

## Research Paper

# Post-divorce adjustment, coparenting and somatisation: Mediating role of anxiety and depression in high-conflict divorces

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## ABSTRACT

**Background:** Due to the overlap of somatisation with other psychiatric symptomatology and the difficulty of making a clear diagnosis, few studies have focused on somatic symptoms after divorce. Moreover, their results are controversial and do not provide a conclusive differentiation according to gender. **Objective:** The present study is based on the hypothesis that psychological difficulties of adjustment to divorce and coparenting are linked to somatic symptomatology, in a sample of high-conflict divorcees, considering anxious and depressive symptoms as mediating factors. The role of some control variables was considered: marital status, level of education, time elapsed since separation, type of custody, frequency of contact with the children, and type of relationship with the ex-partner. In addition, the differential role of gender was studied.

**Method:** A path analysis was carried out with the IBM SPSS AMOS 28 programme.

**Results:** Its results supported the relationship between psychological difficulties of adjustment to divorce and somatisation, as well as the mediating role of anxiety. A direct relationship between coparenting and somatisation was also found. These results were invariant in men and women, although specific differences were identified in the impact of anxiety.

**Limitations:** As a preliminary study, it is not without limitations. Firstly, it can be noted that it is a homogeneous sample with similar socio-demographic characteristics. Furthermore, the instruments used are general screening tests, and it could be interesting to incorporate more specific assessment tools.

**Conclusions:** This study supported the link between the conflictive divorce and the somatic symptomatology, leading to further research.

## 1. Introduction

The process of separation and/or divorce is not only limited to the decision to break up the relationship, but also involves changes related to the period before and after the divorce (Basak and Yilmaz, 2022). This situation is frequently a crisis, as many changes, that extend to multiple areas, must be faced: individual, legal, family, extra-family (work, social), etc. The person tries to restructure the needs of his/her life and his/herself after separating from the ex-spouse while, at the same time, he/she fulfills his/her daily duties and obligations (Knöpfli et al., 2016).

After the end of a romantic relationship, a grieving process can be expected. Among others, the associated responses are a depressed mood, lower work performance, alcohol or other substance consumption, and feelings of anger, guilt, helplessness, and hopelessness (Blue, 2017). However, for some people, this emotional experience is even more intense, accompanied by loneliness, reduced interest in any daily

activity, sleep difficulties, feelings of nostalgia and longing (Barbara and Dion, 2000; Field, 2011; Kiral, 2019), ruminations, and/or intrusive or obsessive thoughts about the relationship and the ex-partner (Finkelstein, 2014; Yármoy-Yaben, 2017). Whether this impact is different for each person depends on a number of inter- and intra-personal factors, of which pre- and post-divorce conflict is one of the most important (Hald et al., 2019; Nikupeteri and Laitinen, 2022; Polak and Saini, 2019).

Between ten and fifteen percent of divorces occur with relatively high levels of conflict both during and after the breakup. These are known as "high-conflict divorces", and they are characterized by constant negative interactions and a hostile and insecure emotional environment (Ordway et al., 2020; Riquelme et al., 2020). Divorce itself has been considered one of the most stressful life events, although most people cope well with it. However, when there is a high level of destructive conflict, this stress increases and can become chronic (Symoens et al., 2014). In these cases, people tend to have more

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adjustment difficulties and therefore more negative consequences on their well-being (Fernandes de Magalhães et al., 2021; Hald et al., 2019; Nikupeteri and Laitinen, 2022).

Although the impact of divorce has been extensively studied, attention has been much more focused on psychological aspects such as anxiety or depression than on physical health problems, hospitalisations, suicide, and mortality risk (Knöpfli et al., 2016; Strizzi et al., 2021). Also, studies on the onset of somatic symptoms after divorce are minimal (Aragona et al., 2008), although the literature has frequently identified these symptoms as being associated with periods and situations of stress (Davoodi et al., 2018; Keskin, 2019; Kozłowska et al., 2020).

Somatisation is the expression of one or more symptoms without apparent organic cause. Some of the most studied conditions in connection with prolonged or intense stress states are irritable bowel syndrome or fibromyalgia (Amato, 2012; Fischer et al., 2016; Keskin, 2019). Other common symptoms in people who somatise are fatigue, palpitations, breathing difficulties, back pain and whiplash, headaches, and some gastrointestinal conditions (Henningsen, 2022; Nakao et al., 2001; Ran et al., 2020; Shangquan et al., 2021).

Somatisation is linked to a significant discomfort and a deterioration in daily functioning, hindering the performance of daily activities. It is also related to a high use of health and social care, while professionals highlight the great difficulty in addressing the symptoms (Husain-Krautter and Ellison, 2021; Nakamura et al., 2017). The coexistence of multiple somatic symptoms, the comorbidity with psychiatric and psychosocial alterations, the absence of clear diagnoses, and the ineffective treatments make somatic disorders challenging to treat and entail a high health and social cost (Güney et al., 2015).

