

Divorce Among Psychiatric Out-patients

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Though divorce is frequent among psychiatric patients, its relative frequency among persons with various psychiatric disorders remains unclear. In addition, it is unclear to what extent family history variables, variables of the sexual history or marital history, or environmental deprivation are associated with divorce.

Because alcoholism is clearly associated with social problems such as crime and traffic fatalities (Guze *et al.*, 1969; Selzer, 1969), it is reasonable to predict an association with divorce as well. Drug dependence and sociopathy might be associated with divorce for similar reasons. Married homosexuals or other patients with pronounced sexual deviations might often become divorced. Even patients with primary affective disorder might have a high divorce rate. Some of the most troublesome complications of affective disorder result from the impaired social judgement which can accompany either mania or depression.

It is not clear if any one of these syndromes is associated with divorce more significantly than others. On the other hand, divorce may be less a function of psychiatric diagnosis than of specific behaviours such as unfaithfulness, sexual indifference, job difficulties, or even school truancy.

A first step in evaluating such issues is an assessment of a random sample of psychiatric patients to determine what preliminary evidence there is for significant associations between divorce and specific diagnoses, as well as between divorce and other variables such as those mentioned above.

METHOD

The subjects of this report come from a series of patients selected as representative of the

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Washington University Psychiatric Clinic population. These patients participated in a long-term clinical follow-up and family study. The research interview and the diagnostic criteria have been described elsewhere (Guze *et al.*, 1969; Woodruff *et al.*, 1971).

RESULTS

The index sample comprised 500 patients, 324 women and 176 men; of these 366 were white and 164 black. The mean age was 37 years. The mean number of years of school completed was 10.3. The mean socio-economic index expressed in terms of the Otis-Dudley-Duncan scale which transforms all census classifiable occupations into a scale ranging from 0 to 100 was 33 (Reiss, 1961).

At the time of interview, 241 patients (48 per cent) were married, 50 (10 per cent) were divorced, 50 (10 per cent) were separated, 31 (6 per cent) were widowed, and 128 (26 per cent) had never married.

Of 372 patients who had ever married, 251 had never been divorced. One hundred and twenty-one (33 per cent of the sample ever married) were divorced at the time of interview or had been divorced at least once in the past. This report compares diagnosis and other variables among patients ever divorced as opposed to those married but never divorced.

When these two groups (married and never divorced; married and divorced at least once) were compared by age, sex, race, education, and occupation, no significant differences were found.

Patients with and without divorce were compared according to the presence of the following family history variables: nervousness, admission to general hospital for alcoholism, admission to mental hospital, detention in prison or jail. None of these variables distinguished between

patients who had and those who had not been divorced.

In similar fashion patients who had and those who had not been divorced were compared with regard to the presence of a history of various forms of environmental deprivation: mother or father neglectful of the family, parents separated, parents divorced, mother's or father's death, mother or father a heavy drinker, mother or father cruel, mother or father not a steady worker, mother or father away from the home because of physical illness, subject raised in a foster home, an orphan's home, or by relatives or friends. Each of these variables was examined twice, once for the variable ever having occurred and once for the variable having occurred before the subject was aged 15. Two of these variables were found to be associated with the subject having been divorced. First, among the 121 patients ever divorced 27 (23 per cent) had parents who had been divorced, while among the 251 patients never divorced 33 (13 per cent) had parents who had been divorced ($p < 0.05$ by χ^2). Second, 27 (23 per cent) of the divorced patients had been raised by relatives or friends, while of the non-divorced patients 34 (14 per cent) had been raised by relatives or friends ($p < 0.05$ by χ^2).

Married subjects who had and those who had not been divorced were compared for marital and sexual variables: mean number of children, mean age of first sexual intercourse, presence of a history of extramarital sexual relations, homosexual experiences ever, dysmenorrhoea among women, sexual indifference among women, frigidity among women, impotence among men, episodes of definitely diminished sexual drive, and mean number of sexual partners. Two of these variables were found associated with a history of divorce: the mean age of first intercourse was 17.1 years among divorced patients and 18.7 years among non-divorced patients ($p < 0.001$ by t test); the mean number of sexual partners was 11.9 among divorced patients and 5.2 among non-divorced patients ($p < 0.001$ by t test).

Patients with and without a history of divorce were compared by means of variables having to do with antisocial or at least socially disruptive behaviour. These variables included: heavy

drinking, experimentation with drugs, traffic violations, a history of arrests, fighting after age 18 among men, wanderlust, dismissed from jobs, truant in school, mean number of injuries, outbursts of rage, running away from home before age 18. Three of these variables were found to be significantly associated with a history of divorce: heavy drinking, experimentation with drugs, and wanderlust. Heavy drinking had occurred among 43 (17 per cent) of patients never divorced as opposed to 38 (31 per cent) of patients ever divorced ($p < 0.01$ by χ^2). Experimentation with drugs had occurred in 7 (3 per cent) of patients never divorced as opposed to 10 (8 per cent) of patients ever divorced ($p < 0.05$ by χ^2). Wanderlust had occurred among 9 (4 per cent) of patients never divorced as opposed to 13 (11 per cent) of patients ever divorced ($p < 0.02$ by χ^2).

