

Surviving

the

Crises

of

Life

SURVIVING THE CRISES OF LIFE

by Virginia Watts Smith

Preface

No life worth living is free of crisis situations. When we choose to love someone, we must accept the possibility that we may lose that person to death or separation. And as we endeavor to be responsible and productive members of society, we cannot always avoid the obstacles and setbacks that may come our way. Since crises are an inevitable fact of life, it's important we know how to survive them.

In this booklet, Virginia Watts Smith examines the nature of a crisis and tells how crises can actually enrich one's personality. She also describes the emotional stages a person must go through to recover from dramatic changes in his life. If you are encountering the pain of change, we dedicate these pages to you with a prayer that the changeless Christ will walk with you and sustain you.

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—Focus on the Family

But he knoweth the way that I take: when he hath tried me, I shall come forth as gold (Job 23:10).

“Life begins at 40” is an old adage and, to a certain degree, I would have to say that, though life did not actually begin at 40 for me, it certainly took a sharp turn; for, it was at this age that my husband died, and I had to decide what to do with the remainder of my life.

A new and different style of living evolved. It came, however, after years of preparation — “40 years of wandering,” so to speak. Without these years of preparation, I could not have faced the challenges and difficulties that were yet before me.

You, too, have been in preparation for the time of crises you are going through. Maybe you haven't had time to sit down and evaluate what has happened and where you are going — or maybe you haven't wanted to! But evaluation is important and helpful in one's life.

The Crisis Opportunity

Harvard psychiatrist Dr. Gerald Caplan defines a personal crisis as a critical transition point or as a disruption of a person's “steady state” of existence by a disturbing situation. Precisely, a crisis in this sense is an emotional state, the reaction of an individual or a family to the hazardous event — not the event or situation itself. The state affects such vital goals as life, security and affectional ties. During this period, the victim is thrown off balance. For him, the crisis represents a turning point for better or worse, depending on the decisions he makes. If he copes effectively, he is likely to strengthen his potential for a rewarding life. Thus, one characteristic of a crisis — which most of us may not realize — is the chance it presents for enriching our personality. A crisis may then be viewed as a catalyst that shakes up old habits and can help us chart new ways.

Jeanette and Ralph are examples of people whose lives were not enriched by crisis situations. Jeanette, an attractive wife, mother and community-minded woman was found dead in her car of carbon monoxide poisoning. She could not cope with the shattering news that her husband was leaving her for another woman. Ralph's wife died suddenly and left him feeling very depressed. He became a loner, critical and caustic. As time passed, he was plagued by migraine headaches and high blood pressure.

In his book *Helplessness*, Dr. Martin Seligman of the University of Pennsylvania supports the view that: “Helplessness seems to make people more vulnerable to the pathogens, some deadly, that are

always around us. When one of our parents dies (or when our own spouse dies), we must be particularly careful. I suggest complete bimonthly physical checkups during the first year following the loss. It seems to me wise to adopt this procedure following any major life change.”

Crisis and Illness

Psychiatrist Thomas Holmes and physiologist Minoru Masuda of the University of Washington School of Medicine, Seattle, propose a scale to help predict stress-related illness. They found that changes in a person’s life, whether good or bad, could have a stressful effect and lead to disease. For most people, the death of a spouse, divorce and separation were all high on the scale as events that produced stress. But marriage, a job change, buying a house or receiving an award were also often traumatic. Whether good or bad, life changes appear “to have relevance to the causation of disease, its time of onset and its severity,” says Dr. Holmes.

Point values were assigned to various events in a person’s life, depending on how often, and in what proportion, they accompanied an illness. In a pilot study, 93 percent of all major illnesses were associated with a clustering of life changes whose value totaled at least 150 points annually. Not every major life change or crisis produced illness, but several of them together could add up to do so. Of persons with life changes totaling 150-199 points, 37 percent had an illness. When changes totaled 200-299, it was 51 percent; over 300 points, 79 percent became ill. Life events that appear to affect our health, with the point values assigned to these events, are listed here:

Life Event	Value
Death of spouse	100
Divorce	73
Marital separation	65
Jail term	63
Death of close family member	63
Personal injury or illness	53
Marriage	50
Fired at work	47
Marital reconciliation	45
Retirement	45
Change in health of family member	44
Pregnancy	40
Sexual difficulties	39
Gain of new family member	39
Business readjustment	39
Change in financial state	38
Death of close friend	37
Change in number of arguments with spouse	35
Mortgage over \$10,000	31
Foreclosure of mortgage or loan	30
Changes in responsibilities at work	29
Son or daughter leaving home	29
Trouble with in-laws	29
Outstanding personal achievement	28
Wife begins or stops work	26
Begin or end school	26
Change in living conditions	25
Revision of personal habits	24

Trouble with boss	23
Change in work hours or conditions	20
Change in school	20
Change in recreation	19
Change in church activities	19
Change in social activities	18
Mortgage or loan less than \$10,000	17
Change in sleeping habits	16
Change in number of family get-togethers	15
Change in eating habits	15
Vacation	13
Christmas	12
Minor violations of the law	11

How many of these changes or events are happening, or have happened, to you within the past few months? Does this give you an indication as to why you suffer from headaches, stomachaches and backaches (or possibly more severe illnesses) from time to time?

Adjusting

When we experience crises, the rest of the world appears to be moving normally around us. We feel anesthetized and do not really know what we, or others, are doing. We are in shock! Adjustment to any crisis experience is a long process — different for each individual.

For example, family members and patients experience a variety of reactions and emotions after learning of a forthcoming death. According to sociologists, family members follow a course of: disbelief, numbness, mourning, trial and error adjustment, renewal of routine and, finally, recovery. Elizabeth Kubler-Ross, in her book *On Death and Dying*, notes that the patient himself passes through specific stages in life's last journey:

First Stage: Denial. “No, not me — it cannot be true” is the first reaction. I remember vividly when the doctor first told us that my husband probably had no more than two years to live. Our response was denial: “It can't be true.” We said to ourselves and to each other, “It won't happen! It just can't happen! God wouldn't let this happen to us after we've faithfully served Him.”

Second Stage: Anger. “Why me?” usually follows the denial stage. A friend who has been a widow for two years attended a crisis-intervention meeting. Someone questioned her, “Why are you so angry over your husband's death?” The widow quickly and angrily replied, “I am not angry. Why do you say that?” After arriving home, she pondered her friend's statement and recognized that she really was angry. Admittance of her anger helped her move on to the next stage.

Third Stage: Bargaining. After dealing with anger, an individual may think that if he talks nicely or bargains with God, God's decision may be changed. I knew of two young mothers who bargained with God — each for the same thing. They each asked God to allow them to live to care for their children. One faced death from tuberculosis — the other from cancer. God answered their prayers differently. The mother who asked, in 1928, is alive today at 82. The mother who asked, in 1972 at 34 years of age, died of metastatic carcinoma, leaving five children who were under 13 years of age.

Bargaining is often used when divorce is involved. For example, an individual may say, “I promise I won't step out on you again if you will give me another chance.”

Fourth Stage: Depression. This stage is the most difficult and the depressed individual needs careful attention. In his book *Helplessness*, Dr. Seligman says: “The label ‘depression’ applies to passive individuals who believe they cannot do anything to relieve their suffering and who become depressed when they lose an important source of nurture — the perfect case for learned helplessness to model. But it also applies to agitated patients who make many active responses, and who become depressed with no obvious external cause.”

Depression may involve retreat, shrinking or withdrawal, unbelief or suicide. An individual going from one lifestyle to another descends into a valley that may be compared to the “valley of the shadow of death” mentioned in the Twenty-Third Psalm. The Psalm says further that we do not walk through this valley alone, nor need we fear evil, for God is with us. Though husband or wife is gone, we are never alone — “The Lord is my shepherd; I shall not want.” God is with us during each stage of life’s journey.

Fifth Stage: Acceptance. “If a patient has had enough time (i.e., not a sudden, unexpected death) and has been given some help in working through the previously described stages, he will reach a stage during which he is neither depressed nor angry about his ‘fate,’” Dr. Kubler-Ross observed. She continues by saying, “Acceptance should not be mistaken for a happy stage. It is almost void of feelings. It is as if the pain had gone, the struggle is over, and there comes a time for ‘the final rest before the long journey,’ as one patient phrased it.” Kubler-Ross concludes, “There are a few patients who fight to the end, who struggle and keep a hope that makes it almost impossible to reach this stage of acceptance. They are the ones who will say one day, ‘I just cannot make it anymore.’ The day they stop fighting, the fight is over. In other words, the harder they struggle to avoid inevitable death — the more they try to deny it — the more difficult it will be for them to reach this final stage of acceptance with peace and dignity.”