Given that somatisation sometimes coexists with symptoms of anxiety and depression, there is an overlap in the diagnostic criteria, treatment, and conceptual understanding of the three. The presence of somatisation may increase anxious and/or depressive symptoms and vice versa (Garrusi et al., 2019; Hald et al., 2020; Zheng et al., 2019). However, the presence of anxiety and depression does not necessarily indicate somatic symptoms. Likewise, many patients who somatise do not have anxiety or depression, so a direct association cannot be established, nor can somatisation be considered as masked depression or anxiety (Henningsen, 2022).

However, perhaps due to this overlap and the frequent difficulty in making a clear diagnosis of somatisation, few studies have focused on somatic symptoms after divorce. Moreover, their results are controversial (Hald et al., 2020). The same goes for the differential impact of divorce on men and women. Studies are more frequent concerning psychological symptoms (Lorenz et al., 2006; Hald et al., 2022; Raley and Sweeney, 2020) and practically absent in somatisation (Aragona et al., 2008). Likewise, the findings are inconclusive, with some studies finding worse outcomes in women, whereas others have seen them in men. In general, those that have endorsed a worsening of women's health have associated it with worse financial condition in the moments after divorce (Parker et al., 2022) and the greater burden of responsibilities related to housework and childcare (Yárnoz-Yaben, 2017). Therefore, socioeconomic factors such as the ex-spouses' employment and financial situation or their level of education can influence their adaptation to divorce (Cipric et al., 2021). On the other hand, studies that have documented more negative consequences in men have linked it to decreased contact with their children, lack of social support, and greater social isolation (Al-Bahrani, 2021; Strizzi et al., 2021), or the absence of a new partner (Wang and Amato, 2000).

Furthermore, also concerning support, and given the central role that children play in the lives of their parents, coparenting — understood as a relationship of mutual support, positive communication, and shared commitment to the children's upbringing (Becher et al., 2019; Yárnoz-Yaben, 2010) — could be considered a relevant factor in the consequences of divorce on the differential health of the parents (Hardesty et al., 2019). However, to date, it has not been considered.

Similarly, not all the possible factors surrounding the performance of coparenting in divorced families have been considered, such as the type of relationship with the ex-partner, the type of custody, and the frequency of contact with the children (Frisby et al., 2012; Russell et al., 2021; Yilmaz and Fişigöglü, 2005). The impact of these factors on well-being has been proven, but not on somatisation.

Summing up, the literature review reveals a lack of studies on somatisation concerning divorce. In addition, the possible impact on somatic symptoms of coparenting and other difficulties related to the adjustment to divorce has not been considered. Neither has the role of psychological manifestations related to divorce, such as anxiety and depression, been studied in somatisation. Finally, although some studies have been conducted on the differential impact of divorce as a function of gender, the results are controversial, and concerning the relationship between divorce and somatisation, such studies are lacking.

Therefore, this study aims to analyse the impact of the divorce process on somatisation. We expected to find a positive relationship between psychological difficulties of adjustment to divorce and somatic symptomatology, both direct and mediated by the impact of anxiety and depression. In the case of coparenting, this relationship is expected to be negative. The proposed model (Fig. 1), both in men and women, will be analysed. We will consider the role of variables such as marital status, the type of relationship maintained with the ex-partner, the frequency of contact with the children, the level of education, the type of custody, and the time elapsed since the separation.

## 2. Method

### 2.1. Participants

The participants were 270 parents, 160 mothers and 108 fathers, users of Family Visitation Centres in Spain, that is, services to which families in high-conflict situations are sent by court referral. These situations include high-conflict divorces, in which these centers regulate exchanges and supervised visits of non-resident parents and their children (De la Torre, 2018). The sociodemographic characteristics of the population studied can be seen in Table 1. The inclusion criteria were that parents were separated from their partners, regardless of current marital status (separation, divorce, singleness, new relationship, etc.), and in charge of one or more children. The diagnosis of serious psychopathological disorders or the existence of domestic violence were established as exclusion criteria. Mean age was 41 years old ( $SD = 6.49$ ; men = 43 years old,  $SD = 6.60$ ; women = 40 years old;  $SD = 6.28$ ). About 60 % of the participants were separated or divorced, with an average of 2 children per participant ( $SD = 0.77$ ). Most of them had high school, Unified Polyvalent High School (BUP in Spanish) or Vocational Training (FP in Spanish) studies. Most participants (46 %) indicated that the range of time elapsed since the separation was more than three years, with an average time of  $M = 5$  years. Approximately 60 % of the custodies were exclusive to the mother and most mothers (79 %) had daily contact with their children, while the fathers had mostly contact several days a week (48 %). Regarding the relationships between the ex-spouses, 42 % of participants indicated that they were in-existent.

### 2.2. Instruments

Sociodemographic questionnaire. It was constructed ad hoc to collect the following variables: sex, age, level of education, marital status, time elapsed since separation, frequency of contact with the children, relationship with the ex-partner, and type of custody.

