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Physical health vulnerability in adult children from divorced and intact families

Linda J. Luecken*, William V. Fabricius

Department of Psychology, Arizona State University, Box 871104, Tempe, AZ 85287, USA

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Abstract

Objectives: The current study evaluated family process variables associated with markers of physical health vulnerability. **Methods:** Retrospective reports of parental caring, conflict, and divorce-specific factors were examined in reference to hostility, somatic symptoms, and illness reports in young adults from divorced ($n=253$) and intact ($n=552$) families. **Results:** Contrary to expectations, participants from divorced and intact families were equivalent on all health-related measures. Within the intact group, parental conflict and low parental caring were associated with hostility, somatic symptoms, and illness reports. Within the divorce group, negative feelings about the divorce were associated with higher hostility, somatic complaints, and illness reports. **Conclusions:** Results suggest that parental divorce in itself does not increase long-term vulnerability to physical illness; rather it is the negativity of the experience that is associated with vulnerability. Although overall health markers did not differ, the family process variables associated with physical health risk differed for individuals from divorced versus intact families.

Keywords: Divorce; Hostility; Conflict; Health; Parental caring

Introduction

Evidence is mounting that early care-taking experiences can impact long-term physical health [1], physiological stress reactivity, and vulnerability to stress-related illness [2–4]. For example, early separation from the primary caregiver has been shown in both animal and human studies to be associated with the development of maladaptive stress responses [4–6] and long-term physical health problems [7,8]. The quality of parent–child relationships has been associated with long-term neuroendocrine and cardiovascular function [9,10]. Perceptions of parental caring have also been associated with long-term psychiatric vulnerability [11–13], somatic symptoms [14,15], and physical health status in middle-age adults [15]. Exposure to conflict within the family represents another pathway by which family factors may influence long-term physical health vulnerability. High levels of family conflict have been associated in children and adolescents with poorer physical health [16,17], exaggerated physiological reactivity [18], slower growth [19], and greater health care utilization [20].

Children of divorce may experience these factors in combination and/or at higher intensity. Accordingly, several lines of evidence suggest that children of divorce may be at higher physical health risk than those from intact families. First, children generally experience a decrease in contact with both parents following the divorce, and many experience minimal or no contact with the noncustodial parent [21]. Second, parental divorce has been shown to be associated in the long-term with lower quality of parent–child relationships [22]. Third, marital conflict tends to both precede and follow parental divorce [21].

The literature on the long-term physical health correlates of parental divorce is sparse, and tends to be inconclusive. There is some evidence to suggest that adult children from divorced families may be at higher risk of physical health problems [23]. Parental divorce has been related to decreased longevity in a long-term follow-up of the Terman Life Cycle Study [24]. However, the Terman study participants were raised in the 1920s, and current social implications of divorce are quite different from those early in the century. Goede and Spruijt [25] reported poorer health in

* Corresponding author. Tel.: +1-480-965-6886; fax: +1-480-965-8544.
E-mail address: linda.luecken@asu.edu (L.J. Luecken).

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18–24-year-old females from divorced families relative to intact families, but no differences were found for males. Higher levels of somatic symptoms have been reported in adolescents from divorced relative to intact families [26,27]. Maier and Lachman [7] reported significantly higher levels of acute and chronic health problems in middle-aged adults as a function of early parental divorce, an effect that was mediated by current income, education, drug use, and family support. Krause [8] reported that declines in physical health in older adults were related to the combination of early parental separation (by death or divorce) and high levels of current stress. Given the high current divorce rate, potential long-term health correlates of parental divorce remain an important question to be explored.

In addition, although specific family process variables have been associated in the broader literature with health vulnerability, it is unclear whether relationships between family process factors and physical health differ between intact and divorced families. The present study examines associations between self-reported parental caring and conflict, physical health, and two markers of long-term physical health vulnerability, somatic symptoms and trait hostility, in young adults from intact and divorced families. The current experience of somatic symptoms (e.g., headaches, nausea, and abdominal pain) can be an indication of physical health vulnerability. Somatic symptoms are often thought to be a response to psychosocial stress, and individuals reporting high levels of somatic symptoms show frequent use of health services [28], higher blood pressure [29], increased disability, and maladaptive illness behavior [30]. A large literature links hostility with heightened risk for cardiovascular and other diseases, and poorer prognosis following cardiac incidents [31,32]. Hostility levels assessed in young adults may provide important predictive information concerning long-term risk of heart disease. In a follow-up of college students assessed in the 1960s, higher hostility was predictive of greater coronary risk factors 21–23 years later [33]. Several researchers have reported evidence that trait hostility in children and young adults is associated with exposure to parental conflict [34–36] and negative family environment [37]. Increased levels of parental conflict may contribute to the development of higher levels of hostility and increased long-term vulnerability to cardiovascular and other illness.

The current study addresses the question of whether parental divorce increases long-term physical health vulnerability, and evaluates the specific family process variables associated with vulnerability. To accomplish this, we evaluated self-reports of physical illness, somatic symptoms, and hostility levels in young adults from divorced and intact families. There were two main objectives of the analyses. First, we were interested in evaluating overall group differences in health vulnerability. We hypothesized that participants from divorced families would report poorer health, as evidenced by higher hostility, somatic symptoms, and illness reports. Second, within-group relationships between health variables and family process variables were evaluated, with the expectation that similar associations between the quality of family relationships and health vulnerability would be found within each group. Specifically, we expected that within each group, low parental caring and high parental conflict would be associated with poor health factors.

Methods

Participants

Participants included 805 undergraduate students recruited from Introductory Psychology classes. Of these, 552 were from intact families (i.e., participants indicated "My parents are still married to each other"), while 226 reported that their parents divorced before they were 18, and 27 reported that their parents divorced after they were 18. *T*-tests comparing participants whose parents divorced before they were 18 to those whose parents divorced after they were 18 revealed no significant group differences in any of the outcome or predictor variables. Therefore, all participants reporting parental divorce were combined into one group. Participants included females (53%) and males (47%) ranging in age from 17 to 35, with a mean age of 19. Ethnic composition of the sample included Caucasian (74%), African–American (3%), Hispanic (8%), Asian (5%), Native–American (2%), and "other" (8%). Divorce and intact groups did not differ in age, gender, or ethnic composition of participants.

Procedure

Participants completed questionnaires during their regular class hour. The full battery contained questionnaires contributed by several independent researchers. In order to limit questionnaire packets to an amount that could be completed in one class session, each participant was only given a random subset of questionnaires. Within the divorce group, all 253 participants completed the measure of parental caring, and 128 completed measures of visits to a healthcare center, days sick, hostility, somatic symptoms, parental conflict, time spent with either parent, and feelings about the divorce. Within the intact group, all 551 participants completed the measure of parental caring, and 263 completed measures of visits to a physician, days sick, hostility, somatic symptoms, and time spent with either parent.

Measures

The Cook–Medley Hostility Scale [38] was used to assess trait hostility (internal consistency $\alpha = .84$). Somatic symptom levels were assessed by the somatization scale of the SCL-90R [39]. The scale asks participants to report how often in the past week they have experienced each of