Former) Spouse (Memory).....	113
Attitudes toward Reconciliation (Reconcile)..<	116
Summary of the Relationship between Marital Dissolution Status and the Uncoupling Items.....	119
Section III. The Relationship between the Com- ponents of Uncoupling and the Measures of Psy- chosocial Functioning.....	123
Depression and Uncoupling.....	135
Anxiety and Uncoupling.....	138
Anomia and Uncoupling.....	141
Suicidal Penchant and Uncoupling.....	144
New Love Relationship and Uncoupling.....	147
Work/Money Problems and Uncoupling.....	150
Self Health Concern and Uncoupling.....	152
 Chapter IV. Uncoupling, Marital Dissolution and Psycho- social Functioning: A Final Assessment.....	 155
Uncoupling and Marital Dissolution.....	155
Demographic Characteristics, Uncoupling and Psy- chosocial Functioning.....	161
Uncoupling and the Demographic Characteristics...	162

	Page
Psychosocial Functioning and the Demographic Variables.....	166
Uncoupling and Psychosocial Functioning: Interpretations.....	171
Clinical Implications of the Results.....	175
Research Implications of the Results.....	177
Reference Notes.....	180
References.....	181
Appendix.....	193

List of Tables

	Page
Table 1. Factor Structure of Psychosocial Functioning.....	56-57
Table 2. Mean Age, by Sex and Marital Dissolution Status.....	84
Table 3. Duration of Marriage (in years), by Sex and Marital Dissolution Status.....	86
Table 4. SES as a Function of Marital Dissolution Status.....	88
Table 5. Time (in Months) since the Last Structural Marital Dissolution Event, Sex, and Marital Dissolution Status.....	90
Table 6. Crisis and Marital Dissolution Status.....	94
Table 7. Dependency and Marital Dissolution Status.....	98
Table 8. Dependency and Marital Dissolution Status.....	99
Table 9. Dependency and Marital Dissolution Status.....	100
Table 10. Dependency and Marital Dissolution Status.....	101
Table 11. Dependency and Marital Dissolution Status.....	102
Table 12. Dependency and Marital Dissolution Status.....	103
Table 13. Dependency and Marital Dissolution Status.....	104
Table 14. "Yearning" and Marital Dissolution Status.....	106
Table 15. "Yearning" and Marital Dissolution Status.....	107
Table 16. "Yearning" and Marital Dissolution Status.....	108
Table 17. Grief and Marital Dissolution Status.....	110
Table 18. Grief and Marital Dissolution Status.....	111
Table 19. Grief and Marital Dissolution Status.....	112
Table 20. Ideational Preoccupation with the (Former) Spouse and Marital Dissolution Status (Memory).....	114

	Page
Table 21. Reconciliation with (Former) Spouse and Marital Dissolution Status (Wants to Reconcile).....	117
Table 22. Reconciliation with (Former) Spouse and Marital Dissolution Status (Believes Reconciliation Is Possible).....	120
Table 23. Uncoupling and Marital Dissolution Status: Summary of Chi-Square Tests to Evaluate Predictions of the Ranking System.....	122
Table 24. Reliability of the Uncoupling Components and the Global Uncoupling Index.....	124
Table 25. Zero-Order Correlations of the Demographic Variables with the Measures of Psychosocial Functioning.....	126
Table 26. Zero-Order Correlations of the Demographic Variables with the Components of Uncoupling..	130
Table 27. Marital Dissolution Status and Uncoupling....	134
Table 28. Depression and the Components of Uncoupling..	136
Table 29. Anxiety and the Components of Uncoupling.....	139
Table 30. Anomia and the Components of Uncoupling.....	142
Table 31. Suicidal Pechant and the Components of Uncoupling.....	145
Table 32. New Love Relationship and the Components of Uncoupling.....	148
Table 33. Work/Money Problems and the Components of Uncoupling.....	151
Table 34. Self-Health Concern and the Components of Uncoupling.....	153
Table 35. Schematic Representation of Pattern of Correlations.....	173

List of Figures

	Page
Figure 1. Illustration of Ranking Scheme.....	43

C H A P T E R I

The Psychological Separation from a Dissolute
Marriage: A Critical Review¹Introduction

The "Crisis of Uncoupling" calls attention to a particularly unexplored dimension in the study of marital dissolution: the psychological separation from a terminating marital relationship. Using the framework of psychoanalytic theory, this research attempts to understand the disproportionate incidence of illness and psychiatric impairment among the separated and divorced in terms of the extent to which psychological disengagement from the marital relationship ("uncoupling") has been achieved. To develop the thesis that the quality of social relations following marital disruption is related to uncoupling progress, three areas of research will be evaluated: theoretical and empirical treatments of the relationship between object loss, mourning and pathology; studies of health and illness in which marital status is used as a source of outcome variation; and investigations of the process of marital dissolution. Once having reviewed this literature, the rationale and design of a

¹Funds for this research were provided in part by a grant from the National Institute of Mental Health (MH 21863 04, G.F. Jacobson, M.D., Principal Investigator). The relationship between the present research and the study out of which it emerged is detailed elsewhere (Portuges, Notes 6 and 9).

study which seeks to test the hypothesis that psychosocial dysfunction among the separated and divorced can be traced to unresolved separation reactions will be described.

Love and Mourning

Let me begin the discussion of the psychological aspects involved in ending a marital relationship by recalling Freud's salient observation about how being in love serves to blur the distinction between the self and other:

At the height of being in love, the boundary between ego and object threatens to melt away; Against all evidence of his senses, a man who is in love declares 'I' and 'you' are one, and is prepared to behave as if it were a fact (1930, p. 13, italics added).

That Freud did not regard this phenomenon of the apparent merging of self and other as pathological but rather as a potential means of growth is seen in the following citation:

A strong egoism is a protection against falling ill, but in the last resort, we must begin to love in order not to fall ill, and we are bound to fall ill if, in consequence of frustration, we are unable to love (1914, p. 85).

If being in love, an attitude universally recognized as a prerequisite for marriage in post-industrial society, lends to the growth of a self concept which revolves around the beloved, incorporates the beloved, and views the beloved

as an extension of the self, it may be argued that the death of love, the end of a marital relationship would necessarily entail a process in which this (unconscious) equation of self and spouse is dissolved. How such an uncoupling process proceeds can best be understood by pursuing Freud's thinking and that of later analysts on the subject of relationship terminations.

Although Freud did not deal explicitly with the psychology of ending a marital relationship, his remarks on "Mourning and Melancholia" (Freud, 1917) are particularly helpful in construing the psychological aspects of marital dissolution.

Freud defined mourning as ". . .the reaction to the loss of a loved person. . .(resulting in). . .grave departures from the normal attitude to life." These "grave departures" included profoundly painful dejection, loss of capacity to adopt new love objects, turning away from any activity not connected with thoughts of the lost person and a cessation of interest in the outside world (p. 244). Mourning, according to Freud, permits one to dissolve, in a piecemeal fashion, emotional ties to the beloved. Such progressive withdrawal of these affectional bonds, while deeply painful, ultimately results in acceptance of the reality of the loss and actually prevents the ego from being overwhelmed by the sudden end of the object relationship. Each memory and expectation is brought into consciousness and the attachment

to the love-object gradually curtailed. Thus, although the work of mourning serves to maintain the mourner's relationship to the internal representation of the loved one, the result of mourning conforms to the demands of reality and thereby achieves emancipation from the beloved.

What makes Freud's description of the mourning process somewhat problematic is the fact that it does not take into account the presence of certain negative affects, especially anger and guilt, which are frequently observed among the bereaved (Bowlby, 1961; Pollock, 1961; Lindemann, 1945; Parkes, 1965). Freud's model seems to presuppose an idealized relationship with the loved-object, one in which the bereaved has somehow managed to transcend what Freud himself recognized as a common component in love-relationships--the phenomenon of ambivalence:

The history of the origins and relations of love makes us understand that love so frequently manifests itself as 'ambivalent' i.e., as accompanied by impulses of hate against the same object (1915, p. 139).

Although it has been suggested that Freud's purpose in Mourning and Melancholia was to present a theory of mourning and not to describe the actual behavior of a mourner (Siggins, 1966), such a conciliatory effort does not overcome the problem raised here and elsewhere (Bowlby, 1961). Anger and guilt must be accounted for and, in retrospect, it seems that Freud had already laid the groundwork for their inclu-

sion in his theory of mourning:

If a love-relation with a given object is broken off, hate not infrequently emerges in its place . . . (1915, p. 139).

But Freud's treatment of this conflict between "opposed feelings of love and hate," a conflict activated by "all those situations of being slighted, neglected or disappointed," occurs only within the context of his discussion of melancholia. Moreover, not only did Freud thereby exclude ambivalence from his portrait of normal mourning, but regarded its presence as a sign of pathological grief:

. . . the conflict due to ambivalence gives a pathological cast to mourning and forces it to express itself in the form of self reproaches to the effect that the mourner himself is to blame for the loss of the loved object, i.e. that he has willed its death (1917, p. 251).

Freud returned to the problem of mourning in subsequent writings (1923, 1926) but this apparent inconsistency was not clarified in his own work. It remained problematic, however, only until the publication of a paper by Karl Abraham, a work in which ambivalence in love-relationships was extended to their termination by the suggestion that the difference between pathological and normal mourning was in part due to a difference in the intensity of the oppositional feelings. To be sure, melancholia (depressive psychosis) was marked by the presence of strong ambivalence toward the

deceased whereas in normal mourning, the positive feelings of love were predominant:

In the normal person, too, feelings of affection easily oust the hostile ones in regard to an object he has (in reality) lost (Abraham, 1927, p. 442).

Thus, some twenty years later, Fenichel was able to summarize psychoanalytic thought on mourning by characterizing it as:

. . .an ambivalent introjection of the lost object, a continuation of feelings toward the introject that once had been directed toward the object, and the participation of guilt feelings throughout the process (1946, p. 395).

Mourning and Uncoupling

Having briefly outlined the fundamentals of the psychoanalytic theory of mourning, the problem of applying this framework to the process of ending a marital relationship can now be confronted. First, however, it must be recognized that there is a basic difference between losing a relationship through death and ending one by divorce: the bereaved are required by the demands of reality to break off the relationship with the dead, a demand which is not imposed on those who break off a marital relationship. The formerly married may still see, be with, fight with, sleep with and generally communicate with one another in ways that reflect a loss and simultaneously betray its incomplete

quality. Divorce's primary legal function is to permit remarriage; it neither forbids contact between the couple nor prohibits reconciliation. Thus, while divorce may signal the legal end of a marriage, the psychological position of those faced with marital dissolution is considerably more complicated than that of those experiencing the death of a loved one.

Nevertheless, the psychoanalytic account of mourning takes us a considerable distance toward understanding what is involved in the uncoupling process. If the possibility of reconciliation and continued contact are taken into consideration, and the ambivalent nature of ending a relationship with one who is still such an integral part of the self concept is acknowledged, then a tentative formulation of the uncoupling process can be advanced. These problems in mind, the phenomenon of uncoupling may be conceptualized as a conflict-laden series of decathecting episodes whose frequency and intensity decrease as grief over the abandoned love object progresses.

This conception of uncoupling parallels the psychoanalytic theory of mourning in many respects. First, both uncoupling and mourning are believed to be adaptive reactions to the end of a highly valued relationship and both are viewed as gradual attempts to dissolve emotional attachments. Second, since both processes entail a great deal of distress, both are subject to various forms of distortion--

i.e., both can evoke defensive reactions in the service of tempering the intensity of the feelings which they stimulate. Third, both are conflictual processes, especially with respect to the question of the eventual outcome. The desire to reunite with the deceased parallels the desire to reconcile with the former spouse and the persistence of this wish to return to the former relationship may be pathonomic in both cases. The parallel draws thin in this regard, however, since the formerly married may actually reconcile with no untoward consequences while reconciliation with the deceased is invariably suicidal.

Noting similar parallels between the positions of the bereaved and the divorced, Waller (1938) recognized that the divorced faced several "readjustment problems" not encountered by the bereaved. In formulating his "general theory of readjustment" following the loss of a marital partner, he pointed out that while the separating or divorcing person must frequently justify his or her actions regarding the end of the marriage (both legally and to friends, relatives and colleagues), the bereaved generally had the unqualified support of the community as well as a ritual (the funeral) in which the expression of grief was sanctioned. The self-justification, Waller continued, serves to distort the image of the former spouse in exactly the opposite way that the bereaved idealizes the deceased. In the presence of these attempts to blame the spouse for the failure of the marriage,

friends frequently side only with this (expressed) wish to end the emotional attachment and may even encourage the accusations and feelings of anger toward the spouse who has inflicted so much pain and injury. Waller concluded by suggesting that not only does this social process facilitate alienation between the former couple but actually ". . .arrests the mourning process and prevents complete recovery" (p. 586).

Although Waller did not explain how the expression of only one side of the ambivalent feelings may result in incomplete mourning, it is a familiar clinical practice to treat those experiencing profoundly ambivalent feelings by underscoring the importance of both sides of the conflict; the therapeutic task is to help such persons understand that feelings of love and hate may co-exist and that their presence, while painful, is both a manifestation of the objective difficulties of "letting go" of a significant other and a revival of previously unresolved conflicts. Accordingly, Waller seems to acknowledge that the psychological separation will be incomplete unless both the urge to end the relationship and the simultaneous yearning for a return to what once was are somehow accepted.

Uncoupling episodes may therefore be viewed as reflections of both the gratifications and disappointments of the marital relationship. Once this psychological separation process is initiated, contact between the couple is invari-

ably painful. Memories and fantasies of the spouse may evoke strong feelings of sadness, anger, guilt, helplessness and shame, while moments of tender and affectionate interaction may be recalled only to be followed by recollections of bitter exchanges which resulted in despair and hopelessness. Stimulated by any event which signals the end of the marriage, these manifestations of uncoupling are probably most evident following the occurrence of each one of a particular set of events which form the structure of the marital dissolution. These "structural marital dissolution events" include: the first serious mention of a separation, the actual separation, filing for the divorce and receiving the final decree. Since these events are objective indices of one's social progress toward ending a marriage, their occurrence should successively induce working through the severance of the marital tie on a subjective or psychological level.

While it follows from this conception that uncoupling would take time, the passage of time alone would not predict the quality of the resolution of this psychological separation process. We are all capable of delaying the grief, presumably in order to prevent the interval schism that the actual separation threatens to evoke. But, as Freud suggested, grief's expression (i.e., mourning) is the adaptive reaction pattern whereby affectional bonds are gradually diminished; its postponement can actually turn a transient

state of upheaval into a chronic condition of psychological and social dysfunction. The effects of deficient grief work, the concomitant failure to defuse the merged image of self and spouse and the subsequent inability to adjust to life without the spouse can be seen years after the final decree of divorce has been granted. Although the "effects" of the passage of time are not to be overlooked,¹ the present investigation attempts to elucidate those problematic aspects of the uncoupling process which are subject to therapeutic intervention. Consequently, its major focus is on logical factors which are believed to influence the type of adjustment achieved following the end of a significant relationship.

Object Loss and Health

Recent contributions to the psychoanalytic theory of mourning have stressed the importance of the quality of the reaction to object loss in relation to post-separation adjustment. Lindemann (1944) studied the reactions of 101 persons who had lost near relatives under varying circumstances. His observations suggested that adaptive outcomes were associated with the acceptance and expression of intense feelings stimulated by the loss. He went on to argue

¹How the passage of time will be treated is discussed in a subsequent chapter.

that the delay or distortion of such "grief work" could result in psychopathology.

Lindemann's observations are particularly salient in light of the frequency with which the concept of loss has been implicated in the development of various forms of pathology. While loss has often been conceptualized as a major stressor, both in literary and scientific study, the issue of how one responds to loss and its relation to subsequent functioning has not been well specified. Thus, in commenting on the effects of the death of a loved one, Tolstoy notes that with:

. . .the extinction of life, there is a severance, a spiritual wound, which like a physical wound is sometimes fatal and sometimes heals (Book 15, Chapter 1, 1955).

The fatality of the "spiritual wound" is dramatically depicted in Montaigne's description of the death of King John of Hungaria, who, upon:

. . .viewing the dead body of his son, stood still upright till the vehemence of his sad sorrow, having suppressed and choked his vital spirits, fell'd him starke dead to the ground (cited in Parkes, 1972, p. 14).

Not only have such tragedies been occasioned by the death of a loved one but by the threat or actuality of emotional rejection as well. Recall the example of Phyllis, daughter of Lycurgus, King of Thrace, who is alleged to have

thrown herself into the sea after her newly married husband failed to keep his promise to return to her at the end of one month (Zimmerman, 1964); or of Werther, the tragic hero of Goethe's romantic narrative, whose suicide was prompted by his would-be lover's insistence that he never see her again.

But death, while certainly the most dramatic of the possible reactions to the loss of a loved one, defines only the terminal point of a continuum of dysfunctional replies to the actual or threatened end of a highly valued relationship. In such diverse syndromes as asthma (McDermott & Cobb, 1939; French, 1939), tuberculosis (Day, 1952; Kissen, 1956); Reynaud's disease (Millet et al., 1952) ulcerative colitis (Engel, 1955), diabetes mellitus (Hinkle & Wolfe, 1952), obesity (Hamburger, 1951), several forms of cancer (Kowal, 1955; Greene, 1954, Greene et al., 1956, 1958; Bahnson, 1974), and numerous psychiatric disorders (Adamson & Schmale, 1965; Deutsch, 1937; Bowlby, 1963; Odegard, 1953), events which signal the end of an intimate relationship have been noted to precede the onset of symptoms. Studies of the relationship between the occurrence of major life changes and various indices of health and psychosocial functioning have similarly found that recent object loss, through either death or divorce, was associated with decrements in several measures of outcome (Holmes & Rahe, 1967; Cline & Chosey, 1972; Smith, 1971; Uhlenhuth & Paykel, 1973).

With respect to the incidence of illness among the separated and divorced, Carter and Glick (1970) presented previously unpublished data from the Health Interview Survey conducted between 1961 and 1963 under the auspices of the National Center for Health Statistics. This survey obtained information about chronic conditions from the civilian non-institutional population, and the results were standardized to control for the potential effects of age-related disabilities. Chronic was defined to mean a "physical or mental impairment lasting more than three months." Among men, the divorced had the lowest percentage of persons with no chronic conditions, the highest with one or more, and the highest percentage of those whose chronic condition limited either their ability to work, keep house, or go to school. Among women in the sample, the divorced ranked second to the widowed in terms of the percentage of persons having one or more chronic conditions; similarly, only the widowed women had a higher percentage of persons in their ranks whose chronic condition interfered with a major life activity.

The separated and divorced are also confined to institutions more frequently than persons from any other single marital status category (U.S. Bureau of Census, 1960). Although this finding deals exclusively with middle-aged to older persons (aged 45-64), it holds for such settings as prisons, mental hospitals (women only), tuberculosis hospitals and homes for the aged and poor (men only).

Death rates are similarly high among the separated and divorced. Faberow and Schneidman (1965) reported that suicide occurred among persons having dissolved a marriage significantly more often than would be expected on the basis of their representation in the population. Surveying data for the years from 1959 to 1961, Carter and Glick (1970) found that for 15 of the 19 different causes of death listed by the Center for Health Statistics, separated and divorced white men die at higher rates than white single, married or widowed men. White divorced women died of cervical cancer, cirrhosis of the liver and were murdered at higher rates than women occupying any other marital status; on 10 of the remaining 14 causes of death, divorced women again ranked second only to the widowed.

Comparable findings on the mental health of the divorced have also been reported. In a rare study of persons over 65, Bellin and Hart (1958) found a higher incidence of mental illness among the divorced than among non-divorced persons. Odegard (1953) presented epidemiological evidence to support the thesis that the prevalence of psychoses among the separated and divorced was significantly greater than their number in the population would warrant. Inspecting first admission rates to psychiatric hospitals in Norway from 1931 to 1945, Odegard also provided similar data for persons in the remaining marital status categories. The results of this study are quite remarkable: when the rates

are standardized to yield admissions per 100,000 persons in the population, roughly four times as many divorced persons were sent to psychiatric hospitals on a yearly basis as married persons. In all categories of severe mental disorder, the divorced were found in greater proportion than were those from any other marital status. Interestingly enough, the widowed were also found to be overrepresented among those first admitted to mental hospitals.

Using the same methodology, Maltzberg studied first admissions to psychiatric wards in New York State from 1948 to 1951 (Maltzberg, 1964). Basing his investigation on over 50,000 cases, Maltzberg's findings were virtually identical to those of the earlier Norweigian study: once again, the highest standardized rates were seen among the separated and divorced, a rate which exceeded that for persons who were married at the time of admission by a ratio of four to one; completing the parallel, Maltzberg found that the rate of admission for the widowed was twice that of the married.

Blumenthal (1967) obtained data on 50 divorced and 280 non-divorced subjects under the guise of conducting a mental health survey. From responses to the survey questionnaire, she developed several indices of mental illness which included hospitalization for mental health problems, drinking problems, suicide and depression, and visits to physicians and psychiatrists. On each of these measures, divorced persons were rated as being significantly more disturbed than

the non-divorced controls. However, when examining the relationship between psychiatric diagnosis and marital status among a sample of 500 out-patients, Woodruff and his associates found that only alcoholism differentiated between the married and divorced subjects: none of the remaining 14 diagnostic categories, including depression, were associated with marital status (Woodruff et al., 1972).

Finally, in order to document his contention that "psychiatric illness. . . is a significant cause of marital breakdown," Briscoe collected data on the incidence of psychiatric symptoms among two randomly selected samples of married and recently divorced subjects (Briscoe et al., 1973). Using a set of guidelines for the assessment of psychiatric disorders in research suggested by Feighner (cf. Feighner et al., 1972) Briscoe had subjects from both samples interviewed by several psychiatric residents, all of whom knew the marital status of each subject. With this serious methodological problem in mind, let us examine Briscoe's findings. First, 78% of the 83 divorced women and 66% of the 56 divorced men were judged to have a "psychiatric illness." For both men and women, these percentages far exceed those found among the married controls. The breakdown of symptomatology into specific diagnostic categories indicated that 50% of the divorced women and 43% of the divorced men were depressed, again a statistically significant difference between the divorced and the married subjects. For the re-

maining five diagnostic categories, only one, anti-social personality, differentiated formerly married from married subjects. One major sex difference among the divorced also emerged from this study: the women were more likely to be diagnosed as depressed than men. However, rather than supporting Briscoe's thesis, these data may be interpreted to mean that depression is a frequent outcome of the distress associated with separating and divorcing. Furthermore, the fact that the interviewers were aware of the subjects' marital status permits yet another interpretation of these results: that the higher incidence of "psychiatric illness" among the divorced was a product of the researcher's expectations rather than an actual difference between these two samples.

These morbidity data are subject to multiple interpretations, not the least frequent of which views the adjustment problems of the formerly married as reflections of life-long psychiatric disorder (Bergler, 1948, 1949; Eliot, 1948; Eisenstein, 1956; Freeman & Greenwald, 1961). Bergler, whose position characterizes this perspective, sees divorce as a symptom of underlying characterological difficulties, which, unless corrected, would find those who remarry in the throes of yet another divorce. The higher incidence of divorce among the remarried is evidenced to substantiate this view (cf. Jacobson, 1959). In her brief article in a recent overview of divorce, Jessie Bernard (1970) cogently reminds

us of the effect of divorce research which looked for defects in the character structure of the divorced: "Research of this kind tended to raise doubts of personal adequacy among the divorced; their sense of failure was deepened; they were shamed by it" (p. 13).

Interestingly enough, in the context of the literature on the relationship between the loss of a loved one (either through death or divorce) and health, the converse of this view emerges, i.e. that illness and psychiatric disorder are caused by the end of an intimate relationship. However, while much of this literature serves to underscore the potential impact of ending an intimate relationship on subsequent functioning, these studies should not be construed as sufficient evidence for the proposition that object loss per se is pathogenic: many persons appear to sustain a major relationship loss without becoming ill or psychologically impaired.

If, however, we acknowledge the generic relationship between object loss and health, and if we also view the end of a highly valued relationship as a threat to the integrity of adaptive functioning, we are led to the position that the quality of post-separation adjustment is mediated by the manner in which one copes with such threats. This position would orient clinical research toward two related issues:

- 1) how persons attempt to sever an emotional attachment, and
- 2) the extent to which such disengagement is achieved. When

so oriented, empirical investigation could be focused on identifying coping strategies associated with both adaptive and maladaptive resolution of the psychological dilemmas posed by the end of an important relationship. Moreover, by emphasizing the quality of coping with relationship terminations, this position unifies what are currently separate areas of study: loss by death and loss by divorce. Finally, rather than losing sight of the problematic nature of ending relationships by focusing on their "causes," this position would attempt to find hitches in the uncoupling process and to facilitate an adaptive transition from marriage through divorce to whatever new status persons ultimately achieved.