The Symptom Checklist-90-R (SCL-90-R; Derogatis, 1992). It is a 90-item self-administered symptom questionnaire that includes psychopathological symptoms structured around 9 dimensions (Somatisation, Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism). In this study, three dimensions were used: Somatisation (12

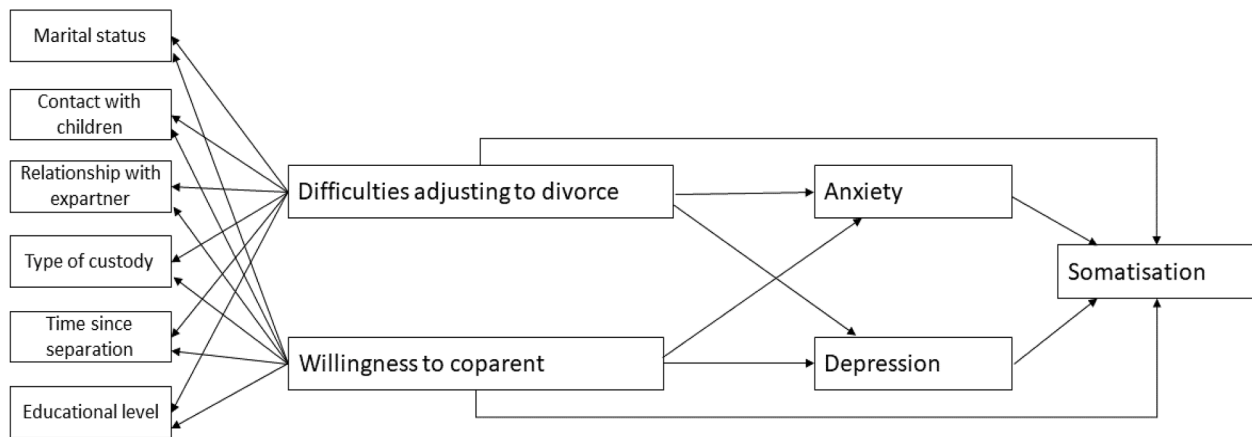


Fig. 1. Initial model based on the hypotheses.

**Table 1**  
Sociodemographic characteristics of the sample.

	Mothers (n = 160)		Fathers (n = 108)		Total (n = 270)	
	M	SD	M	SD	M	SD
Age	40	6.28	43	6.60	41	6.49
Number of children	2	0.83	1	0.66	2	0.77
	n	%	n	%	N	%
Educational level						
Less than primary education			1	<1	1	4
Primary studies	48	30	36	33.3	84	31.1
High school, BUP, or FP	56	35	37	34.3	93	34.4
Medium career	24	15	8	7.4	32	11.9
Higher career	20	12.5	17	15.7	37	13.7
Master's or PhD	5	3.1	7	6.5	12	4.4
Marital status						
Single	50	31.3	32	29.6	83	30.7
Separated	21	13.1	13	12	34	12.6
Divorced	74	46.3	47	43.5	121	44.8
Married, not a first marriage	4	2.5	1	<1	6	2.2
Common law couple	4	2.5	6	5.6	10	3.7
Time since separation						
Less than two months	2	1.3	1	<1	3	1.1
Two to six months	12	7.5	6	5.6	18	6.7
From six months to one year	16	10	10	9.3	26	9.6
From one to two years	32	20	20	18.5	52	19.3
Two to three years	23	14.4	9	8.3	32	11.9
More than three years	68	42.5	55	50.9	123	45.6
Type of custody						
Shared	26	16.3	27	25	53	19.6
Exclusive to mother	107	66.9	56	51.9	163	60.4
Exclusive to father	8	5	10	9.3	18	6.7
Relationship with ex-spouse						
Non-existent	59	36.9	51	47.2	112	41.5
Very scarce	33	20.6	14	13	47	17.4
Restricted	36	22.5	28	25.9	64	23.7
Fluid	15	9.4	9	8.3	24	8.9
Variable and/or ambiguous	15	9.4	4	3.7	19	7
Contact with the child						
Every day	126	78.8	21	19.4	147	54.4
Several days a week	20	12.5	52	48.1	74	27.4
Once a week	6	3.8	9	8.3	15	5.6
Every two weeks	3	1.9	15	13.9	18	6.7
Less frequently			6	5.6	6	2.2
Alternate weeks	1	<1	4	3.7	5	1.9

items), which measures the discomfort perceived by the person based on different bodily symptoms (e.g., headaches), Depression (13 items), which considers mood symptoms and dysphoric affect (e.g., feeling very low energy), and Anxiety (10 items), that comprises a series of symptoms and signs associated with its clinical diagnosis (e.g., nervousness) (Robles et al., 2002). Each item is rated on a 5-point Likert type scale

ranging from 0 (*not at all*) to 4 (*very much*). The reliability obtained in this study was  $\alpha = 0.93$  and  $\omega = 0.93$  for Somatisation,  $\alpha = 0.91$  and  $\omega = 0.91$  for Anxiety, and  $\alpha = 0.92$  and  $\omega = 0.92$  for Depression.