Where There is Hope

In her chapter on hope, Dr. Kubler-Ross says, “We have discussed so far the different stages that people go through when they are faced with tragic news — defense mechanisms in psychiatric terms, coping mechanisms to deal with extremely difficult situations. These means will last for different periods of time and will replace each other or exist at times side by side. The one thing that usually persists through all these stages is hope.” Further, she states, “It is the hope that occasionally sneaks in, that all this is just like a nightmare and not true.” She concludes by saying, “They showed the greater confidence in the doctors who allowed for such hope — realistic or not — and appreciated it when hope was offered in spite of bad news. ... If a patient stops expressing hope, it is usually a sign of imminent death.”

Included in the concept of hope are Seligman’s “controllability” and “predictability.” Of controllability, he says: “If a person or animal is in a marginal physical stage, weakened by malnutrition or heart disease, a sense of control can mean the difference between living and dying.” He reports a study by N.A. Ferrari (1962) on the elderly, and the freedom or lack of freedom they had in choosing whether or not to enter a nursing home. Those who controlled (made their own decisions) when, where and why they were entering a home lived the longest time after entering the home. Those who had been forced to enter a home (the decision was made for them) often died before entry to the home or shortly after. Seligman concludes from this and other studies of both humans and animals that: The amount of control — perceived or real — a person has during a time of crisis or change may make the difference in whether the person goes on to the stage of accepting a new lifestyle or dying — physically or mentally — in his depression.

Also tied in with hope is predictability. Again, in studies with human and animal subjects, it has been shown that a great deal of trauma and shock can be tolerated and overcome if it is predictable. “In general, men and animals prefer predictable to unpredictable aversive events.” In addition, he says,

“Studies on humans all find a preference for immediate over delayed shock.” He concludes: “So, acute fear is preferred to the anxiety or chronic fear that predictability produces.”

Where Are You?

In conclusion, then, a crisis is a disruption of a person’s steady state of existence by a disturbing situation. Just as there is a need to talk about death, it is necessary to discuss divorce, too; divorce is the death of a relationship. Understanding where we are in our crisis — whatever that crisis may be — will help us evaluate our emotional state. Furthermore, it will help us to vent these emotions into nondestructive channels.

Such life changes as death and divorce have a stressful effect upon us. Negative responses to these stresses can lead to physical illness or emotional illness or possibly suicide. On the other hand, a crisis can be a catalyst that shakes up old habits and forces us to chart new ways. Positive responses can strengthen our potential for a rewarding life and enrich our personality.

It is when we have reached the stage of acceptance of the crisis experience that faith develops and growth follows. A new lifestyle is within our grasp. As Christians, we have a certain or “sure” hope. In Hebrews 6:19, we read: “Which hope we have as an anchor of the soul, both sure and steadfast ...”

May I suggest that you total the number of life changes you have experienced in the past year? (Use the list of life events and their value.) Then consider the stressful effect of these changes and evaluate your responses as positive or negative.

Where are you? Do you find yourself reflected in one or more of the stages Kubler-Ross described?

1. *Denial.* Are you still denying that your husband divorced you or that your wife died?
2. *Anger.* Can you admit your anger toward God for taking your husband so suddenly or anger at your mate for walking out on you after that last quarrel?
3. *Bargaining.* Are you continuing to bargain with God? “I promise I will stop nagging if you bring him back to me.” “I won’t go through with the divorce proceedings if she says she’s sorry.”
4. *Depression.* Are you in a state of depression as you continue to weigh the fearful price?
5. *Acceptance.* Can you begin to accept your singleness and be realistic about your situation? If you can, you are on your way up.

Identify your emotional needs and then set a goal for yourself. Where do you want to be a month from now, or a year from now? Allow God to help you take a first step in that direction, remembering that He is the author of hope.

There is nothing — no circumstance, no trouble, no testing — that can ever touch me until, first of all, it has gone past God and Christ, right through to me. If it has come that far, it has come with a great purpose, which I may not understand at the moment. But as I refuse to become panicky, as I lift my eyes up to Him and accept it as coming from the throne of God for some great purpose of blessing to my own heart, no sorrow will ever disarm me, no circumstance will cause me to fret, for I shall rest in the joy of what my Lord is. That is the rest of victory.

— Alan Redpath, *Victorious Christian Living*



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