Thus, when marital dissolution is viewed as a transitional process, whose outcomes may vary from self-destruction to self-reconstruction, it can be seen that the quality of functioning may be the same, better or worse than that which preceded it. Previous research on the marital dissolution process may therefore be examined to identify factors which appear to mediate differential outcomes.

The Process of Marital Dissolution

Since Goode's pioneer study of divorced and remarried mothers in 1948, only one empirical investigation of the actual transition from marriage to divorce has appeared in the literature (Chester, 1971). Goode viewed divorce for women

as a change from the role of wife to "former wife" and then to a new status in which the major behavioral pattern no longer involved the spousal role. Obtaining his sample from the court records in Detroit, Goode interviewed 426 women, 304 of whom had been divorced from two to twenty-six months; the remainder of his sample had remarried at the time of the interview. An extensive interview schedule was developed to assess such areas as the economics of the marriage, social interaction of the former marital pair, various dimensions of the conflict process, the "trauma" of divorce, the divorcee's ties to her former husband and the new marriage. Of special interest to the present study are Goode's findings regarding trauma at various points in the marital dissolution process. Using such indices of trauma as difficulty in sleeping, poor health, loneliness, low work efficiency and increases in smoking or drinking, Goode asked his respondents to recall when these problems occurred during the marital dissolution. While some evidence of personal disorganization was associated with the decision to separate, the decision to divorce and receiving the final decree, roughly one-third of the respondents reported the time of the actual separation to be the most distressing. Goode then created a three-level trauma index by combining and weighting responses to the individual items. This procedure yielded the finding that 63% of the cases experienced either a high or moderate degree of trauma at some point during the marital

dissolution. Several factors, both demographic and psychological, were related to Goode's derived measure of trauma: the amount of vacillation about going through with the divorce, age, duration of the marriage and the respondent's current feelings toward the former husband. Women who reported that they still loved their husbands tended to have higher trauma scores than women who felt either indifferent or expressed negative feelings about their former mates at the time they were interviewed. Although Goode also reports an association between the degree of trauma and who suggested the divorce, analysis of his tabled data revealed no statistically significant relationship between these variables.

Goode's study is important to students of marital dissolution for a number of reasons. First, by analyzing his data on the trauma of divorce in terms of when personal distress occurred, Goode showed that variations in the degree of trauma were associated with events common to most terminating marriages. That some degree of personal disorganization was associated with each of these events permits their being viewed as risk markers in the marital dissolution process (Jacobson, Note 3). Second, Goode's findings suggest that numerous factors mediate distress and that knowledge of multiple psychosocial variables is essential in predicting the extent to which a separating or divorcing person will be traumatized by the disengagement process. Third, Goode's study raises a number of questions to which future research

must be addressed. Although his findings suggest that the actual separation is the most distressing point in the marital dissolution process, such results are contaminated by two factors: the composition of his sample and the retrospective nature of his data collection procedure. Asking people to recall which of several events was most distressful long after the occurrence of those events is methodologically inferior to actually observing persons at the hypothesized stress points and witnessing the extent to which such events are in fact stressors. Moreover, to treat the remarried and the divorced as a homogeneous class overlooks the fact that remarriage itself may systematically color the perceptions of the course of distress during the actual marital dissolution. A homogeneous sample of divorced women would have rendered Goode's findings less equivocal. We do not, for example, know how many of the 27% of women classified as experiencing "low trauma" were remarried; nor do we have any idea of the relationship between the time since the final decree and the trauma data. Such information would prove invaluable in attempting to assess the impact of each of the marital dissolution events on subsequent psychosocial functioning.

In examining the impact of marital dissolution on health, Chester (1971) interviewed 150 women, all of whom had been petitioners in their divorce suits. The interviews occurred within a period of from six to thirty-six months

after the final decree had been received. While by no means as extensive as Goode's earlier investigation, Chester's findings are of similar interest because he tabulated his results in terms of when during the marital dissolution various symptoms of distress were experienced. Moreover, since the women in Chester's sample had been randomly selected from the divorce court records, the results bearing on how many of these women sought the services of a physician for stress-related symptoms is of particular importance.

In addition to asking the respondents if the marriage breakdown affected their health "in any way," Chester inquired about when and how often each of eight stress-related symptoms occurred, both before and during the marital dissolution process. The stress indices, all of which are signs of either reactive depression, anxiety, or other transient situational disorders, included: serious weight change, sleep difficulties, onset of or increases in smoking or drinking, difficulties in concentration, tendency to weep, excessive tiredness and self-neglect.

Of the 150 women, only 13% reported no adverse health effects stemming from the marital disengagement. Eighty percent of the remaining 130 women reported at least four of the eight symptoms. Crying and weight loss were the most frequently reported complaints followed by tiredness, difficulties in concentration, changes in smoking patterns, self-

neglect and increased drinking.

With respect to when during the marital dissolution the symptoms were most intense, data are available for three different points: the actual separation, the time at which the respondent made the decision to divorce and the time at which the final decree of divorce was received. As in Goode's study, when these three periods are contrasted, most of the women report that the actual separation was the time at which the symptoms were worst. Considerably fewer women state that symptoms were most intense at the time they decided to divorce and still fewer pointed to receiving the final decree as the most stressful period.

However, Chester provides one other data point, the time "during marriage troubles before separation" which appears even more stressful than the actual separation. While it is clear that the conflict which eventuates in the separation is fraught with stress-producing interactions between the uncoupling partners, Goode's data and Chester's interpretation of his own findings would lead one to believe that the separation itself is the major risk-marker in the dissolution process. But, Chester's understanding of his data notwithstanding, 60% of the women who report symptoms indicate that they were most intense before the separation while only 27.7% point to the actual separation as the most stressful period.

This inconsistency aside, most of the women in both in-

vestigations seem to recall the early stages of marital dissolution (the first mention of the separation and the actual separation) as having been most stressful while a minority of those sampled remember the later stages (final decision to divorce, filing for the decree, and receiving the divorce) in such terms. Whether this result is a by-product of retrospective distortion or reflects the actual state of affairs can best be resolved by making the assessment of distress coincide with the occurrence of each of these structural marital dissolution events.

Finally, Chester's investigation yields a datum which is of value to public health personnel and students of divorce alike: of the 130 women who claimed adverse health effects as a result of the marital termination, 77.7% sought medical treatment for their ailments. Included in the list of disorders for which the women were treated were: headaches, dizziness, skin rashes, falling hair, abscesses, asthma, anorexia and pains in the chest and stomach. Somatic symptoms such as these were complemented by a set of readily identifiable psychiatric signs such as extreme irritability, depression and nervous tension. With respect to the type of treatment reported by the women, 60% received psychotropic drugs and 25% of those who were treated remained in treatment for two or more years. It appears, therefore, that most of the women are adversely affected, at least for a limited time. However, what may well be expected as a re-

sult of the distress of separation often, and perhaps needlessly becomes a chronic maladaptive way of coping.

As this review has indicated, much of the research on health and illness has used marital status as a potential source of outcome variance. Nevertheless, psychosocial phenomena associated with recent changes in marital status have received little research attention, the transition from marriage to divorce being particularly underrepresented in scientific literature.

By contrast, the large number of demographic studies of divorce makes the absence of psychologically-oriented marital dissolution process research even more glaring. It has been shown, for example, that divorce is a high incidence social phenomenon and numerous factors including education, income, occupation, race, number of children, age and even seasonal variations have repeatedly been linked to the divorce rate (cf. Jacobson, 1959; Spiegelman, 1968; National Center for Health Statistics, 1966; Monahan, 1962; Udry, 1960; Lilywhite, 1952; Kephart, 1955). Similarly, the 1930's and 1940's saw a spate of investigations, which by comparing personality characteristics and several indices of satisfaction with the spouse in "happily married" and formerly married couples, attempted to identify predictors of success in marriage (cf. Locke, 1951; Locke & Klausner, 1948; Terman & Wallin, 1949; Hart & Shields, 1926). However, comparable studies in which "successful marital ter-

mination" is examined and related to potential differences in either demographic or psychological factors are not to be found. While it could be argued that this gap is due to the lack of relevant theory which would articulate the course of the dissolution process, most theories of social behavior would view changes in achieved role status as periods of instability during which the acquisition of proscribed patterns of conduct was being accomplished; crisis theory (cf. Caplan, 1964; Jacobson, 1974) would specifically regard the actual or threatened loss of a significant person as a hazardous emotional event which might have life-long consequences for individual functioning.¹ Why, then, are there so few scientific articles about the transition from marriage to divorce? While there are probably many good reasons for this conspicuous dearth of empirical investigations, three seem particularly salient: 1) ethical problems posed by the sensitive nature of the research, 2) unavailability of qualified interviewers, and 3) inaccessibility of the research sample. Let us briefly consider these major obstacles to the kind of psychological research needed to minimize maladaptive resolution of this major life crisis.

Ethical problems are best illustrated in the study by Goode who feared that if he told the divorced women he

¹For an excellent treatment of the concept of loss and its implications for crisis intervention, see Strickler and LaSor (1970).

wanted to study about the nature of his divorce research, they would simply refuse to participate. To resolve this real problem, Goode deceived his subjects, telling them that he was only interested in doing marital research and explicitly avoided any reference to the subject of divorce (Goode, 1956, p. 346).

But even when such morally objectionable ploys are not contemplated, probing into the events which surround a terminating marriage is likely to elicit serious emotional reactions, appropriate responses to which may require the skills of a trained psychotherapist. The problem here is one of staying within the guidelines of a standardized assessment procedure and simultaneously responding in a facilitative manner to a subject whose progressively agitated, tearful or withdrawn behavior is stimulated by that very procedure. Finally, those who are separating or divorcing do not become publicly identifiable until after either a decree of divorce or a legal separation has been granted. Thus, unless one is willing to study a sub-sample of this population who make themselves known by virtue of the fact that they seek clinical services, it becomes extremely difficult to assess the separate impact of the structural marital dissolution events unless retrospective assessment of their impact is employed.

These ethical and pragmatic problems assume the form of a dilemma: not to tell a subject of study what the study is

about is out of the question, but to express interest in the events which surround a terminating marriage risks a high refusal rate and renders the generality of the findings questionable. Since such psychologically oriented research focuses on highly emotional issues, it is truly obtrusive in that volatile affective reactions may be revived which only a skilled clinician would be prepared to handle--but such highly trained persons are usually not available for research purposes. The last of these enigmas seems to require the investigator to settle for findings which may only apply to a clinical population or to accept the inevitable distortion of retrospective assessment.¹

These several factors, then, seem to have retarded the development of a body of knowledge which could prove invaluable, both in understanding how ending a marital relationship affects subsequent functioning and in improving the quality of health services to this apparent population-at-risk.

Summary

In reviewing the psychoanalytic conception of mourning, a parallel between bereavement and divorce was drawn and

¹While this retrospective distortion problem could be minimized by tracking a sample of married persons and studying that sub-sample whose marriages end, the cost of such a longitudinal strategy would almost certainly be prohibitive.

from this parallel, the thesis that the psychological separation from a marital relationship mediates the quality of subsequent psychosocial functioning was evolved. Manifestations of uncoupling, the process whereby this psychological separation is achieved, were believed to be most evident following the occurrence of what were termed structural marital dissolution events. Several studies which demonstrate a generic relationship between ending a love-relationship and various aspects of psychological, social and physical health were noted and followed by a review of research which points to a higher incidence of illness and psychiatric impairment among the separated and divorced. Integrating these findings led to the specific hypothesis that measures of the extent to which uncoupling had been accomplished would predict psychological and social performance in areas outside the marital relationship. Finally, after evaluating processual investigations of marital dissolution, methodological impediments to the study of marital separation and divorce were outlined.

In the next chapter, the issues of defining and constructing indices of several psychological aspects of uncoupling will be discussed and the methodology of the present investigation presented.

C H A P T E R I I

Methodology of the Crisis of Uncoupling

This chapter deals with the question of how the theoretical explication of uncoupling is translated into an empirical assessment of its presumed mediational role. Ultimately, the degree to which uncoupling has been achieved must be related to those aspects of psychosocial functioning which are affected by the separation process. Prior to this final stage in the analysis both the concepts of uncoupling and of psychosocial functioning must first be operationalized, either by developing indices of what are believed to be their major respective components or by using previously constructed measures of these multi-dimensional concepts.

Before turning to these issues, however, the selection of subjects for the research and the procedures used to collect the data are summarized. Then, after describing items chosen to represent several aspects of uncoupling, a scoring procedure is presented which evaluates uncoupling progress in terms of the actual steps taken to legally terminate the marriage. Finally, the preliminary stages of developing measures of psychosocial functioning outside the marriage are treated.

Subject Selection and Data Collection Procedures

Subjects. From July 23, 1973, to March 31, 1975, sub-

jects were chosen from the population of persons applying for brief psychotherapeutic treatment to the Benjamin Rush Center, an urban crisis intervention outpatient clinic. Since the non-white application rate was less than 10% of the total treatment population, only white men and women who were separated, had filed for divorce or had received the final divorce decree were included in the study. During the data collection period, a total of 358 persons met these marital dissolution status criteria. Two-hundred-and-forty-eight of these potential subjects agreed to participate in the research while 110 (30.7%) refused to reveal information about their marital dissolutions. Although this is a large percentage of the potential subject pool, a high refusal rate was anticipated as a result of the sensitive nature of the research.

Of the remaining 248 subjects, 20 could not be scheduled for a research interview; 14 were excused as a result of rater illness or vacations; and 44 did not make their scheduled research appointment. This report is therefore based on the 170 men and women for whom complete data were available.

Data collection. The first data collection point occurred within one day of a subject's application for treatment. Once having evaluated the subject's marital status and his or her presenting problem, the clinic coordinator informed a member of the research staff that a potential

subject was available for the study. A research assistant then explained the purpose of the study to subjects, detailed the time requirements and outlined the procedures. Both demographic and biographic information were then obtained, the latter with the aid of a self-administered Social Assets Scale (Luborski et al., 1973).

Within one week of the treatment application date, subjects were scheduled for a two-hour research appointment which began by having them complete the Frank Discomfort Scale, a 41-item symptom checklist (Parloff et al., 1954). Next, their marital dissolution status was evaluated and they were asked a number of questions about their current and past drug use. Once this information was obtained, subjects were interviewed by one of two clinicians, both of whom were experts in crisis-intervention psychotherapy. The 1-1/2 hour interview began with a final check on marital dissolution status and then moved to a detailed assessment of the crisis (or presenting problem) for which subjects sought treatment. Suicide potential was then evaluated through the use of the Suicide Potential Assessment Scale (Jacobson & Portuges, Note 4). The interview proceeded with a structured inquiry about various aspects of the subject's feelings and attitudes about the (former) spouse. After obtaining information about the development of new love relationships, the interview terminated with an assessment of the subject's social dysfunction and psychiatric impairment.

The indices of uncoupling and the measures of psychosocial functioning based on these interview and self-report data are discussed in detail below. The actual content of the items from which all variables were derived is presented in the Appendix in order to insure replicability of procedures.

Indices of Uncoupling

Earlier in this paper, uncoupling was conceptualized as a series of conflict-laden decathecting episodes whose frequency and intensity decrease as grief over the abandoned loved one progresses. This tentative conception of the uncoupling process was based on the psychoanalytic theory of mourning and the parallel between mourning and uncoupling was acknowledged. While behavioral, affective and attitudinal components of uncoupling were also considered, suggestions for the development of criteria which might be used to gauge progress toward completing the psychological separation were not advanced. Let me now discuss the selection of the "uncoupling items" and then treat the problem of constructing an index which reflects progress toward psychological separation from the (former) spouse.

Item Selection

1) The crisis component of uncoupling. Crisis is most typically viewed as an event-stimulated and time-limited

disruption in psychological functioning (cf. Caplan, 1964; Morley, 1965; Jacobson, 1974). Since each of the subjects in this research sample were applicants to an urban crisis-intervention clinic, it seemed reasonable to assume that if the crisis for which treatment was sought was related to the marital dissolution, uncoupling had not been completed.

Consequently, an assessment of the dynamics of the crisis was routinely undertaken for each of the research subjects. This assessment included: identifying the event which precipitated the crisis, formulating the meaning of that event, and specifying the problem-solving resources no longer useful as a result of the crisis. Once these steps were accomplished, the clinical interviewer was asked to judge whether or not the crisis was related to ending the marriage. In 88% of those interviews which were simultaneously observed through a one-way observation screen, the observer and the interviewer ratings were in accord.

2) Grief and uncoupling. While the entire spectrum of feelings may well be involved in letting go of a (former) loved one, three were selected for inclusion in the measure of uncoupling: sadness, anger and guilt. Although these affects have been described by Lindeman (1944) and others (Siggins, 1966; Pollock, 1961) as being core aspects of grief reactions, their mere presence is not a sufficient condition for viewing them as reflections of the uncoupling process. Among a sample of persons in crisis, these are

common emotions precipitated by events which may be independent of the dissolution problem. Consequently, the assessment issue here involves deciding the extent to which these feelings, if present, are related to ending the marriage. While by no means a simple judgment to make, the structured interview conducted by the clinical raters afforded them enough evidence to agree reliably about whether these manifestations of grief were reflections of uncoupling. Thus, if feelings of sadness, anger or guilt were evident, the interviewers were asked to estimate the likelihood that these feelings were associated with the marital dissolution. For the sub-sample of 17 subjects who were observed during the interview, Pearson correlation coefficients were computed to ascertain the reliability of these judgments. These coefficients ranged from .83 to .96, a finding which indicates that a high degree of interrater agreement was obtained.

3) Dependence. Psychological uncoupling requires a decrease in the extent to which one relies on the (former) spouse for the fulfillment of various emotional needs. Persons who were once dependent on their spouses for companionship, who turned to them when wanting approval, to feel loved, successful, taken care of, understood and sexually gratified, should, if uncoupling has progressed, evidence less reliance on the spouse once the social separation has occurred. Subjects were asked to indicate how frequently

they turned to their ex-mates to gratify each of these emotional needs "during the past two weeks." This two-week period prior to the interview was used to estimate "current" emotional reliance on the spouse and response alternatives to each of the items ranged from "never" to "always" along a five-point continuum. For persons not having contact with their spouses during the two weeks prior to the interview, responses to these items were simply scored "not applicable."

4) Ideational preoccupation with the spouse. Even when no recent contact between the former couple has occurred, memories and fantasies of the (former) spouse occupy much of the attention of those still in the uncoupling process. A simple measure of this facet of the psychological separation was developed for the study which required subjects to indicate how much of their time was spent thinking about their former mates. Response alternatives ranged from "never" to "almost all the time." Clearly, the less time one spends thinking and fantasizing about the spouse, the more progress toward ending the emotional tie has been achieved.

5) Positive affect about the spouse. Since ending the marriage denotes ending the love relationship, persons who report that they are "still in love with the spouse" may be regarded as not having completed this major aspect of the uncoupling process. Subjects were also asked to indicate if they missed the spouse and if they were "just as happy not

being with" their (former) partner. These three items reflect different degrees of maintaining a psychological attachment to the marital relationship: if one is less happy without the spouse, still yearns for their presence (i.e., misses them) and indicates being still in love, either uncoupling has not occurred or has been prematurely arrested. In either case, the discrepancy between the subjective attachment and the objective disengagement should manifest itself in areas of functioning outside the marital relationship.

6) Attitude toward reconciliation. Wanting to reunite with the (former) spouse and believing that the marriage will resume are two aspects of the attitude toward reconciliation assessed in this research. Subjects were asked if they wanted to "get back together" with their partner and then asked to indicate if they believed a reconciliation would occur. Three response categories were established for the items, each category being viewed as a reflection of the extent to which uncoupling had progressed. The response categories for the first item were: "wants a reconciliation," "uncertain" and "does not want a reconciliation"; for the second item, the response alternatives included: "believes that a reconciliation will occur," "could go either way," and "believes that a reconciliation will not occur."

For both of these items, the response categories are believed to be ordinally related: "wanting a reconciliation"

or "believing that it will occur" suggest the least advanced position in the uncoupling process; "not wanting a reconciliation" or "believing that it will not occur" suggest the most advanced. The expression of uncertainty to either item is viewed as a manifestation of the conflict between sustaining and letting go of the relationship, and is assigned a score between that of the other two alternatives.

Overview of Item Selection Procedure

Seventeen items were selected as empirical correlates of the uncoupling construct. In addition to the criterion of theoretical relevance, an item was chosen only if it estimated current attitudes or feelings about the marital partner and/or could be viewed as a reliable reflection of a dissolution-related cognitive/emotional impasse (i.e., the crisis).

The items appear to represent six related components of uncoupling which range from attitudes toward reconciliation to whether the crisis is associated with some aspect of the marital dissolution. Responses to the items are obtained through an interview procedure and are based on both subject reports and clinical judgments.

Construction of the Uncoupling Index

The six dimensions of the uncoupling index, having been selected on the basis of their presumed relationship to the

process of psychological separation from a marital partner, have been quantified using a ordinal measurement system: the higher the score on a particular item, the more incomplete the psychological separation. Thus, all items are keyed in the direction of how far along in the disengagement process subjects have progressed.

Since this scoring scheme rests on the assumption that the marriage will end in divorce, it would seem that taking some measure of the subjects' objective position in the marital dissolution into account would yield a more veridical index of psychological progress toward uncoupling. The question here is whether the meaning of a particular response can be construed to vary as a function of socially defined progress toward ending the marriage. Suppose, for example, that a separated subject tells us that he or she believes that a reconciliation will occur. Should this response be taken to mean that this subject is in the same psychological position as his or her divorced counterpart who also indicates a belief that the marriage will resume? It seems that although both responses would be viewed as indices of not having completed the psychological separation, not taking the objective difference in their respective positions into account would overlook the relationship between social events and psychological functioning. Since separating, filing for the divorce and receiving the final decree are the very social events whose successive occurrence

should provide the opportunity to further the psychological disengagement, it appears that these structural marital dissolution events could be used to weight the responses to items in the uncoupling index and thereby reflect this intuitively evident difference in the meaning of responses at different points in the marital dissolution process.

A relatively simple procedure was used to achieve this goal. For each of the 17 items in the uncoupling index, subjects were assigned a new score whose value was determined by both the actual item response and the subject's marital dissolution status. Since the three categories of the marital dissolution status variable (i.e., separated, filed for divorce and divorced) are ordinally related, the new scoring procedure creates a ranking system which orders a subject's response to a particular item in terms of how far that subject has come toward legally terminating the marriage. In effect, this procedure uses the occurrence of successive social steps in the termination of a marriage to reevaluate the meaning of responses to the uncoupling items.

To clarify the meaning of these derived scores, an illustration of how they were computed for one of the items will be presented. In Figure 1, responses to the item dealing with the subject's belief about a reconciliation are ordered as a function of marital dissolution status.

"Do you think that a reconciliation will occur?"

	Yes	Don't Know	No
Separated	7	4	2
Filed for Divorce	8	5	2
Divorced	9	6	2

Figure 1. Illustration of ranking scheme

This ranking scheme maintains the ordinal relations among responses within each marital dissolution category but permits these responses to reflect the presumed impact of the successive structural marital dissolution events. The social separation, filing for the divorce and receiving the final decree typically occur sequentially, their consecutive occurrence permitting the progressive withdrawal of affectional bonds from the (former) spouse. Thus a separated subject who says that a reconciliation will occur has numerous occasions upon which to reevaluate this belief in light of the subsequent events in the marital dissolution; maintaining the belief that a reconciliation will occur after the divorce petition has been filed, however, suggests that the subject's reality orientation is being affected by refusing to come to terms with the meaning of an ending marriage; persisting in this belief after the final decree has been received suggests an even greater degree of distortion and is taken to mean that uncoupling has been arrested.

A similar line of reasoning applies to those who indicate uncertainty about whether a reconciliation will occur. The conflict between facing the consequences of resuming the marital relationship and realizing the effects of letting it go is apparent in this equivocal response without reference to marital dissolution status. However, interpreting such uncertainty in light of how far a person has proceeded toward legal termination of the marriage is even more informative: while problematic for the adjustment of the separated person and at odds with the actual state of affairs for those having filed for divorce, assuming a position of uncertainty once the final decree has been received can only be viewed as a maladaptive strategy whose major effect is the postponement of the uncoupling process.

The ranking system operationalizes this logic by assigning the highest score to responses which reflect the least degree of uncoupling progress, and the lowest score to those reflecting the most uncoupling progress. Thus, as Figure 1 reveals, "believing that a reconciliation will occur" achieves the three highest ranks. Among subjects who express uncertainty about whether they will rejoin their spouses, the scores are scaled in exactly the same manner, the divorced subjects again being judged to have made less progress toward uncoupling than either those having filed for divorce or than their separated counterparts.