Cuestionario de Adaptación al Divorcio-Separación (CAD-S [Divorce-Separation Adaptation Questionnaire]). This is a Spanish instrument designed by Yáñez-Yaben and Comino (2010). It comprises 20 items that, and evaluates the adaptation to divorce of the whole family. Items are answered by one of the ex-partners. The instrument has four dimensions: Psychological difficulties of adjustment to divorce, Conflict with the ex-partner, Negative consequences of separation, and Willingness to coparent. In this study, the subscales that were evaluated were the Psychological difficulties of adjustment to divorce (6 items), which comprises sentences referring to anger towards the ex-partner, incapacity feelings to overcome the breaking up, and obsession with the ex-partner's current daily activities (e.g., "Sometimes I wonder what my ex-partner is doing right now"), and the Willingness to coparent (5 items), which describes the ex-partner's level of cooperation to act for the benefit of their children, helping and supporting the other parent when necessary (e.g., "My ex-partner helps me to raise our children"). All items are rated on a 5-point Likert type scale ranging from 1 (*Strongly disagree*) to 5 (*Strongly agree*). In this study, the reliability obtained by the Psychological difficulties of adjustment to divorce and Willingness to coparent was  $\alpha = 0.70$  and  $\omega = 0.69$  and  $\alpha = 0.77$  and  $\omega = 0.77$ , respectively.

### 2.3. Procedure

The present cross-sectional study complied with the original Declaration of Helsinki, and was approved by the University's Ethics Committee (ETK-7/16-17). Participants were contacted through the National Federation of Family Visitation Centres (Spain). The study involved 12 centres belonging to 9 Autonomous Communities, including the north (Asturias, La Rioja, and the Basque Country), the central region (Madrid, Castilla La Mancha, and Castilla León), and the south (Andalusia, Valencia, and Murcia) of Spain. First, the inclusion and exclusion criteria were checked through the clinical history and/or the judicial referral report, verifying the possible existence of a clinical diagnosis or an active restraining order (i.e. a legal instrument designed to protect victims of domestic or gender-based violence against all types of aggression. It implies that the aggressor must keep a physical distance, determined by a judge, from the victim. Neither can there be any kind of communication between the victim and the aggressor). Subsequently, the potential participants were contacted by telephone, confirming that they fulfilled the inclusion criteria. They were informed about the purpose of the study, the voluntary nature of their participation, and the confidentiality of the data. Finally, those interested in participating were invited to a face-to-face interview to resolve any

possible doubts. Before completing the questionnaires, the informed consent of all participants was requested. The questionnaires were completed individually with an approximate duration of 30 min. There was no financial remuneration for participation in the study.

2.4. Data analysis

Initially, the simple correlations between the proposed variables were analysed. Next, the proposed model was tested (Fig. 1) using the IBM SPSS AMOS 28 program. We used the maximum likelihood method (ML) (Arbuckle, 2021). To evaluate the model's fit, we used a non-significant value of  $\chi^2$ , and the indicators of the Root Mean Square Error of Approximation (RMSEA) and its 90 % Confidence Interval (CI) were taken into account, considering values between 0.05 and 0.08 acceptable and those below 0.05 very good. Likewise, the Goodness-of-Fit Index (GFI) and the Comparative Fit Index (CFI) were used, with a value higher than 0.90 considered the fit criterion for both indices (Bentler, 1990; Byrne, 2001; Hu and Bentler, 1998).

In addition, the differential role of gender was analysed. For this purpose, following the recommendation of Bollen and Hoyle (1990), nested models were compared by analysing the differences between the chi-squares corresponding to each model. A model's significant value of chi-square means that there is a difference depending on gender. First, a multigroup model was launched, with all its relationships restricted to 0 for men and women, thus limiting the model to equality between genders. Next, a model was estimated in which these parameters were allowed to vary freely without any conditions in each group.

3. Results

Table 2 shows the simple correlations between the variables. A positive correlation was obtained between Psychological difficulties of adjustment to divorce and Somatisation, Anxiety, and Depression. Somatisation also correlated positively with Anxiety and Depression, and there was also a positive correlation between these last two. Finally, a negative correlation between Willingness to coparent with Somatisation was observed.

When testing the model concerning the control variables, we observed no impact of marital status, type of custody, or level of education in the dimensions of Psychological difficulties of adjustment to divorce and Willingness to coparent. In contrast, there was a relationship between the time elapsed since separation and, on the one hand, Psychological difficulties of adjustment to divorce both in men ( $\beta = -0.152, p < .001$ ) and women ( $\beta = -0.104, p < .001$ ), and, on the other hand, with Willingness to coparent, also both in men ( $\beta = -0.070, p = .025$ ) and women ( $\beta = -0.067, p = .006$ ). The frequency of contact with the children was related to the Psychological difficulties of adjustment to divorce only in women ( $\beta = 0.042, p < .001$ ). Finally, the relationship with the ex-partner was linked to Willingness to coparent, both in men ( $\beta = 0.141, p < .001$ ) and women ( $\beta = 0.152, p < .001$ ).