Finally, married patients with and without a history of divorce were compared by diagnosis. The frequency with which variously diagnosed patients had been divorced is illustrated in the Table. The diagnoses of alcoholism and of secondary affective disorder were found to be significantly associated with divorce. Patients with homosexuality, drug dependence, hysteria, sociopathy, and non-homosexual sexual deviation who had been married also had high rates of divorce; however, the numbers of patients with these diagnoses were small. Differences between them and the rest of the sample were not significant. Only alcoholism and secondary affective disorder were statistically associated with divorce.

In summary, the following variables were found to be significantly associated with divorce: parents divorced, subject raised by relatives or friends, earlier mean age of first intercourse, greater mean number of sexual partners, a history of heavy drinking, a history of experimentation with drugs, wanderlust, secondary affective disorder, and alcoholism.

We considered it likely that some of these variables might be functions of others, and not independent. For instance, being raised by relatives or friends could be a result of parental divorce. When subjects with a history of parental divorce were excluded from the comparison, being raised by relatives or friends

TABLE I
Divorce and diagnosis

Diagnosis	Total † patients	Ever married	% Marrieds ever divorced
Homosexuality	12	5	80
Drug dependence	13	12	67
Alcoholism*	70	59	49
Hysteria	36	30	47
Sociopathy	35	24	46
Secondary affective disorder*	95	75	43
Sexual deviation (other)	9	7	43
Mental retardation	16	11	36
Bipolar primary affective disorder	19	17	35
Anxiety neurosis	62	53	34
Schizophrenia	22	13	31
Undiagnosed psychiatric illness	140	108	30
Unipolar primary affective disorder	139	105	26
Organic brain syndrome	10	9	22
Obsessional neurosis	3	3	0
Epilepsy	6	0	—

* A significant association occurred between these diagnoses and divorce when tested by chi-square ($p < 0.05$).

† Total patients with each diagnosis. This column adds to more than 500 because some patients received multiple diagnoses.

no longer distinguished between divorced and non-divorced subjects.

It seemed possible that other variables apparently associated with divorce might be functions of alcoholism. Each of the remaining variables was tested with patients with alcoholism removed to determine which variables were independently associated with divorce. When patients with alcoholism were removed from the group with secondary affective disorder, the latter diagnosis was no longer significantly associated with divorce. In similar fashion, heavy drinking, experimentation with drugs, and wanderlust did not remain associated with divorce when patients with alcoholism were removed. Only three variables were associated with divorce independent of alcoholism: divorce of parents, earlier mean age of first intercourse, and greater mean number of sexual partners.

DISCUSSION

The finding that parental divorce is associated with the divorce of patients suggests that divorce behaviour may be partly learned behaviour. It would be reasonable to expect that an individual might repeat forms of behaviour which had been exhibited by his parents. Other parental and family variables do not correlate with divorce; this, in turn, suggests that divorce behaviour may be relatively specific; that is, not simply associated with general environmental stress. Divorce, in and of itself, may beget divorce.

We were surprised to find that there is not a large cluster of marital and sexual behaviours associated with divorce. The finding that divorced patients have a greater mean number of sexual partners is probably a function of their involvement with a number of partners subsequent to divorce. Our data did not allow us to test this hypothesis directly, although the hypothesis is supported by the fact that unfaithfulness did not distinguish between patients who had and those who had not been divorced. The greater number of sexual partners among divorced subjects might also be a function of earlier mean age of first intercourse. Again our data did not allow evaluation of a possible relationship. The earlier mean age of first intercourse among subjects who had been divorced does not allow of extensive interpretation by itself. Such a finding should be retested in other samples.

The results of this study confirm the hypothesis that alcoholism and divorce are associated. Patients with alcoholism in our sample emerge with a definite and significantly high risk for divorce. This association between alcoholism and divorce is consistent with other data in the literature which associate alcoholism and various other forms of social discord (Jellinek, 1952).

Our data also indicate that divorce occurs frequently among patients with homosexuality, drug dependence, hysteria, sociopathy, and non-homosexual sexual deviation. With larger numbers of patients, these diagnoses may also be found statistically associated with divorce. Our data suggest an association, but do not provide statistical evidence of it.

The results of this study do not suggest that affective disorder is as much associated with divorce as are the syndromes mentioned above. Possibly a controlled assessment of divorced subjects from a non-psychiatric population would reveal an association, though it would probably be less extensive than that with alcoholism. A reasonable next step in the evaluation of factors associated with divorce would be such a study of subjects not psychiatrically ill, subjects gathered in a non-psychiatric setting.

As alcoholism has been studied more fully in recent years, its contribution to various forms of social disruption has become increasingly clear. This study indicates that even among psychiatric patients (who could be considered at generally high risk for divorce) alcoholism is particularly associated with divorce. Alcoholism is a major contributor to social problems such as those of criminality, suicide, and traffic fatalities. The results of this study indicate that divorce can be added to the list.

SUMMARY

An evaluation of divorce and of various environmental, social, family history, and diagnostic variables among 500 patients randomly selected from a psychiatric clinic indicates that alcoholism is particularly associated

with divorce. Divorce also occurs frequently among married patients with homosexuality, drug dependence, hysteria, sociopathy, and sexual deviation other than homosexuality. Some of those diagnoses may be significantly associated with divorce, and studies with larger samples of patients may reveal such associations.

An evaluation of numerous family history, social, and environmental variables does not reveal clusters of such variables correlated with divorce independent of alcoholism. Parental divorce, by itself, is found to be associated with the divorce of subjects, suggesting that divorce may beget divorce.

The most impressive finding of the study is the clear association between divorce and one diagnosis, that of alcoholism.

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