So far, using marital dissolution status to weight re-

sponses to this item has proceeded without major difficulty. However, were negative replies so treated, a morass of ambiguous interpretative problems would be encountered. It cannot, for example, be cogently argued that "believing a reconciliation will not occur" is any less reality-oriented for a divorced subject than for a separated subject; there is no simple way of construing differential uncoupling progress for this particular response. Consequently, the average of the remaining three ranks was assigned to subjects who believed that a reconciliation would not occur, all such responses thereby achieving the same value.

The remaining 16 items were scaled using the principles described above. This scoring scheme, by anchoring the psychological responses in the objective conditions of the subject's movement toward legally terminating the marriage thereby provided a way of representing both psychologically and socially defined progress toward dissolution of the marital tie.

Measures of Psychosocial Functioning

Preliminary item selection. Having developed a set of items which purport to measure the extent to which a psychological separation from the (former) spouse has been achieved, the major question of identifying and assessing various aspects of functioning outside the marital relationship can now be addressed. Ideally, this task would yield

a set of dimensions which would theoretically be expected to be responsive to variations in the uncoupling process. Thus, relative to those having uncoupled, persons still engaged in the struggle to attain psychological emancipation from the marital bond would manifest decrements in those areas of psychological and social functioning which are influenced by this ongoing process.

Previous research has shown that several aspects of psychosocial functioning are affected by terminating a marriage. Psychoanalytic studies of grief and mourning suggest that the loss of a major life relationship is followed by a period of emotional withdrawal, numerous symptoms of anxiety and depression, a loss of self-esteem, and a lack of interest in developing new love relationships. Similarly, comparisons between the formerly and currently married have revealed a higher incidence of suicide among the separated and divorced; such studies have also found that physical health is generally poorer among persons who have ended a marital relationship. These findings implicate several dimensions of functioning outside the marital relationship which seem to be responsive to the effects of the dissolution. Assuming that these aspects of psychosocial functioning were similarly influenced by the extent to which uncoupling had been completed, several measurement instruments were surveyed in order to select a set of items which would adequately assess these dimensions of post-separation cop-

ing. Since the effect of selecting items from extant measures is to create a new set of measures whose psychometric adequacy must be reevaluated, only a brief description of the characteristics of these "parent" instruments will be presented here. The original instruments included:

1) The Frank Discomfort Scale. This self-administered symptom survey consists of 41 items, each of which is scaled along a four-point dimension of distress. Specifically developed to evaluate the effects of psychotherapeutic treatment, the instrument has seen wide use in psychotherapy outcome research (cf. Parloff et al., 1954; Waskow & Parloff, 1974). A parallel form of the instrument was developed to evaluate the reliability of the 41 items and this procedure yielded an average item reliability coefficient of .74 (Parloff et al., 1954). Although the Frank Discomfort Scale¹ is believed to measure three types of distress (Anxiety, Depression and Somatic Complaints), the procedure used to arrive at each of these summary scores does not exhaust all items in the survey. Since there was no reason to believe that those items included in either the Anxiety, Depression, or Somatic Complaint subscales were better estimates of these characteristics than were the excluded items, the suggested procedure of summing face-valid items to ob-

¹The items on this instrument have been incorporated into what is currently called the Hopkins Symptom Check List. See Waskow and Parloff (1974) for details.

tain such summary scores (Frank, Note 1) was not used. Rather all 41 items were initially considered to measure a global distress factor the various aspects of which would be both rationally and empirically established in subsequent stages of the data analysis.

2) The Social Dysfunction Rating Scale. Fifteen of the 21 areas of social functioning measured by this instrument were included in the preliminary item pool. These items tapped several aspects of psychosocial performance including: self-esteem, job satisfaction, emotional withdrawal, community interests and activities, self-health concern, leisure interests, expressed need for more friends, financial insecurity, and flexibility in coping with stress. In the development of the Social Dysfunction Rating Scale, these items were found to differentiate between outpatient and non-patient groups (Lynn et al., 1969).

3) The Suicide Potential Assessment Scale was constructed to provide a consistent means of evaluating suicidal communication (Jacobson & Portuges, Note 4). Following a procedure suggested by Litman (1972), this structured interview proceeds from a general question about the subjects' future outlook to a specific inquiry about suicidal ideation in a gradual step-wise fashion. Thus, subjects were asked if they "wished they were out of it," "felt like giving up," "wished they were dead" and finally, "whether they were now thinking about ending their lives." To obtain a global rat-

ing of suicidal status, the interviewers then rated subjects on a four-point scale which ranged from not-suicidal to severely suicidal.

4) The New Love Relationship Scale attempts to evaluate the extent to which subjects have permitted themselves to become emotionally involved with someone other than the (former) spouse. Thus, subjects were asked several questions about potential love-relationships with persons other than the (former) spouse. Included among the questions were items dealing with the subjects' dating behavior, sexual interests and activities, their degree of emotional involvement, whether they felt they were in love, and whether they were currently living with someone with whom they were emotionally involved. Several items which dealt with dating activities both before and since the actual separation were also selected from this instrument to survey both pre- and post-separation engagement in potential love relationships (Jacobson & Portuges, Note 4).

Sixteen items were selected from the remaining instruments in the assessment battery to represent related aspects of psychosocial functioning. Current employment status, two indices of physical health and nine items dealing with drug abuse were adapted respectively from the clinic application form, the Social Assets Scale (Luborski et al., 1973) and the Psychiatric Status Schedule (Spitzer & Endicott, 1970). One item dealing with the intensity of the crisis and one

with the degree of impairment resulting from the crisis were included from the Crisis Assessment Scale (Jacobson & Portuges, Note 4). Finally, one item which required a clinical assessment of the extent to which the subject exhibited a depressed mood was taken from the Brief Psychiatric Rating Scale (Overall & Gorham, 1962).

Data Reduction Procedures

This preliminary item selection procedure produced 94 potential indices of the various aspects of psychosocial functioning outlined above. However, many of these items were not current estimates of subjects' functioning but rather involved time periods both prior to and immediately after the actual separation. Consequently, the entire pool of items was reviewed with the purpose of retaining only those which were indices of present functioning. This analysis resulted in the elimination of seven of the drug-related items and all 10 of the questions dealing with non-current love relationships as well. One of the global indices of physical health was also worded in such a way as to create ambiguity with respect to the time period being assessed; this item was therefore dropped from the preliminary item pool. Thus, by restricting the measures of psychosocial functioning to current characteristics, the initial item pool was reduced to 76 items.

A second data reduction procedure was then undertaken.

Since the a priori method of creating summary scores for the 41-item Frank Discomfort Scale had been rejected, an exploratory analysis of the characteristics of this instrument was initiated. To clarify the nature of this exploratory analysis, first consider computing all possible correlations among these 41 stress-related items and then imagine inspecting the resulting 820 correlation coefficients. In all likelihood, such a procedure would reveal that certain items were regularly associated with each other and not with the remaining items. Each set of interrelated items or item clusters would share some characteristic which was presumably responsible for the magnitude of their observed interrelationships. If we grant that an instrument designed to measure three such characteristics (i.e., Anxiety, Depression and Somatic Complaints) actually achieves this goal and further assume that the arbitrarily excluded items measure at least one other characteristic, then we have some basis for assuming that at least four underlying dimensions would be discovered by inspecting the matrix of correlations. However, since inspecting such a large correlation matrix would require an inordinate amount of time, an alternative method was chosen to reduce this matrix to its fundamental characteristics. Since at least four dimensions were believed to account for the relationships among the 41 items, a matrix of correlations was computed and reduced to a set of four orthogonal factors using a Varimax rotational pro-

cédure (cf. Nie et al., 1975). These four factors accounted for 51% of the total variation among the 41 items, a finding which indicates that this data reduction procedure results in the retention of much of the information provided by the correlations among the items. Since our interest at this point was to eliminate items which were not related to any one of these four underlying dimensions, a minimum criterion was established for item deletion. This criterion required a correlation of at least .40 with one of the four factors. In other words, if an item did not share at least 16% of its variance with one of the factors, it was dropped from the assessment battery. This standard resulted in the elimination of 12 of the Frank Discomfort Scale items.

The final data reduction procedure involved factor analyzing all 64 remaining indices of psychosocial functioning. Rather than simply using factor analysis to delete unrelated items, however, the second analysis was undertaken for two additional purposes: 1) to identify a psychologically meaningful set of characteristics which were presumably the common factors measured by the remaining items; and 2) to develop composite scores for each of the factors, which in turn would be related to the indices of uncoupling. In this way, the factor analytic method was used as an investigative procedure to aid in the definition of a set of attributes that would operationalize the concept of psychosocial functioning.

Two criteria were established for this second exploratory factor analysis: 1) at least 50% of the total item variance had to be accounted for by the resultant factor structure; and 2) as in the first analysis, only those items which had correlations of .40 or more with any one of the underlying dimensions were to be retained. Although both criteria are somewhat arbitrary, the first standard insures that a significant amount of the variation among the original items is reflected in the factor structure while the second standard permits us to eliminate those items which appear to be measuring something other than the dimensions of interest.

The method for extracting factors and the procedure for rotating them to simple structure were identical to those used in the first factor analysis: a matrix of 2016 correlations was computed, squared multiple-correlation coefficients were used to estimate communalities and an orthogonal rotation of the factor structure was performed using a Varimax rotational procedure (Horst, 1965). However, while the number of factors extracted in the first analysis was deduced, the number of dimensions in the second analysis was estimated by inspecting the output of a computer calculated factor structure in which only one factor was extracted. Since the format of the program used to obtain this otherwise meaningless "factor structure" presents the actual amount of variance associated with each of the 64 potential

factors, inspecting these results revealed that seven factors were required to account for 50% of the item variance.

Seven factors were therefore extracted from the correlation matrix and rotated using the orthogonal procedure mentioned above. This solution indicated that four of the items were problematic: both of the remaining drug items and one of the items from the Suicide Potential Assessment Scale ("Do you wish you were out of it?") had correlations of less than .40 with the seven factors and were excluded from the item pool; the fourth item ("How much time do you spend wishing you were dead?") was also deleted even though it had an extremely high loading with one of the factors. This item was removed because the response to it was virtually determined by the response to the related question, "Do you wish you were dead?" If a subject denied wishing for his or her death, the question concerning the duration of the "death wish" was not asked and automatically scored "0." Much of the variance shared by these two items was therefore artificially produced.

These several data reduction techniques resulted in a final set of items which were believed to measure seven dimensions of psychosocial functioning. Having detailed the preliminary procedures used to obtain this final set of measures, let us now examine the content of these seven factor analytically derived aspects of functioning outside the marriage.

C H A P T E R I I I

The Structure of Psychosocial Functioning

The purpose of this chapter is to present the seven dimensions of psychosocial functioning studied in this research. After describing each of the seven factors and presenting data pertinent to the reliability of the items upon which these factors are based, the method used to develop composite scores is detailed.

Factor Structure of Psychosocial Functioning Measures

The 60 remaining items were again factor analyzed using procedures described in the preceding chapter. This final structure consisted of seven factors and accounted for 51.6% of the total item variance. In Table 1, these seven dimensions are presented. The cell entries are the loadings or

 Insert Table 1 about here

correlations of each item with a given factor. Note that only five of the 60 items have multiple loadings--i.e., are significantly related to more than one of the dimensions. This finding suggests that both the number of factors extracted and the rotational method used to achieve simple structure provided a reasonable solution to the problem of identifying the number of underlying dimensions measured by

Table 1
Factor Structure of Psychosocial Functioning

Item	Factor I	Factor II	Factor III	Factor IV	Factor V
1. Feels blue	789				
2. Feels worried	777				
3. Lonely	671				
4. Feelings easily hurt	652				
5. Tearful	644				
6. Self-blame	632				
7. Seeks help	581				
8. Irritable	552				
9. Depressed	544				
10. Crisis intensity	535		412		
11. Functions below par	534				
12. Crisis impair- ment	500		479		
13. Nervous	447	572			
14. Can't sleep	433				
15. Needs to slow down	429	483			
16. Objectionable thoughts	427	563			
17. Critical	400				
18. Trouble getting breath		660			
19. Sudden fright		652			
20. Faint/dizzy		641			
21. Can't speak when excited		617			
22. Face/body twitches		614			
23. Repeats actions		593			
24. Hot/cold spells		584			
25. Unusual fears		570			
26. People watch/ talk about you		536			
27. Heart pounds or races		511			
28. Severe temper outbursts		474			
29. Impulse to com- mit violence		412			
30. Difficulty swal- lowing		401			

Table 1 (continued)

Item	Factor III	Factor IV	Factor V	Factor VI	Factor VII
31. Lacks friends	649				
32. No community interest	601				
33. Emotional withdrawal	553				
34. No community activity	551				
35. Adaptive rigidity	546				
36. No leisure activities	543				
37. Goalless	540				
38. Low self-concept	528				
39. Expresses need for friends	511				
40. Expresses need for leisure	455				
41. Lacks life-philosophy	444				
42. Death wish		751			
43. Suicidal ideation		717			
44. Wants to give up		704			
45. Future outlook		533			
46. Suicidal status		523			
47. Sex pleasure			843		
48. Dating			841		
49. In love			745		
50. Degree of emotional involvement			732		
51. Living with someone			539		
52. Sex interest			410		
53. Financial insecurity				674	
54. Employed				645	
55. Work satisfaction				613	
56. Lacks work				592	
57. Self-health concern					706
58. Physical condition					613
59. Headaches					498
60. Chest pains					429

these 60 items. Similarly, the psychological content of the seven factors suggests that these analytic procedures resulted in a set of interpretable dimensions upon which the hypothesis-testing phase of the study could be based. What follows is a description of the items which define each of the factors.

Factor I (Depression) is defined by 17 items, 14 of which are based on subject responses to the Frank Discomfort Scale while the remaining three are clinical judgments based on information obtained through the interview. Inspection of the content of these 17 items suggests that depression is the underlying characteristic common to them all. Such items as "feels blue," "lonely," "feelings easily hurt," "tearful," "self-blame," "objectionable thoughts," "functions below par," "critical," and "irritable" are readily identifiable symptoms of depression. The fact that the clinical judgment "depressed mood" also loads on this dimension substantiates the impression that both ideational and affective components of the depressive syndrome are being measured by this factor. Similarly, when viewed in conjunction with this first cluster of indices, the items "feels worried," "nervous-shaky under pressure," "can't sleep," and "needs to do things slowly" indicate that agitation, a frequent adjunct of the depressive constellation, is also being assessed on this first factor (Grinker et al., 1961). Additional support for the contention that depression is the at-

tribute measured by items on this dimension is provided by the two clinical judgments regarding crisis. Depression, a frequent reaction to actual or threatened loss (Bahnsen, 1974), is a common feature of the crisis state and it is not surprising to find that depression is reflected in both items dealing with the crisis: the degree of distress resulting from the crisis ("crisis intensity") and the extent to which the crisis impairs functioning ("crisis impairment") both have their highest loadings on this first factor.

Factor II (Anxiety) is composed of 16 items from the Frank Discomfort Scale. With the exception of one item ("Impulse to commit violence"), the remaining indices appear to identify a relatively clear-cut anxiety dimension. Several aspects of the anxiety construct are represented on this factor: somatic reflections of anxiety are seen in such items as "trouble getting your breath," "faint/dizzy," "heart pounds or races," "face/body twitches," "hot/cold spells," "difficulty swallowing," "needs to slow down," and "can't speak when excited"; behavioral manifestations are apparent in items like "uncontrollable need to repeat the same actions," and "severe temper outbursts"; and both ideational and affective aspects of this construct emerge from the remaining items ("sudden fright for no apparent reason," "nervous," "unusual fears," "feeling that people were watching you or talking about you," and "objectionable thoughts").

The last item ("having an impulse to commit a violent or destructive act") is manifestly aggressive in content but is believed to represent a fear of losing impulse control.

When so regarded, this item can be conceptually linked to the other 15 indices of anxiety which comprise Factor II.

Factor III (Anomia) is composed of 13 items all of which are based on clinical judgments obtained during the interview. Eleven of the items are from the Social Dysfunction Rating Scale; the last two items are the crisis indices also found on Factor I. The common feature of these 13 items seems to be related to role loss and is reminiscent of Srole's notion of the "individual state of anomie." This psychological counterpart of Durkheim's term for "disturbances of the collective order" (Durkheim, 1951) provides a useful frame of reference for identifying the underlying dimension of Factor III. Srole (1956) defined anomia as "The breakdown of the individual's sense of attachment to society," a breakdown characterized by psychological isolation and withdrawal. When such items as "lacks friends," "no community interest," "lacks life philosophy," "emotional withdrawal," "goalless," "low self concept," "lacks leisure activities," and "lacks community activities" are viewed in light of the concept of anomia, they form a coherent pattern. Moreover, when regarded as 'passive longings' which are not being acted upon, the items "expresses need for friends" and "expresses need for leisure activities" are

also integrated by the construct of anomia. Similarly, since "feeling(s) of helplessness and ineffectuality in the face of the insoluble problem. . ." are primary aspects of the crisis state (Caplan, 1964, p. 40), the fact that both of the items dealing with the effects of the crisis load on this factor is further support for the contention that a major aspect of the anomic condition is being assessed by the items on Factor III.

Factor IV (Suicidal Penchant) is defined by five items which all seem to identify an inclination toward self-destruction. Three of the items are face-valid indices of suicide potential ("wants to give up," "wishes for death," and "thinking about ending your life"); one is a global rating of the severity of the suicidal intent ("suicidal status"); and the final item deals with the subject's future outlook. The common characteristic measured by items on this factor has been called Suicidal Penchant.

Factor V (New Love Relationship) is composed of all six items from the New Love Relationship Scale. These items reflect various aspects of the extent to which subjects have permitted themselves to become involved with someone other than the spouse. "Frequency of dating," expressing an interest in sexual activities ("sex interest"), deriving pleasure from sexual activities ("sex pleasure"), being "in love," and "living with someone" suggest a progressive readiness for emotional involvement and re-establishment of

meaningful relationships. Subjects were also asked to indicate how involved in the new relationship they considered themselves to be. This final item on Factor V ("degree of emotional involvement") provides a global index of subjects' commitment to a new relationship. Moreover, its inclusion enabled us to differentiate between subjects who were involved in a monogamous relationship but wary of saying that they were "in love" from subjects who were neither "in love" nor emotionally involved in a potential love relationship. The common attribute of all items on Factor V is called New Love Relationship.

Factor VI (Work/Money Problems) consists of four items, three of which are interview ratings from the Social Dysfunction Rating Scale. The fourth item, "employed," is obtained from a self-administered treatment application form. Although there is a considerable degree of overlap between two of the items dealing with productive activities ("lacks work" and "employed"), they are not equivalent. "Employed" is a dichotomously scored item which indicates whether a subject is paid for services rendered; subjects who are houseworkers, students, retired, or welfare recipients are not employed but nevertheless may be involved in activities which provide them with a "...source for feelings of usefulness" (cf. Lynn et al., 1969). Thus the item "lacks work" was understood to mean that the subject was not involved in activities which were aimed at product development

or provision of services regardless of remuneration. The correlation between these two items is .583, a value which indicates that 33.9% of the variation in "employed" is accounted for by variation in "lacks work"; however, since 66% of the remaining variation is not accounted for by the linear relation between these two items, the addition of either seems to provide a considerable amount of information that would otherwise be unavailable.

"Lack of satisfaction from work" is a clinical rating of the subject's expressed sentiment regarding the degree of gratification derived from the (broadly defined) work activity in which he or she is involved. Finally, the item "financial insecurity" is a rating of the extent to which the subject expressed financial need or concern during the interview, regardless of actual income.

The common attribute measured by these four items on Factor VI is called Work/Money Problems.

Factor VII (Self-Health Concern) also contains four items whose content reflect being troubled about physical health. Two of the items ("headaches" and "chest pains") are from the Frank Discomfort Scale; one item, "My physical condition is. . ." is adapted from the Social Assets Scale and consists of responses which range along a five-point continuum from "I am always sick" to "I am usually in very good physical health"; the last item is a clinical judgment which deals with the extent to which subjects voiced concern

about their physical health during the interview. As suggested in the Social Dysfunction Rating Scale procedure, this clinical rating ("self-health concern") was made independently of any organic basis for illness (Lynn et al., 1969). Taken together, these four items identify what may simply be called Self-Health Concern.

Summary Scores

Having identified seven factor-analytically derived dimensions of psychosocial functioning, the final step in the development of the dependent variables involved creating seven composite scores for each of the 170 subjects. These composite or summary scores would represent a global index of a subject's level of functioning on each of the various dimensions.

To develop these composite indices, the raw scores were first converted into 'z'-scores in order to standardize all subject responses. Next, each z-score was multiplied by an empirically derived weight (i.e., the factor score co-efficient) which represented that item's contribution to a particular factor. Finally, these weighted factor scores were summed for each dimension in order to yield seven composite indices of psychosocial functioning (cf. Nie et al., 1975).

Overview of the dimensions of psychosocial functioning.

The seven derived measures of psychosocial functioning coincide with areas of performance which previous research has

shown to be affected by marital dissolution. Both Goode (1956) and Chester (1971) observed symptoms of depression and anxiety among their samples of divorced women similar to those which define these constructs in the present research. Numerous investigators have found that suicide is higher among the divorced than among the married (cf. Durkheim, 1951; Faberow & Schneidman, 1965; Henry & Short, 1954; Schmid & Van Arsdol, 1955). While completed suicide is not measured in this research, it stands to reason that suicidal ideation, wishing for one's death, and the global rating of the potential for suicide ("Suicidal Status") would also increase among the formerly married--especially among those for whom the transition from marriage to divorce was extremely difficult. These are the aspects of being preoccupied with self-destruction reflected in the construct "Suicidal Penchant."

Usually, a new love relationship is established with considerable difficulty, the fears of being emotionally re-injured becoming most apparent when a commitment to someone new is considered (Hunt, 1966). Goode (1956) found that steady dating was less frequent among those divorcees who reported still being in love with their former husbands, a result which supports a major contention of the present research: failure to achieve psychological disengagement impoverishes attempts to establish new love relationships. This dimension of "The New Love Relationship" is clearly

relevant to the functioning of persons having experienced marital dissolution.

Although divorce may well lead to a state of psychological withdrawal and isolation, to call the underlying characteristic measured by the items on Factor III "Anomia" runs the risk of using a term whose meaning is more inclusive than that intended. The use of the term here is basically descriptive and for purposes of this study should be regarded as a convenient way of integrating diverse social psychological phenomena. Be that as it may, the items which define this factor are evidence of role loss and seem to coincide with Freud's description of the loss of interest in activities not related to the lost loved one.

While it has been shown that illnesses which interfere with the performance of major life activities are more prevalent among the divorced (cf. Carter & Glock, 1970; U.S. Bureau of Census, 1960), the characteristic "Self-Health Concern" is but an intimation of the actual physical condition of the subjects studied in this research. Nevertheless, it can properly be viewed as a measure of a subject's preoccupation with what are believed to be stress-related physical symptoms associated with marital breakdown.

"Work/Money Problems" are also implicated by the marital dissolution. Alimony, child support and the maintenance of separate households work financial hardships on both members of the former marital pair. Goode (1956) discovered that

only 33% of those who were not remarried indicated that they had enough money to meet expenses. While these objective difficulties clearly contribute to the burden of ending a marital relationship, "Work/Money Problems" would be even more troublesome for those still struggling to end the emotional attachment to the former spouse. Whether the displaced focus of anguish associated with uncoupling or simply an additional burden for those attempting to let go of the marital relationship, this dimension appears to be an important aspect of post-separation functioning.

Finally, since 19 of the items in the factor structure were based on clinical judgments, estimates of the inter-rater reliability of these judgments were required. Consequently, 10% of the subject sample were observed by one of the raters as the other conducted the interview. This procedure afforded concurrent independent judgments by both the interviewer and the observer. Pearson product moment correlations indicated substantial agreement between these judgments. The median reliability coefficient was .84 for the 19 items, the values ranging from .71 to .97.

C H A P T E R I V

The Relationship between Uncoupling and Psychosocial
Functioning: Hypotheses and Predictions

In previous chapters, various forms of evidence have been reviewed which indicate that both illness and psychiatric impairment are high among the separated and divorced. It has also been argued that such decrements in functioning among the formerly married should be related to the extent to which the psychological separation from the (former) spouse has been achieved. In this chapter, the rationale for viewing uncoupling as a mediator of each of the seven derived measures of psychosocial functioning will be presented. After detailing specific predictions which relate the uncoupling components to the measures of psychosocial functioning, several demographic sources of variation in the measures of psychosocial functioning are considered (i.e., sex, age, duration of the marriage, socio-economic status, and the time elapsed since the last structural marital dissolution event). Reasons for holding the potential effects of these variables constant when testing the hypotheses are then discussed.