Table 3 shows the indices obtained after testing the proposed models. The initial model did not obtain a good fit. Hence, the non-significant relationships were eliminated, and a second model was tested in which the mediation of Anxiety and Depression was eliminated in the relationship between Willingness to coparent and Somatisation, as well

Table 2  
Simple correlations between variables.

	Difficulties	Coparenting	Somatisation	Anxiety
Difficulties	–	–	–	–
Coparenting	.012	–	–	–
Somatisation	.301**	-0.137*	–	–
Anxiety	.382**	-0.064	.822**	–
Depression	.469**	-0.010	.726**	.832**

Note: \*\*  $p < .001$ . \*  $p < .05$ .

Table 3  
Global fit indices for the proposed model.

Model	$\chi^2$	df	p	GFI	CFI	RMSEA	RMSEA, 90 % CI
M	281.462	68	.000	.830	.618	.128	.113–0.144
M-1	105.329	72	.006	.912	.940	.049	.027–0.068

Note: GFI = Goodness of Fit Index; CFI = Comparative Fit Index; RMSEA = root mean square error of approximation; RMSEA, 90 % CI = RMSEA confidence interval; M = Initial model; M-1 = Model with modifications.

as the relationship between Psychological difficulties of adjustment to divorce and Somatisation. The correlation between Willingness to coparent and Psychological difficulties of adjustment to divorce was added, following the criterion provided by the modification indexes. In this second model, all indices showed good values. Although the chi-square value was significant ( $\chi^2(72) = 105.329, p < .001$ ), this indicator is very susceptible to the sample size, so the rest of the indices were considered. The RMSEA showed a value of 0.049 (90 % CI [0.027, 0.068]). The GFI and CFI obtained values of 0.912 and 0.940, respectively. Therefore, this second model achieved a good fit.

Next, the model was analysed considering the participants' gender in the relationship between divorce and somatisation. The final model for men and women is represented in Figs. 2 and 3, respectively. The chi-square difference was non-significant ( $\Delta\chi^2(17) = 17.292, p = .435$ ), indicating no differences as a function of gender. However, although the general male and female model does not operate differently, there may be significant differences in terms of specific relationships within the model. Therefore, to analyse them in greater depth, critical ratio indices were considered.

The critical ratios indices revealed significant gender differences in the association between Psychological difficulties of adjustment to divorce and Anxiety ( $z = 2.003, p < .001$ ). Although both women and men ( $\beta = 0.772, p < .001, \beta = 0.340, p = .030$ ) showed a positive and significant relationship between Psychological difficulties of adjustment to divorce and Anxiety, this relationship was higher in the case of women.

As for the rest of the relationships, we observed an association between Anxiety and Somatisation, both in women ( $\beta = 0.837, p < .001$ ) and men ( $\beta = 0.923, p < .001$ ). Similarly, Psychological difficulties of adjustment to divorce was related to Depression both in women ( $\beta = 1.24, p < .001$ ) and men ( $\beta = 1.059, p < .001$ ), but the relationship between Depression and Somatisation was non-significant both for women ( $\beta = 0.169, p = .072$ ) and men ( $\beta = 0.097, p = .333$ ). Finally, Willingness to coparent had a negative relationship with Somatisation both in women ( $\beta = -0.270, p = .044$ ) and men ( $\beta = -0.276, p = .028$ ).

4. Discussion

The present study makes an important contribution to understanding the impact of divorce on somatic symptoms in high-conflict divorces. On one hand, the results confirmed the hypothesis of the mediation of anxiety in the relationship between psychological difficulties of adjustment to divorce and somatisation, although this mediation was not observed in depression. On the other hand, willingness to coparent had a direct relationship with somatic symptomatology, but without the mediation of anxiety or depression. These findings will be further detailed below.

First of all, concerning the dimension of psychological difficulties of adjustment to divorce, the greater the difficulties experienced in the face of a break-up, the greater the presence of somatic symptoms both in men and women. The sustained stress produced over time by the psychological difficulties of adjustment to divorce (constant thoughts about the ex-partner, negative emotions towards him/her, constant crying, difficulties sleeping and/or waking up, thinking that one cannot overcome the break-up, etc.) has been linked to a greater presence of somatic symptoms (headaches, gastrointestinal conditions, body aches,

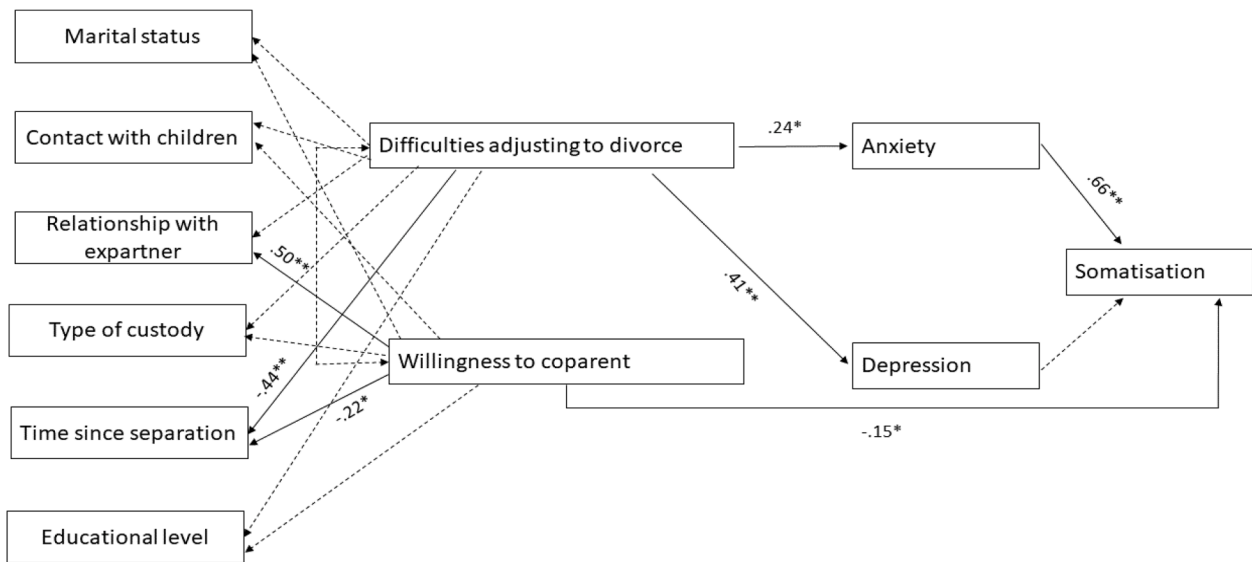


Fig. 2. Explanatory model of Psychological difficulties of adjustment to divorce and Willingness to coparent in Somatisation in men (standardised estimates).

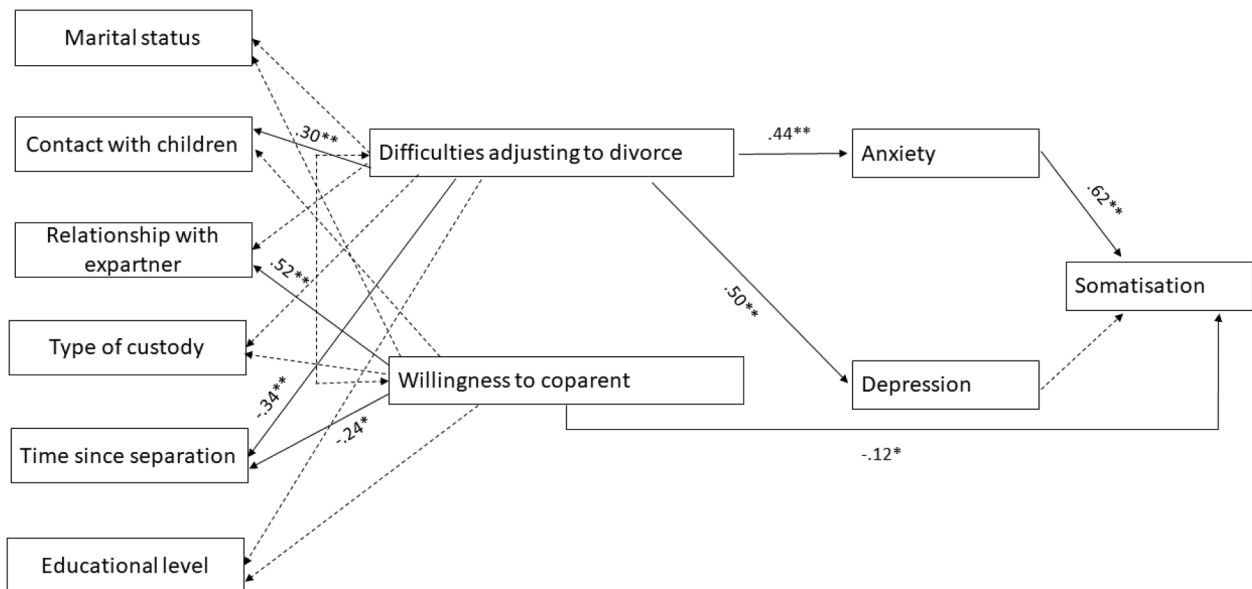


Fig. 3. Explanatory model of Psychological difficulties of adjustment to divorce and the Willingness to coparent in Somatisation in women (standardised estimates).

breathing difficulties, etc.). This result is consistent with the findings of previous studies (Davoodi et al., 2018; Keskin, 2019; Kozłowska et al., 2020).