Depression and Uncoupling

Several psychoanalytic theorists approached the problem of mourning by studying depressive reactions in persons hav-

ing recently sustained the death of a loved one (cf. Freud, 1917, Lindeman, 1944; Deutsch, 1937; Parkes, 1972). Parkes has recently argued that:

If the psychoanalytic theory of depression is correct, then all depressive illnesses are a species of mourning and it is to be expected that. . . (depression) will be particularly common following bereavement (Parkes, 1964, p. 168).

Similarly, depressive reactions following marital separation or divorce are frequently reflections of the uncoupling process. While depression may be stimulated by numerous other forms of loss, it seems reasonable to assume that persons who are still attempting to achieve psychological separation from a (former) spouse would manifest an even greater degree of depression than those having uncoupled. Consequently, it is predicted that scores on the uncoupling indices will vary positively with scores on the measure of depression.

HYPOTHESIS I: The less complete the psychological separation, the higher the scores on the factor analytically derived measure of depression.

Anxiety and Uncoupling

Melanie Klein's comments about the "work of mourning" highlight the role of anxiety in letting go of a loved one:

The pain experienced in the slow process of testing reality in the work of mourning thus seems to be partly due to the necessity not only to renew the links to the external world and thus continuously

to re-experience the loss, but at the same time and by means of this to rebuild with anguish the inner world, which is felt to be in danger of deteriorating and collapsing (1948, p. 176, *italics added*).

As anxiety is a central component in the psychology of mourning, so too does it play a crucial role in the process of uncoupling. Whether experienced as a threat to one's survival, a loss of an incomparable and irreplaceable source of love, a fear of abandonment or a fear of not being able to go on alone, anxiety virtually permeates the inner life of those attempting to end the psychological attachment to the (former) spouse. It is therefore expected that not having completed the psychological separation will be associated with high anxiety scores.

HYPOTHESIS II: The less complete the psychological separation, the greater the degree of anxiety.

Anomia and Uncoupling

A common gauge of successful adult role functioning is a stable marriage. For those whose marriages are currently ending or have already ended, the discrepancy between this internalized cultural value (i.e., success = stable marriage) and the actual state of affairs could well generate the psychological isolation and withdrawal which characterizes the Anomia factor. However, such a construction does not implicate uncoupling as a mediator of Anomia; rather, from

such a position, differences in the degree of anomia would be viewed as a reflection of differences in the extent to which this cultural value had been internalized. To see how uncoupling is viewed as a correlate of Anomia, it would have to be argued that the source of the discrepancy is the recognition that what is desired (a stable marriage or a return to the marriage) is beyond one's control--i.e., that there is no way of returning to what no longer is. This recognition would constitute an early phase of uncoupling and the "uncoupling work" would be aimed at acceptance of not being able to return to the marriage. Anomia would be "high" in the early phase of uncoupling and gradually decrease as progress toward acceptance of the end of the marital relationship is reached. Consequently, differences in the degree of anomia are expected to covary with scores on the uncoupling indices.

HYPOTHESIS III: The less complete the psychological separation, the higher the scores on the factor analytically derived measure of Anomia.

Suicidal Penchant and Uncoupling

Although several investigations have discovered a relationship between the loss of a significant other and suicide (Bolin et al., 1968; Breed, 1963; Faberow & McEvoy, 1966; Bloom, 1967; Jacobson, Note 3), none of these studies identified the extent to which mourning or uncoupling had pro-

ceeded prior to the completed suicide. Jacobson (Note 3) did find, however, that persons having recently separated or divorced were more likely to be rated as suicidal than persons having separated or divorced more than one year before the assessment. Since uncoupling takes time, it could be argued that the higher rate among the recently separated or divorced was in part due to the fact that uncoupling had not been completed. Be that as it may, to end an emotional attachment as profound as that established between a marital pair has been shown to be a most traumatic experience, one out of which questions concerning the value of life without the (former) spouse are frequently raised. Since uncoupling requires the severance of the internalized relation between self and spouse, it may well be experienced as a process which is simply too difficult to bear. Regardless of its intent, suicide is an alternative to uncoupling, one which would end life itself rather than accept the end of the marital relationship. It is therefore predicted that the components of uncoupling will be associated with this measure of Suicidal Penchant.

HYPOTHESIS IV: The less complete the psychological separation, the higher the score on the factor analytically derived measure of Suicidal Penchant.

New Love Relationship and Uncoupling

Freud observed that those who mourn lose the capacity to

adopt new love relationships until mourning is completed. Similarly, until uncoupling is completed, the degree of emotional involvement in a new relationship should be diminished. To be sure, developing a love relationship is difficult under any conditions but even more complicated for those who have yet to end the emotional attachment to the (former) spouse. We have already noted that emotional commitment may revive fears of being abandoned and there is reason to believe that such concerns are especially salient for those still involved in severing the marital tie. Furthermore, in his study of divorced mothers, Goode observed that only 15% of those who reported being in love with their spouses believed they had a "fair chance" of marrying the man with whom they were emotionally involved. This finding suggests that the limits of the involvement in the new relationship were related to the degree that uncoupling had progressed. Consequently, when scores on the New Love Relationship factor are examined in terms of uncoupling progress, a positive relationship should obtain.

HYPOTHESIS V: The less complete the psychological separation, the lower the degree of emotional involvement with a New Love Relationship.

Work/Money Problems and Uncoupling

Of all the measures of psychosocial functioning, the items which define this factor render it the least explicit-

ly "psychological" dimension. Nevertheless, as previously indicated, the manifestations of uncoupling should extend themselves to the domain of work and money problems. It would be highly unlikely for those attempting to psychologically separate from the (former) spouse to continue in their work role without some traces of the inner conflict becoming apparent. For example, separated and divorced women must frequently work in order to provide for their children. While there are no data on when these women enter the labor force, it is likely that the economic hardships of the divorce propel many of them into the labor market. Waldman and Gover (1972) found that in 1971 only 31% of the married women with pre-school children were in the labor force whereas 70% of the divorced mothers had jobs. While some of these women are aided by child support from their former husbands, it has been shown that within one year after the divorce, less than 40% of the divorced fathers complied with court ordered child support (Citizens' Advisory Council on the Status of Women, 1972). On this point, Goode found that the husband's reported attitude toward the ex-wife was related to whether or not support payments were made: those husbands who were "indifferent" or expressed "negative" attitudes toward their ex-wives were less likely to make the child support payments (Goode, 1956, p. 226). Refusal to provide for the children, among other things, may be viewed as an indirect way of expressing hostility toward the (for-

mer) wife and a manifestation of incomplete psychological separation. Westman et al. (1970) have similarly suggested that many post-divorce legal contests involving finances are frequently "opportunities" for the continuation of the conflict between the formerly married antagonists.

While by no means the only route that the unresolved conflicts of uncoupling could take, these data suggest that both work and money related problems are implicated in the psychological separation process. Consequently, it is expected that problems associated with work and money will be more distressful for those having yet to end the emotional attachment to the (former) spouse than for those having uncoupled.

HYPOTHESIS VI: The less complete the psychological separation, the higher the scores on the measure of work/money problems.

Self Health Concern and Uncoupling

Although it is clear that physical health can be affected by the loss of an important love relationship, the question here is whether preoccupation with somatic manifestations of the stress of marital dissolution is differentially related to uncoupling. The position taken in this research is that somatic complaints should be more frequent among those who have yet to end the emotional attachment to the (former) spouse. Support for this view is provided by a

study of health following the death of a spouse. Parkes and Brown (1972) found that somatic complaints were higher within one year of the spouse's death than at subsequent yearly follow-up points. This result is interpreted to mean that mourning was most active within one year of the spouse's death and that these symptoms were manifestations of the mourning process. Analogously, Self Health concern should be greater for those who have yet to complete the psychological separation than for those already having uncoupled.

HYPOTHESIS VII: The less complete the psychological separation, the higher the scores on the measure of Self Health concern.

Summary of the Hypotheses and Predictions

For each hypothesis, seven predictions are tested. The first six predictions involve relating each component of the uncoupling process to a particular measure of psychosocial functioning. The last prediction entails computing a total uncoupling score and then evaluating its relationship to the measure of psychosocial functioning. In all, 49 predictions are tested, each one being a statement about the expected relationship between the degree to which uncoupling has occurred and the extent to which functioning is impaired. Since all psychosocial functioning measures are scored in terms of the degree of distress and all uncoupling components are keyed in the direction of the degree of incomplete

psychological separation, a positive association between each uncoupling component and each measure of psychosocial functioning is anticipated. Unless otherwise indicated, all significance tests are one-tailed.

Demographic Sources of Variation in the Psychosocial Functioning Measures: Potential Confounding Influences

Suppose that each of the uncoupling components were found to account for a significant proportion of variation in the measures of psychosocial functioning. One clinical implication of such findings would be that we could improve the psychosocial functioning of our patients by aiding them to work through the psychological end of the marriage. However, even the less far-reaching conclusion that failure to make the psychological separation interferes with other aspects of psychosocial functioning would not be completely warranted unless it could be shown that the relationship between uncoupling and psychosocial functioning was independent of potentially confounding influences. For example, suicidal risk increases with age (Faberow & Schneidman, 1965). Thus, if the anticipated relationship between uncoupling and Suicidal Penchant were confirmed, it could be argued that age was mediating this relationship and that controlling for the effects of age might even eliminate the variation in suicidal penchant believed to be due to uncoupling. Evidence to the contrary notwithstanding, when the

potentially confounding effects of several other demographic factors are considered, the argument against concluding that uncoupling is a significant correlate of psychosocial functioning among the separated and divorced merits serious consideration. Consequently, in addition to age, the effects of sex, socioeconomic status, duration of the marriage and the time elapsed since the last structural marital dissolution event will be held constant when the relationship between uncoupling and psychosocial functioning is examined. What follows is a brief discussion of why variation within each of these additional variables must be statistically controlled when assessing the uncoupling-psychosocial functioning relationship.¹

As the experience of marriage for women is clearly different from that for men (cf. Bernard, 1972), so too may the ways of coping with the marriage's end vary for (former) husbands and wives. While not directly implicating differences in the manner in which men and women respond to ending the marriage, evidence of sex differences in certain aspects of psychosocial functioning among the separated and divorced has been noted. For example, separated and divorced men suicide at higher rates than their female counterparts and are more frequently unable to carry on a major life activity as a result of chronic ailments (Durkheim, 1951; Carter &

¹Variations in this procedure are explicated in the following chapter.

Glick, 1970). Similarly, among the formerly married between the ages of 45 and 64, men are more likely to be in mental hospitals than women (U.S. Bureau of the Census, 1960a, 1960b). On the other hand, depression is a more likely diagnosis if the outpatient is a divorced woman than a divorced man (Briscoe et al., 1973); and divorced women are more frequent applicants for brief psychotherapy in an urban outpatient setting (Morley & Epps, Note 5). Although these findings do not lend themselves to unequivocal interpretation, they nevertheless support the argument that the relationship between uncoupling and psychosocial functioning may not be identical for the sexes; consequently, when empirically or logically required, variation in the relationship between uncoupling and psychosocial functioning which is due to sex must be controlled in order to offset such a conclusion.

Socioeconomic status has frequently been identified as a correlate of psychiatric impairment (cf. Clark, 1949; Maltzberg, 1956; Hollingshead & Redlich, 1957; Brenner, 1973) and consistently associated with differences in anomia (cf. Srole, 1956; Lefton, 1967; Killian & Grigg, 1962; Angell, 1962). Such findings similarly necessitate statistical control of this variable when the major hypotheses of this study are evaluated.

Goode (1965) found that the length of the marriage was related to the degree of perceived trauma associated with the marital dissolution. Since each psychosocial function-

ing factor is gauged in terms of "degree of distress," duration of the marriage must, to the extent that it is related to psychosocial functioning, be partialled out of the relationship between uncoupling and psychosocial functioning.

The last variable whose potentially confounding effects must be statistically controlled is theoretically the most salient of the demographic factors: the time elapsed since the last structural marital dissolution event. The control for the effects of this variable is to witness the extent to which an alternative hypothesis to that which guides this research similarly accounts for variation in the measures of psychosocial functioning. It may be argued that there is no particular psychological process like uncoupling which needs to be summoned to explain why people are depressed or anxious or withdrawn or complain about their health or become suicidal or are stressed by work and money problems after a separation or a divorce. These are predictable effects of marital dissolution but they are transitory. In time, the separated and divorced will resume their normal levels of functioning. To suggest that time heals all wounds is, in effect, to offer an alternative explanation for the presumed effects of the uncoupling process. The most obvious prediction emanating from such an hypothesis would be that decrements in functioning decrease with the passage of time; consequently, the longer the time since a particular reminder

of the end of the marriage, the less distressed the subjects should be.

Although the data reviewed earlier on the higher incidence of psychiatric impairment and poor health among the divorced do not support this alternative hypothesis, it is still credible. Healing from the psychological wounds of the dissolution certainly may take time. Therefore, to control for that component of variation in the uncoupling/psychosocial functioning relationship attributable to the passage of time, the time elapsed since the last structural marital dissolution event will be held constant.

Finally, the combined effects of these variables may be expected to alter the relationship between uncoupling and psychosocial functioning to an even greater degree than any one of them alone. It must therefore be shown that a relationship between uncoupling and psychosocial functioning exists as predicted which is not contaminated by variation due to the combined additive effect of these five demographic variables in order to conclude that uncoupling is a process with which we must therapeutically reckon (i.e., in the same way that we now know that mourning requires special therapeutic attention).

Having laid the groundwork for the examination of the relationship between uncoupling and psychosocial functioning, the results may now be analyzed.

C H A P T E R V

Results

The results of this investigation are presented in three sections. In the first section, the demographic characteristics of the sample are described. Section II begins by evaluating subject responses to items in the uncoupling index and then treats the relationship between marital dissolution status and uncoupling. Finally, Section III examines the relationship between the components of uncoupling and the measures of psychosocial functioning.

Section I: Demography of the Sample¹

The demographic characteristics to be presented in this section of the research are those which bear on the hypotheses: sex, age, socio-economic status, duration of the marriage, and the time elapsed since the last structural marital dissolution event. After identifying their descriptive features, the implications of several preliminary evaluations of these demographic variables for the major analyses are specified.

¹Although not discussed in this paper, it should be noted that approximately 59% of the subjects indicated that children were involved in the (former) marriage. The manner in which children affect coping with the end of the marriage will be evaluated in forthcoming reports.

Sex, age and marital dissolution status. In Table 2 the age distribution of subjects is presented as a function of both sex and marital dissolution status. Cell entries are

 Insert Table 2 about here

the average ages, their standard deviations and the number of observations upon which these statistics are based.

Examination of the data in Table 2 indicates that 68.2% of the 170 subjects are women. While unrelated to marital dissolution status ($\chi^2 = 0.23$, $df = 2$; n.s.), the greater frequency of women in the study is consistent with base-rate application rates of this clinic population (Morley & Epps, Note 5).

Subjects range in age from 18 to 67, the average age being 35.71 years. Although it is apparent from inspection of the average age of both men and women that sex-related age differences are not present, the cell means suggest the possibility of an interaction between sex and marital dissolution status. To investigate this potential difference, a 2 X 3 analysis of variance was performed. However, the results of this analysis of age as a function of sex and marital dissolution status did not confirm what inspection suggested: neither a significant interaction effect ($F = .051$, $df = 2,164$; n.s.) nor a main effect due to marital dissolution status was observed ($F = 1.95$, $df = 2,164$, n.s.).

Table 2

Mean Age, by Sex and Marital Dissolution Status

		Separated	Filed for Divorce	Divorced	Total
M E N	Mean	36.71	30.92	39.48	36.70
	S.D.	9.49	12.32	11.01	---
	n	17	12	35	54
	(%)	(10.00)	(7.06)	(14.71)	(31.76)
W O M E N	Mean	37.64	33.40	34.67	35.24
	S.D.	13.34	9.53	9.72	---
	n	33	25	58	116
	(%)	(19.41)	(14.71)	(34.12)	(68.24)

These findings indicate that variation in the measures of psychosocial functioning which may be due to either sex or marital dissolution status would not be confounded by the presence of age-related differences in either of these variables. Nevertheless, to the extent that age influences the relationship between psychosocial functioning and uncoupling, variation due to age will be statistically controlled.

Duration of marriage. Since the date of the final separation was a common endpoint for subjects regardless of marital dissolution status, the time elapsed between the date of the marriage and that of the final separation was used to define this variable. In Table 3, the breakdown of marital duration by sex and marital dissolution status is presented.

 Insert Table 3 about here

For the entire sample, marital duration ranges from less than one year to 33.83 years. Fifty percent of the subjects were married for at least 4.51 years, the average marital duration being 7.22 years. When the variance of the marital duration variable is evaluated, neither sex-related differences ($F = .041$, $df = 1,164$; n.s.) nor differences due to marital dissolution status ($F = 1.70$, $df = 2,164$; n.s.) are evident. Similarly, the interaction of sex and marital dis-

Table 3
Duration of Marriage (by years) by Sex
and Marital Dissolution Status

		Separated	Filed for Divorce	Divorced	Totals
M	Mean	8.39	4.37	7.26	6.97
E	S.D.	4.85	4.67	7.73	--
N	n	17	12	25	54
W					
O	Mean	8.90	8.39	5.96	7.33
M	S.D.	8.55	7.24	5.96	--
E	n	33	25	58	116
N					

solution status is not significant ($F = 2.13$, $df = 2,164$; n.s.).

Thus, as with the age data, although marital duration is unrelated to either sex or marital dissolution status, its effects may have to be partialled out when the relationship between the measures of psychosocial functioning and the components of uncoupling are evaluated.

Socio-economic status (SES). Hollingshead's Two-Factor Index of Social Position was used to measure SES (Hollingshead, Note 2). This index combines both education and occupation to yield five ordinally related levels of social position in the status structure. The actual scale values are inversely related to social position: the higher the social position, the lower the scale value.

In Table 4, the distribution of SES is presented as a function of marital dissolution status. Inspection of Table 4 indicates that while the entire spectrum of SES is repre-

 Insert Table 4 about here

sented by this sample, most of the subjects are found in the lower end of the distribution. This finding is not unexpected since the treatment center provides psychiatric services to persons who cannot afford the fees of private practitioners.

A chi-square analysis was performed to examine the rela-

Table 4
SES as a Function of Marital Dissolution Status

	Social Position					Total
	I	II	III	IV	V	
Separated	2	8	17	14	17	47
Filed for Divorce	4	3	13	14	2	36
Divorced	4	6	33	30	9	82
Column Total	10	17	63	58	18	166
(%)	(5.9)	(10.0)	(37.1)	(34.1)	(10.6)	

tionship between SES and marital dissolution status. Although a sizeable proportion of separated subjects are in the lowest social position (Rank V), this statistical test indicates that there is no significant relationship between marital dissolution status and SES ($\chi^2 = 8.24$, $df = 8$; n.s.). However, since this finding does not preclude the possibility that SES and the measures of psychosocial functioning are related, SES will be held constant when the relationship between the indices of uncoupling and the measures of psychosocial functioning are evaluated.

Time since the last structural marital dissolution event (TSFD). This variable was defined as the difference between the date of the last structural event and the date of treatment application. TSFD is displayed as a joint function of sex and marital dissolution status in Table 5. While examination of these data in Table 5 suggests that TSFD is not different for men than for women, this temporal variable clearly differentiates among the separated, those having filed for divorce and the divorced ($F = 6.13$, $df = 2, 159$; $p = .005$). As is evident from examination of the means in Table 5, the difference is attributable to the amount of time the

 Insert Table 5 about here

divorced have had the final decree. Since this difference would be confounded with differences in the measures of psy-

Table 5

Time (in Months) since the Last Structural Marital
Dissolution Event, Sex, and Marital Dissolution Status

	Separated	Filed for Divorce	Divorced	Totals
M Mean	13.82	5.67	45.04	25.75
E S.D.	37.64	6.83	42.69	---
N n	17	11	23	51
W				
O Mean	9.48	10.25	36.00	22.79
M S.D.	21.51	10.94	36.80	---
E n	33	25	56	114
N				

chosocial functioning that would otherwise be attributed to uncoupling progress, TSFD must be held constant when the relationship between uncoupling and psychosocial functioning is examined.

Finally, it is of interest to note that within one year of the separation, 86% of the separated subjects applied for treatment; similarly, 77.8% of those having filed for divorce sought psychiatric treatment within a year of the filing date. While this trend is less striking among those who have received the final decree, 35.4% of the divorced subjects sought psychiatric services within one year of becoming divorced.

Section II: The Relationship between the Uncoupling Items and Marital Dissolution Status

Recall that the 17 uncoupling items were to be scored by weighting each item response by the subject's marital dissolution status. This procedure would yield a value for each item which reflected both the item response and the subject's position in the marital dissolution process. To accomplish this goal, responses were first tabulated so that the number and percentage of responses to each item alternative could be examined. Then separate analyses were performed for each of the items in order to test empirically a major assumption of the scoring scheme, i.e., that item responses would be related to marital dissolution status.

Moreover, a specific ordering of subjects is called for by the logic of the ranking system, one implied by the thesis that divorced subjects will be further along in the uncoupling process than those having filed for divorce and that those having filed for divorce will be more advanced than those having only separated. More detailed analyses were therefore conducted in order to evaluate this inference. Since the results of these several analyses require close attention, they will be presented separately for each of the components of uncoupling.

The crisis component of uncoupling. In formulating a judgment about whether the crisis was related to the marital dissolution, the interviewers relied heavily on being able to identify the event(s) which precipitated the crisis. For 31 of the 170 subjects, no clear cut event leading to the disruption in functioning could be uncovered; consequently, for these 31 subjects, decisions concerning the relationship of the crisis to the marital dissolution were not advanced. However, rather than lose 18% of the sample by removing this complement of subjects from the analysis, these 31 subjects were classified as if the problem for which they sought treatment was not related to the marital dissolution. It should be noted that this is a conservative method of dealing with potentially missing data. To the extent that this procedure "misclassifies" subjects, it does so in a direction which is counter to the major hypotheses of the study.

Persons for whom the crisis is related to the marital dissolution are expected to show greater decrements in the measures of psychosocial functioning; therefore, all "misclassified" subjects would increase the average psychosocial functioning scores of those for whom the crisis is not related to the marital dissolution and thereby reduce the magnitude of the expected difference between these two groups.

In Table 6, the distribution of the rater judgments about the crisis being related to the marital dissolution

 Insert Table 6 about here

is presented. By inspecting the column total of Table 6, it can be seen that most of the subjects had crises which were unrelated to the marital dissolution. However, this finding is exclusively due to the large number of divorced subjects in the sample whose crises involved matters other than the marriage ending. For the separated subjects, the opposite trend emerged: most of the separated had crises which were dissolution-related. Interestingly enough, among those having filed for divorce, subjects are equally divided with respect to the crisis being related to the termination of the marriage.

Although these findings indicate that marital dissolution status mediates whether or not the crisis is associated with marital termination ($\chi^2 = 36.99$, $df = 2$; $p < .001$),

Table 6
Crisis and Marital Dissolution Status

'Is the crisis related to the marital dissolution?'			
	No	Yes	Totals
Separated	16	34	50
(%)	(32.0)	(68.0)	
Filed for Divorce	18	19	37
(%)	(48.6)	(51.4)	
Divorced	69	14	83
(%)	(83.2)	(16.8)	
Column Total	103	67	170
(%)	(60.6)	(39.4)	

Chi-square = 36.99

df = 2

p < .001

they confirm only the broad assumption upon which the weighted scoring system would be based. To see if the more restrictive assumption was met (i.e., that which would sequentially rank divorced subjects, those having filed for divorce and separated subjects in terms of progress toward uncoupling), three specific comparisons were calculated. Each comparison contrasted differences in the frequency of dissolution-related crises between pairs of dissolution status categories. Thus the first contrast was between divorced subjects and subjects having filed for divorce (D vs. F); the second comparison involved subjects having filed for divorce and separated subjects (F vs. S); the final comparison examined differences between divorced subjects and separated subjects (D vs. S). Empirical justification for applying the weighted scoring scheme would require all three comparisons to yield significant differences such that the divorced had fewer dissolution-related crises than those having filed for divorce; those having filed for divorce would in turn have to evidence proportionately fewer cases than those having only separated.