Also, in this study, a stronger relationship between psychological difficulties of adjustment to divorce and anxiety and depression was observed. That is, people who present psychological difficulties during the divorce process manifest more anxious and depressive symptoms. These results are also in line with those of Strizzi et al. (2021); Hald et al. (2022) or Sbarra and Borelli (2019), who identified more anxious states, more depressive symptoms, and a higher prevalence of depression in divorced people than in married couples or people with a partner.

Thirdly, the study allowed us to verify the relationships between anxiety and depression, on the one hand, and somatic symptoms, on the other. The results were interesting, although they did not fully confirm the hypothesis proposed. Although a greater presence of anxious symptoms also implied worse somatic symptomatology, this was not observed in the case of depressive symptomatology, in contrast to previous research (Chu et al., 2019). However, several authors have argued

that there is comorbidity between the three variables and that people who have somatic symptoms often also present anxious and/or depressive symptoms independently (Garrusi et al., 2019; Hald et al., 2020; Zheng et al., 2019). Therefore, one could think that this study identified comorbidity between depressive and somatic symptoms, but this result should be considered with caution. In the rest of the studies, the sample sizes were larger and their composition was diverse, also including recently divorced people (one week or less after legal divorce) (Hald et al., 2019; Hald et al., 2022) and people who had not undergone a break-up process (Kapfhammer, 2006), and the samples proceeded not only from a normative context but also a clinical context. Moreover, some authors have used different instruments to assess symptoms of depression (e.g., Garrusi et al., (2019) used the Patient Symptom Questionnaire, PHQ-15; Kroenke et al., 2002), or medical records, such as Xinyu et al., (2019). Likewise, as mentioned in the introduction, it is important to keep in mind that people with somatic complaints do not necessarily have anxious and/or depressive symptoms (Henningesen, 2022). All this shows the need to continue investigating not only the

interaction between anxious, depressive, and somatic symptoms, but also the impact that each of them has separately, as has been done in this study.

Beyond the relationships between these variables, the relevance of this study is that it has allowed us to deepen the mediating role of emotional well-being in situations of conflictive divorce, confirming that anxiety mediates the relationship between psychological difficulties of adjustment to divorce and somatisation. In this case, the mediation was total because the relationship between the difficulties of adjustment and somatisation ceased to be significant when anxiety was considered. Therefore, based on this study, we can state that divorced people suffer more anxious states related to the disruptive nature of divorce, which can lead to more health complaints such as back pain, fatigue, gastrointestinal problems, or headaches, all characteristic symptoms of somatisation. However, in the case of depression, there was no mediating effect but instead, a parallel effect, as previously noted. That is, although people experience more depressive symptoms in situations of conflictive divorce, this does not increase their somatic symptoms. These results highlight the need to continue deepening the study of the relationship between depression and somatisation, their coexistence, or their masking depending on the intensity of the symptoms, as highlighted by some authors (Güney et al., 2015; Henningsen, 2022; Macina et al., 2021).

The results according to gender were similar although, in women, the psychological difficulties of adjustment to divorce seemed to be significantly more related to anxiety. Throughout various studies, women have consistently shown an increased presence of psychiatric disorders, including anxiety (Faravelli et al., 2013). Also in situations of conflictive divorce, women tend to manifest higher levels of anxiety than men (Sedighi et al., 2021). This greater vulnerability has been explained not only through biological criteria (metabolism, hormonal system, and brain structures) but also through psychological and social structures related to gender roles (Green et al., 2019; Jainapurkar et al., 2018; Pignoni et al., 2020). Concerning post-divorce situations, there are still gender differences in financial losses and the responsibilities related to housework and children (Parker et al., 2022; Raley and Sweeney, 2020; Yáñez-Yaben, 2017), which have been linked to women's higher level of stress and the greater presence of anxious symptoms (Al-Bahrani, 2021).

Second, willingness to coparent (perception of the ex-partner as a figure of support and help, and perception of compliance with agreements concerning the children, economic conditions, and domestic decisions) was related to a lower presence of somatic symptomatology. These results are consistent with studies that have identified the buffering role of coparenting in the face of the effects of stress (Choi and Becher, 2019; Eikrem and Jevne, 2022; Richardson et al., 2018), or studies that have negatively related a tension-laden communication (about the care of children and the tasks corresponding to coparenting) to higher levels of distress (DeGarmo et al., 2008). In this study, however, no relationship was found between willingness to coparent and anxiety and depression. This result is contrary to our expectations, insofar as the previous literature has been consistent about the bidirectional relationship between coparenting and anxiety, claiming that a relationship of coparenting charged with tension and conflict can increase anxious symptoms by generating a stress-enhancing environment and vice versa (Dollberg et al., 2020). Likewise, depressive symptoms have been related to the lack of support from the ex-partner (Xiao and Loke, 2021). Nonetheless, these results should be taken with caution, as the literature is scarce, and the studies mentioned differ from the present study both in the instruments used and the participants. That is, unlike these investigations, in the present study, anxiety and depression were measured through a general questionnaire of psychological symptomatology (SCL-90-R) and not through more specific instruments such as the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977) or the State-Trait Anxiety Inventory (STAI; Spielberg, 1983) (Pinto et al., 2019). Also, in the present study, coparenting was