Let us now examine the results of these three analyses. First, the divorced have significantly fewer crises related to the marital dissolution than do those having filed for divorce ($\chi^2 = 15.26$, $df = 1$; $p < .001$). Similarly, the divorced have proportionately fewer dissolution-related crises than those having separated ($\chi^2 = 35.37$, $df = 1$; $p < .0001$).

However, when compared to the separated subjects, those having filed for divorce do not have a greater relative frequency of crises related to the marital dissolution ($\chi^2 = 2.48$, $df = 1$; n.s.). Thus, for this first of the six components of the uncoupling index, the hypothesized sequence $D < F < S$ is not confirmed; rather the observed incidence of dissolution-related crises yielded the sequence $D < (F = S)$. The crisis component of uncoupling cannot therefore be scaled by using the marital dissolution status as a theoretically determined weight.

Dependence. Each of the seven dependency items were phrased in terms of how frequently subjects turned to their (former) spouse when they needed: "companionship," "to feel loved," "to feel successful," "to feel like a good person," "to feel taken care of," "to feel understood," and "to feel sexual satisfaction." Each item had five response alternatives which ranged from "Always" to "Never." A sixth alternative, "not applicable," was also included among these response options in order to ultimately differentiate subjects who had not been in contact with their spouses from those who had contact but did not rely on the (former) spouse for fulfillment of certain of these emotional needs. When the distributions of these seven items were inspected, it was apparent that most of the subjects had chosen one of two response options: "Never" or "not applicable." Since these two response categories accounted for an average of 80.91%

of subject responses to the dependency items, the dependency component of uncoupling was reconceptualized.

Rather than providing information about how often subjects were reliant on their (former) spouse, these items were construed as indices of whether or not subjects were still reliant on their one-time partners. To accomodate the shift in meaning from "degree of reliance" to "presence or absence of reliance," the six response categories were collapsed into two categories: "does not rely on (former) spouse" consisted of the response options 'not applicable' and 'never'; "relies on (former) spouse" was composed of the remaining response alternatives ('rarely,' 'sometimes,' 'most of the time' and 'always').

The resultant distributions of the dependency items were then cross-tabulated with marital dissolution status in order to evaluate the feasibility of developing the weighted uncoupling index for these seven items. These distributions are presented in Tables 7 to 13.

 Insert Tables 7 to 13 about here

As can be seen from inspection of these tables, marital dissolution status qualifies responses to the dependency items. Although there is some variation from item to item, the general trend is for significant differences to emerge between either the separated and divorced or between the di-

Table 7
Dependency and Marital Dissolution Status

Relies on Spouse for Companionship			
	No	Yes	Totals
Separated	30	20	50
(%)	(60.0)	(40.0)	
Filed for Divorce	23	14	37
(%)	(62.2)	(37.8)	
Divorced	77	6	83
(%)	(92.8)	(7.2)	
Column Total	130	40	170
(%)	(76.5)	(23.5)	

Chi-square = 24.00

df = 2

p < .001

Table 8
Dependency and Marital Dissolution Status

Relies on spouse to feel loved			
	No	Yes	Totals
Separated	33	17	50
(%)	(66.0)	(34.0)	
Filed for Divorce	26	11	37
(%)	(70.3)	(29.7)	
Divorced	75	8	83
(%)	(90.4)	(9.6)	
Column Total	134	36	170
(%)	(78.8)	(21.2)	

Chi-square = 13.17

df = 2

p < .001

Table 9
Dependency and Marital Dissolution Status

Relies on spouse to feel successful			
	No	Yes	Totals
Separated	43	7	50
(%)	(86.0)	(14.0)	
Filed for Divorce	31	6	37
(%)	(83.8)	(16.2)	
Divorced	78	5	83
(%)	(94.0)	(6.0)	
Column Total	152	18	170
(%)	(89.4)	(10.6)	

Chi-square = 3.68

df = 2

p = .079

Table 10
Dependency and Marital Dissolution Status

Relies on spouse to feel like a 'good person'			
	No	Yes	Totals
Separated	31	19	50
(%)	(62.0)	(38.0)	
Filed for Divorce	28	9	37
(%)	(75.7)	(24.3)	
Divorced	74	9	83
(%)	(89.2)	(10.8)	
Column Total	133	37	170
(%)	(78.2)	(21.8)	

Chi-square = 13.69

df = 2

p < .001

Table 11
Dependency and Marital Dissolution Status

Relies on spouse to feel understood			
	No	Yes	Totals
Separated	30	20	50
(%)	(60.0)	(40.0)	
Filed for Divorce	29	8	37
(%)	(78.4)	(21.6)	
Divorced	70	13	83
(%)	(84.3)	(15.7)	
Column Total	129	41	170
(%)	(75.9)	(24.1)	

Chi-square = 10.26

df = 2

p < .006

Table 12
Dependency and Marital Dissolution Status

Relies on spouse to feel 'taken care of'			
	No	Yes	Totals
Separated	35	15	50
(%)	(70.0)	(30.0)	
Filed for Divorce	27	10	37
(%)	(73.0)	(27.0)	
Divorced	71	12	83
(%)	(85.5)	(14.5)	
Column Total	133	37	170
(%)	(78.2)	(21.8)	

Chi-square = 5.19

df = 2

p = .037

Table 13
Dependency and Marital Dissolution Status

Relies on spouse to feel sexual satisfaction			
	No	Yes	Totals
Separated	38	12	50
(%)	(76.0)	(24.0)	
Filed for Divorce	33	4	37
(%)	(89.2)	(10.8)	
Divorced	81	2	83
(%)	(97.6)	(2.4)	
Column Total	152	18	170
(%)	(89.4)	(10.6)	

Chi-square = 15.37

df = 2

p < .001

vorced and those having filed for divorce. However, when the restrictive ranking criterion is evaluated, none of the dependency items meet the prediction specified by the relation: $D < F < S$. The progressive scoring system cannot be applied, in consequence, to the dependency component of the uncoupling index.

Positive affect for the spouse (yearning). The three items which comprise "yearning" for the spouse included: "Still in love with the (former) spouse," "misses the (former) spouse" and "just as happy not being with the (former) spouse." In Tables 14 to 16, the distributions of responses

 Insert Tables 14 to 16 about here

to these items as a function of marital dissolution status are found. For each of these items, the majority of subjects indicated that they did not yearn for the spouse. However, as examination of Table 14 to 16 reveals, a greater percentage of separated subjects report still being in love with, missing, and not being as happy without the (former) spouse than divorced subjects. In general, this difference accounts for the significant relationship between marital dissolution status and responses to each of these three items. However, as with the first two indices of uncoupling (crisis and dependency), the predicted sequence $D < F < S$ did not obtain.

Table 14
 "Yearning" and Marital Dissolution Status

'Still in love with (former) spouse?'			
	No	Yes	Totals
Separated	17	33	50
(%)	(34.0)	(66.0)	
Filed for Divorce	24	13	37
(%)	(63.9)	(35.1)	
Divorced	65	18	83
(%)	(78.3)	(21.7)	
Column Total	106	64	170
(%)	(62.4)	(37.6)	

Chi-square = 26.23

df = 2

p < .001

Table 15
 "Yearning" and Marital Dissolution Status

'Misses (former) spouse'			
	No	Yes	Totals
Separated	13	37	50
(%)	(26.0)	(74.0)	
Filed for Divorce	16	21	37
(%)	(43.2)	(56.8)	
Divorced	54	29	83
(%)	(65.1)	(34.9)	
Column Total	83	87	170
(%)	(48.8)	(51.2)	

Chi-square = 19.64

df = 2

p < .001

Table 16
 "Yearning" and Marital Dissolution Status

'Just as happy not being with (former) spouse'			
	No	Yes	Totals
Separated	17	33	50
(%)	(34.0)	(66.0)	
Filed for Divorce	11	26	37
(%)	(29.7)	(70.3)	
Divorced	13	70	83
(%)	(15.7)	(84.3)	
Column Total	41	129	170
(%)	(24.1)	(75.9)	

Chi-square = 6.54

df = 2

p < .02

Grief. The five-point ratings for whether or not feelings of sadness, anger or guilt were related to the marital dissolution were first collapsed into two categories and the resultant distributions then cross-tabulated with marital dissolution status. Four subjects were rated "uncertain" when feelings of sadness were being judged and three were so rated when anger and guilt were evaluated. These subjects were therefore excluded from the analysis of the relationship between grief and marital dissolution status.

In Tables 17 to 19, the cross-tabulated distributions of the remaining subjects are presented. With respect to the

 Insert Tables 17 to 19 about here

number of subjects whose feelings of grief are related to the marital dissolution, these three distributions are quite similar: approximately half of the subjects were judged to be grieving over the loss of the marital relationship. When more detailed evaluation is performed, it can be seen that with the exception of the angry feelings, both the separated and those having filed for divorce are more frequently judged to be grieving about the marriage ending than the divorced. Once again, however, grief, as with dependency, yearning and crisis, does not yield the expected pattern of relationships which would justify the use of the ranking system.

Table 17
Grief and Marital Dissolution Status

'Feelings of sadness related to marital dissolution'			
	No	Yes	Totals
Separated	11	38	49
(%)	(22.4)	(77.6)	
Filed for Divorce	14	23	37
(%)	(37.8)	(62.2)	
Divorced	53	27	80
(%)	(66.3)	(33.8)	
Column Total	78	88	166
(%)	(47.0)	(53.0)	

Chi-square = 25.01

df = 2

p < .001

Table 18
Grief and Marital Dissolution Status

'Angry feelings related to marital dissolution'			
	No	Yes	Totals
Separated	19	30	49
(%)	(38.8)	(61.2)	
Filed for Divorce	19	18	37
(%)	(51.4)	(48.6)	
Divorced	54	27	81
(%)	(66.7)	(33.3)	
Column Total	92	75	167
(%)	(55.1)	(44.9)	

Chi-square = 9.86

df = 2

p < .007

Table 19
Grief and Marital Dissolution Status

'Guilt feelings related to marital dissolution'			
	No	Yes	Totals
Separated	18	31	49
(%)	(36.7)	(67.2)	
Filed for Divorce	16	20	36
(%)	(44.4)	(55.6)	
Divorced	53	29	82
(%)	(64.6)	(35.4)	
Column Total	87	80	167
(%)	(52.1)	(47.9)	

Chi-square = 10.64

df = 2

p < .005

Ideational preoccupation with the (former) spouse (memory). The amount of time spent thinking or fantasizing about the (former) spouse was trichotomized to form the response categories: 'None of the time,' 'Little or some of the time,' and 'Most or all of the time.' These responses were then distributed as a function of marital dissolution status. In Table 20, the results of this analysis may be

 Insert Table 20 about here

seen. First, it is clear that a majority of respondents acknowledge either thinking or having fantasies about the (former) spouse. Next, differences in the relative frequency of responses to the memory item are associated with dissolution status as the value of the chi-square in Table 20 indicates. However, evaluating the ranking assumption for this item is somewhat more complicated than earlier because three response alternatives rather than two are involved. Thus, the first step in deciding whether or not this item conformed to the criteria of the ranking system involved contrasting the distributions of the three groups in a pairwise fashion for all three response alternatives. The results of these analyses revealed that each group had a unique pattern of responding to this item. The separated subjects were more evenly distributed among the three response alternatives than either those have filed for divorce

Table 20
Ideational Preoccupation with the (Former) Spouse
and Marital Dissolution Status (Memory)

'Time spent thinking and fantasizing about (former) spouse'				
	None of the time	Little/Some of the time	Most/All of the time	Totals
Separated	13	20	17	50
(%)	(26.0)	(40.0)	(34.0)	
Filed for Divorce	11	22	4	37
(%)	(29.7)	(59.5)	(10.8)	
Divorced	43	37	3	83
(%)	(51.8)	(44.6)	(3.6)	
Column Totals	67	79	24	170
(%)	(39.4)	(46.5)	(14.1)	

Chi-square = 29.03

df = 4

p < .001

($\chi^2 = 6.51$, $df = 2$; $p < .05$) or the divorced ($\chi^2 = 24.46$, $df = 2$; $p < .05$). Similarly, inspection of Table 20 indicates that the major difference between those having filed for divorce and the divorced was in the greater frequency with which subjects in the divorced group denied thinking about their spouses ($\chi^2 = 6.20$, $df = 2$; $p = .05$). Although these patterns begin to approach the requirements of the ranking system, one final set of analyses was performed to see if this pattern was but an artifact of there being so few persons other than the separated who had indicated that they thought about their spouses "most or all of the time." To accomplish this last analysis, subject replies to the alternatives "most or all of the time" and "little or some of the time" were combined and the relative frequencies of subject responses were then compared. The results of these comparisons indicated that the apparent emergence of the required ordering of dissolution status groups for this item was indeed artifactual: while the separated and the divorced were reliably different and while those having filed for divorce were predictably more preoccupied with thoughts and fantasies of the (former) spouse than the divorced, the required sequence $D < F < S$ once again turned out to be $D < (F = S)$. Thus, the fact that no differences were found when the separated and those having filed for divorce were contrasted does not warrant the application of the ranking system to this item.

Attitudes toward reconciliation (Reconcile). A. Wants to reconcile: Responses to the question "Do you want to get back together with your spouse?" were aggregated into three response categories ('Yes,' 'Don't know,' and 'No') and then distributed according to marital dissolution status. While 61.8% of the subjects did not want to reconcile, 20% were uncertain and 18.2% indicated that they wanted to resume the marital relationship. In Table 21, these distributions are

 Insert Table 21 about here

broken down into their respective marital dissolution categories. While no clear response trend emerged among the separated subjects, the majority of both the divorced and those having filed for divorce indicated that they did not want to rejoin their (former) spouses. For most of the subjects, it seems clear that by the time a divorce petition has been filed (or at the latest by the time the final decree has been received), residual doubt about reconciliation has dissipated. Be that as it may, 20.4% of the divorced and 35.1% of those having filed are either uncertain about wanting to get back together or express a desire to resume the marriage. It appears that for whatever reason, these subjects have yet to end their emotional attachment to the (former) spouse in spite of their objective positions in the marital dissolution.

Table 21
Reconciliation with (Former) Spouse
and Marital Dissolution Status

'Wants to reconcile'				
	No	Don't know	Yes	Totals
Separated	15	20	15	50
(%)	(30.0)	(40.0)	(30.0)	
Filed for Divorce	24	7	6	37
(%)	(64.9)	(18.9)	(16.2)	
Divorced	66	7	10	83
(%)	(79.5)	(8.4)	(12.0)	
Column Total	105	34	31	170
(%)	(61.8)	(20.0)	(18.2)	

Chi-square = 33.65

df = 4

p < .001

To assess the validity of applying the ranking system to this item, an overall measure of the relationship between marital dissolution status and wanting to reconcile was first computed. This value is presented in Table 21 and indicates that marital dissolution status does mediate wanting to resume the marital relationship. However, the subsequent series of specific comparisons indicated that the between group differences in response patterns did not measure up to the criteria of the ranking system. The order found from this series of analyses was $D = (F < S)$.

B. Believes reconciliation is possible: As with the dependency items, responses to the question "Do you believe that a reconciliation will occur" were such as to require a change in the meaning of this variable. Sixty-four-and-seven-tenths percent of the subjects said that they "definitely did not believe that a reconciliation would occur" with the remaining subjects distributing themselves among only three of the four responses alternatives: "probably not," "could go either way," and "probably will occur" contained 35.3% of the sample. None of the subjects indicated that they believed a reconciliation would definitely occur. Consequently, the variable was reconstrued as a measure of the degree of doubt expressed by subjects when asked this question about the likelihood of a reconciliation occurring. All responses other than "a reconciliation will definitely not occur" were therefore treated as being expressions of

doubt and were aggregated to form the category "believes a reconciliation is possible." Thus, differences in the degree of doubt expressed by subjects were disregarded. In Table 22, the redefined response categories are presented as a function of marital dissolution status. Inspection of Table 22 reveals that subjects' responses to this item were

 Insert Table 22 about here

clearly related to their marital dissolution status. A majority of the separated subjects indicated that they believed a reconciliation was possible while the reverse trend occurred for both the divorced and those having filed for divorce. Thus, by the time a petition for divorce has been filed, most of the subjects no longer believe that a reconciliation is possible. Interestingly enough, the differences between these three groups of subjects are such as to validate even the restrictive criteria of the ranking system. The expected ordering of subjects actually occurred for this last of the uncoupling items such that $D < F < S$.

Summary of the relationship between marital dissolution status and the uncoupling items. These data reveal that responses to the uncoupling items are clearly related to marital dissolution status. In all but one instance, the response pattern of the separated subjects was different from that of the divorced. Similarly, those having filed for di-

Table 22
 Reconciliation with (Former) Spouse
 and Marital Dissolution Status

'Believes reconciliation is possible'			
	No	Yes	Totals
Separated	13	37	50
(%)	(26.0)	(74.0)	
Filed for Divorce	26	11	37
(%)	(70.3)	(29.7)	
Divorced	71	12	83
(%)	(85.5)	(14.5)	
Column Total	110	60	170
(%)	(64.7)	(35.3)	

Chi-square = 49.08

df = 2

p < .001

vorce evidenced less psychological separation from the (former) spouse than the divorced in 14 of 17 comparisons. However, only four of the 17 uncoupling items differentiated between separated subjects and those having filed for divorce, albeit in the predicted direction. In Table 23, the chi-square values obtained when the relevant comparisons

 Insert Table 23 about here

were made is presented. Since only one of the 17 items found the divorced subjects being more advanced in the psychological separation process than those having filed and simultaneously saw those having filed for divorce in a position between that of the separated and the divorced, the predicted isomorphism between social and psychological progress toward ending the marriage is not confirmed by these findings. From inspection of the comparisons in Table 23, it appears that as a result of the similarity in uncoupling response patterns between the separated subjects and those having filed for divorce, the proposed ranking system is unwarranted and cannot be applied to these data. Consequently, the unranked scores were used to evaluate the relationship between uncoupling and the measures of psychosocial functioning. First, however, item responses were converted to z scores in order to standardize each uncoupling item. Then the 17 items were summed to form a global index of un-

Table 23

Uncoupling and Marital Dissolution Status: Summary of
Chi-Square Tests to Evaluate Predictions of the
Ranking System

Uncoupling Item	S vs D ¹	S vs F	F vs D
I. <u>Crisis</u>			
Crisis related to marital dissolution	35.37*	2.48	15.26*
II. <u>Dependency</u>			
Relies on spouse:			
1) for companionship	21.31*	0.04	17.26*
2) to feel loved	12.13*	0.18	7.75*
3) to feel successful	2.42	0.08	3.19*
4) to feel like a good person	13.84*	1.82	3.65*
5) to feel understood	9.91	3.29*	0.64
6) to feel taken care of	4.66*	0.09	2.70
7) to feel sexual satisfaction	15.44*	2.46	3.80*
III. <u>Yearning</u>			
1) Still in love	25.92*	8.13*	2.41
2) Just as happy being without (former) spouse	6.01*	0.18	3.17*
3) Misses spouse	19.04*	2.84	5.01*
IV. <u>Grief</u>			
1) Sadness related to marital dissolution	23.32*	2.42	8.34*
2) Anger related to marital dissolution	9.65*	1.35	2.52
3) Guilt related to marital dissolution	9.62*	0.51	4.20*
V. <u>Memory</u>			
Time spent thinking/fantasizing about (former) spouse	9.53*	0.15	5.05*
VI. <u>Reconcile</u>			
1) Wants to reconcile	33.23*	10.48*	3.48
2) Believes reconciliation is possible	47.54*	16.85*	3.85*

¹S vs D = Separated vs. divorced; S vs F = Separated vs. filed for divorce.

*p < .05

coupling. Similarly, the dependency items were summed to form the "dependency" component of uncoupling. Consequently a total of six uncoupling components (Crisis, Grief, Dependency, Memory, Yearns, and Reconcile) and a global index of uncoupling (Uncouple) were formed.

To assess the internal consistency of the items in each component and of all items in the global uncoupling index, two reliability estimates were required: co-efficient alpha (cf. Cronbach, 1951) and part-whole correlation co-efficients (McNemar, 1955). The latter estimates were computed in those instances in which the number of items required for obtaining co-efficient alpha was insufficient.

In Table 24, the results of this reliability study are presented. Inspection of these co-efficients reveals that

 Insert Table 24 about here

these items are all aspects of the same underlying phenomena and can therefore justifiably be combined to yield separate component scores as well as an overall summary index of the uncoupling process.

Section III: The Relationship between the Components of Uncoupling and the Measures of Psychosocial Functioning

In this last section of the results, the major findings bearing on the hypothesized relationship between the various

Table 24
Reliability of the Uncoupling Components
and the Global Uncoupling Index

<u>Uncoupling Component</u>	<u>Number of Items</u>	<u>Reliability Estimate</u>
Crisis	1	.67*
Dependency	7	.76
Yearns	3	.76
Grief	3	.74
Reconcile	2	.75*
Memory	1	.68*
Uncouple	17	.85

*Starred values are part-whole co-efficients, non-starred values are alphas.

aspects of uncoupling and the measures of psychosocial functioning are analyzed. Two types of variables are related to the derived psychosocial functioning measures: the demographic variables (Age, Sex, SES, Duration of the Marriage, the time since the last structural marital dissolution event, and marital dissolution status) and those which constitute uncoupling. First, a portrait of the relationships between the demographic variables and both the measures of psychosocial functioning and the components of uncoupling is presented. Then, for each measure of psychosocial functioning, the following format was adopted. First, the zero-order (simple) correlations of the uncoupling components and the particular functioning measure is displayed. Then, the potentially confounding effects of each demographic variable are removed. Finally, the combined effects of the relevant demographic variables are removed from the correlations between the uncoupling components and the psychosocial functioning measures in order to present uncontaminated indices of these relationships. The method used to eliminate the influence of the demographic variables is partial correlation (cf. Nie et al., 1975; McNemar, 1955).

In Table 25, the simple correlations between each demographic variable and each of the measures of psychosocial

 Insert Table 25 about here

Table 25
Zero-Order Correlations of the Demographic Variables
with the Measures of Psychosocial Functioning¹

	Depres- sion	Anxiety	Anomia	Suicidal Penchant	New Love Relation- ship	Work/ Money Problems	Self- Health Concerns
SES	.21*	.24*	.27*	.16***	.13***	.31*	.23*
Age	-.02	-.02	.18**	.19**	.32*	.02	.13***
Sex ²	.12	.12	-.02	.04	-.04	-.12	.14***
Duration of Marriage	.01	.02	.01	.02	.13***	-.15***	.10
TSFD	-.02	-.04	.15***	.07	.04	.22*	.13***
Marital Dis- solution Status	-.16**	-.15**	-.11	-.17**	-.33*	.05	.07

*p < .025, **p < .05, ***p < .10

¹Two-tailed tests of significance are reported.

²Point-biserial correlation coefficient; positive value indicates women are more distressed.

functioning are presented. Let us briefly examine these tabled values in order to determine which of the demographic variables must be held constant when the relationship between an uncoupling component and a measure of psychosocial functioning is being assessed.

1) SES. Recall that the Hollingshead social position ranks are inversely related to social position: the higher the position, the lower the rank. Since inspection of Table 25 reveals that SES is positively related to each of the psychosocial functioning measures, these findings are to be interpreted as follows: the lower the social position, the higher the distress scores on each measure. These results indicate that SES must be held constant when the relationship between uncoupling and all measures of psychosocial functioning are evaluated.

2) Age. Age is related to four of the seven functioning measures: Anomia, Suicidal Penchant, New Love Relationship and Self Health Concern. These results suggest that the role loss associated with marital dissolution (i.e., Anomia) is more distressful with increasing age. Similarly, as subjects get older, they become more suicidal (Suicidal Penchant), less involved in New Love Relationships, and more concerned about health-related problems (Self Health Concern). While these results reveal no significant association between age and any of the remaining three measures of psychosocial functioning, it would be short-sighted to

therefore conclude that age could not effect scores on the Depression, Anxiety or Work/Money Problems measures by way of a potential relationship with the components of uncoupling. To the extent that age and uncoupling are related, a significant association between uncoupling and Depression, Anxiety or Work/Money Problems would be confounded with age. There would be no way of telling how much of the variation in these measures of psychosocial functioning was due to uncoupling and how much was due to the relationship between uncoupling and age. Since the same problem applies to all of the demographic variables, the only way of deciding which demographic variables must be partialled out of the relationship between the uncoupling components and psychosocial functioning measures is to examine the correlations between the demographic variables and uncoupling. If a demographic variable is independent of both the measures of psychosocial functioning and the components of uncoupling, it cannot possibly contaminate the potential relationship between uncoupling and psychosocial functioning. If, however, it is related to a particular aspect of uncoupling and that uncoupling component is in turn related to a measure of psychosocial functioning, the effect of the demographic variable must be controlled. Consequently, the correlations between the uncoupling components and the demographic variables were computed, their relationships being displayed in Table 26.

Insert Table 26 about here

Inspection of Table 26 reveals that since age is not related to any of the uncoupling components, statistical control for its potential contaminating effects on the relationship between uncoupling and Depression, Anxiety or Work/Money Problems is not required.

3) Sex. Sex is associated with only one of the psychosocial functioning measures and none of the components of uncoupling. Thus, with the exception of Self Health Concerns, sex differences do not emerge, either in terms of the extent to which uncoupling has occurred or in terms of the degree of distress reflected in the remaining measures of psychosocial functioning. The positive correlations between sex and Self Health Concern suggest that the women subjects were more preoccupied with physical problems than men. Consequently, the effects of sex-related differences must be held constant when uncoupling is correlated with Self Health Concern.

4) Duration of marriage. This variable is directly associated with two of the measures of psychosocial functioning: New Love Relationship and Work/Money Problems. As inferred from the signs of the correlation coefficients in Table 25, these results indicate that as the duration of the marriage increases, emotional involvement with someone other

Table 26
Zero-Order Correlations of the Demographic Variables
with the Components of Uncoupling¹

	Crisis	Dependency	Grief	Memory	Years	Reconcile	Uncouple
SES	-.04	-.07	-.05	.01	-.06	-.04	-.07
Age	-.02	.12	-.02	.02	.05	.02	.09
Sex	.03	-.06	.02	-.07	-.07	-.11	-.07
Duration of Marriage	.05	.16**	.10	.09	.09	.10	.15**
TSFD	-.33*	-.24*	-.31*	-.28*	-.24*	-.37*	-.36*
Marital Disso- lution Status	-.46*	-.33*	-.35*	-.35*	-.38*	-.49*	-.48*

*p < .01

**p < .05

¹Two-tailed tests of significance are reported.

than the (former) spouse becomes less likely and the distress associated with Work/Money Problems decreases. Moreover, inspection of Table 26 indicates that duration of the marriage is also related to the extent to which subjects are still dependent on their (former) spouse and to the global index of uncoupling as well. Consequently, marital duration's effects must also be statistically controlled when the relationship between uncoupling and the remaining measures of psychosocial functioning are examined.

5) Time since the last structural marital dissolution event (TSFD). TSFD is related to Anomia, Work/Money Problems and Self Health Concerns as examination of Table 25 shows. Interestingly enough, rather than confirm the hypothesis that time heals all wounds, these findings suggest that the more time elapsed since the last marital dissolution event, the higher the anomia scores. Similarly, the longer the time since separating, filing for divorce or receiving the final decree, the more distressed by somatic problems and the more troubled by work and financial matters. That these are not spurious results is suggested by the consistent pattern of expected values between TSFD and each of the components of uncoupling (Table 26). These later associations support the dictates of common sense by revealing that the less time elapsed since a structural marital dissolution event, the more unlikely it is for a subject to have completed the psychological separation from the (for-

mer) spouse. These results especially reveal the need to remove the potential confounding effects of this variable from the relationship between uncoupling and all of the psychosocial functioning measures.

6) Marital dissolution status (MDS). MDS was treated as an ordinal level variable whose values correspond to the phases of legally terminating a marriage. Consequently, separated subjects were assigned a value of 1, those having filed for divorce a value of 2 and the divorced received a value of 3 for this variable. The negative correlations of marital dissolution status with Depression, Anxiety and Suicidal Penchant indicate that as subjects progress from being separated to being divorced, their scores on these variables decrease--they become less distressed. Since increasing scores on the New Love Relationship factor reflect decreasing degrees of involvement, the negative relationship between marital dissolution status and New Love Relationship indicates that as subjects move toward divorce, they tend to become more emotionally involved with someone other than the spouse. Holding the effects of marital dissolution status constant when the relationship between these measures of functioning and the indices of uncoupling are evaluated is therefore warranted on two counts: it is related to four of the seven measures of psychosocial functioning and, as we have already seen, to each of the components of uncoupling. Thus, the signs of the correlations in Table 26 between MDS

and the components of uncoupling suggest that as subjects move from being separated to being divorced, they become more psychologically separated from the (former) spouse. However, the validity of this inference may well be questioned by recognizing that both MDS and TSFD exhibit the same pattern of significant relationships with the uncoupling components. To ascertain whether the relationship between MDS and uncoupling was an artifact of the time elapsed since the last structural marital dissolution event, the associations between MDS and the uncoupling components had to be examined while controlling for the influence of TSFD. In Table 27, the results of the analyses performed to accom-

 Insert Table 27 about here

plish this task are displayed. Inspection of these findings indicates that eliminating that portion of the variance between MDS and a given uncoupling component which is due to TSFD attenuates the magnitude of the relationships. However, the fact that all of the partial correlations are statistically significant sustains the inference that socially defined progress toward ending a marriage and psychological progress toward ending a marital relationship are related.

Finally, having identified those demographic variables whose effects must be partialled out of the relationship between uncoupling and psychosocial functioning, the major

Table 27
Marital Dissolution Status and Uncoupling¹

	Marital Dissolution Status (no control for TSFD)	Marital Dissolution Status (controlling for TSFD)
Crisis	-46	-39
Dependency	-33	-27
Grief	-35	-24
Memory	-35	-28
Years	-38	-36
Reconcile	-49	-41
Uncouple	-48	-40

¹For all entries, $p < .01$.

tests of the hypotheses may now proceed.

Depression and uncoupling. In Table 28, the Zero-Order (uncorrected) correlations between each of the uncoupling components and depression are displayed. Although these

 Insert Table 28 about here

values indicate that, with the exception of Dependency, a significant relationship between the components of uncoupling and depression has been identified, the zero-order correlations do not represent an exclusive association between depression and the uncoupling components; since none of the associations of demographic variables has yet been controlled, the interpretation of these simple correlations can only be that variations in the extent to which uncoupling has occurred are provisionally related to variations in the degree to which subjects are depressed. To go beyond this level of interpretation, let us first partial out variation between the uncoupling components and depression that is attributable to SES. The correlation between SES and depression was .21, a value which suggested that depression increased as SES decreased. When controlled for the variation in depression which is due to SES, the first order partial correlations between the components of uncoupling and depression do not appreciably change. They are still of the same order of magnitude as were the simple correlations. It

Table 28
Depression and the Components of Uncoupling

Uncoupling Component	Zero-Order Correlation	Partial Correlations Controlling for:			
		SES	Duration of Marriage	TSFD	MDS
Crisis	.40*	.41*	.40*	.41*	.37*
Grief	.38*	.40*	.38*	.39*	.35*
Dependency	.08	.09	.08	.07	.03
Memory	.34*	.35*	.34*	.35*	.31*
Years	.22**	.23*	.22**	.22**	.17**
Reconcile	.22**	.23*	.22**	.23**	.16***
Uncouple	.27*	.30*	.28*	.29*	.23*

*p < .001

**p < .01

***p < .05

Combined Effect of 4
Demographic Variables

.34*

.38*

.04

.32*

.19**

.18**

.26*

may, however, now be said that when the effects of SES are held constant, significant associations emerge, the relationship between dependency and depression notwithstanding.

Comparing the Zero-order correlations with the new set of first order partials obtained when duration of the marriage is held constant reveals virtually no change in the relationships between the components of uncoupling and depression. Although duration of the marriage was not related to depression, its potential confounding influence was removed because it was related to Dependency and to the global index of uncoupling (Uncouple). This precautionary measure reveals that the variation in the depression scores attributable to the components of uncoupling is not due to the effect of the duration of the marriage.

In the next column of Table 28, the relationship between depression and the uncoupling components is displayed, but now with the effects of the time since the last marital dissolution event (TSFD) held constant. Once again, relative to the Zero-order correlations, when the effects of TSFD are controlled, there is no appreciable change in the magnitude of the relationships.

An ostensibly different pattern of results seems to emerge when the effects of marital dissolution status (MDS) are statistically controlled. Relative to the simple correlations, these first-order partials systematically decrease. However, when the largest decrease is evaluated,

the simple correlation of attitudes toward reconciliation and Depression is not significantly larger than the first order partial correlation of these two variables with the effects of MDS held constant ($Z = .56$, $p = .29$).

We have seen that regardless of which separate demographic variable is controlled, the relationship between the components of uncoupling and depression remains stable. Now let us examine what happens to this relationship when the combined effects of the four demographic variables are controlled. This final analysis may be regarded as the crucial test of the hypothesized relationship between uncoupling and depression since all variation due to the demographic variables is removed. The last column in Table 28 shows these results. By comparing these fourth-order partial correlations with the Zero-order correlations, it may be seen that the relationships between depression and all components of uncoupling are not substantially altered. As hypothesized, these findings generally indicate that the degree of depression decreases as the psychological separation advances.

Anxiety and uncoupling. In Table 29, the Zero-order correlations between each of the uncoupling components and

 Insert Table 29 about here

anxiety are presented. These values indicate that anxiety and each of the uncoupling components are significantly re-

Table 29

Anxiety and the Components of Uncoupling

Partial Correlations Controlling for:

Uncoupling Component	Zero-Order Correlation	SES	Duration of Marriage	TSFD	MDS	Combined Effect of 4 Demographic Variables
Crisis	.27*	.29*	.27*	.27*	.23*	.24*
Grief	.30*	.33*	.30*	.30*	.26*	.29*
Dependency	.13***	.16***	.13***	.13***	.09	.12
Memory	.26*	.27*	.26*	.26*	.23**	.23*
Years	.15***	.17**	.15***	.15***	.10	.12
Reconcile	.17**	.18**	.17***	.16***	.10	.11
Uncouple	.25*	.27*	.25*	.29*	.20**	.23**

*p < .001

**p < .01

***p < .05

lated: the higher the score on a particular uncoupling variable, the greater the degree of anxiety. These results suggest that the less complete the psychological separation from the (former) spouse, the more anxious subjects are likely to be. Such an interpretation applies when the effects of SES, Duration of the Marriage and the time since the last structural marital dissolution event are separately held constant. However, when the variation is anxiety which is due to MDS is partialled out, the magnitude of all the correlations is reduced. Moreover, three of the components of uncoupling are no longer significantly related to anxiety when the effects of marital dissolution status are controlled (Dependency, Yearns and Reconcile). Marital dissolution status is therefore to be regarded as an important mediator of the relationship between anxiety and these three aspects of uncoupling.

When the combined effects of the four demographic variables are held constant, the pattern of relationships is much the same as that obtained when MDS alone is partialled out. Consequently, it may be seen that neither SES, Duration of Marriage nor TSFD are particularly influential in affecting the relationship between anxiety and uncoupling. It therefore appears that the major contribution of the combined effects of these four demographic variables on the relationship between uncoupling and anxiety is that of Marital dissolution status. By examining the fourth-order par-

tial correlations in the last column of Table 29, it can be seen that the global index of uncoupling and three of the six uncoupling components are significantly related to anxiety when the effects of all of the demographic variables are held constant. Dependency, Yearns and Reconcile notwithstanding, these results suggest that the less complete is the psychological separation from the (former) spouse, the higher are the scores on the factor analytically derived measure of anxiety.

Anomia and uncoupling. As can be seen from inspection of the Zero-order correlations between anomia and the several aspects of uncoupling in Table 30, only one of the com-

 Insert Table 30 about here

ponents of uncoupling is related to the measure of anomia: subjects whose crisis was related to the marital dissolution had higher scores on the anomia measure than subjects whose crisis was not related to the end of the marriage. This pattern changes somewhat, however, when we begin to remove the potentially confounding effects of the demographic variables. When the variation between the components of uncoupling and anomia which is due to SES is held constant, the magnitude of the association between Grief and anomia reaches statistical significance. SES seems to have suppressed this otherwise significant relationship. Nevertheless, re-

Table 30
Anomia and the Components of Uncoupling

Partial Correlations Controlling for:

Uncoupling Component	Zero-Order Correlation	SES	Duration of Marriage	TSFD	MDS	Age	Combined Effect of 5 Demographic Variables
Crisis	.18**	.20*	.18**	.25*	.15**	.19**	.19**
Grief	.12	.14***	.12	.18**	.09	.13***	.14***
Dependency	-.03	-.01	-.03	.00	-.07	-.05	-.05
Memory	.08	.08	.08	.13***	.04	.08	.07
Yarns	.07	.09	.07	.11	.03	.07	.06
Reconcile	.08	.10	.08	.15***	.03	.08	.08
Uncouple	.07	.09	.07	.13***	.01	.06	.06

*p < .001

**p < .01

***p < .05

moving the suppressing effect of SES on the relationship between the remaining components of uncoupling and anomia does not permit the predicted relationships to emerge.

Since the removal of variation due to Duration of marriage has no effect on the anomia-uncoupling relationship, let us consider what happens when the effects of the time since the last structural marital dissolution event are statistically controlled. By comparing the Zero-order correlations in Table 30 with the first-order partials from which TSFD has been removed, a suppression effect similar to that discovered with SES is revealed. Thus, with the effects of TSFD held constant, five of the seven predicted relationships are found. However, confirmation of the hypothesis relating anomia and uncoupling must be based on a measure of this relationship which removes all of the variation due to sources other than the association of anomia and the components of uncoupling. Therefore, the impact of removing the variation in this relationship which is attributable to MDS, to age, and then to the combined effects of all five demographic variables must first be examined.

When the effects of MDS are taken into account, the correlations between anomia and the components of uncoupling are similar to the Zero-order correlations, both in terms of the pattern of their relationships and the magnitude of their values. Only the relationship between Crisis and Anomia is significant, the remaining uncoupling components be-

ing virtually unrelated to the scores on the anomia measure.

In controlling for the variation in anomia due to age, the pattern of relationships is virtually the same as that obtained with the Zero-order correlations. Similarly, when the effects of all five demographic variables are held constant, only two of the uncoupling components are at all related to anomia. Thus, if the crisis is related to the marital dissolution, subjects are likely to have higher anomia scores than if the crisis is not related to the end of the marriage. In the same vein, if Grief is related to the termination of the marriage, anomia scores are higher. However, the fact that only two of the uncoupling components are related to the measure of Anomia indicates that these results provide only tentative support for the contention that Anomia increases as does the incompleteness of the psychological separation from the (former) spouse.

Suicidal penchant and uncoupling. The Zero-order correlations between the components of uncoupling and Suicidal Penchant are similar to the first-order partial correlations between these variables when the separate effects of SES, Duration of Marriage, TSFD and Age are statistically controlled. As can be seen from inspection of Table 31, no ap-

 Insert Table 31 about here

preciable differences emerge either in the pattern of corre-

Table 31
Suicidal Penchant and the Components of Uncoupling

Partial Correlations Controlling for:

Uncoupling Component	Zero-Order Correlation	SES	Duration of Marriage	TSPD	MDS	Age	Combined Effect of 5 Demographic Variables
Crisis	.23*	.24*	.23**	.27*	.17**	.23*	.20**
Grief	.22**	.23*	.22**	.26*	.18**	.23**	.22**
Dependency	.14***	.16***	.14***	.17***	.10	.13***	.11
Memory	.23*	.23*	.23*	.26*	.18**	.23*	.21**
Yearns	.14***	.15***	.14***	.16***	.08	.13***	.10
Reconcile	.14***	.15***	.14***	.18**	.07	.14***	.09
Uncouple	.22**	.24*	.22**	.26*	.16***	.21**	.19

*p < .001

**p < .01

***p < .05

lations or in the magnitude of their relationships when the effects of each of these four demographic variables are separately held constant. However, when the effects of MDS are controlled, the values of the correlations decrease. As was also true for Anxiety, scores on the Suicidal Penchant measure no longer covary with three of the uncoupling components when MDS is held constant: Dependency, Yearns and Reconcile. It may therefore be seen that the variation in Suicidal Penchant which appeared to be due to these three uncoupling components was in fact due to the moderating effect of marital dissolution status. While the decreases in the magnitude of the correlations is not significant, partialling out the effects of marital dissolution status prevents us from viewing what turn out to be random correlations as indices of statistically significant associations.

While there is a slight increase in the values of the correlations when all five demographic variables are accounted for, the pattern is much the same as that obtained when only the effects of MDS were controlled. Crisis, Grief, Memory and the global index of uncoupling (Uncouple) are all related in the predicted direction to Suicidal Penchant. These results suggest that subjects whose crisis is related to the marital dissolution are more likely to be rated as suicidal than subjects whose crises are not related to the termination of the marriage. Similarly, when grief is associated with the demise of the marital relationship, subjects

achieve higher scores on the Suicidal Penchant measure. Next, as the time spent thinking and fantasizing about the spouse increases, so too do the scores on the factor analytically derived dimension of Suicidal Penchant. Finally, these separate findings are reflected in the summary score of uncoupling: variation in the global index of uncoupling is associated with variation in the measure of Suicidal Penchant. These findings suggest a strong trend toward confirmation of the hypothesized relationship between uncoupling and Suicidal Penchant.

New love relationships and uncoupling. The impact of controlling for the effect of marital dissolution status is most clearly revealed when the association between the components of uncoupling and the New Love Relationship measure are examined. In Table 32, the associations between the

 Insert Table 32 about here

components of uncoupling and the degree of involvement in a New Love Relationship are depicted. With the exception of Dependency, the simple correlations suggest that all of the uncoupling components are associated with the degree of involvement in the New Love Relationship. As anticipated, the less complete is the psychological separation, the less involved subjects are likely to be with someone other than the spouse. When the effects of SES, Duration of Marriage, the

Table 32
New Love Relationship and the Components of Uncoupling

Partial Correlations Controlling for:

Uncoupling Component	Zero-Order Correlation	SES	Duration of Marriage	TSFD	MDS	Age	Combined Effect of 5 Demographic Variables
Crisis	.23*	.24*	.22**	.26*	.09	.24*	.12
Grief	.22**	.23*	.21**	.24*	.12	.27*	.16***
Dependency	.01	.07	.04	.07	-.04	.03	-.06
Memory	.22**	.23**	.22**	.25*	.12***	.23*	.14***
Years	.27*	.28*	.26*	.29*	.17**	.27*	.19**
Reconcile	.30*	.31*	.29*	.35*	.17**	.32*	.21**
Uncouple	.24*	.25*	.22**	.27*	.09	.23**	.11

*p < .001

**p < .01

***p < .05

time since the last structural marital dissolution and age are separately controlled, the same interpretation applies. Thus, these demographic variables do not separately change the relationship between the degree to which subjects have become involved with a new love and their progress toward uncoupling. However, the contribution of MDS to this relationship becomes evident when its effects are held constant. All of the correlations between the components of uncoupling and the degree of involvement in the New Love Relationship substantially decrease; moreover, the formerly significant associations between two of the uncoupling components (Crisis, Grief) and the degree of involvement in the New Love Relationship are eliminated; similarly, the global index of uncoupling (Uncouple) is no longer related to this measure of investment in the New Love Relationship.

Although there is some variation in the magnitude of the correlations when all five demographic variables are held constant, the pattern of relationships is much the same as that revealed when only the effects of MDS were controlled. The difference lies in the fact that removing all variation due to the five demographic variables sees a small increase in the magnitude of the association between Grief and the degree of involvement in a New Love Relationship. Along with Memory, Yearns and Reconcile, Grief becomes significantly related to the degree of emotional involvement with someone other than the spouse. In summary, these results

lend support to the contention that failure to make the psychological separation from the (former) spouse impairs the extent to which subjects have become involved in a New Love Relationship.

Work/money problems and uncoupling. As inspection of Table 33 indicates, only one of the Zero-order correlations

 Insert Table 33 about here

between the components of uncoupling and the degree of distress resulting from Work/Money Problems is significant. Consequently, were the analysis to terminate at this point, it might be inferred that with one exception, the hypothesis relating uncoupling to work/money problems did not receive empirical support. However, when the effects of each of the demographic variables is held constant, the findings suggest that the lack of support is partially due to the fact that the time since the last structural marital dissolution event serves to suppress the true relation between the components of uncoupling and the distress associated with work and financial problems. While both SES and MDS similarly serve to mask the relationship between Grief and Work/Money Problems, the major contributor is TSFD.

Thus, when the combined effects of the demographic variables are held constant, three uncoupling components emerge as predictors of the degree of distress associated with Work/

Table 33

Work/Money Problems and the Components of Uncoupling

Partial Correlations Controlling for:

Uncoupling Component	Zero-Order Correlation	SES	Duration of Marriage	TSFD	MDS	Combined Effect of 4 Demographic Variables
Crisis	-.02	-.01	.06	.00	.04	
Grief	.10	.12***	.11	.18**	.12***	.20**
Dependency	-.09	-.07	-.04	-.08	-.02	
Memory	.14***	.14***	.16***	.22**	.17**	.22**
Years	.06	.08	.07	.12	.08	.13***
Reconcile	-.04	-.03	-.02	.05	-.02	.04
Uncouple	-.01	.02	.02	.08	.02	.10

**p < .001

**p < .01

***p < .05

Money Problems: Grief, Memory and Yearns. These findings are interpreted as support for the hypothesis that completion of the psychological separation is linked to a reduction in the distress associated with Work/Money Problems.

Self health concern and uncoupling. In Table 34, the Zero-order correlations between each of the uncoupling components and Self Health Concern are presented. The magni-

 Insert Table 34 about here

tude of these correlations indicate that only one of the uncoupling components is related to the degree of distress associated with somatic symptoms. Similarly, when the effects of variation in the relationships between the uncoupling components and Self Health Concern which is due to either SES, Duration of the Marriage, Age, or Sex is held constant, the values of the correlations do not change. However, when the effects of the time since the last structural marital dissolution event are held constant, in addition to Grief, both Memory and the global uncoupling score (Uncouple) are found to be significantly related to Self Health Concern. As earlier, TSFD tends to reduce the magnitude of the relationship between these indices of uncoupling and Self Health Concern. However, evaluating the largest of these differences revealed that the suppression effect of TSFD was not significant ($z = .19$, $p = .425$). Similarly the apparent

Table 34

Self-Health Concern and the Components of Uncoupling

Partial Correlations Controlling for:

Uncoupling Component	Correlations	SES	Duration of Marriage	TSFD	MDS	Age	Sex	Combined Effects of 5 Demographic Variables ¹
Crisis	.05	.06	.04	.10	.09	.05	.05	.12
Grief	.16**	.18**	.06	.22**	.20**	.17**	.16***	.24*
Dependency	.06	.03	.00	.04	.03	.00	.02	.05
Memory	.10	.09	.09	.14***	.13***	.10	.11	.14***
Years	.05	.07	.04	.08	.08	.04	.06	.10
Reconcile	.03	.04	.02	.08	.07	.02	.04	.10
Uncouple	.07	.09	.06	.13***	.12	.06	.08	.15***

*p < .001; **p < .01; ***p < .05.

¹Sex is not included. The program limits for combinations of variables being held constant is 5.

suppression effect revealed when MDS is partialled out of the relationship between Memory and Self Health Concern is not statistically significant.

When the combined effects of SES, Duration of Marriage, TSFD, MDS and Age were held constant, this final analysis indicated that Grief, Memory and Uncouple were related to Self Health Concern. The relationship between Memory and Self Health Concern suggests that the degree of distress associated with somatic symptoms varies positively with the amount of time spent thinking and fantasizing about the (former) spouse. Similarly, distress increases on this factor as a function of Grief being related to the marital dissolution. Finally, the relationship between Uncouple and Self Health Concern suggests that as scores on this global index of uncoupling increase, so too does the distress associated with somatic symptoms.

C H A P T E R V I

Uncoupling, Marital Dissolution and Psychosocial
Functioning: A Final Assessment

This research was attempted in order to evaluate the thesis that the quality of psychosocial functioning following marital disruption is associated with psychological emancipation from the marital relationship. To achieve this goal, the concept of uncoupling was operationalized and its components assessed in a sample of 170 separated and divorced applicants to an urban outpatient psychiatric treatment center. Two major classes of results emerged from the investigation: those from which inferences can be drawn about the role of uncoupling in the study of marital dissolution and those which lead to conclusions about the relationship between uncoupling and psychosocial functioning. In this final chapter, these findings will be discussed and their implications for both clinical work and future research with this population-at-risk will be detailed.