measured through a divorce adaptation questionnaire instead of more specific instruments such as the Coparenting Relations Scale (CRS; Feinberg et al., 2012) (Ferraro and Lucier-Greer, 2022; Lee et al., 2021). In contrast, the other studies used more diverse samples (e.g., both with divorced and non-divorced people) or more specific samples (families with small children). In summary, for the time being, we can only state that coparenting has a direct relationship with somatisation but we could not confirm coparenting's indirect relationship with anxious or depressive symptomatology.

With respect to the covariables, the proposed model was maintained both for men and women, regardless of marital status, type of custody, and level of education. However, the time elapsed since the separation was related to psychological difficulties of adjustment to divorce and willingness to coparent in both genders. This implies that, both for fathers and mothers, the time since the breakup is related to the intensity of the psychological difficulties they manifest in their process of adjusting to divorce. Most people recover their pre-separation well-being over time (Lampraki et al., 2018). At the same time, there is a decrease in the willingness to coparent in both parents (Rejaän et al., 2022). Apparently, over time, relationships become more stable, post-divorce difficulties decrease, and coparental interaction is incorporated into the parents' day-to-day lives, reducing their initial disposition.

In a similar way, the type of relationship maintained with the ex-partner was also linked to men's and women's willingness to coparent. That is, a more fluid interaction between the ex-partners seems to increase their willingness to coparent, in line with the findings of previous studies (Beckmeyer et al., 2022; Jamison et al., 2014). Finally, a lower frequency of contact with the children had an impact on the psychological difficulties of adjustment to divorce only in women. It has been found that, in the case of mothers, having a low frequency of contact with their children is a great stressor. This may be due to the persistent social concept of devaluation and rejection towards mothers who do not take care of their children (Kielty, 2008; Omrod, 2018), which can even lead these women to question their self-esteem and maternal identity (Kruk, 2010; Weitz and Karlsson, 2021).

Considering all the above, the present study is a preliminary approach to the relationship between divorce and somatisation. More specifically, we observed that the psychological difficulties of adjustment to divorce and coparenting are linked to the onset of somatic symptomatology, an aspect that has scarcely been studied. In addition, this study has allowed us to identify the mediating role of anxiety in the psychological difficulties of adjustment to divorce, an aspect that had not been previously considered. The results suggest that anxiety increases the onset of somatic symptoms in people who report having psychological difficulties of adjustment to divorce. In addition, we have seen that this relationship is especially significant in women, somehow contributing to clarifying gender differences in the consequences of divorce.

#### 4.1. Limitations

However, as this is an initial study, it is not without limitations. First, the sample was homogeneous in that the participants only came from centers located in Spain, and most of them shared socioeconomic characteristics such as educational level or number of children. Thus, it might be interesting to replicate the study with a larger sample from a different socio-cultural context. At the same time, they were only divorcees with high-conflict, that may have consistently manifested more anxious, depressive, and somatic symptoms (Hald et al., 2022; Hald et al., 2019; Lebow, 2019). Therefore, future studies should consider the relationship between the destructiveness of conflict and the presence of somatic symptomatology. In the same line, even this study poses a major contribution to the context of high-conflict divorce research, it may also be worthwhile to replicate it with a population of divorced people in general. This will allow to compare the consequences

of divorce in terms of the conflict between ex-spouses. Likewise, we recommend incorporating into subsequent studies more specific instruments to measure anxious, depressive, and somatic symptoms (Pinto et al., 2019), as well as the factors related to divorce (Ferraro and Lucier-Greer, 2022; Lee et al., 2021) because in the present study, general tools were used to evaluate the different target variables.

## 5. Conclusions

In short, and despite the limitations, the present preliminary study has shed light on the impact of divorce on somatisation, a pathology that is affecting a growing number of people who come to primary care services and whose origin and intervening factors are still very little known. Divorce is a complex and multidimensional process, and this study has allowed us to delve into the impact of psychological difficulties of adjustment to divorce and willingness to coparent on the ex-partners' health in a context of high-conflict.

## Credit author statement

Ana Martínez-Pampliega and Susana Cormenzana were in charge of project administration, including the dissemination of the study, contact with the centres, data collection, and supervision. Inés Pellón was responsible for the methodology of the study, including statistical analyses, and the writing, reviewing, and editing of the manuscript. All authors contributed to and approved the final version of the manuscript.

## Declaration of competing interest

All authors declare that they have no conflicts of interest.

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