Uncoupling and Marital Dissolution

This work reveals the concept of uncoupling as a useful theoretical tool in the study of marital dissolution. Evidence for this assertion stems from several observations. First, the term itself serves to identify a problematic psychological separation process, one stimulated the threats to

the integrity of the marriage. Furthermore, indices of the psychological separation can be developed and evaluated in a sample of separated and divorced persons. That the cognitive and emotional manifestations of uncoupling are readily observed and reliability measured may well encourage subsequent study of this phenomenon. Second, from the definition of uncoupling, an explanation of the stressful impact of the structural marital dissolution events is derived: specifically, these events signal the end of the marital relationship and thereby (re)stimulate the psychological process whereby the fused image of self and spouse is dissolved. Finally, the relationship between marital dissolution status and uncoupling underscores the importance of taking objective position in the marital dissolution into account when assessing the extent to which the psychological separation has progressed. Although the predicted one-to-one correspondence between (structural) steps toward ending the marriage and increments toward severing the marital relationship was not confirmed, there is nevertheless a linear association between these two dimensions, one which is independent of the time elapsed since the last structural marital dissolution event. Among other things, this finding mitigates against the research practice of treating the separated and divorced as a homogeneous class (cf. Blumenthal, 1967; Maltzberg, 1964; Meyers et al., 1971; Smith, 1971; Woodruff et al., 1972), especially when implications of con-

tinuing attachment to the (former) spouse are being considered.

The position that uncoupling's relationship with marital dissolution status reflects a theoretically significant finding can be expanded by examining in detail the components of this relationship. First, from the linear association of these two dimensions, it can be inferred that as the social steps toward ending the marriage are completed, there is a tendency for the psychological separation from the (former) spouse to increase. Thus, ending the marital relationship and ending the marriage appear to be interactive processes, steps toward completion of the one being accompanied by efforts toward termination of the other. Moreover, this interpretation is reasonable even in light of what appears to be an anomalous result: from the paired comparisons of the uncoupling response patterns between the three dissolution status groups, it was discovered that uncoupling decreased consistently in only two of the three sets of contrasts--divorced subjects were less emotionally attached to their (former) mate than were the separated subjects and those having filed for divorce; with a few notable exceptions, differential response patterns did not emerge between the separated and those having filed for divorce. Consequently, while it cannot be asserted that filing for divorce signals a substantial increment in all aspects of the psychological separation process, uncoupling progress in

certain critical areas is nevertheless a correlate of this intermediate step toward becoming divorced. Specifically, once having filed for divorce, most subjects no longer believed that a reconciliation was possible. A majority also seem to have given up whatever residual desire remained to resume the marriage.

Not only do such attitudinal changes seem perfectly consonant with the fact that a divorce petition has been filed, they imply that filing can be viewed as a social act which locates what may well be the psychological boundary of a continuing marital relationship. This becomes clearer when the last major difference between the separated subjects and those having filed for divorce is examined. To the question about 'still being in love with the (former) spouse,' there is a complete reversal in the response patterns of these two groups; whereas 66% of the separated said that they were still in love, virtually the same percentage of those having filed for divorce said they were not. Thus, filing for divorce appears to identify a major shift away from amorous feelings toward the (former) spouse. Finally, since all three of these attitudes become prominent after filing has occurred and because they do not substantially change once the marriage is dissolved, filing for divorce seems to function as a catalyst in the uncoupling process.

To construe filing for divorce as an action which locates the psychological boundary of a continuing marital re-

lationship is to say, first of all, that the viability of the attachment to the (former) spouse is in question once filing has occurred. But perhaps even more important is the implication that once this boundary has been established, the uncoupling process is accelerated. That is, progress toward severing other aspects of the emotional tie should be facilitated when the belief that a reconciliation is possible has been abandoned; when the desire to return to the marriage has extinguished; and especially when amorous feelings toward the spouse have dissipated. No longer being in love is emphasized because it is the sine qua non of uncoupling: it signifies the negation of the merged image of self and spouse, an image nourished by the very amorous feelings which have generally been withdrawn once filing has occurred. For Freud, being in love was a condition which hastened to unite by threatening to dissolve the boundary between self and other; no longer being in love, by contrast, appears to increase the psychological separation process by reestablishing that very boundary.

That ending other aspects of the marital relationship is indeed facilitated once these three attitudes have been affirmed can be seen by examining changes in the uncoupling pattern between those having filed and those having received the final decree. Over 70% of the remaining items indicate that a considerable amount of uncoupling progress has been achieved once the divorce has been granted. Thus, whereas

24% of the those having filed show evidence of still being reliant on the (former) spouse, less than 7.2% of those having divorced exhibit continued dependence on the former mate. Similarly, an average of 18% fewer divorced subjects were still yearning for their ex-partners and 24% fewer had either sad or guilty feelings related to ending the marriage. Next, while approximately 48% of the divorced are still preoccupied with thoughts of the former spouse, a significantly greater percentage of those having filed (70.3%) were also spending some part of their day thinking and fantasizing about their (ex-)marital companion.

Finally, it is worth underscoring the fact that almost half of the divorced sample were still thinking about some aspect of their relationship with the (former) spouse. Such persisting ideational preoccupation among a group which, on the average, has been divorced for over three years suggests that such cognitive activity may remain active long after the actual termination of the marriage. It therefore appears that while the divorce legally ends the marriage, the end of the marital relationship is not so unequivocally determined. In light of the theoretical considerations outlined earlier in this work, the coincidence of the social and psychological divorce would not be an anticipated occurrence; on the contrary, receiving the decree could readily (re-)stimulate memories and fantasies as well as other forms of uncoupling activity. That such recollection is not unusual can be seen

in Freud's description of mourning. Noting that the psychological attachment is withdrawn ". . .at great expense of time and cathectic energy," Freud then details an important aspect of how the relationship is severed:

Each single one of the memories and expectations in which the libido is bound to the object is brought up and hypercathected, and detachment of the libido is accomplished in respect of it (1917, p. 245).

Thus, as mourning slowly weakens the bond to the loved one by juxtaposing images of the past with perceptions of the present, so too does uncoupling gradually decrease as the merged image of self-and-spouse is replaced by a self-concept that conforms to the reality of no longer being married.

Demographic Characteristics, Uncoupling and Psychosocial Functioning

Before turning to the discussion of the relationship between uncoupling and psychosocial functioning, a brief analysis of the association of the several demographic variables and both the measures of psychosocial functioning and the components of uncoupling will be presented. Although not a major focus of the study, scrutinizing these secondary results is important for at least two reasons. First, it would make no sense to generate an interpretive framework based on measures of unknown validity. Since neither the

uncoupling components nor this particular combination of measures of psychosocial functioning have been submitted to systematic analysis prior to this investigation, evaluating the extent to which both of these constructs behave in reasonable or anticipated ways will contribute to an understanding of their psychological meaning. Second, the relationship between one of the demographic variables (Marital Dissolution Status) and psychosocial functioning is of particular interest since it sheds some light on the question of when the distress associated with ending a marriage is most severe.

This assessment begins by analyzing the relationship between uncoupling and the several demographic variables and then turns to the evaluation of the association between these demographic indices and the measures of psychosocial functioning.

Uncoupling and the Demographic Characteristics

Two classes of variables may be discerned among the six demographic characteristics: three which describe some aspect of the marriage (Duration of Marriage, TSFD, and Marital Dissolution Status) and three which are logically independent of the marriage or its dissolution (Age, Sex and SES). When the relationship between the components of uncoupling and these two classes of variables are considered, the actual findings parallel this logical division: those

variables which are related to the marriage or its termination are similarly related to the psychological process of ending the marital relationship whereas those which are conceptually orthogonal to the marriage or its end do not emerge as empirical correlates of the uncoupling process.

Several points are worth noting about these results. First, from the fact that age, SES and sex were consistently unrelated to the components of uncoupling stems the inference that the process of psychological separation from a marital relationship is virtually the same for men and women, for persons of different occupational and educational backgrounds and for persons of different ages. Second, while it might be argued that the forms uncoupling takes could well differ for men and women as a result of their radically different socialization experiences (cf. Maccoby, 1966) or for those in different positions in the occupational-educational status structure because of the opportunity and privilege differential associated with this structure (cf. Hill, 1975; Stoltzman & Gamberg, 1973), the extent to which uncoupling takes place does not appear to be implicated by such considerations.

A third point is evident when the positive findings are evaluated: two of the remaining three demographic variables are uniformly associated with uncoupling and both of them deal with an aspect of the marriage's end. Thus, both the time elapsed since the last structural marital dissolu-

tion event and, as previously noted, marital dissolution status are significantly related to all six uncoupling components and to the summary index of uncoupling as well. Having already commented on the meaning of the relationship between marital dissolution status and uncoupling, the question of how to interpret the correlations between TSFD and the uncoupling dimensions arises.

A straightforward understanding of the negative correlations between TSFD and the components of uncoupling has already been proposed, namely that as the structural reminders of a terminating marital relationship receded into the past, the psychological separation process advances. Or conversely, the more recent the occurrence of a structural marital dissolution event, the less complete uncoupling will appear to be. Hence, rather than merely affirming the aphorism that uncoupling takes time, the magnitude of these results indicates that an approximation of the extent to which uncoupling has advanced can be gleaned by knowing when the most recent structural event in the marital dissolution occurred.

An objection to the claim that these data reveal a consistent pattern of associations between demographic variables dealing with some aspect of the marriage's end and uncoupling might be raised in considering the association between duration of the marriage and the uncoupling components. While the length of the marriage is associated with

current estimates of emotional reliance on the (former) spouse and, largely as a result of this association, also significantly related to the summary index of uncoupling, it accounts for virtually no variance in the remaining uncoupling dimensions. However, this objection rests on the assumption that marital duration is related to the end of the marriage in the same definitional way that marital dissolution status and TSFD are. In this study, the duration of the marriage is linked to the end of the marriage but such a connection is an artifact of the marital status of the sample rather than an inherent feature of the concept. Moreover, by viewing TSFD and marital dissolution status as primary attributes of the marriage's end and duration of the marriage as a secondary feature, the fact that duration of the marriage displays neither the magnitude nor the regularity of association with uncoupling that is shown by both TSFD and marital dissolution status can be interpreted as evidence for the discriminant validity of the uncoupling measures.

This brief review of the relationships between the uncoupling components and several demographic variables has shown that only those demographic measures which are logically connected to the end of the marriage are also empirically related to the psychological separation process in a consistent manner. Such findings are interpreted as strong support for the claim that the measures of uncoupling are

valid indices of the uncoupling construct.

Psychosocial Functioning and the Demographic Variables

In evaluating the construct validity of the measures of psychosocial functioning, it is important to note that their pattern of correlation with the demographic variables generally conforms to the expectations of previous empirical research. This is especially clear when those demographic characteristics which do not deal with the end of the marriage are considered. For example, the reported inverse associations between SES and depression (Langer & Michael, 1963), anxiety (Hollingshead & Redlich, 1958; Uhlenhuth & Paykel, 1973b), attempted suicide (Kalish, 1968), anomia (Killian & Grigg, 1962), and somatic complaints (Crisp & Priest, 1970) are confirmed in this study. Similarly, those findings which have shown that aging is related to an increase in physical ailments (Troll, 1971; Krehl, 1974), suicide (Faberow & Schneidman, 1961), social isolation and powerlessness (i.e., Anomia) (Meerloo, 1959; Rosrow, 1974) are supported by the results of the present research. Finally, although sex differences in most areas of psychosocial functioning do not emerge in these results, the finding that women tended to report physical ailments more frequently than men is consonant with earlier work involving the relationship between sex and somatic symptoms (Leighton et al., 1963). In light of these outcomes, it may be concluded that

emotional distress among the separated and divorced intensifies as status in the social power structure decreases. Thus, rather than attributing the higher rate of psychosocial dysfunction to the biological consequences of aging or to personality differences between the sexes, this interpretation unifies the results for age, sex, and SES by treating them all as indicators of relative social power.

To complete this assessment of the validity of the measures of psychosocial functioning, three sets of relationships must be considered; each set involves a demographic variable which identifies some facet of the marriage or of the marriage's end. Although a majority of these findings were anticipated, some of them were unexpected and initially difficult to interpret. However, even the problematic results were eventually integrated with few additional assumptions. For example, duration of marriage was positively related to the degree of distress experienced in developing a new love relationship but negatively associated with the amount of trouble resulting from work and money problems. These results appear to be mutually inconsistent by virtue of the improbability of one variable being both positively and negatively related to measures of psychosocial distress. Moreover, the second finding seems to violate the common sense supposition that the longer the marriage, the greater would be the financial dependence and the subsequent distress once the marriage was terminated.

Interestingly enough, this interpretive dilemma can be resolved by regarding marital duration as an estimate of the degree of emotional involvement in the marriage. From this perspective, longer marriages would generally indicate a higher degree of involvement than shorter marriages.¹ While it stands to reason that those who were more involved in the marriage would have greater difficulties in re-establishing a love relationship, to include the inverse relationship between duration of the marriage and Work/Money Problems in this framework requires further elaboration. To the extent that duration serves as proxy for involvement in the marriage, a longer marriage would mean not only more time in which to accumulate assets but also more commitment to the economic support of a financially dependent spouse and/or children. These considerations explain the inverse association between duration of the marriage and the distress associated with Work/Money Problems when it is recalled that 66% of the sample were women and 59% of the sample had children.

The next set of relationships to be treated in this analysis of the secondary results are those involving the time elapsed since the last structural marital dissolution

¹This construction is empirically warranted as well since it was found earlier that the duration of the marriage was positively related to the degree of post-separation emotional reliance on the (former) spouse.

event. As an alternative explanation to the thesis that uncoupling mediates post-separation psychosocial functioning, it was suggested that the passage of time alone was sufficient to account for reduction of the distress associated with ending the marriage. However, not only do the findings fail to support this competing hypothesis, they actually disconfirm it on three of the seven measures of distress. Rather than showing that "time heals all wounds" associated with marital disruption, these results suggest that the longer one remains in a particular marital dissolution status category, the greater is the sense of psychological withdrawal and isolation (Anomia) and the greater is the distress associated with Work/Money Problems; similarly, Self-Health Concerns increase as does the time elapsed since the last structural marital dissolution event.

To facilitate interpretation of these findings, separate correlational analyses were performed for the separated, those having filed for divorce and the divorced. These results indicated that the positive relationships between TSFD and these three measures of psychosocial functioning did not hold for those having filed for divorce. Given this additional information, it appears that remaining separated and not filing for divorce or staying divorced and not remarrying may signify a refusal to end the (former) marital relationship. As distortions of the mourning process are believed to be associated with a "lasting loss of patterns of

social interaction" or with maladaptive behavior that threatens "social and economic existence" with loss of "friends, social status or money" (Lindemann, 1944), so too may such a distortion of uncoupling be accompanied by the psychological stagnation that seems to characterize this set of results.

The last set of findings to be considered in this evaluation of the measures of psychosocial functioning concerns the degree of distress associated with the structural steps toward ending the marriage. Although previous work attempted to show that the actual separation was the most traumatic of the structural events in the marital dissolution process (cf. Goode, 1956; Chester, 1971), the conclusions of these studies could be faulted because they were based on retrospective data collection procedures. The present study, which did not rely on subjects' recollection to assess distress and which was not designed to rank the impact of each structural event, nevertheless supports the inference that the separation is the most troublesome. Thus, the relationship between the structural marital dissolution events and four of the seven measures of psychosocial functioning indicates that as movement from separation to divorce occurs, there is less depression, anxiety and suicidal ideation and a greater degree of emotional involvement with someone other than the (former) spouse.

Having established that the concept of uncoupling is a

useful tool in the study of marital dissolution and having shown that both the measures of uncoupling and of psychosocial functioning are valid indices of the constructs they represent, the question which stimulated this work can now be addressed.

Uncoupling and Psychosocial Functioning: Interpretations

These results, while complex, nevertheless corroborate the thesis that psychosocial dysfunction among the separated and divorced is related to progress toward completing the psychological separation from the marital relationship. In general, the findings indicate that the degree of impairment in psychosocial functioning is inversely related to the extent to which uncoupling has advanced. However, this trend toward confirmation of the major hypotheses is qualified by two important factors: the magnitude of the observed relationships is small and the study sample is self-selective. The first factor limits the scope of the findings, the second factor their generality. With these restrictions in mind, the central results can be examined and their implications for both future research and clinical practice discussed.

To simplify the task of interpreting the main findings, a schema which depicts the significant associations between the components of uncoupling and the measures of psychosocial functioning is presented in Table 35. Organized ac-

Insert Table 35 about here

According to how many predicted relationships were actually confirmed, this representation of the data also serves to identify a general pattern among the results which had not been anticipated in the earlier stages of this research.

The pattern can be discerned by observing that the number of confirmed predictions per factor tends to increase as the content of the psychosocial dimensions becomes more exclusively concerned with intrapsychic functioning (Depression, Anxiety, Suicidal Penchant, New Love Relationship and Self Health Concern) and decrease as functioning in the social realm assumes the major emphasis (Anomia, Work/Money Problems). By locating the measures of psychosocial performance on this implied continuum, it can be seen that uncoupling is associated with impairments in functioning in the intrapsychic realm more consistently than with functioning in the social realm. Depression, for example, has the highest number of confirmed predictions and contains items that deal primarily with negative thoughts, attitudes and feelings directed toward the self. By contrast, Anomia has the fewest number of substantiated expectations and most of its items focus on problematic aspects of social disengagement. While the forms of distress associated with uncoupling may therefore extend to difficulties with work and fi-

Table 35
Schematic Representation of Pattern of Correlations*

	Depres- sion	Anxiety	Suicidal Penchant	New Love Rela- tionship	Self Health Concerns	Work/ Money Problems	Anomia
Crisis	X	X	X				X
Grief	X	X	X	X	X	X	X
Dependency							
Memory	X	X	X	X	X	X	
Yeans	X			X		X	
Reconcile	X			X			
Uncouple	X	X	X		X		
Number of con- firmed predictions	6	4	4	4	3	3	2

*X = Significant correlation

nances or be expressed as isolation from friends or even withdrawal from community activities, the types of dysfunction which are more directly implicated by uncoupling are depression, anxiety, suicidal ideation and loss of interest in establishing a new love relationship.

The major focus of the psychoanalytic literature on mourning has been the delineation of the impact of loss by death on intrapsychic functioning (Freud, 1917; Fenichel, 1945; Siggins, 1966). Depression (Bibring, 1953), anxiety (Freud, 1926), suicide (Jacobson, Note 3), loss of interest in establishing a new love relationship (Freud, 1917) and somatic symptoms (Glick et al., 1974) have all been seen as important aspects of the bereavement process. From what has been previously said about the parallel between loss by death and loss by divorce, it might be expected that the manifestations of uncoupling, like those of mourning, would primarily emerge in the realm of intrapsychic functioning. It is also the case that one may continue to function in various work and community related roles even though severely anguished, dejected, preoccupied with thoughts of self-destruction and so on. Thus, as mourning does not necessarily prevent us from performing the tasks of everyday life, the psychological disengagement from a marital relationship does not require us to retreat from certain social responsibilities.

Finally, it should be noted that this framework does not

minimize the fact that impaired functioning in the social realm is also associated with uncoupling. Rather, such dysfunction is viewed as a more indirect manifestation of the psychological separation. Recall, for example, that in discussing the link between uncoupling and Work/Money Problems, one of the ways in which uncoupling was theoretically tied to this measure was through the (indirect) process of displacement. Consequently, this aspect of the interpretation of the major findings is consonant with what has been previously implied.

In summary, after controlling for the effects of several potentially confounding demographic variables, a majority of the predicted relationships between the components of uncoupling and the measures of psychosocial functioning were confirmed. The regularity of the patterns of correlation suggested the interpretation that uncoupling is associated with impaired functioning in the intrapsychic realm more consistently than with that in the social realm. Although this configuration of results was not anticipated, it is viewed as being consonant with the theory of uncoupling.

Clinical Implications of the Results

Several points need to be considered in evaluating the clinical significance of this study. First, the observed relationship between uncoupling and psychosocial functioning suggests that psychiatric impairment among the separated and

divorced is mediated by the extent to which the psychological separation from the (former) spouse has been accomplished. These findings imply that the assessment of mental health problems among the separated and divorced should take uncoupling progress into account since not having completed the psychological separation is likely to be associated with a greater degree of dysfunction. In clinical settings, this evaluation is especially important inasmuch as the risk of self-destruction is higher among those who have not yet ended the emotional attachment to the (former) spouse. Similarly, marital dissolution status must also be considered in the assessment of psychosocial functioning because several forms of distress become progressively less severe in the movement from separation to divorce.

These findings may also be useful in developing the treatment focus for brief psychotherapy. For patients who enter treatment unaware of how their suffering may be symptomatic of ending a marital relationship, the therapeutic task is twofold: to help the patient understand this connection and to analyze subsequent resistance to the work of uncoupling. Uncoupling is a painful process which involves the gradual recognition that the marriage is over, a recognition which is accompanied by intense feelings of sadness, anger, guilt, shame and loneliness. By aiding the patient to achieve this recognition and by permitting these feelings to emerge in the relative safety of the therapeutic rela-

tionship, the therapist encourages and supports the patient's willingness to engage in self-examination and to sustain the painful affects that such work evokes. Learning to withstand these intense feelings also helps to decrease the fear of being overwhelmed by them. Finally, an equally important preventive goal may be realized from this therapeutic effort: it should encourage similarly adaptive ways of coping with subsequent reminders of the marriage's end.

Research Implications of the Results

Several implications for future research can be derived from the results of this research. First, the fact that the magnitude of the correlations between uncoupling and psychosocial functioning was relatively small may be interpreted to indicate that knowledge of additional psychological and social factors is needed to improve the understanding of psychiatric distress among the separated and divorced. For example, how previous separations from important persons were resolved could shape the meaning of the present loss and influence subsequent functioning as well. Similarly, the degree of support received from friends, family and other members of the social network during the transition to divorce would be expected to affect the quality of coping during this period. Moreover, information about how the reactions of significant others influenced the course of un-

coupling would enhance scientific appreciation of the way in which such social forces condition psychological processes.

There are certain technical considerations that should also be addressed by future work on the uncoupling process. One problem encountered in this research involved the assessment of dependency. In retrospect, it seems that asking persons who are not living with their (former) spouse to indicate the degree to which they are still emotionally reliant on them might produce a set of replies which are socially desirable and not necessarily a reflection of the actual state of affairs (consider the obvious implications of telling a research interviewer that you are still sleeping with your divorced spouse). Clearly some other means of assessing this component of the uncoupling construct is required. Since it appears that skilled clinicians were able to successfully evaluate other aspects of the uncoupling process, using their judgments about how emotionally reliant persons are on their (former) spouse might correct this problem.

In conclusion, "The Crisis of Uncoupling" has shown that problems in several areas of psychosocial functioning can be traced to the extent to which uncoupling from a (former) spouse has occurred. It thereby contributes to the understanding of psychiatric impairment among the separated and divorced and outlines a framework for brief psychotherapeutic treatment of those who have yet to effect the psycho-

logical separation from the marital relationship.

Reference Notes

1. Frank, J. Personal communication, 1973.
2. Hollingshead, A. Two factor index of social position. Mimeographed copy, Yale, 1957.
3. Jacobson, G. Relation of suicide to marital separation and divorce. Unpublished manuscript, 1971.
4. Jacobson, G. & Portuges, S. An investigation of marital separation and divorce as a life crisis: concepts, rationale and pilot study. Paper presented at the NIMH Continuing Education Seminar on Emergency Mental Health Services, 1973.
5. Morley, W. & Epps, L. Operating statistics for the Benjamin Rush Center. Unpublished report, 1969.
6. Portuges, S. The crisis of uncoupling: proposal for doctoral dissertation. Unpublished manuscript, 1974.
7. Portuges, S. Addendum to the crisis of uncoupling. Unpublished manuscript, 1975.

References

- Abraham, K. Selected papers of Karl Abraham. London: The Hogarth Press, 1927.
- Angell, R. Preferences for moral norms in three problem areas. American Journal of Sociology, 1962, 67, 650-660.
- Bahnson, D. Epistemological perspectives of physical disease from the psychodynamic point of view. American Journal of Public Health, 1974, 64, 1034-1040.
- Bellin, S. & Hardt, R. Marital status and mental disorders among the aged. American Sociological Review, 1958, 23, 155-162.
- Bergler, E. Conflict in marriage: the unhappy undivorced. New York: Harper Brothers, 1949.
- Bergler, E. Divorce wont help. New York: Harper Brothers, 1948.
- Bernard, J. No news but new ideas. In P. Bohannon (Ed.), Divorce and after. New York: Doubleday, 1970.
- Bernard, J. The future of marriage. New York: World Publishing Company, 1972.
- Bloom, V. An analysis of suicide at a training center. American Journal of Psychiatry, 1967, 123, 918-925.
- Blumenthal, M. Mental health among the divorced. Archives of General Psychiatry, 1967, 16, 603-608.
- Bolin, R. et al. Survey of suicide among patients on home

- leave from a mental hospital. Psychiatric Quarterly, 1968, 42, 81-89.
- Bowlby, J. Childhood mourning and its implications for psychiatry. American Journal of Psychiatry, 1961, 118, 418.
- Bowlby, J. Pathological mourning and childhood mourning. Journal of the American Psychoanalytic Association, 1963, 11, 500-541.
- Breed, W. Occupational mobility and suicide among white males. American Sociological Review, 1963, 28, 179-188.
- Brenner, H. Mental illness and the economy. Cambridge: Harvard University Press, 1973.
- Briscoe, C. et al. Divorce and psychiatric disease. Archives of General Psychiatry, 1973, 29, 119-125.
- Caplan, G. Principles of preventive psychiatry. New York: Basic Books, 1964.
- Carter, H. & Glick, P. Marriage and divorce: A social and economic study. Cambridge: Harvard University Press,
- Chester, R. Health and marriage breakdown experience of a sample of divorced women. British Journal of Preventive and Social Medicine, 1971, 25, 231-235.
- Citizens Advisory Council on the Status of Women. Memorandum: the equal rights amendment and alimony and child support laws. Washington, D.C., January, 1972.
- Clark, R. Psychoses, income and occupational prestige. American Journal of Sociology, 1949, 54, 433-440.

- Cline, D. & Chosy, J. A prospective study of life changes and subsequent health changes. Archives of General Psychiatry, 1972, 27, 51-53.
- Crisp, A. & Priest, R. Psychoneurotic profiles in middle age: a study of persons aged 40 to 65 registered with a general practitioner. British Journal of Psychiatry, 1971, 119, 385-392.
- Cronbach, L. Coefficient alpha and the internal structure of tests. Psychometrika, 1951, 16, 542-548.
- Day, G. P.P.S: pneuma, psyche, and soma. Lancet, 1952, 2.
- Deutsch, H. Absence of grief. Psychoanalytic Quarterly, 1937, 6, 12-22.
- Durkheim, E. Suicide. New York: The Free Press, 1951.
- Eisenstein, V. Neurotic interaction in marriage. New York: Basic Books, 1956.
- Eliot, T. Handling family strains and shocks. In H. Becker and R. Hill (Eds.), Family, marriage and parenthood. Boston: D.C. Heath, 1948.
- Engel, G. Studies of ulcerative colitis: III. The nature of the psychologic process. American Journal of Medicine, 1955, 19, 231.
- Faberow, N. & McEvoy, T. Suicide among patients with diagnoses of anxiety reaction or depressive reaction in general medical and surgical hospitals. Journal of Abnormal Psychology, 1966, 71, 287-299.
- Faberow, N. & Schneidman, E. (Eds.). The cry for help. New

York: McGraw Hill, 1965.

Feighner, J. et al. Diagnostic criteria for use in psychiatric research. Archives of General Psychiatry, 1972, 26, 57-63.

Fenichel, G. The psychoanalytic theory of neurosis. London: Routledge and Kegan Paul Ltd., 1946.

Freeman, L. & Greenwald, H. Emotional maturity in love and marriage. New York: Harper Brothers, 1961.

French, T. Psychogenic factors in asthma. American Journal of Psychiatry, 1939, 96, 87.

Freud, S. (1914). On narcissism: an introduction. Standard edition, 14. London: Hogarth Press, 1957.

Freud, S. (1915). Instincts and their vicissitudes. Standard edition, 14. London: Hogarth Press, 1937.

Freud, S. (1917). Mourning and melancholia. Standard edition, 14. London: Hogarth Press, 1957.

Freud, S. (1923). The ego and the id. Standard edition, 19. London: The Hogarth Press, 1961.

Freud, S. (1926). Inhibitions, symptoms and anxiety. Standard edition, 20. London: The Hogarth Press, 1961.

Freud, S. (1930). Civilization and its discontents. New York: Norton, 1961.

Goode, W. After divorce. Glencoe, Ill: The Free Press, 1956.

Greene, W. et al. Psychological factors and reticuloendothelial disease: II. Observations on a group of women

with lymphomas and leukemias. Psychomatic Medicine, 1956, 18, 284.

Greene, W. & Miller, G. Psychological factors and reticulo-endothelial disease: IV. Observations on a group of children and adolescents with leukemia: An interpretation of etiopathogenesis in terms of the mother-child unit. Psychosomatic Medicine, 1958, 20, 124.

Greene, W. Psychological factors and reticuloendothelial disease: I. Preliminary observations on a group of males with lymphomas and leukemias. Psychosomatic Medicine, 1954, 16, 220.

Grinker, R. et al. The phenomena of depressions. New York: Harper and Row, 1961.

Hamburger, W. Emotional aspects of obesity. Medical Clinics of North America, 1951, 35, 483.

Harman, H. Modern factor analysis. Chicago: University of Chicago Press, 1960.

Hart, H. & Shields, W. Happiness in relation to age at marriage. Journal of Social Issues, 1926, 12, 403-407.

Henry, A. & Short, J. Suicide and homicide. Glencoe: The Free Press, 1954.

Hill, J. Class analysis: United States in the 1970's. Emeryville: Mimeographed pamphlet, 1975.

Hinkle, L. & Wolf, S. A summary of experimental evidence relating life stress to diabetes mellitus. Journal of Mount Sinai Hospital, 1952, 19, 537.

- Hollingshead, A. & Redlich, F. Social class and mental illness. New York: Wiley and Sons, 1958.
- Holmes, T. & Rahe, R. The social readjustment rating scale. Journal of Psychosomatic Research, 1967, 2, 213-218.
- Horst, P. Factor analysis of data matrices. New York: Holt, Rinehart and Winston, 1965.
- Hunt, M. The world of the formerly married. New York: McGraw-Hill, 1966.
- Jacobson, G. Programs and techniques of crisis intervention. In Arieti (Ed.), American handbook of psychiatry, 2. New York: Basic Books, 1974.
- Jacobson, P. American marriage and divorce. New York: Rhinehart and Company, 1959.
- Kalish, R. Suicide. Bulletin of Suicidology, (December) 1968.
- Kephart, W. Occupational level and marital disruption. American Sociological Review, 1955, 20, 456-465.
- Killian, L. & Grigg, C. Urbanism, race, and anomia. American Journal of Sociology, 1962, 67, 661-665.
- Kissen, D. Specific psychological factors in pulmonary tuberculosis. Health Bulletin, 1956, 14 (Abstract).
- Klein, M. (1940). Mourning and its relation to manic-depressive states. In Contributions to psychoanalysis. London: Hogarth Press, 1948.
- Kowal, S. Emotions as a cause of cancer. Psychoanalytic Review, 1955, 42.

- Krehl, W. The influence of nutritional environment on aging. Geriatrics, 1974, May, 65-76.
- Langer, T. & Michael, S. The midtown Manhattan study: life stress and mental health. Glencoe, Ill.: The Free Press, 1963, Vol. 2.
- Leighton, D. et al. The character of danger. New York: Basic Books, 1963, Vol. 3.
- Lefton, M. The blue collar worker and the middle class ethic. Sociology and Social Research, 1967, 51, 158-170.
- Lillywhite, J. Rural-urban differential in divorce. Rural Sociology, 1952, 17, 348-352.
- Lindemann, E. Psychiatric problems in conservative treatment of ulcerative colitis. Archives of Neurology and Psychiatry, 1945, 53, 322-323.
- Lindemann, E. Symptomatology and management of acute grief. American Journal of Psychiatry, 1944, 101, 141-148.
- Litman, R. The management of suicidal patients in medical practice. In E. Schneidman et al. (Eds.), The psychology of suicide. New York: Science House, 1972.
- Locke, H. & Lausner, W. Marital adjustment of divorced persons in subsequent marriages. Sociology and Social Research, 1948, 33, 97-101.
- Locke, H. Predicting adjustment in marriage: a comparison of a divorced and a happily married group. New York:

Henry Holt, 1951.

Lynn, M. et al.. A social dysfunction rating scale. Journal of Psychiatric Research, 1969, 6, 299-306.

Luborski, L. et al.. A self-administered social assets scale for predicting physical and psychological illness and health. Journal of Psychosomatic Research, 1973, 17, 109-120.

Maccoby, E. The development of sex differences. Stanford: Stanford University Press, 1966.

Maltzberg, B. Mental disease in relation to economic status. Journal of Nervous and Mental Disease, 1956, 123, 257-261.

Maltzberg, B. Marital status and the incidence of mental disease. International Journal of Social Psychiatry, 1964, 10, 19-26.

McDermott, N. & Cobb, S. Psychogenic factors in asthma. Psychosomatic Medicine, 1939, 1, 204.

McNemar, Q. Psychological statistics. New York: Wiley, 1955.

Meerloo, J. Some psychological problems of the aged patient. New York State Journal of Medicine, 1959, 58, 3810-3814.

Meyers, J. et al. Life events and psychiatric impairment. Journal of Nervous and Mental Disease, 1971, 152, 149-157.

Millet, J. et al. Reynauds disease: psychogenic factors

- and psychotherapy. Psychosomatic Medicine, 1952, 15, 61.
- Monahan, T. When married couples part: statistical trends and relationships in divorce. American Sociological Review, 1962, 27, 625-633.
- Morley, W. Treatment of the patient in crisis. Western Medicine, 1965, 3, 1-10.
- National Center for Health Statistics. Monthly Vital Statistics Report, 1966, 15, (Number 5).
- Nie, N. et al. SPSS: statistical package for the social sciences. New York: McGraw-Hill, 1975.
- Ødegard, Ø. New data on marriage and mental disease: the incidence of psychoses in the widowed and the divorced. Journal of Mental Science, 1953, 99, 779-785.
- Overall, J. & Gorham, D. The brief psychiatric rating scale. Psychological Reports, 1962, 10, 799-812.
- Parkes, C. Recent bereavement as a cause of mental illness. British Journal of Psychiatry, 1964, 110, 198.
- Parkes, C. Bereavement and mental illness. British Journal of Medical Psychology, 1965, 38, 1.
- Parkes, C. Bereavement: studies of grief in adult life. New York: International Universities Press, 1972.
- Parkes, C. & Brown, R. Health after bereavement: a controlled study of young Boston widows and widowers. Psychosomatic Medicine, 1972, 34, 449-461.
- Parloff, M. et al. Comfort, effectiveness and self-aware-

- ness as criteria of improvement in psychotherapy.
American Journal of Psychiatry, 1954, 111, 343-351.
- Rosrow, I. Socialization to old age. Berkeley & Los Angeles: University of California Press, 1974.
- Schmid, C. & Vanarsdol, M. Completed and attempted suicide.
American Sociological Review, 1955, 20, 273-283.
- Siggins, L. Mourning: a critical review of the literature.
International Journal of Psychoanalysis, 1966, 47, 14-25.
- Smith, W. Critical life events and prevention strategies in mental health. Archives of General Psychiatry, 1971, 25, 103-109.
- Spitzer, R. et al. The psychiatric status schedule. Archives of General Psychiatry, 1970, 23, 41-55.
- Spiegleman, M. Introduction to demography. Cambridge: Harvard University Press, 1968.
- Srole, L. Social integration and certain corollaries: an exploratory study. American Sociological Review, 1956, 21, 709-716.
- Stolzman, J. & Gamberg, H. Marxist class analysis versus stratification analysis as general approaches to social inequality. Berkeley Journal of Sociology, 1973-74, 18, 105-126.
- Strickler, M. & LaSor, B. The concept of loss in crisis intervention. Mental Hygiene, 1970, 54, 301-305.
- Terman, L. & Wallen, P. The validity of marriage prediction

- and marital status tests. American Sociological Review, 1949, 14.
- Tolstoy, L. War and peace. New York: Dell Publishing Company, 1955.
- Troll, L. Eating and aging. Journal of the American Dietetic Association, 1971, 59, 456-459.
- Uhlenhuth, E. & Paykel, E. Symptom intensity and life events. Archives of General Psychiatry, 1973, 28, 473-477.
- Uhlenhuth, E. & Paykel, E. Symptom configuration and life events. Archives of General Psychiatry, 1973(b), 28, 744-748.
- U.S. Bureau of the Census. U.S. Census of Population: 1960, Subject Reports, Inmates of Institutions. Final Report PC (2)-8A, tables 17 and 25-30 (a).
- U.S. Bureau of the Census. U.S. Census of Population: 1960, Subject Reports, Marital Status. Final Report PC (2)-4E, tables 1 and 4 (b).
- Udry, J. Marital instability by race, sex, education and occupation using 1960 census data. American Journal of Sociology, 1960, 72, 203-209.
- Waldman, W. & Gover, K. Marital and family characteristics of the labor force. Monthly Labor Review, 1972, 95, 4-8.
- Waller, W. The family. New York: Dryden, 1938.
- Waskow, I. & Parloff, M. Psychotherapy change measures.

Rockville, Md.: National Institute of Mental Health,
1975.

Westman, J. et al. Role of child psychiatry and divorce.

Archives of General Psychiatry, 1970, 23, 416-420.

Woodruff, R. et al. Divorce among psychiatric outpatients.

British Journal of Psychiatry, 1972, 121, 289-292.

Zimmerman, J. Dictionary of classical mythology. New

York: Bantam Books, 1964.

APPENDIX

Guide to Item Sources

<u>Scale</u>	<u>Abbreviation</u>
1. Brief Psychiatric Rating Scale	BPRS
2. Crisis Assessment Scale	CAS
3. Frank Discomfort Scale	FDS
4. Marital History Questionnaire	MHQ
5. Marital Problems Survey	MPS
6. New Love Relationship Scale	NLRS
7. Separation Coping Scale	SCS
8. Social Assets Scale	SAS
9. Social Dysfunction Rating Scale	SDRS
10. Suicide Potential Assessment Scale	SPAS
11. Treatment Application Form	TAF

Complete Item Content for Measures
of Psychosocial Functioning

Factor I: Depression

1. FDS: Feeling blue

()	()	()	()
Have not had this complaint	Slightly Distressed	Moderately Distressed	Severely Distressed

2. FDS: Feeling generally worried or fretful

()	()	()	()
Have not had this complaint	Slightly Distressed	Moderately Distressed	Severely Distressed

3. FDS: Feeling lonely

()	()	()	()
Have not had this complaint	Slightly Distressed	Moderately Distressed	Severely Distressed

4. FDS: Your "feelings" being easily hurt

()	()	()	()
Have not had this complaint	Slightly Distressed	Moderately Distressed	Severely Distressed

5. FDS: Being easily moved to tears

()	()	()	()
Have not had this complaint	Slightly Distressed	Moderately Distressed	Severely Distressed

6. FDS: Blaming yourself for things you did or failed to do

()	()	()	()
Have not had this complaint	Slightly Distressed	Moderately Distressed	Severely Distressed

7. FDS: Feeling compelled to ask others what to do

()	()	()	()
Have not had this complaint	Slightly Distressed	Moderately Distressed	Severely Distressed

8. FDS: Feeling easily annoyed or irritated

()	()	()	()
Have not had this complaint	Slightly Distressed	Moderately Distressed	Severely Distressed

9. BPRS: DEPRESSIVE MOOD--Despondency is mood, sadness. Rate only degree of despondency; do not rate on the basis of inferences concerning depression based upon general retardation and somatic complaints.

not present	very mild	mild	moderate
moderately severe	severe	extremely severe	

10. CAS: Assess the intensity of the crisis (as compared with other patients)

extremely severe	severe	moderate	mild	no crisis
------------------	--------	----------	------	-----------

11. FDS: Feeling you were functioning below your capacities; i.e., feeling blocked or stymied in getting things done

()	()	()	()
Severely Distressed	Moderately Distressed	Slightly Distressed	Have not had this complaint

12. CAS: Assess the degree of impairment resulting from the crisis

Extremely severe	severe	moderate	mild	no crisis
------------------	--------	----------	------	-----------

13. FDS: Nervousness and shakiness under pressure

()	()	()	()
Have not had this complaint	Slightly Distressed	Moderately Distressed	Severely Distressed

14. FDS: Difficulty in falling asleep or staying asleep

()	()	()	()
Have not had this complaint	Slightly Distressed	Moderately Distressed	Severely Distressed

15. FDS: A need to do things very slowly in order to be sure you were doing them right

()	()	()	()
Have not had this complaint	Slightly Distressed	Moderately Distressed	Severely Distressed

16. FDS: Objectionable thoughts or impulses which keep pushing themselves into your mind

()	()	()	()
Have not had this complaint	Slightly Distressed	Moderately Distressed	Severely Distressed

17. FDS: Feeling critical of others

()	()	()	()
Have not had this complaint	Slightly Distressed	Moderately Distressed	Severely Distressed

Factor II: Anxiety

18. FDS: Trouble getting your breath

()	()	()	()
Have not had this complaint	Slightly Distressed	Moderately Distressed	Severely Distressed

19. FDS: Sudden fright for no apparent reason

()	()	()	()
Have not had this complaint	Slightly Distressed	Moderately Distressed	Severely Distressed

20. FDS: Faintness or dizziness

()	()	()	()
Severely Distressed	Moderately Distressed	Slightly Distressed	Have not had this complaint

21. FDS: Difficulty in speaking when you were excited

()	()	()	()
Have not had this complaint	Slightly Distressed	Moderately Distressed	Severely Distressed

22. FDS: Twitching of the face or body

()	()	()	()
Severely Distressed	Moderately Distressed	Slightly Distressed	Have not had this complaint

23. FDS: An uncontrollable need to repeat the same actions; e.g., touching, counting, handwashing, etc.

()	()	()	()
Severely Distressed	Moderately Distressed	Slightly Distressed	Have not had this complaint

24. FDS: Hot or cold spells

()	()	()	()
Have not had this complaint	Slightly Distressed	Moderately Distressed	Severely Distressed

25. FDS: Unusual fears

()	()	()	()
Have not had this complaint	Slightly Distressed	Moderately Distressed	Severely Distressed

26. FDS: Feeling that people were watching you or talking about you

()	()	()	()
Have not had this complaint	Slightly Distressed	Moderately Distressed	Severely Distressed

27. FDS: Heart pounding or racing

()	()	()	()
Have not had this complaint	Slightly Distressed	Moderately Distressed	Severely Distressed

28. FDS: Severe temper outbursts

()	()	()	()
Have not had this complaint	Slightly Distressed	Moderately Distressed	Severely Distressed

29. FDS: Having an impulse to commit a violent or destructive act: e.g., desire to set a fire, stab, beat or kill someone, mutilate an animal, etc.

()	()	()	()
Have not had this complaint	Slightly Distressed	Moderately Distressed	Severely Distressed

30. FDS: Difficulty in swallowing

()	()	()	()
Have not had this complaint	Slightly Distressed	Moderately Distressed	Severely Distressed

Factor III: Anomia

Directions: (for items 31 through 41) Score each of the items as follows:

- | | | |
|----------------|-------------|----------------|
| 1. Not Present | 3. Mild | 5. Severe |
| 2. Very Mild | 4. Moderate | 6. Very Severe |

31. SDRS: _____: Lack of friends, social contacts
32. SDRS: _____: Lack of interest in community affairs and activities which influence others
33. SDRS: _____: Emotional withdrawal (degree of deficiency in relating to others)
34. SDRS: _____: Lack of participation in community affairs
35. SDRS: _____: Adaptive rigidity (lack of complex coping patterns to stress)
36. SDRS: _____: Lack of leisure time activities
37. SDRS: _____: Goallessness (lack of inner motivation and sense of future orientation)
38. SDRS: _____: Low self concept (feelings of inadequacy, not measuring up to self ideal)
39. SDRS: _____: Expressed need for more friends, social contacts
40. SDRS: _____: Expressed need for more leisure, self-enhancing and satisfying activities
41. SDRS: _____: Lack of a satisfying philosophy or meaning of life (a conceptual framework for integrating past and present experiences)

Factor IV: Suicidal Penchant

42. SPAS: Do you wish you were dead?

_____ Yes
 _____ No

43. SPAS: Are you thinking about ending your life?

_____ Yes
 _____ No
 _____ Uncertain--describe:

44. SPAS: Do you feel like just giving up?

☐ Yes
☐ No

45. SPAS: What is your outlook--what will your future be like?

☐ Very good
☐ Good
☐ Fair
☐ Poor
☐ Very bad

46. CAS: Suicidal Status

☐ a) no suicide potential
☐ b) mild suicide potential
☐ c) moderate suicide potential
☐ d) severe suicide potential

Factor V: New Love Relationships

47. NLRs: How often do you feel sexual satisfaction in your current relationships?

☐ Always
☐ Most of the time
☐ Sometimes
☐ Occasionally
☐ Rarely
☐ Never

48. NLRs: How often do you date? _____

49. NLRs: Do you feel that you are in love with someone now?

☐ Yes
☐ No

50. Would you say that you are:

☐ very much involved
☐ somewhat involved
☐ minimally involved with the other man/woman, or,
☐ not involved with someone?

51. NLRB: Are you living with someone now?

Yes
No

52. NLRs: Do you have any interest in sex?

- ☐ No obvious interest
- ☐ Only fantasies about sex, but no desire for actual sex
- ☐ Can take it or leave it
- ☐ Sometimes strongly sexually interested in others and frustrated if act is unconsumated
- ☐ Frustrated if deprived of regular interpersonal sexual activity

Factor VI: Work/Money Concerns

53. SDRS: _____: Financial insecurity (see scoring system above, Factor III)

54. TAF: Are you currently employed

55. SDRS: _____: Lack of satisfaction from work (See scoring system above, Factor III)

56. SDRS: _____: Lack of work (remunerative or non-remunerative, productive work activities which normally give a sense of usefulness, status, confidence)

Factor VII: Self-Health Concerns

57. SDRS: _____: Self-health concern (preoccupation with physical health, somatic concerns; see scoring system above, Factor III)

58. SAS: My physical condition is best described by the following checked (✓) statement:

_____ 1) I am always sick.
_____ 2) I am frequently sick.
_____ 3) Sometimes I am sick.
_____ 4) I am usually in good physical health.
_____ 5) I am usually in very good physical health.

59. FDS: Headaches

()	()	()	()
Have not had this complaint	Slightly Distressed	Moderately Distressed	Severely Distressed

60. FDS: Pains in the heart or chest

()	()	()	()
Severely	Moderately	Slightly	Have not had
Distressed	Distressed	Distressed	this complaint

Complete Item Content for Components of Uncoupling

I. Crisis Component of Uncoupling

1. CAS: Is the crisis related to the marital separation?

_____ Yes

_____ No

If yes describe:

II. Grief and Uncoupling

2. SCS: Are these feelings of sadness related to the separation from the spouse?

- (a) _____ Definitely
 (b) _____ Very likely
 (c) _____ Uncertain
 (d) _____ Very unlikely
 (e) _____ Definitely not

3. SDS: Are these feelings of anger related to the separation from the spouse?

See scoring about #2

4. SCS: Are these guilt feelings related to the separation from the spouse?

See scoring above #2

III. Dependency Items

5. MPS: During the last two weeks how often did you
 rely on _____ when you needed compan-
 (former) spouse's name
ionship?

Never Rarely Some of the time Most of the time Always

N.A.

6. MPS: During the last two weeks how often did you rely on _____ to feel loved?
(former spouse's name)

See scoring above #5.

7. MPS: During the last two weeks how often did you rely on _____ to feel successful?
(former spouse's name)

See scoring above #5.

8. MPS: During the last two weeks how often did you rely on _____ to feel like a good person?
(former spouse's name)

See scoring above #5.

9. MPS: During the last two weeks how often did you rely on _____ to feel taken care of?
(former spouse's name)

See scoring above #5.

10. MPS: During the last two weeks how often did you rely on _____ to feel understood?
(former spouse's name)

See scoring above #5.

11. MPS: During the last two weeks how often did you rely on _____ to feel sexual satisfaction?
(former spouse's name)

See scoring above #5.

IV. Ideational Preoccupation with the Spouse

12. SPS: How much time does the respondent spend dealing with memories and fantasies of the spouse?

- (a) ☐ Almost all of the time
- (b) ☐ Most of the time
- (c) ☐ Some of the time
- (d) ☐ Little of the time
- (e) ☐ None of the time

V. Positive Affect about the Spouse

13. MPS: Are you still in love with _____
(name of (former)
spouse)

☐ Yes ☐ No

14. MPS: Do you miss him/her?

☐ Yes ☐ No

15. MPS: Are you just as happy not being with him/her?

☐ Yes ☐ No

16. SPS: Do you want to get back together with your spouse?

- (a) ☐ Definitely wants to reconcile
- (b) ☐ Probably wants to reconcile
- (c) ☐ Uncertain about wanting to reconcile
- (d) ☐ Probably does not want to reconcile
- (e) ☐ Definitely does not want to reconcile

17. SPS: Do you believe that a reconciliation will occur?

- (a) ☐ Definitely going to occur
- (b) ☐ Probably going to occur
- (c) ☐ Could go either way
- (d) ☐ Probably not going to occur
- (e) ☐ Definitely not going to occur

